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Women's experiences of factors affecting treatment engagement and adherence in internet delivered Behavioural Activation for Postnatal Depression

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ABSTRACT

Introduction: Women with postnatal depression (PND) face significant barriers to treatment that may be overcome by internet based delivery of treatment. Demand for a self-help internet postnatal treatment offered via a parenting site was high, but attrition rates were also high.
Aims: To gain patient perspectives on engagement and barriers to the Netmums' "Helping with Depression" treatment.
Method: Semi-structured interviews were conducted with 17 participants selected from the Netmums trial.
Results: Thematic analysis revealed motivators and barriers to treatment. Women reported that the flexibility and anonymity of internet interventions fit with their postnatal circumstances. They identified that the relevance of the intervention to their personal circumstances, expectations of motherhood, stigma about depression and motherhood, hopelessness about their ability to improve, previous negative experiences with treatment and treatment seeking, and a lack of practical and emotional support contributed to feelings of being overwhelmed. Women who felt more overwhelmed were more likely to discontinue treatment. Women suggested that support would reduce the impact of barriers and improve adherence.
Discussion: Open access, self-help internet interventions are acceptable to women with postnatal depression, but it is critical to provide tailoring and support to help overcome barriers and improve treatment adherence.

1. Introductuion

Postnatal depression is common, affecting up to 13% of women (Gavin et al., 2005). Postnatal depression also negatively affects mother–infant relationship and has long-term negative consequences for the child (Pawlby et al., 2008; Murray et al., 2010). Despite this, recognition of postnatal depression amongst health professionals is poor (Ericksen et al., 2005) and help-seeking amongst postnatal women remains low (17%–25%; Buist et al., 2005).

Postnatal women report preferring psychotherapy over antidepressants, particularly when they are breastfeeding (Dennis, and Chung-Lee, 2006). However, they face a number of barriers to psychotherapy. These barriers include struggles with transportation and childcare (Goodman, 2009), variable infant feeding and napping schedules that may interfere with regular appointment attendance, and stigma about postpartum depression (Goodman, 2009; O'Mahen and Flynn, 2008). A significant minority of women also report fears that their children will be removed from their custody if health providers discover that they suffer from depression (Dennis and Chung-Lee, 2006). Further, face-to-face and home based treatments can be costly and time-intensive for providers, reducing the capacity of reach of these treatments.

Internet delivery systems offer an alternative, promising approach that may circumvent many of the difficulties of face-to-face delivery techniques (Khan et al., 2007). Internet treatments can be economically and flexibly delivered in contexts of the woman's choosing. Their relatively anonymous delivery may also overcome women's fears of stigma (Beattie et al., 2009).

Working with women who suffered from postnatal depression, we designed and tested an online, self-help Behavioural Activation treatment for postnatal depressed mood in a preliminary trial (see O'Mahen et al., 2013 for details of the trial outcomes). We offered the

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treatment via a popular UK parenting website, Netmums.com. The treatment was marked by high initial demand; 910 women signed up to the trial. Intent-to-treat analyses demonstrated that women in the treatment condition had a greater reduction in their depressive symptoms compared to women in the Treatment-as-Usual condition, although the effect size was small. These results were qualified by attrition and adherence rates. Only 36% of women completed the outcome measures and views of the treatment sessions decreased significantly between sessions 1 and 3, although a sub-sample of women continued to view material through session 11. These rates of attrition and adherence are consistent with online, unsupported treatments. In quantitative data from the efficacy trial, a number of explanations for low rates of treatment uptake and adherence were offered. These explanations include specific characteristics of the sample of participants (e.g., perinatal-specific barriers), the organization, and the delivery of the treatment. These reasons are similar to explanations from a large primary care trial of a self-help intervention for depression, which included delivery and intervention content changes, and specific characteristics of the population (De Graaf et al., 2009a). There remains, however, little information about the direct experience and accounts of internet treatment participants in self-help internet treatments, and their perspective on factors affecting both their uptake of the treatment and treatment adherence (Waller and Gilbody, 2009). The dearth of in-depth, qualitative information is especially acute in specialist populations, who may have specific content and delivery needs (Hind et al., 2009).

Following Kaltenthaler et al.'s (2008) recommendation, we included a qualitative study alongside the trial in order to determine patient acceptability of the treatment, with a specific focus on factors affecting women's adherence to the treatment. Recent qualitative studies of internet based Cognitive Behaviour Programs for depression have looked at participant's experiences (Bendelin et al., 2011; Lillevoll et al., 2013). However, we are aware of only one qualitative study that has looked explicitly at factors affecting adherence in a pure self-help internet intervention for depression in the general population (Gerhards et al., 2011). That study found that computer, social and research aspects of the intervention affected treatment adherence. Notably, individuals felt that the applicability of the course to their personal situations and the lack of support and feedback affected their continued adherence with the course.

Because the perinatal period can present specific barriers and content needs (O'Mahen et al., 2012; O'Mahen and Flynn, 2008) we were interested in this study in exploring both general and perinatal specific factors affecting the acceptability of the treatment and treatment adherence amongst perinatal women. We asked the following questions: "What were women's views of an online treatment for postnatal depression?" and "What factors affected women's uptake and adherence to the treatment?"

2. Methods

Ethical approval for this study was given by the University of Exeter's Ethics Committee. Interview participants for this study were selected from participants in a trial of a minimal support online 11-session Behavioural Activation for Postnatal Depression trial (postnatal iBA; for further details of the trial, please see O'Mahen et al., 2013). In the original consent, participants were advised that the study could involve qualitative components. We followed a two-stage sampling approach. We first purposively divided the original trial sample (n = 910) into sub-categories of theoretical interest for this study (those who completed the end of treatment assessment measures versus those who did not). We further oversampled from those who had accessed the treatment in order to ensure thematic redundancy regarding our research questions regarding the acceptability and feasibility of the treatment. Because the original trial sample was large, we then randomly sampled individuals within our relevant sub-groupings of interest. Our sampling approach therefore enabled a representative, in-depth analysis of the data representative of our study. Potential participants were contacted via telephone and email within 12 months of completing the treatment. If willing to participate in this portion of the study, participants scheduled a telephone interview. We approached 48 participants via email; of these 22 responded. Two could not be contacted, and 2 withdrew, although they declined to give a reason. One interview was incomplete due to family interruptions. Due to the extent of the incompleteness of the data we removed this interview. We continued with our sampling procedures until we achieved thematic redundancy.

2.1. Participants

The inclusion criteria for the original trial from which women were selected were: aged 18 or older; had a baby within the previous 12 months, an Edinburgh Postnatal Depression Score greater than 12, able to read English, and living within the UK. See Table 1 for a description of the trial characteristics of the 17 interview participants for the qualitative study. Of the participants, only 1 at the point of interview (within 12 months post-treatment) had an EPDS greater than 12. The majority (83%) of women were in treatment condition, and 2 of the 3 women in the wait list control condition had since accessed the treatment at least once. Rates of treatment and trial completion were consistent with rates in the larger study (see Table 1). Eighty percent of women were in a relationship, and the majority were employed or studying. There was broad socioeconomic and educational representation (see Table 1).

Table 1
Characteristics of participants.

Baseline characteristic	Intervention
Age (years) (n, mean (sd))	31.3 (3.95)
Income (%, n)	
<£10,000	10 (2)
£40,000–£49,999	30 (5)
£60,000–£69,999	10 (2)
£70,000–£79,999	10 (2)
£80,000–£89,999	20 (3)
>/£90,000	20 (3)
Work status (%, n)	
Homemaker/maternity leave/disability leave	40 (7)
Full or part-time employment	40 (7)
Student or volunteer	20 (3)
Relationship status (%, n)	
In a relationship	80 (14)
Not in a relationship now	20 (3)
Qualifications (%, n)	
None	10 (2)
Secondary	30 (5)
Post-16	40 (7)
First degree of higher degree	20 (3)
Number of children (%, n)	
1	56 (10)
2	44 (7)
EPDS	
Baseline	16.93 (7.75)
Time of qualitative interview	5.03 (5.26)
Randomization status	
Wait list control	17 (3)
Treatment	83 (14)
Treatment completers	
Completed treatment	35 (6)
Did not complete treatment	65 (11)
Trial completers	
Completed trial	57 (10)
Did not complete trial	43 (17)