An Evaluation of 'Time for Me': A Postnatal Depression and Anxiety Support Group

Conducted as part of the evaluation of
Halton's Healthy Living Project

Charlotte Pearson
Catherine Perry

June 2005

Reprinted in March 2008

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Executive Summary

Introduction

Halton's Healthy Living Project (HLP) is designed to provide positive experiences of healthy living to people who live and/or work in the Borough. There are five strands to the HLP: Arts for Health; Food for Health; Complementary Therapies; Physical Activities; and the Information Project. Time for Me is a project within the arts strand of Halton's HLP, it is a creative group for mothers, with children under two years of age, who are experiencing mild to moderate depression or anxiety. The Time for Me programme consists of eight one and a half hour sessions in which women are given the opportunity to take part in various creative activities facilitated by artists. This study is part of the 'exploring outcomes' part of Halton's HLP evaluation.

Methods

This was a small scale study designed to explore the extent to which the Time for Me programme had achieved its aims. Both qualitative and quantitative research methods were utilised.

This study combined the following methods of data collection:

- routinely collected monitoring data about service usage;
- data relating to the EPDS scores of women both before and after attending Time for Me;
- semi-structured interviews with service-providers and service-users.

Summary of findings

- Patterns of attendance for Time for Me sessions in Runcorn and Widnes varied, however attendance was generally better at the Runcorn sessions.
- The scores of the EPDS showed that the scores of five of the women had dropped (thought to indicate lower levels of depression) when the tool was administered following Time for Me, for two women the scores were the same, and for two women the scores were higher after Time for Me.

- Professionals generally thought the referral process worked well. Some talked of 'tight criteria' which were thought to be necessary to avoid 'inappropriate referrals' as Time for Me is considered unsuitable for women with severe postnatal depression. There were some concerns that women with mild depression had been 'missed' and that some women who had used the service were actually suffering from more severe depression.
- The most common reason for women attending the sessions was to meet other local women who were experiencing similar difficulties.
- The majority of professionals and clients thought that the venue was suitable for Time for Me sessions, and considered the crèche also to be held in a pleasant room.
- The taxi service was quite popular for those women without transport, and all those that used the service considered this provision to be the chief enabling factor in their attendance at the sessions.
- The group music sessions were those most favoured by the women.
- The fact that each session resulted in a 'product' was important to the women.
- The aims of Time for Me appeared to have been achieved in the short-term. Positive examples were given about how the programme had impacted on the confidence, self-esteem and isolation of the women.
- Whilst women often considered things such as confidence, self-esteem and isolation to have been addressed in the short term, for many these issues remained a problem when the follow-up interviews were carried out.
- Time for Me was thought to offer an 'alternative' approach for women with mild to moderate postnatal depression.
- Collaborative working was thought to be an advantage because staff were able to utilise the skills of other staff.
- The length of the course and the sessions was an issue of contention.
- The perceived lack of follow-up was a concern for women and some professionals.
- The partnership with Sure Start emerged as integral to the future development of the service.

- Postnatal depression emerged as an 'individual' experience for women, suggesting no one method of support is enough.

Discussions and conclusions

- The creation of a supportive and relaxed environment was achieved although this did not translate into the experiences of women after Time for Me had ended.
- The type of activity although not important in raising self-esteem was important in increasing confidence. The 'products' appeared to be linked to self-esteem in that women were able to draw on these as sources of support.
- The extent to which both self-esteem and confidence were increased was different for different women and this was expressed in varying ways. Nevertheless, it appeared to be something that happened for all women in some way, however small.
- For the majority of women, particularly those who were unable to establish friendship groups during Time for Me, feelings of isolation returned after the sessions. Possible solutions to this may be to offer additional time for friendships and social networks to form, as well as considering some form of follow on group or activity for clients after Time for Me is over.
- It may be helpful if there was some clarification regarding who is and is not suitable for Time for Me and how this is gauged, in order that professionals can be clearer about this process and women who may require support are not 'missed'. Although there are written guidelines, it would appear they are interpreted in different ways.
- Given that some of the women interviewed appeared to have been suffering more than 'mild to moderate' postnatal depression there may have been limitations to the benefits these women received from attending the sessions.
- It was not clear why attendances varied across areas, but it would be useful to explore this issue, in order to assist service development.
- Time for Me appears to have filled a 'void' in service provision.

- The art forms used in Time for Me were generally well received, and allowed women the opportunity to engage in activities they would not do normally, thus increasing personal confidence.
- The main reason why the group music activity was so popular appears to relate to the ability to join together as a group and share the good feeling which was created, suggesting a very specific type of art-therapy as being beneficial for women experiencing mild to moderate postnatal depression and anxiety.
- The 6-month follow-up to this study did reveal that despite the programme achieving its aims in the short-term, for the majority of women these effects had not been lasting, particularly in relation to reducing isolation.
- Whilst the extension of the programme does not appear to be a viable option in terms of addressing this issue in the long-term, it is evident that a continuity of service engagement is necessary for many of the women involved with Time for Me. In this sense it may be useful to consult with local Sure Start programmes and other local initiatives to establish some form of follow-on provision for those who have completed Time for Me.
- If Time for Me expanded to cover the five Sure Start areas, this is likely to become a more manageable and financially viable option, creating a shared responsibility.
- This was largely a positive evaluation. Issues which have emerged as requiring attention relate primarily to the operational aspects of the service. However, the findings of the six-month follow-up do indicate some issues for consideration if the service wishes to make long-term impacts on service-users.

Chapter 1

Introduction

1.1 Background to the study

Halton's Healthy Living Project (HLP) is designed to provide positive experiences of healthy living to people who live and/or work in the Borough. There are five strands to the HLP: Arts for Health; Food for Health; Complementary Therapies; Physical Activities; and the Information Project. The aims and objectives of the project can be found in Appendix 1. The project is funded until 2006 by the New Opportunities Fund (NOF) and there is a statutory requirement that all Healthy Living Projects thus funded are evaluated. A national evaluation has been commissioned by NOF and the Department of Health, which is being led by the Tavistock Institute. However, HLPs are also charged with carrying out a local evaluation of their project. The Centre for Public Health Research has been commissioned by Halton's HLP to carry out the local evaluation of their scheme. This local evaluation involves monitoring the 'reach' of the HLP, monitoring the development of the HLP over time and exploring outcomes in terms of the health and well being of individuals and groups.

This study is part of the 'exploring outcomes' part of the evaluation. Time for Me is a project within the arts strand of Halton's HLP, it is a creative group for mothers, with children under two years of age, who are experiencing mild to moderate depression or anxiety. The programme was established because previously there was only a spoken therapy support group and one-to-one listening visits (from a health visitor) available to women with more severe postnatal depression. The prevalence of major depressive episodes after childbirth, postnatal depression, has been estimated at 12–13% (Heneghan, Silver, Bauman and Stein, 2000) and epidemiological studies have demonstrated that women's heightened vulnerability to depression continues for at least the first six months following childbirth (Hendrick, 2003). Postnatal depression is a treatable condition and a variety of interventions can be helpful (Hendrick, 2003). In recent years art, drama and other types of creative therapy have proved valuable to

people with mental health issues (Snow, 2003), with some studies indicating that other alternative approaches including bright light therapy, massage and relaxation training can be beneficial to women with postnatal depression (Hendrick, 2003). Hendrick (2003) argues that as interventions such as these are well tolerated and safe they merit further research and investigation.

The Time for Me programme consisted of eight one and a half hour sessions in which women were given the opportunity to take part in various creative activities facilitated by artists. This programme was not designed as 'art therapy' and therefore employed artists and not art therapists. A crèche is provided for children and a health visitor is also present at each session. Women can be referred to Time for Me by any health professional (following clinical assessment), for example a Community Psychiatric Nurse, GP, health visitor, nurse practitioner, practice nurse, psychiatrist, psychologist etc., and specific referral criteria have been developed. Referrals are sometimes made by other professionals such as Sure Start workers, but these are made initially to the woman's health visitor, who will carry out a clinical assessment for gauging suitability for Time for Me.

Upon referral, a woman is visited by a Time for Me health visitor to assess her suitability for the programme, and the Edinburgh Postnatal Depression Scale (EPDS) is carried out if it has not already been done. At the end of the programme a follow-up visit is conducted by the health visitor to assess the woman's progress, at which time the EPDS is re-administered.

1.2 Aims of the study

This study was qualitative and explorative in nature and as such there was no specific hypothesis to be tested. It was designed to assess the extent to which Time for Me has achieved its aims. The aims of Time for Me were:

- to provide a supportive, relaxed and creative environment for women experiencing post natal depression;

- to raise people's self-esteem and confidence by using the arts;
- to create a space for women experiencing feeling excluded and isolated;
- to provide a service that follows on from the spoken therapy support group.

Progress towards these aims was explored from the perspectives of mothers who had attended the Time for Me programme, health professionals who had been involved with Time for Me (for example as a member of the steering group or by referring women) and the artists who facilitated the programme. In addition to this contact data relating to attendance at sessions was obtained, as well as the EPDS scores of the clients interviewed.

1.3 Structure of the report

This report is organised into a number of chapters. Chapter 2 presents a review of the relevant literature. Chapter 3 details the study design and methods used during this investigation. Chapter 4 concerns the presentation of the initial findings, Chapter 5 the findings of the six-month follow-up, and Chapter 6, the discussion of all findings.

Chapter 2

Review of the literature

2.1 Introduction

The World Health Organisation (WHO) predicts that depression will be the second greatest cause of premature death and disability worldwide by the year 2020 (Murray and Lopez, 1996). The suffering caused by depression is profound, affecting feelings, thoughts and functioning, yet is frequently underestimated (Scottish Intercollegiate Guidelines Network (SIGN), 2002). Postnatal depression is considered to be particularly important because it occurs at a crucial time in the life of a mother, her baby and the family (SIGN, 2002).

Postnatal depression, also referred to as postpartum depression, is defined as any non-psychotic depressive illness of mild to moderate severity, which occurs anytime within the first postnatal year (SIGN, 2002). In addition, some studies have indicated that for many women this depression can occur during the antenatal period (Evans, Heron, Francomb, Oke and Golding, 2001). A term which is frequently used to explain the brief episode of unhappiness and tearfulness which affects at least half of all women following delivery is the 'baby blues' (SIGN, 2002). The importance of not confusing postnatal depression with this common phenomenon has been highlighted (SIGN, 2002).

2.2 The prevalence of postnatal depression

In the United Kingdom, of the approximately 650,000 to 700,000 women who give birth every year, (MacFarlane and Mugford, 2000; National Statistics, 2003) between 10% and 15% will be diagnosed with postnatal depression (Boathe, Cox, Leiws, Jones and Pryce, 1999; O'Hara and Swain, 1996). This figure, however, is likely to be an underestimate; due to the number of women who are thought to go undiagnosed and untreated (Gerrard, 2000; Stotland and Stotland, 1999).

Powell-Kennedy, Tatano-Beck and Watson-Driscoll (2002) have highlighted that there is little systematic screening for postnatal depression, and that this is a concern given that undetected postnatal depression may impact upon the future "self-esteem and mothering ability" (Powell-Kennedy et al, 2002, p.323) of women. Murray, Woolgar and Cooper (2004) argue that improvements need to be made in the way in which postnatal depression is detected, as many health visitors and General Practitioners (GPs) may be 'missing' cases. These findings have been supported by research conducted by Heneghan et al (2000, cited in Hendrick, 2003), who stated that only a very small number of those women who are postnatally depressed are diagnosed and provided with an intervention. In a sample of 214 women, 86 were identified by health practitioners as having "high levels of depressive symptoms" (Hendrick, 2003, p.214), although only 26% were recognised by practitioners as having depression. Postnatal depression may also go un-reported because mothers do not want to be stigmatised as having a mental illness, nor seen to be coping inadequately with motherhood (Mantle, 2002).

The diagnosis of postnatal depression is likely to occur in the first three months after birth (Cooper and Murray, 1998) in fifty percent of cases (Cooper, Campbell, Day, Kennerley and Bond, 1988). It has been recognised, however, that identification of postnatal depression can occur anywhere from one month to one year after child birth (Hendrick, 2003). It has been suggested that the realisation of the responsibility of becoming a parent and all that this entails may contribute to the development of postnatal depression (Petrou, Cooper, Murray and Davidson, 2002). Therefore, it may be expected that postnatal depression is only be experienced in first time mothers. This, however, is not the case as postnatal depression is also experienced by those women who have previously given birth (Petrou et al, 2002). There are a number of factors associated with the condition, including low family support, poorer health, and experience of depression during the pregnancy (Webster, Linnane, Dibley, Hinson, Starrenburg, and Roberts, 2000). Other factors that have been highlighted as contributing include experiencing a caesarean birth (Hannah, Adams, Lee, Golver, and

Sandler, 1992) and having previous psychological problems (Bryan, Georgiopoulos, Harms, Huxsahl, Larson, and Yawn, 1999).

2.3 The effects of postnatal depression

Postnatal depression has been thought to negatively impact on the self-esteem of women who experience it, which can affect confidence and increase isolation (Webster et al, 2000). Postnatal depression can manifest itself through different symptoms such as suicidal and obsessive thoughts, anxiety attacks, insomnia and loss of appetite (Lavender and Walkinshaw, 1998; Powell-Kennedy et al, 2002). In addition to this, postnatal depression is considered to have more far-reaching effects, not only upon the physical and psychological health and well-being of the mother, but also on the family unit (Tammentie, Tarkka, Åstedt-Kurki and Paavilainen, 2002). This includes relationships conducted with the spouse or partner and other family members. Moreover, interaction with the new-born child may be affected (Stein, Gath, Bucher, Bond, Day and Cooper, 1991), which may impact upon the development of the child. Some research suggests that the children of depressed mothers are likely to suffer emotional, cognitive and behavioural problems in later life (Tammentie et al, 2002). In addition, research conducted by Field (1998) demonstrated delayed growth and development in children aged one whose mothers had postnatal depression. It has also been shown that upon reaching school the behaviour of children, and how they interact with others, is affected in those children whose mothers have, or have had, postnatal depression (Murray, Sinclair, Cooper, Ducournau, Turner and Stein, 1999).

2.4 The Edinburgh Postnatal Depression Scale (EPDS)

The development of the EPDS was first described by Cox, Holden and Sagovsky in 1987. The EPDS was developed in response to a growing recognition that existing self-report scales for depression were unlikely to be useful in detecting postnatal depression, and that a specific scale for postnatal depression was required (Cox et al, 1987). The State of Anxiety and Depression (SAD) self-report scale of Bedford and Foulds (1978, cited in Cox et al, 1987), the Beck Depression Inventory (BDI) of Beck et al (1961, cited in

Cox et al, 1987), and the General Health Questionnaire (GHQ) of Goldburg (1972, cited in Cox et al, 1987) were all thought to have serious limitations for use with pregnant and post-partum women. This was because issues such as sleep problems and physiological changes such as weight gain, which are used as indicators of depression in the above scales, are common and normal in pregnant and post-partum women (Cox et al, 1987).

It was recognised that a questionnaire for use with childbearing women would need to be acceptable to people who did not consider themselves to be 'unwell' (Cox et al, 1987). It was also recognised that the scale might be administered by professionals with no specific knowledge of psychiatric disorders, and that any tool which was developed would need to be sensitive to changes in the severity of depression over time (Cox et al, 1987).

The EPDS was developed following the identification of 13 items which were thought likely to detect women with postnatal depression. This was validated on a sample of 60 postnatal women (Cox 1986, cited in Cox et al, 1987). These indicators were found to adequately distinguish between those with and without depression, and they were later scaled down to 10 items (Cox et al, 1987).

Since the development of the EPDS, the scale has been translated into several different languages and been shown to have strong validity and reliability (Teissèdre and Chabrol, 2004). Therefore, it has been widely adopted as a screening tool in the care of new mothers (Clifford, Day, Cox and Werrett, 1999). It has also been recommended that the scale be used on several occasions during the postnatal period, as postnatal depression may be detected any time during the first postnatal year (Clifford et al, 1999).

Despite the EPDS being considered valuable in the detection of postnatal depression, the national screening committee refused to sanction it as a stand-alone tool (McKenzie,

2004). This was thought to be as a result of practitioners placing varying levels of importance on EPDS results around the country, and its use therefore becoming variable (McKenzie, 2004). Instead it was recommended that it be used in conjunction with professional judgement and clinical assessment (McKenzie, 2004). A copy of the EPDS can be found in Appendix 2, which also explains the scoring system of this tool.

2.5 Postnatal depression in men?

Many studies have evaluated depression among women during and after pregnancy, but information on the impact of the birth of a child on men is limited. Whilst there have been several anecdotal articles on the issue of postnatal depression in men, these have been largely based on magazine surveys and other unendorsed sources. However, Deater-Deckard, Pickering, Dunn and Golding (1998) did study the prevalence of depressive symptoms in men before and after the birth of a child and the relationship between depression and family structure. The study concluded that there is evidence that some men experience a decline in psychological health after the birth of a child, but that men in stepfamilies and men who are partners of single mothers are more likely than men from traditional families to suffer with depressive symptoms generally (Deater-Deckard et al, 1998).

Several issues emerged from these findings. The level of a woman's depressive symptoms was found to be the most significant linking factor to depressive symptoms in men, to the extent that maternal depressive symptoms were thought to be a crucial predictor of depressive indicators in men (Deater-Deckard et al, 1998). Furthermore, it was found that men's depressive symptoms following the birth of a child were no more severe than identified depression during pregnancy, suggesting that men may not specifically suffer with 'postnatal depression', and that socioeconomic factors could be linked to depressive symptoms, showing a similar pattern as has been found with postnatal depression in women (Deater-Deckard et al, 1998).

A more recent study in Australia (Condon, Boyce and Corkindale, 2004) attempted to assess changes in the mental health, well-being and lifestyle of a large representative sample of men both during pregnancy and again in the following year after the birth of their first child. The findings of this study supported those of Deater-Deckard et al (1998) in some ways. The researchers found that men's depressive symptoms and levels of stress did not increase following the birth of the child, instead it emerged that the most stressful time for men was the pregnancy itself, with symptoms improving in the early postnatal period (Condon et al, 2004). In comparing the two periods, it was found that expectant fathers drank more alcohol and were more depressed and irritable than fathers were in the postnatal period (Condon et al, 2004).

2.6 Traditional interventions

It is considered important for mothers to receive intervention as soon as postnatal depression has been identified (Morrell, Spiiby, Stewart, Walters and Morgan, 2000). The symptoms of postnatal depression highlighted earlier have been traditionally managed through psychological and pharmacological interventions (Appleby, Warner, Whitton and Faragher, 1997), namely cognitive-behavioural therapy and the prescription of anti-depressants (Powell-Kennedy et al, 2002). Research conducted by Highet and Drummond (2004) demonstrated that the use of medical or psychological interventions for women with postnatal depression decreased the symptoms and levels of anxiety when compared to women waiting to receive an intervention. These interventions when used independently of each other were considered to provide "similar clinical benefits in the treatment of psychological symptoms" (p.212) and it was deemed that there were "no added benefit[s]" (p212) to combining the interventions. This is in contrast to research conducted by O'Hara, Stuart and Gorman (2000, cited in Chisholm, Conroy, Glangeaud-Freuenthal, Oats, Asten, Barry, Figueiredo, Kammerer, Klier, Seneviratne, Sutter-Dally and the TCS-PND Group, 2004) who stated that a greater effect upon clinical outcome may be achieved if psychological and pharmacological interventions are combined. Extra support provided through supplementary contact with a Health Visitor has also been perceived to be beneficial to those mothers who have mild to moderate

postnatal depression (Cooper, Murray, Wilson and Romaniuk, 2003; Murray et al, 2004). It has, however, been demonstrated that well-being may not be affected by additional community postnatal support worker contact (Morrell, et al, 2000).

2.7 Complementary therapies and alternative treatments

More recently, the use of complementary therapies in the treatment of depression has been explored, although there is a lack of literature and evidence-based research relating to postnatal depression and complementary therapies (Ernst, Rand and Stevinson, 1998; Gerrard, 2000; Mantle, 2002; Peeke and Frishett, 2002). There is debate surrounding the use of complementary therapies in the treatment of depression and specifically when applied to the treatment of postnatal depression. Recommendations have been made that complementary therapies should be used in conjunction with, rather than as an alternative to, traditional methods of treatment (Weier and Beal, 2004), and evidence suggests that there are very few cases where complementary therapies are used without another form of traditional intervention (Peeke and Frishett, 2002).

Relaxation techniques, herbal remedies and exercise have been cited as the three most tried therapies for depression, but have not specifically been applied to postnatal depression (Ernst, Rand and Stevinson, 1998). Exercise has been observed to be beneficial in decreasing feelings of depression and improving coping behaviours (Armstrong and Edwards, 2003), whilst the use of massage and relaxation are perceived to reduce stress and promote relaxation (Field, 2000; Risberg, Kolstad, Bremnes, Holte, Wist, Mella, Klepp, Wilsgaard and Cassileth, 2004). Other alternatives to medication in addressing postnatal depression have been alternative methods of counselling and group therapy, which have been perceived to provide additional support to mothers with postnatal depression when facilitated by, for example, a health visitor. Honey, Bennett and Morgan (2000) highlighted that support of this kind may be used to educate mothers about postnatal depression and coping strategies for feelings of anxiety and depression, and that furthermore, such interventions may be beneficial in altering

mood. The use of art, music and drama therapy in alleviating anxiety and depression has also been promoted (communitycare.co.uk, Feb 2002).

Complementary therapies have been shown to improve quality of life for those individuals with depression (communitycare.co.uk, Feb 2002; Ernst et al, 1998; Risberg et al, 2004). It has been advocated that it is necessary to alert practitioners to the complementary therapies that are available, in order that a greater choice of options are considered and used in conjunction with traditional practices (Mantle, 2002).

2.8 Art therapy and arts health

Art therapy as a means of identifying depression has received some attention in recent years. However, the explicit application of art therapy as a form of intervention for those individuals with depression has not been widely applied specifically to postnatal depression. Art 'therapy' has been perceived to help to bring aspects of normality into the lives of those who are depressed, in order that they may see themselves without being labelled as having a 'mental illness' (communitycare.co.uk, Aug 2003).

Baum (1998, p.8) stated that for patients with cancer, "art therapy is a unique vehicle for allowing patients…to express hidden emotions, and thus to some extent, provide their own psychotherapy". Baum anticipated that as well as individual benefits, the use of art therapy would also impact upon the number of patients requiring prescriptions, stating that "prescriptions for anxyolitics and anti-depressants would be replaced by prescriptions for art therapy" (Baum, 1998, p.8).

Arts 'health' is a more recent application and does not relate to the use of art as a method for assessing a person medically through their art, rather it relates to the use of art as way of alleviating symptoms (such as postnatal depression as in Time for Me). A recently published report by the Arts Council (Staricoff, 2004) presented findings on the benefits of using the arts within health care. The study revealed that positive clinical outcomes had been achieved in several areas of health care, at both inpatient

and outpatient level, including: cancer care; cardiovascular care; intensive care; pain management; and during surgery and medical procedures (Staricoff, 2004). The study also showed the arts to have positive effects on patients with mental health problems, for example by helping their relationships, providing new ways of expression and by bringing about behavioural changes (Staricoff, 2004).

A report produced by the organisation Hi-Arts (Neville and Anton, 2002) stated that the use of arts projects within a community setting can have far-reaching benefits on emotional health (Neville and Anton, 2002). Particular success with such projects is thought to have occurred in disadvantaged areas, where practitioners have challenged participants to do activities they did not think they could do, thereby increasing confidence and assisting people to cope with future challenges (Neville and Anton, 2002). The reason given for success in this area concerns the provision of 'creative space'. It is thought that this can allow people to break down barriers, by encouraging freedom and individuality and promoting well-being (Neville and Anton, 2002).

Whilst arts health has not been used in isolation to alleviate postnatal depression, projects like the Church of Scotland Postnatal Depression Project have been using art for several years as part of a package of care, this has been well received as part of a package of care which has also included individual counselling, telephone support, a drop-in facility and work with partners (Patient.co.uk, 2003). Projects such as this one in Scotland have contributed to the debate around the use of the arts in healthcare.

2.9 Conclusion

It is likely that postnatal depression affects a greater number of women than are diagnosed with the condition (Gerrard, 2000). This is likely to be due to a combination of low detection rates among practitioners (Murray et al, 2004), and a low reporting rate amongst mothers who may not wish to be seen as coping inadequately with motherhood (Mantle, 2002), highlighting the importance of projects such as Time for Me. Factors such as low family support, poor health and depression during pregnancy

are risk factors associated with postnatal depression (Webster et al, 2000), as is a caesarean birth (Hannah et al, 1992).

Various approaches to treating postnatal depression have been identified, including traditional interventions such as cognitive-behavioural therapy and the prescription of anti-depressants, as well as complementary therapies and art therapy. There is little evidence of complementary therapies being used in isolation of more traditional methods and few examples of the use of arts health specifically for alleviating postnatal depression. Consequently, there is little evidence of the benefits of arts health in treating postnatal depression or the benefits of projects similar to Time for Me.

Chapter 3

Study design and methods

3.1 Introduction

This was a small scale study designed to explore the extent to which the Time for Me programme had achieved its aims. Both qualitative and quantitative research methods were utilised.

Qualitative methods are useful when a researcher wishes to describe a service or observed situation and record accounts of the different perceptions people have about an issue (Kumar, 1999). Qualitative methods describe social phenomena in words rather than numbers and are therefore valuable when exploring viewpoints. Quantitative methods were used to provide a context for the qualitative work.

This study combined the following methods of data collection:

- routinely collected monitoring data about service usage;
- data relating to the EPDS scores of women both before and after attending Time for Me;
- semi-structured interviews.

3.2 Monitoring data

The following data were retrieved from the Time for Me facilitators and analysed in order that information regarding attendance at sessions and the EPDS scores of the women could be presented in a meaningful fashion:

- registers of Time for Me sessions;
- the EPDS score obtained by each woman taking part in the study at the beginning and end of the Time for Me programme. These were compared and presented in a table.

3.3 Semi-structured interviews

Semi-structured interviews were selected as the most appropriate approach to exploring the perspectives of both service-providers and service-users of the Time for Me programme. A variety of stakeholders, both professionals and service-users, were selected for interview.

Semi-structured interviews have a loose structure, utilising open-ended questions that define the area to be investigated, but allow the interviewer or the interviewee to deviate in order to pursue particular areas in more detail. Thus, although the interview topics and questions that lead into exploring these areas may have been defined initially, the semi-structured format allows interviewees to express ideas that are important to them, and answers can be clarified and more complex issues probed than would be possible using a more structured approach (Bowling, 2002). This type of interview focuses strongly on the interviewee's point of view, going off 'on tangents' is encouraged as this gives insight into what the interviewee deems as relevant and significant (Bryman, 2001). Thus, this approach to questioning is flexible as it is not restricted to particular questions, but allows the opportunity to ask new questions that follow up interviewee's replies.

The sampling method used was purposive. Purposive sampling is a deliberately non-random method, often employed in qualitative work. It seeks to select people who have knowledge of a subject which is of value to the research process (Bowling, 2002). Purposive sampling requires a judgement by the researcher as to who can provide the best information to achieve the objectives of the study. This type of sample is considered extremely useful in order to construct a historical reality, describe an event, or expand upon something about which only a little is known (Kumar, 1999). In this case the researcher selected professionals involved in co-ordinating, running and referring into the service, as well as women who had used the service. It was anticipated that these individuals would be able to provide detailed insights into the operation of the service and how it had impacted on individuals.

3.3.1 Interviews with professionals

After obtaining the contact details of all relevant professionals from the Arts for Health Co-ordinator, the researcher approached each professional to request their participation and consent to interview. These were staff either directly involved with the service, or staff who regularly refer into the service, and some of the artists involved in running the sessions. Professionals were asked to talk about their connection with Time for Me and whether they had any experience with other similar projects. They were also asked to comment on the referral process for Time for Me and compare it with traditional approaches to dealing with postnatal depression. In addition to this professionals were asked about the extent to which they considered Time for Me to have achieved its aims, and to comment on the inter-agency approach to working within Time for Me. Finally, staff were asked to comment on areas they considered to have worked well, and any aspects they considered not to have worked well, and whether they anticipated Time for Me having any long lasting effects. In conclusion professionals were asked to comment on the future for the programme. A copy of the interview schedule can be found in Appendix 3, a participant information sheet can be found in Appendix 4, and the consent form in Appendix 5.

3.3.2 Interviews with service-users

The service-users were given information about the study during the penultimate Time for Me session (see Appendix 6) and they were asked if they would be willing to be interviewed twice, once within two to three weeks of completion of the programme and once six months later. The women were asked to complete a tear off slip with their contact details, and these women were then contacted by the researcher.

Semi-structured interviews were conducted with women who had been on the Time for Me programme, in their homes. In the first interview women were asked to talk about why they decided to take part in Time for Me and what they hoped to gain, how the programme had impacted upon them, whether and how a relaxed, supportive environment was created and whether and how the programme had any impact on self-

esteem, confidence and isolation. In addition to this the women were asked to comment on the venue and facilities, whether there was anything they would have changed about the course, and whether they thought Time for Me would have any long lasting effects on them. A copy of this interview schedule can be found in Appendix 7.

In the second interview women were asked to comment on the extent to which their involvement in Time for Me had any long lasting effects particularly in relation to reducing isolation and increasing confidence and self-esteem. They were asked to compare their emotional health at the time of the interview with how they were feeling before Time for Me and also asked whether they had been involved in other activities since Time for Me and the extent to which the programme had enabled this. A copy of this schedule is also included in Appendix 7.

With the permission of each interviewee, interviews were audiotaped and the audiotapes transcribed. A thematic analysis was carried out with data being coded by theme. The transcripts were kept securely in a locked filing cabinet and the tapes were wiped at the end of the project.

3.4 Ethics

The ethical issues inherent in this project, for example access to data and contact with professionals and service users for the purpose of interviewing, were covered under an ethics application to Cheshire Local Research Ethics Committee (LREC), which was approved in July 2004. Subsequently, contact was made with the relevant LREC to inform them of a change in researchers involved in the work.

Chapter 4

Presentation of the initial findings

4.1 Introduction

This Chapter begins by describing Time for Me, and the service it offers to women in Runcorn and Widnes, during the early postnatal period. This Chapter also presents the quantitative data concerning attendance at Time for Me and the EPDS scores. Finally the findings from the interviews carried out with professionals and the initial interviews with women who attended Time for Me are presented.

4.2 Description of the service

Time for Me developed from an idea generated by a local health visitor in 2001, who was involved with providing the postnatal depression group therapy. Although this operated alongside 'listening visits'[1], and was considered to be a successful method of support for women experiencing postnatal depression, the health visitor considered that there were a number of women who did not meet the criteria for this support group (in that they were not considered severely depressed), and yet were experiencing a degree of postnatal depression. A need was perceived for some form of provision for women who were considered not to require group therapy and also women who may have attended this therapy group and required something additional as a follow up to this. The health visitor approached the Healthy Living Project Arts for Health Co-ordinator[2], and following some consultation, an idea emerged which focussed on creating a group where women with mild to moderate postnatal depression could come together in a supportive environment, using the arts as a way of both meeting other people who were experiencing similar difficulties and as a means of expressing themselves through

[1] Listening visits are one-to-one visits undertaken by health visitors in women's homes. These are designed to offer women the opportunity to talk about their feelings and receive advice from a health visitor.

[2] This post was funded primarily through Halton's Single Regeneration Budget for three years (via Halton Borough Council's Local Strategic Partnership and in partnership with NOF funding).This post was line managed by Halton Borough Council (Cultural Services) and worked in partnership with the PCT. It came from an arts for health development route.

creative media. This idea then developed through a partnership between the Arts for Health Co-ordinator and the postnatal depression specialist for the Borough, and was funded by both Halton's Healthy Living Project and the PCT. A Steering Group was established, incorporating key professionals who would guide the programme. The Steering Group hoped that Time for Me would promote well-being, help to strengthen confidence and offer women the opportunity to develop new skills.

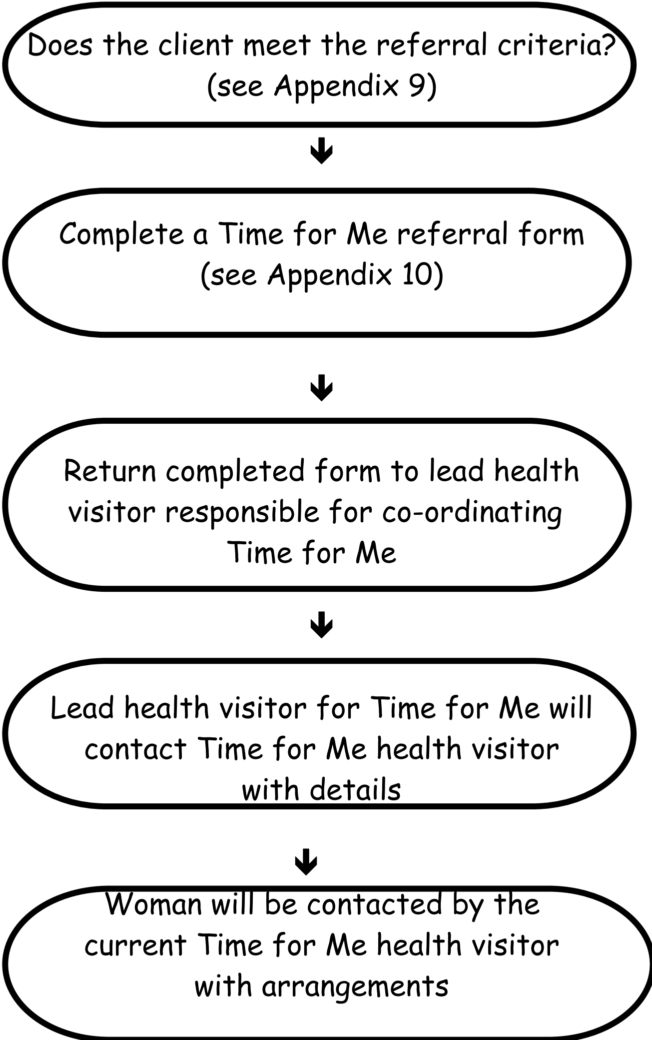
The professionals who developed the Time for Me programme considered the name 'Time for Me' to suggest the provision of 'time out' from the pressures of everyday life. In line with this, they perceived it to be important for staff to offer a crèche facility to women attending the sessions, in order to convey this key message of Time for Me and encourage and support women to attend the group. In order to achieve this, Sure Start became involved, providing crèche provision at Time for Me sessions.

The facilitators of Time for Me considered it important to provide a programme of sessions that touched upon many different art forms, in order to keep the interest of the group and give the women a flavour of the different creative forms. Several professional artists were recruited to Time for Me and were 'carefully matched' to the programme. Some worked with only one group, whilst others were involved in multiple groups. An example of a Time for Me schedule can be found in Appendix 8. The Arts for Health co-ordinator was present at every session, along with the artist (which varied each week throughout the programme), the Time for Me health visitor[3] and the crèche workers. The programme was eight weeks long, with each session lasting an hour and a half. The same sessions were offered at venues in both Runcorn and Widnes to enable more women to attend. These venues were selected on the basis of accessibility and availability.

[3] The Time for Me health visitor varies from programme to programme. Currently a pool of health visitors have volunteered to support the Time for Me programmes. This involves the identified health visitor contacting all the women who are due to attend the programme and arranging crèche places, taxis etc. The same health visitor is then present at every session of that particular programme. In addition to this, the health visitor is then responsible for follow-up visits with all the women, and communication with the woman's own health visitor.

In terms of recruiting women to Time for Me, this appears to be largely the responsibility of the local health visitors (although other professionals, such as Sure Start workers may initially make a referral to a health visitor), who are regularly invited to take part in Time for Me themselves and kept updated about the programme. All health visitors complete the EPDS with their clients approximately 2-3 months after delivery. If the score is around 15-16 then the woman is considered to be suitable for Time for Me and the health visitor will discuss this as an option. Referral is not always dependant on a score of 15-16, as health visitors are likely to talk at length with their clients, and will often gauge suitability for the group on the basis of this and a full clinical assessment, and not necessarily the outcome of the EPDS. In this sense the EPDS is never used as a stand-alone tool. Figure 4.2.1 below shows the referral pathway for Time for Me.

Figure 4.2.1 The referral pathway

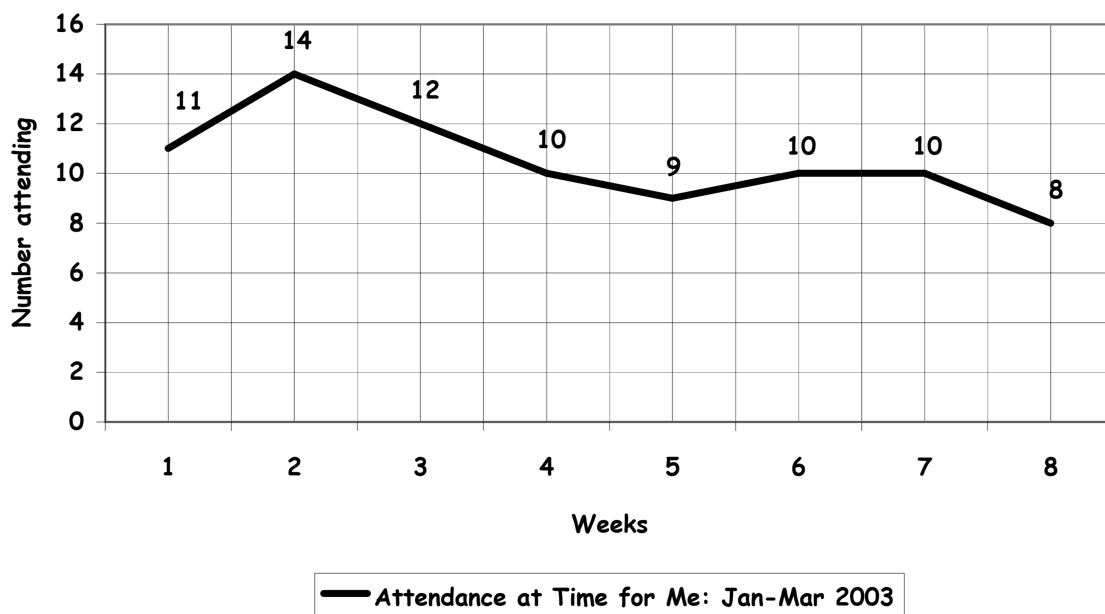


4.3 Data on attendance

This section presents the data which were retrieved on attendance at the following Time for Me groups: January-March 2003 in Widnes; September-November 2003 in Runcorn and Widnes; January-March 2004 in Runcorn and Widnes; and May-July 2004 in Runcorn and Widnes[4].

Patterns of attendance vary, both over time and between areas. Figure 4.3.1 below shows attendance at the first Time for Me programme, which only ran in Widnes. This programme engaged 14 different women at some point over the eight weeks, however not all of these attended on a regular basis. The figure shows that 11 women attended the first session, but this increased to 14 by week two. Over the following three weeks the attendance steadily declined, before rising again to a total of ten women over sessions six and seven, and then dropping to eight women during the final week. The average number of women who attended each week was 11.

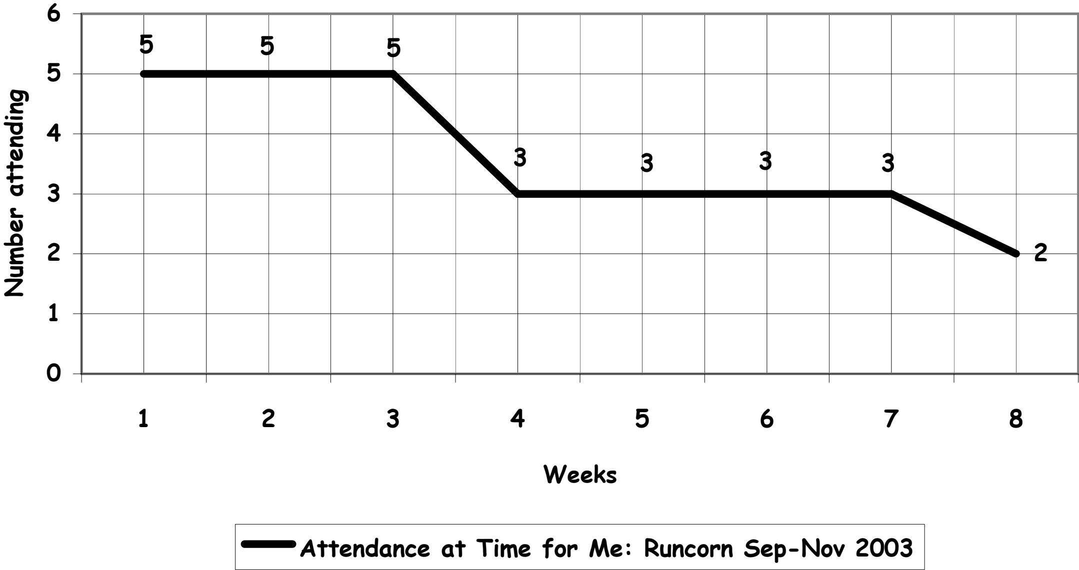
Figure 4.3.1 Attendance at Time for Me: Widnes January-March 2003



[4] Although DNA information was not available for use in this study, anecdotal evidence suggests that there have been several reasons why women have not continued to attend Time for Me sessions, such as: a dislike of a particular activity; illness; illness of a child; a return to work; and a holiday. It was reported that all DNAs are followed up by the Time for Me health visitor.

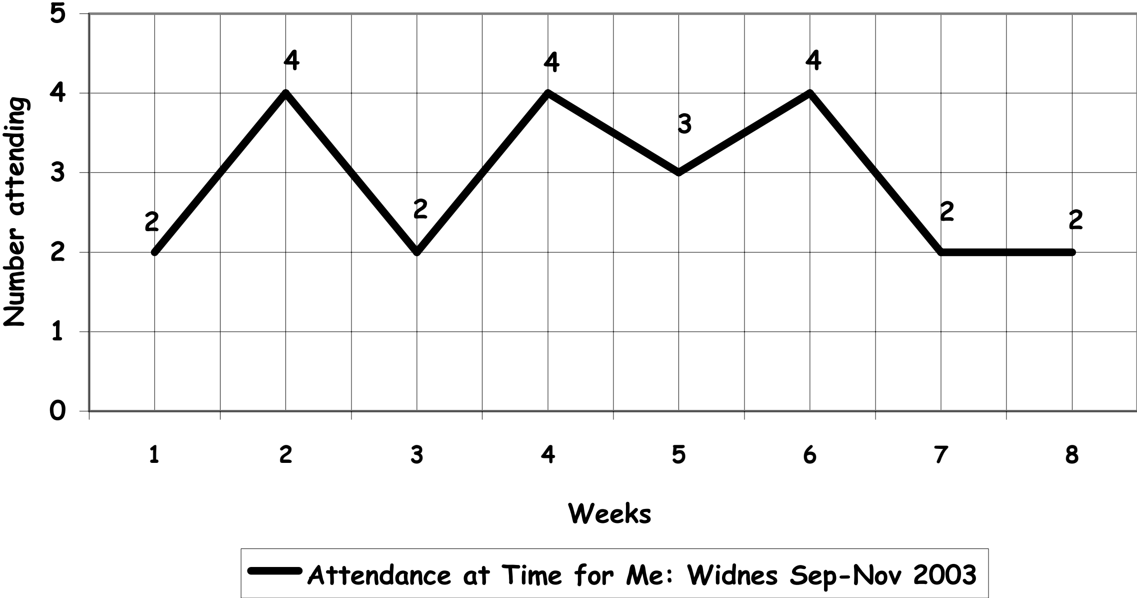
The second round of Time for Me ran between September and November 2003. During this period the programme ran in both Runcorn and Widnes. Figure 4.3.2 below and 4.3.3 overleaf show the pattern of attendance at the Runcorn and Widnes sessions respectively. The Runcorn programme engaged a total of five women, who all attended the first three sessions, this declined to three women in week four and then to two women by week eight. The average number of women attending each week was four.

Figure 4.3.2 Attendance at Time for Me: Runcorn September-November 2003



In contrast the Widnes programme began with only two women and increased to four in week two. This was the total number of women that engaged in the programme, however attendance was not regular and declined to two in week seven. The average number of weekly attendances was three.

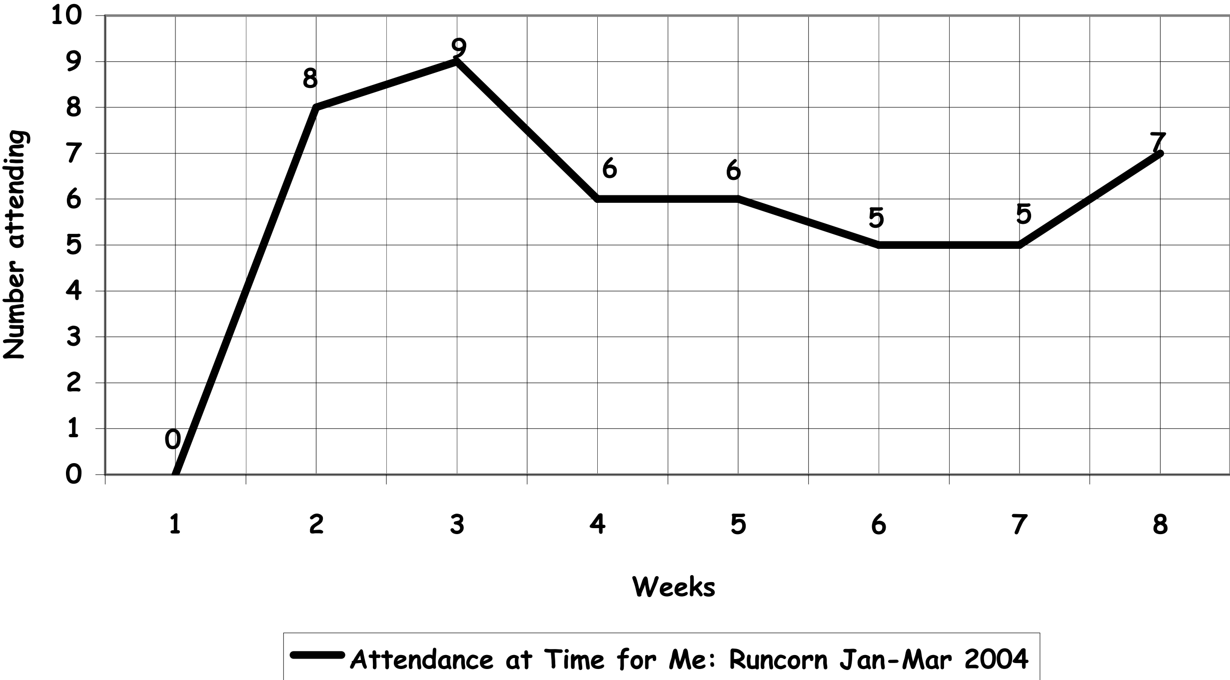
Figure 4.3.3 Attendance at Time for Me: Widnes September-November 2003



The third set of data on attendance relates to attendance at the Runcorn and Widnes sessions which took place between January and March 2004, the third round of Time for Me. Figures 4.3.4 and 4.3.5 show attendance at the Runcorn and Widnes programmes respectively.

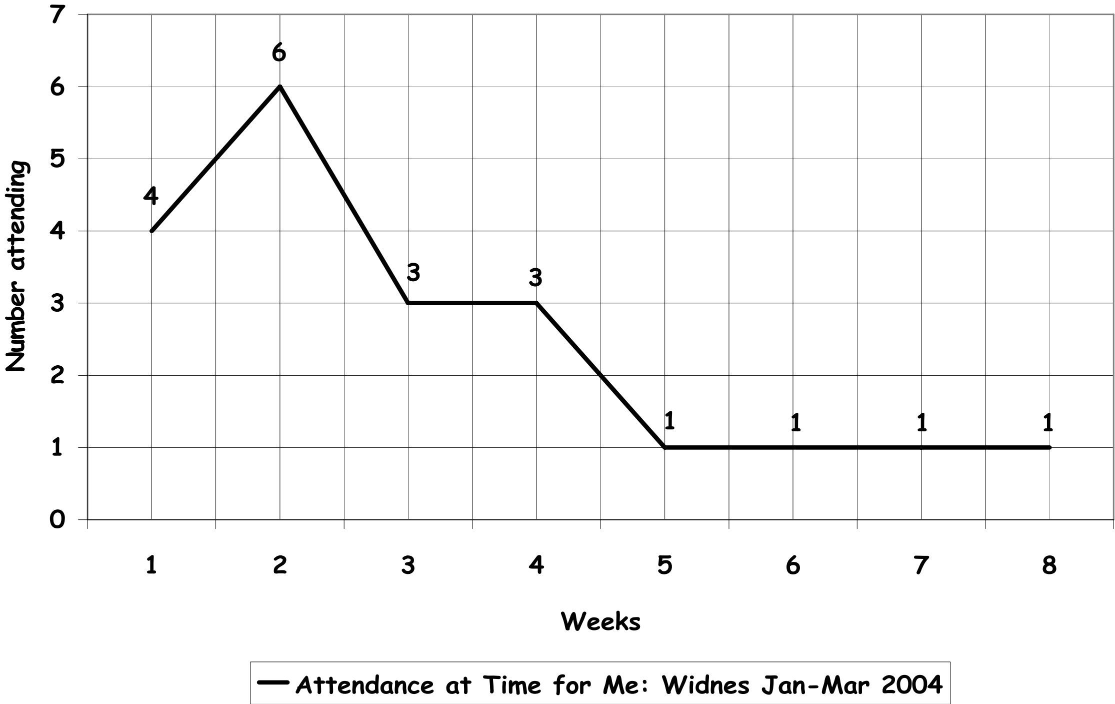
A total of nine different women accessed the Runcorn service over the eight week period, not all of these regularly. The Runcorn programme suffered a delayed start as no clients attended the first session. During week two eight clients attended, and by the following week this had risen to nine. The group then saw a decline in numbers, to six and then five. During the final week this rose to seven. The average number of weekly attendances was six.

Figure 4.3.4 Attendance at Time for Me: Runcorn January-March 2004



The pattern of attendance in Widnes during this same period was rather different. Overall six different women accessed the service, but attendance by many of these was infrequent and ceased after the fourth week of the course. Four women attended week one, this rose to six the following week. Weeks three and four were only accessed by three women, this figure then dropped to one woman for the remaining four weeks. During this time period the average attendance was three women.

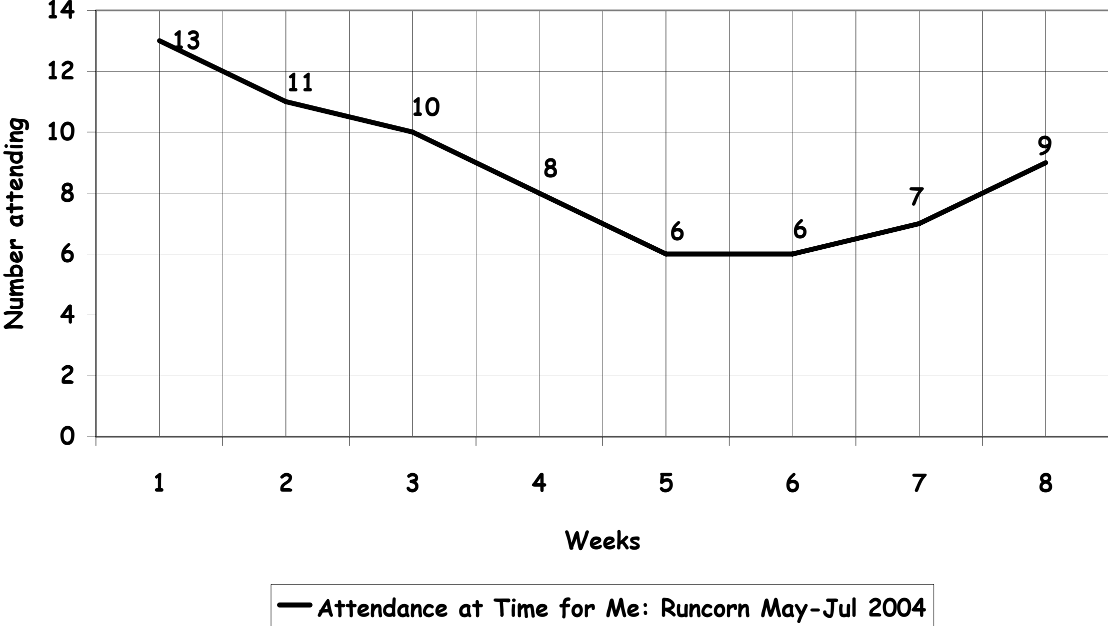
Figure 4.3.5 Attendance at Time for Me: Widnes January-March 2004



The final set of data relate to attendance at Runcorn and Widnes Time for Me programmes, which ran between May and July 2004. Figure 4.3.6 shows the pattern of attendance at the former, and figure 4.3.7 the pattern of attendance at the latter.

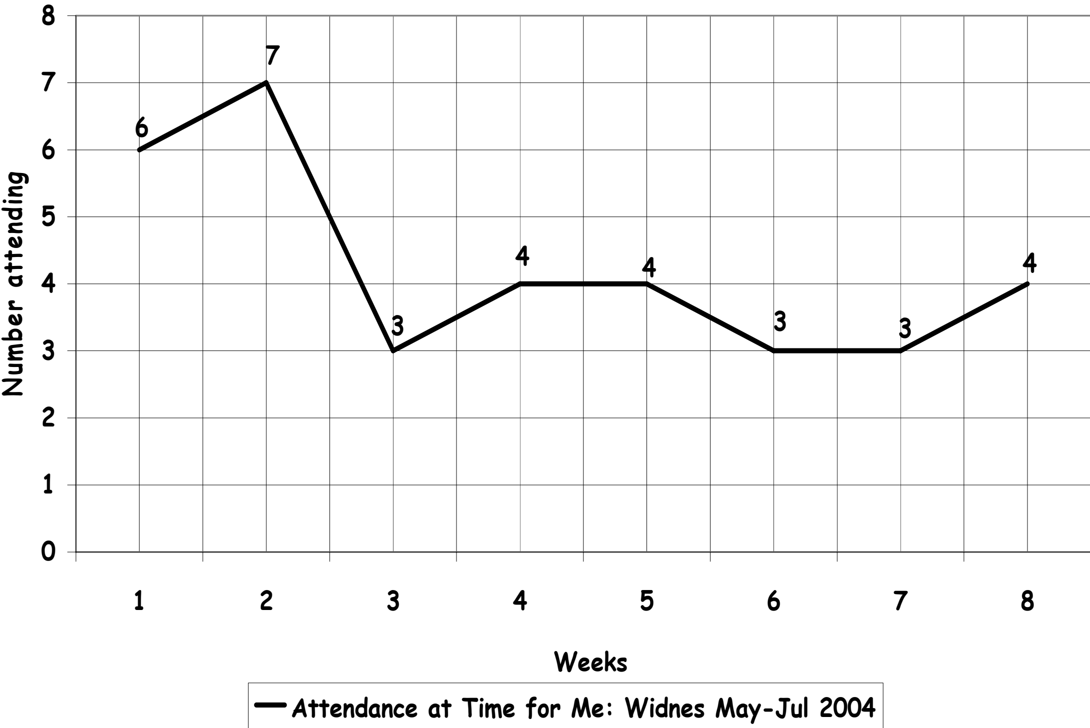
The Runcorn programme began with a group of 13 women, which was also the total number of women who accessed the service at any one time during this period. This number fell steadily to six women by week five, before experiencing a slight increase in numbers again, nine women in the final week. The average weekly attendance was nine women.

Figure 4.3.6 Attendance at Time for Me: Runcorn May-July 2004



The attendance in Widnes, like the previous round of programmes was overall lower than the Runcorn programme. Seven women in total accessed the service over the eight weeks. This group began with six women, rising to seven in the second week. The group then saw a considerable drop in numbers, with only three women attending week three. Attendance then continued to fluctuate between three and four women over the remainder of the programme. During this time period the average number of women attending was four.

Figure 4.3.7 Attendance at Time for Me: Widnes May-July 2004



4.4 Data on the EPDS

Data were retrieved regarding the EPDS scores of all the nine women interviewed for this study, both before and after they had attended Time for Me. Table 4.4.1 overleaf shows these scores alongside one another. The scores of five of the women had dropped (thought to indicate lower levels of depression) when the tool was administered following Time for Me, for two women the scores were the same, and for two women the scores were higher after Time for Me. Where the scores had declined, they had done so by several points for three out of the five women. Whilst this data cannot be

relied upon to provide conclusive evidence of the success or failure of the Time for Me programme, or the impact it has had on the women who have attended, it is nevertheless useful in the creation of a detailed picture regarding the effect of the service on those who have engaged.

Table 4.4.1 EPDS scores before and after attending Time for Me

Client Number	EPDS score before attending Time for Me	EPDS score after attending Time for Me
1	23	21
2	16	16
3	12	8
4	7	7
5	19	9
6	10	22
7	16	4
8	26	7
9	15	21

4.5 Semi-structured interviews with professionals and clients

This analysis is based on the narratives generated by the semi-structured interviews. During August and September 2004 a total of 19 interviews were carried out. This included interviews with nine women who had used the Time for Me service, between May and July 2004, three artists who had been involved with providing creative sessions within Time for Me, two health professionals who had frequently referred clients to the programme, and five other professionals who were members of the steering group (these were made up of health visitors and the programme co-ordinators). Eleven women who had attended Time for Me were originally given information sheets and consented to be contacted, but it was only possible to contact nine of these.

Nine broad themes emerged from the transcripts: the referral process; reasons for attending/expectations; the venue; provisions; the art forms; achieving the Time for Me

aims; comparisons with traditional methods; the inter-agency approach; the future of Time for Me, suggestions for improvement and areas for development. The responses were combined as one data set, in order that these themes could be explored in greater depth. Quotations from the interviews are used in this report to illustrate these themes. In order to maintain participant anonymity, each respondent was given an interview number, which is shown after the quotation.

4.5.1 The referral process

Clients and professionals were asked to comment on the current referral process for Time for Me and how this worked in practice. The clients of Time for Me commented only on how they were referred to the programme, i.e. by their health visitor. All of the women interviewed were referred by their health visitor indicating little involvement from other professionals in this process. Professionals generally thought the referral process worked well. Some talked of 'tight criteria' which were thought to be necessary to avoid 'inappropriate referrals' as Time for Me is considered unsuitable for women with severe postnatal depression. Several staff talked about the importance of the EPDS scores when referring women, although also mentioned was the importance of not seeing these results in isolation of a more general assessment of an individual. Many professionals talked about the importance of the relationship between the women and the health visitors in ascertaining suitability for Time for Me, and that this factor was often as important as the EPDS scores. One professional commented:

> *'The nature of the questions in the EPDS is very effective at highlighting the area of concern, for example anxiety, relationship problems etc. The other tool is one-to-one contact…when you actually go out and a mum is crying, she isn't coping, she just wishes she had a bit of time to herself… that is screaming out for Time for Me.' (16).*

Some professionals highlighted incidences where inappropriate referrals had been made to Time for Me, although these were thought to have occurred largely where women had been referred to health visitors by non-clinical professionals. However, one occasion was described when a psychologist had referred a woman who was severely depressed. In addition to this, some professionals also raised concerns about the

number of women that may have been 'missed' and not referred to Time for Me because of low EPDS scores. It was commented that it was possible for a client to receive a low score, and yet still be depressed. Whilst this reinforces the message that EPDS scores cannot be seen in isolation, some professionals stated that they believe there is a need for clarification around who is and is not suitable for the programme, and the manner in which their suitability is gauged.

Most health professionals considered there to be good links between the group therapy and Time for Me, reporting that several women who had gone through the Time for Me programme had built up their confidence by attending the therapy group. Whilst it was considered appropriate for women to move on to Time for Me following attendance at the group therapy, it was not considered to be appropriate to attend these groups in reverse. The main reason for this was that a client who is suitable for the spoken therapy group is considered to be 'more depressed' than one who is suitable for Time for Me. It was apparent from comments made by professionals that there is a need to make local professionals aware of the criteria for referral to Time for Me. One health professional commented:

> *'I know some health visitors actually will refer to the Time for Me in anticipation of going up to the other group. I personally wouldn't do that because I think the other group is for people who are more depressed.' (17).*

4.5.2 Reasons for attending/expectations

The nine women who were interviewed about their experience of Time for Me were asked about their reasons for attending the sessions, and what their expectations had been. The reasons women gave for attending the group ranged from the availability of time in a week when they knew they would be without their children, to the opportunity to meet other women who were experiencing similar difficulties with confidence and self-esteem. Some women simply wanted to meet new people and thought it would be beneficial for their child to attend a crèche. The most common reason for attending the sessions was to meet other local women who were experiencing similar difficulties.

Women reported that their expectations about meeting others in similar situations were met. One client commented:

> *'The chance to be with other mums that had perhaps had a bit of a tough time and to just be me for an hour or two.' (6).*

The women who were interviewed had a variety of experiences of postnatal depression, and considered this to have stemmed from a variety of circumstances. One woman had become very low after considerable weight gain following her pregnancy, another had experienced discrimination from colleagues following her return to work, one woman had experienced a particularly stressful time with her son following his birth as he had been very unwell for a number of months, and other women had experienced general unhappiness and low self-esteem during the postnatal period.

Several women talked about their expectations of Time for Me. Many reported that they had felt anxious prior to attending the first session, stating that they were worried about not knowing anyone and did not know what to expect. One woman commented:

> *'I was a bit uncomfortable thinking I was going to have to talk about my problems … I didn't want to get upset in front of strangers.' (4).*

Many of the women who were interviewed had similar expectations of Time for Me, thinking that the sessions would take on a counselling type of approach and be highly emotionally charged, which raises the question of how Time for Me was presented to clients in the first instance. One client commented:

> *'At first I thought it was going to be a counselling session which I was a bit wary of like. I thought it was going to be, you know, a group of women all suffering with the same things and everybody is crying…it was totally different and we really did have a laugh.' (4).*

Many of the women shared this view, and also commented that they were pleased that the group had taken on a different focus to what they had expected. One woman stated:

'It was a million times better than I had expected, I thought it would be some kind of depressed mothers' chat group … but it was nothing like that at all, so I was relieved.' (7).

Some women also had expectations about how the sessions were going to be delivered and the approach that the staff were going to adopt. However, the way in which sessions were delivered in practice was quite different. One client commented:

'I expected it to be like a classroom situation, but it was just so different, so informal.' (9).

4.5.3 The venue

Time for Me sessions were held in two venues, namely, for the Runcorn programme, Murdishaw Community Centre, and the Widnes programme, Kingsway Learning Centre, the home of Sure Start New Steps. The majority of professionals and clients thought that the venue was suitable for Time for Me sessions, and considered the crèche also to be held in a pleasant room. One client commented:

'The room was a nice bright, airy, clean room. It was great.' (6).

Despite the majority of clients holding similar opinions of the venue, one client considered the rooms to be too small. In addition to this, several clients who attended the groups, in both locations, frequently had difficulty parking their cars. One client commented:

'One day it took me 20 minutes to park the car.' (3).

This was an issue of concern for several women, who were disappointed that they missed the beginning of the sessions when parking was a problem. Clients without cars preferred to access the service by taxi (provided by the programme) rather than public transport, due to ease of access and cost implications.

4.5.4 Provisions

Time for Me has offered both the provision of an on-site crèche facility and a taxi service for both venues. The women who were interviewed were asked their opinions of both of these services. Some staff also made comments regarding the crèche facility.

The taxi service was quite popular for those women without transport, and all those that used the service considered this provision to be the chief enabling factor in their attendance at the sessions. One woman stated:

> *'I would not have been able to attend if I hadn't had a taxi, two kids on a bus and then changing to another bus, I just couldn't have done it.' (8).*

In addition to facilitating attendance at a practical level, some women also mentioned the financial support which they considered the taxi service to have offered. The fact that this service was free to the women attending Time for Me was another enabling factor in attending the group. One client commented:

> *'We got a free taxi that used to take us, takes us back as well … I wouldn't have been able to go without it, the taxi would have cost about £10'. (2).*

Despite these positive experiences, sometimes there were problems with this service. One client commented:

> *'We had a problem with the taxi, it was always late and then we were late arriving.' (8).*

Nevertheless, the client stated that the Time for Me staff did everything they could to try and overcome this and always telephoned the taxi company to check on taxis. Indeed, one professional stated that she booked taxis 30 minutes before they needed to be there to try and ensure clients arrived on time.

In terms of the crèche provision offered at Time for Me sessions, this received considerable praise from clients. Several clients stated that this provision enabled them to attend the sessions, particularly those women with one or more children under school age with no family in the area, or family who were unavailable to care for their

children whilst they attended Time for Me. The availability of a crèche was identified by the women as a benefit of Time for Me.

All the women who used the crèche facility commented on the high standard of care which their children received, stating that it was easier to leave their children in the crèche because of this. Many women also mentioned that their children enjoyed going to the crèche as well, and thought that they had benefited from mixing with other adults and other children. One woman stated:

> *'The crèche was perfect, so were the ladies … he was always hugging them and kissing them and he thought a lot of them, I trusted them unconditionally.' (9).*

Many women said they felt reassured that the crèche was located in a room near to where the creative sessions took place. Clients appreciated the fact that they were able to check on their children at any time, and valued the health visitors doing the same and reporting back to the group. This was particularly valued by mothers who were unable to settle their children in the crèche easily. The women also appreciated the fact that staff within the crèche would take responsibility for changing nappies and giving bottles during the sessions.

Staff also considered the crèche to be integral to Time for Me. As well as being an enabling factor in attendance at the group, some staff considered the crèche sessions to offer positive reinforcement to mothers. One professional commented:

> *'When they pick their child up and they know that child has been well cared for, they will be more confident about leaving them again. Also when they see they have made something for mummy or daddy that gives them a boost as well.' (13).*

Despite the success of the crèche there have been, what one professional described as 'teething problems'. These problems have largely related to children not settling well within the crèche environment. One woman commented:

> *'I took the baby but I had to leave her with my mum after two weeks because she just kept crying all the time, it was really difficult.' (5).*

Whilst this did not appear to be an issue which arose frequently, one client reported that it had impacted on the group at one stage. It was commented:

> *'There was one woman whose little girl didn't … settle … she actually came in with us and sat in the session … they were trying to keep children away from us, to give us time … but that was the only way this woman was going to come to the sessions.' (3).*

It was reported that on this occasion the group had been very supportive. However there was some concern from one client that this arrangement may have set a precedent for future weeks, and she had hoped that this would not happen, which it did not.

4.5.5 The art forms

The women interviewed for this study had been exposed to the following art forms: creative writing (poetry); card making; collages; ceramics; and music. The women were asked about their experiences of different art forms at Time for Me, and about the best part of Time for Me. Clients talked about their favourite sessions, the majority stating that their favourite activity had been the music, despite all the women having felt anxious about this particular activity before it began. It is noteworthy therefore that women still attended the session despite these feelings. One woman commented:

> *'Surprisingly I liked the music the best, it was the one I really dreaded, I felt sick going to that.' (9).*

The music sessions were also considered to have had the added benefit of assisting the women to mix more with each other and begin to form friendships. Several women commented on this and considered it to have been the highlight of Time for Me. One woman commented:

> *'I thought it was fantastic…it brought everyone together a bit more, because up until that point the activities were sort of, you were very independent doing the activity, whereas the music thing brought us all closer.' (6).*

Several women commented on the humour and good feeling created during the music sessions and the 'feel good factor' which was produced. One woman recounted her experience and talked about how initial embarrassment became comical, commenting:

'No-one would do the first verse so I volunteered to do it … we had said we would speak the lines, but I just started singing 'cause the tune was in me head and everyone started laughing, I was really embarrassed but it was just so funny we couldn't stop laughing.' (4).

In addition to this one woman also commented on not only the positive effect the musical sessions had on her, but also the impact on the rest of the group, which she had observed. She considered the music to have 'reached' everyone in a positive way, commenting:

'Some of them were actually frightened at the beginning of the session but by the end they were singing. I thought that was great, you know for them to be able to lift their self-esteem and to watch the others you know be happy and smile. There was one girl, although she never complained or anything you could see that she was quite unhappy and she didn't know what she was going to do, and it was nice to see her face smile and be relaxed. It was just nice to see everybody be happy, considering they were all there because they were a bit miserable to begin with.' (3).

Although the music sessions were the favourite amongst the women interviewed, many favourable comments were made about the other sessions. The ceramic sessions and card-making sessions were popular. The common factor which linked all of the sessions, and one which was commented on by both clients and staff alike as being central to the approach of Time for Me, was the fact that each art form resulted in a product. After each of the different art forms had been completed, each woman had something to take home which represented the work of the session. For example, the pottery was fired and glazed and given to the women to take home, the music was recorded and a CD produced, the poems were produced as a booklet, and the women were also able to take home the cards they had made. It was commented:

'It was nice to have something to physically bring away from the sessions, something to be proud of.' (6).

One professional also talked about how sometimes it was possible to interlink the sessions, which some women enjoyed. It was commented:

'We sometimes overlap the art forms, for example we have used some of the lyrics from the creative writing sessions within the music and song writing as well.' (5).

The majority of comments regarding the particular art forms chosen to form part of Time for Me were, on the whole, supportive. However, some women did comment that they would have preferred not to have engaged in the creative writing sessions as part of the Time for Me approach. This was not because they did not value what creative writing had to offer, but because of concern about the personal nature of what they were writing. One woman commented:

> *'The only one I would have preferred to do on my own was the poetry because I think there's a lot of feelings and emotion goes into poetry and it is all personal stuff.' (4).*

Some clients also struggled with the creative writing sessions because they had found that it required much more concentration than some of the other sessions. It was stated:

> *'Personally, I had difficulty doing it because I prefer to concentrate in a room on my own, and with people talking it was just too hard for me.' (9).*

The opportunity to engage in art-related activities was considered to have been of benefit to those women interviewed. Some women commented that the main benefit of Time for Me had been the chance to learn new skills, this had helped some women to realise that there are possibilities within the arts, even for those who had previously considered themselves not to be 'arty'. This was echoed by one of the professionals who considered Time for Me to have offered the women the opportunity to explore something unlike the typical activities which they may be involved in during the day. It was commented:

> *'The mothers were able to do something they perhaps haven't tried before. Art is a very creative medium and it is very absorbing and probably very different to what they're actually able to do in their normal day-to-day lives of looking after children and running families…Time for Me seems an appropriate title.' (12).*

Another professional commented on the profound impact she considered particular sessions within Time for Me to have had on individual women, in particular women who had previously been poor at accessing services. She commented:

'One of the mums didn't go to the second pottery session … she was phoning…it was like have you seen my fish? This was a mum that doesn't ring, doesn't usually attend services, and she rang and called in more than once…from our point of view that was amazing …because next time she has a problem she will feel able to access us … we're approachable and her fish is important to us … this is a mum that's had terrible traumas in her life …Time for Me has offered her new opportunities.' (16).

Both clients and professionals thought that the impact of the Time for Me programme would have long lasting effects on the women. Some of these lasting impacts related to comments made by professionals and clients about continuing with the skills the women had learnt in Time for Me sessions. Several clients in particular commented that they had been able to continue with the card making at home by themselves, and all those who had attempted this had been able to achieve what was described by one woman as a 'release'. This activity was also said to be 'stress relieving'. One woman commented:

'I've tried to do a bit of card making at home these last few weeks since having him and he is having his problems, I've tried to find something else to focus on, the cards have helped.' (6).

Furthermore, some clients considered that things such as the CD which was produced and the book of poems were constant supportive reminders of what Time for Me represented. Many women found these items of great comfort when they were having a difficult day. Some staff also commented that they considered the end products to provide lasting support to the women who had attended Time for Me.

4.5.6 Achieving the Time for Me aims

All interviewees were asked how successful they thought Time for Me had been in achieving its aims. All respondents considered Time for Me to have achieved these aims. Many women considered their self-esteem to have been boosted by attending the sessions. Largely they perceived this to be a result of being amongst other women in similar circumstances, rather than the content of the sessions. One woman reported:

'It definitely helped with self-esteem because I felt I was amongst other people who sort of like you know were in the same boat as I was where they were unhappy with the situation they found themselves in.' (3).

However, there was one example where the content of the sessions had actually lowered the self-esteem of one woman. She commented:

> *'One week we did this collage and…it was supposed to be personal to you. I found that quite difficult because my life is just looking after these two…some people were talking about hobbies … but I sort of struggled to find things … I realised life was passing me by and I felt quite down about myself that week.' (6).*

The majority of professionals stated that they had witnessed an increase in the confidence (an aim of the programme) of the women by the end of the course. Many attributed this to the achievement of participating in creative activities, which some women had never done before. Others however, considered that an increase in confidence had been gained because Time for Me had 'eroded barriers' between staff and clients, as health visitors would also take part in activities and become part of the group. This was also thought to have encouraged women to take part. One professional commented:

> *'When the women see the staff taking part as well, it is not so scary and then they become more confident about having a go' (11).*

Staff reported that they had witnessed differing levels of increased confidence and self-esteem, some reporting small changes in women and others stating that some women had gone on to get part-time jobs. One professional summed this up by stating:

> *'We've got two ends of the spectrum. You've got the mums that are like I feel great, I feel alive again, and then you've got the mums who have said they enjoyed it and they have attended every week, and that in itself has been an achievement. So there are little achievements and huge achievements.' (16).*

All the clients who had attended Time for Me commented that a supportive and relaxed environment had been created during the sessions, which was also an objective of the programme. This appeared to be an enabling factor in some cases, particularly when women had been nervous about attending initial sessions. One woman commented:

> *'It was a very relaxed atmosphere, which helped because the first couple of weeks you were quite self conscious but everyone was so nice, so supportive, you wanted to go back.' (6).*

Several professionals and clients commented that Time for Me was likely to have lasting effects on self-esteem and confidence for those clients involved with the programme. One professional summed this up by commenting:

> *'It is just magical, I don't know how else to describe it. I hope the women will have some kind of long lasting effects from this programme, even if that is just having the confidence to do another course or just that they feel better about themselves, these are all important.' (14).*

In a similar way some women thought that Time for Me had given them the confidence to go into other group situations and try new things. Several women stated that they had begun to look into the possibility of attending other groups. However, the issue of a crèche often remained a barrier. One client stated:

> *'It's given me a bit of a boost to perhaps go out and look for other courses or something … I have looked into a creative writing course at the library … but there are no childcare facilities.' (7).*

Professionals also commented that Time for Me had sometimes given women the 'self-belief' required to move on to other things, some commenting that they had already seen this begin to occur in women who had attended some of the early sessions. One professional commented:

> *'We're looking back and seeing women who have been in the first group and they are still saying how fantastic it has been for them and that they are involved in other things now … so that was a catalyst for confidence'. (18).*

One professional stated that she thought the eight week course had a huge impact on some of the women's outlook on life. Another professional believed that such an approach may 'open doors' for some women by improving personal relationships over time. It was commented:

> *'I think it is different for every woman and it depends what situation they are in. I also think Time for Me can help relationships with the rest of the family, so if you're feeling more confident about yourself and more confident that postnatal depression happens to lots of people it sort of takes away the stigma, meaning that people might be able to talk to partners and family about what is going on.' (10).*

One professional considered Time for Me to have the potential for having lasting effects on the family as well as the women. It was commented:

> *'The long term effects will be really long term because it will be a generational thing. What you're almost doing, you're almost awakening these women to think they can actually cope, and by creating space between them and the children it improves things … when they go back to the child the bond is stronger.' (16).*

Despite many clients and professionals stating that they thought Time for Me would have long lasting effects, there were also those who raised doubts about this. Two of the women interviewed stated that since Time for Me had finished their lives have returned to how they were before they attended the group, and their emotional health had become 'fragile' once again. One woman commented:

> *'Since it has stopped I have gone back to my usual routine … more bad days than good days, I seem to be feeling a lot more down within myself again now.' (4).*

Another client of Time for Me expressed a similar view, commenting:

> *'At the moment it is hard to look forward to anything.' (9).*

The staff involved with Time for Me also considered the environment to be supportive and relaxed. Some staff considered the support to come from within the group and between the women, highlighting the importance of support from within the group. One member of staff stated:

> *'The women for me stand out, without them there would be nothing they are remarkable. They come from very different backgrounds and yet they end up supporting each other and working together and I just think it is fantastic … there is constant encouragement.' (14).*

Other staff considered the supportive and relaxed environment to have developed from the original philosophy of the group and to incorporate a variety of factors. One member of staff commented:

'It comes from the original ethos of the group. Certainly my remit as a facilitator was to be aware of how difficult its been for the women to get to the group, be there as a warm welcome host really. Make sure the children are settled in the crèche. Although I get involved in the art you do a lot of running up and down to check the children and come back with a report of how they are. There are refreshments, the environment is pleasant and the art, the art just lifts it, just makes it very easy.' (19).

A couple of the women who had attended Time for Me considered the main benefit of the group to have been the opportunity for them to 'have a laugh' and enjoy themselves, whilst others considered the realisation that they are more than just a mother to have been of greatest benefit. One client remarked:

'Realising you are more than just a mother, that you can do things … that you can achieve more than just looking after children.' (7).

Reducing the isolation of the women that attended the group was another aim of Time for Me. Several women commented that they felt less isolated as a result of attending the group, as they were able to recognise they were not alone and also have regular contact with local people. By far the most common benefit which was reported by the women was that Time for Me offered a realisation that they were not the only woman who was feeling emotionally low. This was frequently reported to have been the chief benefit of attending the group. One woman commented:

'It is hard to get out of the house having two of them, so knowing there are others like you it gives you that edge to get out … even though you don't talk about it you know they are in a similar position to you … just knowing that there are others out there really helps.' (9).

However, many women also reported that this isolation had returned after the end of the sessions, and that the programme needed to be longer to allow the women time to form friendship groups which they could then sustain after the sessions had finished. Some staff and clients, who considered the most important aspect of Time for Me to be the opportunity to reduce isolation, commented that there was little time made available to bond with others in the group, resulting in few friendships being formed during the course. One professional commented:

'People don't actually have time to talk to each other because it is a very tight schedule.' (15).

The inability of women to form friendship groups was in part thought to be due to the fact that the first few weeks involve women doing individual activities, and not being required to mix with others. One client commented:

'I don't know whether or not I understand why they start off with you doing things yourself, I think it is better to be thrown in at the deep end…people were only starting to get to know each other at the end so people didn't really make friends…and I think some of them would have really liked that.' (3).

Some of the staff were aware that this is often the case with women who attend Time for Me, but were reluctant to extend the programme. One professional commented:

'We don't want to create a level of dependency so people come forever and have postnatal depression forever. It is more about having a short course that can lead you on.' (10).

Furthermore, some professionals considered reducing isolation to be more than just about meeting new people and developing new skills and interests. Whilst this was regarded as important, the issue of reducing isolation within the family was also raised. It was commented:

'Even if they're less isolated within the family that's important… talking to their partners more, or their mother, or father.'(18).

One professional also commented on the importance of Time for Me for reducing isolation in Widnes, not only in deprived areas but also within more affluent areas. It was commented:

'We've got an area in Widnes now that's a new development, quite a lot of development and we're getting a lot of families moving into the area from elsewhere. So away from their extended family and quite isolated, Time for Me creates and opportunity for them to make friends.' (19).

Despite this, staff identified the reduction of isolation as an area requiring further attention. It was stated by a member of the steering group that this was something which was being looked into, in order that very isolated women do not come to the end

of a programme and revert to their previous emotional situation. One professional commented:

> *'I think health visitors have a responsibility to continually support these women, so it is not a case of them coming to the end and that is it ... there is a gap there at the moment.' (10).*

4.5.7 Comparisons with traditional methods

The professionals interviewed as part of this evaluation were asked to draw comparisons between Time for Me and more traditional approaches to supporting women with postnatal depression. The majority of professionals did not regard Time for Me as an alternative service, as both Runcorn and Widnes also offer group support and one-to-one listening visits for women with postnatal depression, Time for Me was instead largely regarded as an additional service. This was particularly the case for health visitors who considered the programme to offer them an option for women suffering with mild to moderate postnatal depression, where there had previously been no service, and a follow-on group for women who had been through the group support. One professional commented:

> *'It's part of a range of services which should be available. There will be women who respond better to different services. You can move through a process, where they have listening visits and support off the health visitor, treatment from the GP, and then because it's mild to moderate depression...we've got this fantastic route they can be referred into.' (19).*

Time for Me was described by professionals as being very different to the spoken therapy groups which were available and had been the model used previously. One professional commented:

> *'It is a wonderful idea because women with postnatal depression don't always need medication. [Time for Me] just gives the mums time out to try new things, but there is no pressure on them to take part.' (13).*

The differences between this approach and traditional approaches were illuminated by some professionals. One professional commented:

'We always start with ceramics or textiles … something that people can do without talking to anybody … we don't actually lead discussion about postnatal depression, but sometimes people will talk about their troubles as they get to know each other better … we make it clear that it is not expected though and we always make grounds rules at the start of the session.' (10).

This idea contrasts with that talked about by the women, in that they would have 'preferred' to be involved with more group related activities from the start of the programme, in order that friendships could have been more tightly established.

It was commented by one member of staff that Time for Me is a much 'gentler' approach than that used in the spoken therapy group, and that some women find it easier to engage with Time for Me because they know staff will not purposely focus on their problems and put them 'on the spot'.

Some staff considered Time for Me to be a group which women engaged in when they were beginning to make changes in their life, some describing the group as a 'stepping stone'. One professional commented:

'It is much more about the different stages that they are going through … much more about motivation, raising self-esteem, raising people's expectations of themselves.' (10).

Some professionals considered the alternative approach offered by Time for Me, to be having lasting effects. This largely related to the ability to change the perceptions of postnatal depression. One professional commented:

'I think it will help to remove some of the taboo of depression because it is actually a creative solution, it's a social event, it's quite normalising really. This will happen more and more as the group expands and that will be lasting.' (19).

Despite many reported benefits of Time for Me, there were comments made by both professionals and clients of a more critical nature. For example, the size of the groups appeared to have been a problem. Whilst some professionals thought the groups were too large to manage on occasions, others commented on the small numbers which often

attended and considered this to be an issue not only of cost effectiveness, but also because this reduced the womens' opportunity to share experiences with those attending the sessions. It was however acknowledged that attendance was a common difficulty which arises when working in the community and this issue had not been exclusive to Time for Me.

4.5.8 The inter-agency approach

The professionals interviewed were asked to comment on the inter-agency approach adopted by Time for Me. All professionals thought that this way of working had considerable benefits both for staff and for the women attending the sessions. Collaborative working was thought to be an advantage because staff were able to utilise the skills of other staff. One professional commented:

> *'The thing I like about Time for Me is that it acknowledges everybody involved is the expert in their field … everyone's label is respected … it is a really collaborative approach and all about partnership.' (11).*

It was also stated by a couple of professionals that the artists had learnt a lot from working with health visitors and vice versa. The involvement of Sure Start workers in providing the crèche facility was thought by many professionals to be key to the viability of Time for Me, and very much respected. Professionals mentioned the benefits of the co-ordinated approach which was adopted in offering Time for Me. One professional commented:

> *'Time for Me works well because…of the partnership … the health visitor is on hand and so are the artists.' (13).*

Other professionals supported this view by commenting on the ability of the steering group to 'fuse' health care and the arts, to form a joined-up service and therefore support clients and professionals involved from a range of approaches.

A disadvantage of working in this inter-agency manner was thought to be the difficulty sometimes experienced in co-ordinating time schedules. Professionals found that not everyone was available for meetings which could sometimes be disruptive. In addition to this some professionals had experienced difficulties in communication with other

professionals involved with Time for Me, which had occasionally led to confusion around the delivery of Time for Me. One professional commented:

> *'The day before one group started I was advised that there were too many…and the ladies would have to be told they couldn't come.. and then that the children were too old … at the time I wasn't sure who was able to dictate the size of the group…you know the thought of having to ring all these women up and say well actually you can't come … it was all just confusion…and lots of phone calls to different people.' (15).*

4.5.9 The future of Time for Me, suggestions for improvement and areas for development

Several clients made suggestions as to how they thought Time for Me could be developed, and areas which they considered required improving. Whilst some clients stated that they would have benefited from having more people in the sessions, the most common suggestions were regarding the length of the sessions and the length of the course. Many women would have liked Time for Me to have been longer and the sessions to have been extended, despite a reluctance from some professionals about this.

However, this was echoed by one of the health professionals, who suggested that despite an audit of Time for Me (which was carried out by the Steering Group) concluding that eight weeks was 'about right', she thought that between 10 and 12 weeks would be more worthwhile, particularly given that some clients do not start attending until the second or third week. It was suggested that this could be piloted in Runcorn, where attendance is considered to be better.

The time period available for the sessions was thought by some women to be too short, particularly when women were late arriving, or when children were difficult to settle in the crèche. One woman suggested:

> *'Perhaps if the crèche was set up sort of 15 minutes before it was due to start so you had time to get them settled that would be better.' (6).*

The length of the sessions was also said by one woman to have impacted on the time available to seek advice from the health visitor. This was something which was considered to be an important aspect of the sessions for this woman and something which was not possible in the time available. It was commented:

> *'I had a few problems you know, with my breastfeeding and stuff and I kept thinking, I'll ask the health visitor when I go to Time For Me, but there just wasn't time for that.' (3).*

In terms of what types of activities women were interested in, the arts were a popular choice. Other activities which women favoured were aromatherapy and exercise-based. However, the factor which appeared to be the key determinant for engaging women was the provision of a crèche. One woman commented:

> *'I'd be into anything as long as there was a crèche, for me that is the main thing, I'm willing to give anything a go.' (8).*

It was suggested by both clients and professionals that it would be useful to have some sort of provision for women who had been on the Time for Me course after the eight weeks were over. One client suggested:

> *'It would be nice for them to set up something permanent … they need something like that …just a couple of hours a week to have time to yourself.' (1).*

Some staff also raised this as a possible area of development, suggesting that it may be a good idea to have a venue where women could go and meet up with each other following Time for Me and build on friendships which had been forged during the course. One professional suggested:

> *'What I would like to see happening is a coffee afternoon, where there is a room and a crèche, I'd like to see that happen.' (4).*

Other suggestions made by professionals were assertiveness courses, and certificated courses based around the arts and health and beauty. It was thought that certificated courses would both increase the confidence of the women as well as further career development. In addition to this one professional stated that she felt the arts based activities could become more varied, in order to keep the interests of the clients and staff and broaden people's experiences.

One area of service development which was suggested by some women was provision for men. It was suggested that families would benefit from some kind of provision for men during the postnatal period, as some men may suffer from anxiety issues in addition to some women. One woman commented:

> *'I would like to see them do something for men. I know it is women who go through childbirth and all that but men are involved too, just because they may go out to work doesn't mean they don't care or are not part of it all, and men have their own problems too. My husband is quite shy and needs to be around other men. Men have often said to me the focus is always on the woman and if you want men to play a bigger part in their kids lives you should have services for them.' (8).*

This was an issue which was also raised by one of the professionals, who stated:

> *'Men can suffer from postnatal depression as well … fathers matter so we need to create something for the dads, one of the Sure Starts in the south runs something like that.' (13).*

Some professionals commented on the importance of looking closely at evaluation to see what has and what has not worked. It was stated that this is something which the organisers of Time for Me are keen to pursue. One professional commented:

> *'We evaluate it through the eight weeks, I just leave a comment pad on the table and people write on there … that is kind of instant feedback and then in week eight we do more of a group discussion and then there is a chance to fill out a form.' (10).*

It was also stated by some professionals that it is important to encourage and support women who may wish to pursue particular interests which they have developed in Time for Me sessions. Some staff stressed the importance of good direction in this area.

In terms of the future of Time for Me, something which was frequently talked about by professionals was sustainability and the involvement of Sure Start. Currently two of the Sure Start services in the area are involved (Dino in Runcorn and New Steps in Widnes). However, many of the professionals commented that they would like to see all of the five Sure Start programmes in the area drawn in, indeed many saw this as the key to the sustainability of Time for Me, particularly in relation to the funding. One member of the steering group commented:

'We're in the process of developing partnership with Sure Start and what I would like is for it to be more of a strategic partnership so all the Sure Starts are involved and it rotates around the borough … so they all have equal involvement … financially as well…also that may increase the number of families the programmes are involved in as women may attend Sure Start services after Time for Me has finished.' (10).

One health professional talked of a way in which the partnership between Sure Start and Time for Me was already developing. From January 2005, each client who attended Time for Me was given a range of information relating to: local arts based information; more general local information including Sure Start information; and information relating to health and parenting. It is anticipated that this provision will lead to more Sure Start registrations as well as promoting a smooth transition from Time for Me to Sure Start services and better access to parent and child health services.

Another area of possible development which was touched on was the recruitment of client representatives to the Steering Group, both from Runcorn and Widnes. This was considered by one professional to be central to the development of Time for Me. It was commented:

'They will need to be people who can see the big picture of Time for Me … but an advocate for Time for Me, those that have made a step forward after the group to really push this thing forward.' (10).

Training for referring professionals and those involved with Time for Me was considered important by some professionals, particularly the former. Practical taster sessions for staff have run in the past, but some professionals stated that this requires expanding if Time for Me is to run efficiently and engage all eligible women who wish to participate. One professional commented:

'Health visitors … and Sure Start staff need to come to the practical taster sessions … so they know what they are promoting … it just makes it a bit more real … then it might inspire and motivate them to make appropriate referrals.' (10).

Some professionals also raised the issue of health visitor acceptance and involvement in Time for Me. This was considered by some to be central to the expansion of the

service. It was stated that there were a few key health visitors who referred to Time for Me on a regular basis, but that referrals were rarely obtained from beyond this core group. The chief reason for this was perceived to be due to the involvement of only a few health visitors in facilitating the sessions (as many local health visitors had been reluctant to become involved in Time for Me) and therefore having detailed knowledge about Time for Me and its aims. The time commitment which was necessary when involved in the operation of the sessions was offered as an explanation of why some health visitors had been reluctant to become involved in the delivery of the service. One professional commented:

> *'Perhaps if they felt there was some cover for their caseload…there would be a better uptake … follow up visits are quite lengthy that might put people off … it is a big commitment and we're asking people to go and see clients who aren't on their caseload.' (15).*

One professional suggested that a possible way of overcoming concerns about time commitments would be to develop a rota of health visitors in the area. This would allow these staff to plan Time for Me duties around their caseload, and share the work and responsibility between a larger number of staff.

Chapter 5

Findings of the six-month follow up interviews

5.1 Introduction

Following completion of the first phase of the research, all those women who were interviewed in August 2004 were re-contacted by the researcher in January 2005. All women were asked if they would be happy to take part in a short follow-up interview, to which all nine women agreed. These interviews took place over two days in the womens' homes at the beginning of March 2005. The women were asked a series of questions relating to their expectations of the programme and whether these had been met. They were also asked to comment on any lasting effects of the programme and about any other services or arts-based activities they had been involved in since completing Time for Me. Finally, they were asked to what extent the feelings which had led them to be involved with Time for Me had changed.

All the interviews were audiotaped and the tapes transcribed. Five themes emerged from the analysis of the transcripts, these were: accomplishing expectations: 'kick-starting' lives; postnatal depression: an individual experience; short-term achievements/long-term challenges; levels of depression: a need for a revised assessment process?; and the importance of aftercare: feelings of 'abandonment'.

5.2 Accomplishing expectations: 'kick-starting' lives

Often the women reported that they had not had high expectations of Time for Me, although one woman stated that she had been hoping for 'a miracle'. Most of the women stated that they had hoped to meet new people, 'get more confident' and 'just do something different for an hour' or 'have an hour off from the kids' and get their 'head above water', whilst engaging in 'adult conversation'. All the women stated that looking back at their involvement in Time for Me they considered themselves to have benefited from the experience and that largely their expectations had been met, in as much as 'for that hour everything else stopped'. One mother stated:

'I went to Time for Me cos I didn't have any confidence … I wanted to get more confidence and meet some new friends … it helped me get more confident cos there was no judgement … people were really nice.' (2).

Often women reported that they were able to utilise the confidence they had gained by attending Time for Me to attend other local groups and activities. One mother commented:

'I've been able to go to lots of other groups since then. I go to Sure Start stuff nearly every day now. I don't think I would have gone to any of that if Time for Me hadn't given me that push.' (1).

For other women, although they had experienced an increase in confidence by attending Time for Me, this had not been the sole reason for changes in relation to new activities. However, women frequently referred to Time for Me as a programme which had given them a 'kick-start'. One mother stated:

'Things are better now but I would say that is mainly down to me, cos I decided enough was enough and I had to get on with things, but having said that, Time for Me kick-started me to think I needed to do something positive.' (8).

Often women had experienced a 'low period' following the end of the Time for Me programme. Some women stated that they had felt 'cut off', 'isolated', and 'disappointed' following the end of the 8-weekly sessions. Despite this, some women were able to address these feelings in other ways by using the 'routine' which Time for Me had offered in terms of being out of the house. One mother commented:

'I did feel dead low and I felt so cut off but it gave me the edge then to start going out because I had got used to going out one day a week with the kids.' (9).

Whilst several women commented that Time for Me had not 'significantly changed things', many considered the programme to have offered them time to collect their thoughts and often brought 'clarity' to their personal situations. One mother stated that although she did not consider her situation to have improved, she thought that 'things could get better now'. Another mother commented:

'I just needed to be told that I wasn't the only one … although you don't talk about your problems to an extent … little things come out … their hardships make your hardships seem insignificant…it makes you step back … and focus on what was happening rather than getting involved in self pity. When you feel so isolated you haven't got all the answers and you can't see the light at the end of the tunnel … you do become quite negative.' (3).

5.3 Postnatal depression: an individual experience

During the follow-up interviews, the women who had attended Time for Me talked at greater length and in greater depth about their experience of postnatal depression and the specific way in which it had affected them than they had done in the initial interviews. This was probably due to a combination of factors including: changes in circumstances and emotional state; an improved relationship with the researcher; and a familiarity with the interview process.

During these accounts it became apparent that these women had had very different experiences of postnatal depression, thus highlighting the illness as one which is characterised by individuality. Whilst all the women shared the feeling of being alone (often despite having family and close friends nearby), their personal accounts of the specific way in which postnatal depression had affected them were often very different. For one mother postnatal depression had been triggered by concerns over her child's health alongside the pressures of raising another child, she commented:

'Before Time for Me I was stressed out all the time because [child's name] was so poorly as a baby … he had brain damage at birth … and I kept thinking why me? I wanted to meet other parents with problems.' (6).

For this mother, the improvement in her emotional health which she had experienced also appeared to be a very personal experience, she commented:

'I'm much better than I was back then, but that isn't because of Time for Me. My daughter has started nursery so I have more time to myself but I have also built up relationships with people I have met there, plus I have become more involved with the church and the activities there. I also have lots of on-going support from various people because of [child's name] condition.' (6).

Other mothers also talked retrospectively at length about their experience of postnatal depression. For one mother, depressive symptoms had surfaced when she experienced the feeling that her children were 'taking over' her life. She commented:

> *'I do actually go out now whereas before I just couldn't handle it especially with the older one being the way he was and with him being new born … I would just break down in tears if one started and I really couldn't handle it.' (9).*

For this mother change had also occurred on a personal level which involved improvements in the relationships with her family, she commented:

> *'[I am] definitely a lot better because I was very whingey and very down in myself but things have turned around since … I can't even think about what I was like then because I just feel like a different person really. It's been a wake up call for my family … I don't think they realised how low I was … I hadn't talked about it as such … they have been more supportive.' (9).*

Another mother talked at length about extensive family problems combined with experiencing hostility on her return to work as the 'root cause' of her postnatal depression. She expanded on this by also talking about the way in which things had changed and how this had been possible. She commented:

> *'We often have family problems but also when I went back to work I felt as though I was a complete failure … like I couldn't do my job anymore … I lost an awful lot of confidence. I don't know why it is when you have a baby that you loose all confidence … I think I went into panic mode … I need my brain to work. I think when you are stuck at home with a baby and everybody else's lives continue and you just think I am more than that, I was more than that before I had her. Now I can block it out…they were just trying to batter my emotions because they knew I was tired … for some reason I lost the ability to plan but now I am in a routine.' (3).*

Other mothers also offered their personal accounts of how postnatal depression had affected them. Some talked of behavioural problems their children had had and how this had impacted on their self-esteem and confidence as a mother, through being 'embarrassed' when a child behaved badly in public to 'paranoid' about people 'staring' at their children in public places. Two other mothers spoke about the strain of having

several young children to care for at once. For one young mother this was combined with the additional strain of a marriage breakdown.

5.4 Short-term achievements/long-term challenges

It became apparent during the second phase of interviews with the women that whilst Time for Me had in most cases met the expectations of the mothers involved, and achieved the original aims of Time for Me in the short term, these benefits had not extended long term for many of the women. Whilst women often considered things such as confidence, self-esteem and isolation to have been addressed in the short term, for many these issues remained a problem, highlighting the need for on-going emotional support. One mother stated:

> *'I think in the short term it helped with things like self-esteem, but long term, well those things are still a problem sometimes.' (6).*

For others, some of the benefits had remained with them whilst others had not. A mother commented:

> *'I did get more confident and I am more confident now, but I don't see or speak to anyone that I did then so I still haven't got any friends.' (2).*

With regard to the aim of reducing isolation, women were largely disappointed with the opportunities offered to 'swap numbers' and maintain links with others who had been on the course. Some women stated that they had attempted to do this but that other women on the course were 'not bothered'. Women generally considered this a 'missed opportunity' to reduce long-term continued isolation. One mother commented:

> *'We were disappointed and surprised they didn't encourage number swaps cos I thought that was the whole point, at least that is what they told us. Me mate says it's cos they wanted us to take responsibility but we were all still a bit fragile so when you're like that you need a push.' (9).*

It emerged from the interview data that there were some long term challenges in relation to the design of Time for Me. This issue related in large part to the design of the programme in relation to the target group. In some cases it appeared that the

structure of the sessions had different effects on women than intended in the aims of Time for Me. This was most apparent when considering the aim of reducing isolation, whereby women did not largely consider that they 'got to know others' because the time was spent 'doing activities'. This serves as a further example of how Time for Me did not help women to establish long-term relationships. One mother commented:

> *'If Time for Me was supposed to help you form relationships it didn't. It wasn't long enough or structured in the right way to facilitate that really. That was disappointing I thought, I've never seen anyone from the group. I suppose you were too involved in the activities to mix with others and that wasn't really encouraged, maybe if there had been a session at the end where we could all just have chatted about how we felt the course had gone that would have helped people to open up, or if you were encouraged to do activities together.' (6).*

For the majority of women it was the case that where positive changes had occurred in their emotional health they attributed this to a combination of factors of which Time for Me played a role. Often it appeared to have been the timing of their participation in the group, alongside changes such as children starting school, which had facilitated a positive change in their emotional state. One mother commented:

> *'I felt crap before Time for Me, lonely and very isolated. Things are great now. I wouldn't say Time for Me is responsible for that but it certainly contributed to how I feel now and it was the first step.' (1).*

For others Time for Me had been less of a contributing factor in improvements in emotional health, as one mother remarked:

> *'I didn't even want to go out before I went to Time for Me, I was dead paranoid … things are better now. Time for Me helped but I also go to mums and tots and I have a support worker and that was what helped me the most.' (2).*

For one mother, the continual weekly support from Time for Me had had a positive effect on her emotional health, but the end of the course resulted in her 'going down hill again'. Alongside this, a second pregnancy had re-introduced feelings of 'anxiety' and 'self-esteem issues', which appear to have prevented this mother from continuing to benefit from the programme. She commented:

'It was a couple of months and I was pregnant with him … I felt like it was all on top of me again. It was horrible. I don't think I was able to keep any of the good feelings from Time for Me it was all so quick.' (7).

5.5 Levels of depression: a need for a revised assessment process?

Given that several of the women interviewed for this study talked frankly in the follow-up interviews about their experience of postnatal depression, issues emerged which had not been apparent in the first phase of the research. For several women it was apparent in listening to their personal accounts that they had been experiencing considerable postnatal depression prior to joining the course. These women reported that prior to joining Time for Me they had contemplated suicide, because their depression had reached a level where some women thought there 'was no point' so they 'may as well end it all'. This was discussed by four out of the nine women interviewed and one further mother stated that although not 'suicidal' she was 'not far off'. One mother stated:

'I didn't want to live. I was quite prepared to end it all and the only thing that kept me from doing that was [child's name]. It just takes me back to a place I didn't like but now I don't have those thoughts anymore. I still get angry and annoyed … but hopefully I won't go down that road where I actually thought that was the only way out … I have the strength to say well this is just one of those things I have to get through.' (3).

Given that Time for Me is designed as a programme for women experiencing mild to moderate postnatal depression, this issue raises questions about the assessment and referral process and its suitability for identifying varying levels of postnatal depression in women.

Whilst for some of the women experiencing this level of depression Time for Me had been valuable, for others this was not the case when they reflected back on their experiences. One mother talked at length about how she considered herself to have been 'too depressed to benefit'. Another commented:

'If it had been a year earlier before everything had gone wrong … it was perhaps down to me … I think it is more suited to women before problems develop in their lives.' (4).

In addition to this some mothers also considered the design of the programme to be 'inappropriate' for those experiencing postnatal depression in terms of what was required from the individual in order to benefit from the sessions. Despite the programme being designed to be accessible to those experiencing depression, this was not always the case. One mother commented:

> *'I think Time for Me can only help you if you are willing to let it. If you have a positive attitude and you get involved then that is ok but that doesn't really work with postnatal depression … depressed people are generally not positive people.' (8).*

This was particularly evident in women who had described themselves as being 'suicidal'. One mother commented:

> *'I felt like I didn't really want to speak to anyone.' (4).*

5.6 The importance of aftercare: feelings of 'abandonment'

Another issue which emerged in the follow-up interviews was that some women had experienced what one described as 'abandonment' after the end of the Time for Me sessions. This sense of 'abandonment' appeared to derive from the lack of follow-up contact some women had had from their health visitors, and emerged as an unintended consequence of the programme. This was particularly evident in the women in the Widnes area who took part in this study, who were largely dissatisfied with the level of aftercare and continued support which they had received. One mother commented:

> *'The health visitor has just stopped … they have just completely cut me off now. They don't even come out. I am not very happy with them at the moment.' (9).*

For one single mother this appeared to be an issue of considerable personal concern and upset. This mother stated that she had repeatedly attempted to contact her health visitor but with no success, which had left her experiencing feelings of 'disappointment' and 'anger'. She commented:

'She just hasn't replied to me. They said basically we are here for you if you have any problems when the course is finished and I have rang with problems but she hasn't got back to me. They just didn't seem to want to help me … they know … I do struggle they should be there to give me more help but they are just not.' (5).

In this sense the unintended consequence of the programme relates to the fact that women who had benefited from the contact and professional support during Time for Me had been apparently 'let down' by the system.

A further example of how the apparent lack of aftercare affected the women appears to relate to the 'co-ordinated approach' offered by the Time for Me programme. Despite the service aiming to 'signpost' women to other services, and offer a range of professional contacts for women, some women did not experience this rhetoric as a reality. One mother commented:

'[After Time for Me had finished] we showed up at Lugsdale Road for a group and that was closed so we went to the new Kingsway Centre where all the stuff goes on now. We spoke to a woman and she said half the courses didn't exist anymore.' (5).

Chapter 6

Discussion of the findings

6.1 Introduction

The findings of this evaluation are discussed here in relation to the purpose of the study, which was to assess the extent to which Time for Me had achieved its aims, and in light of the literature reviewed in Chapter 2. In general, the majority of the interviewees were very positive about the Time for Me programme and the support that it had offered to women with mild to moderate postnatal depression. However, some concerns were also expressed and the implications of various issues which emerged during the study will be considered.

6.2 Creating a supportive and relaxed environment

As one of the aims of Time for Me it can be concluded from the evidence in this report that the creation of a supportive and relaxed environment was achieved. All of those interviewed considered this to have been accomplished. This was largely because of the informal approach which was adopted, alongside provision of a crèche and the availability of a health visitor within the group. However, the biggest source of support was said to have come from within the group itself and between the women. This was particularly evident during the music sessions.

Whilst women supported each other during the sessions, this did not translate into long-term support outside of this environment. This is discussed in greater detail later in this Chapter, as is the issue of support from health visitors. This was an issue which became particularly apparent in the follow-up interviews where many women commented that they had been disappointed with the lack of follow-up from health visitors following Time for Me. This had left some experiencing feelings of being abandoned. Given that the health visiting service is integral to the development of Time for Me it would be beneficial to consider this issue in any service development. Furthermore, it may be useful to establish the type of follow-up which women would benefit from, to

ensure that the supportive and relaxed environment can be extended beyond the end of the programme.

6.3 Raising self-esteem and confidence

An increase in self-esteem and confidence was reported by all of the women who were interviewed. Increased levels of self-esteem appeared to develop as a result of mixing with other people experiencing similar difficulties. In this sense, it was apparent that the type of activity that women were engaged in may not necessarily affect the self-esteem of the women. Indeed, it was apparent that some of the activities had the capacity to lower the self-esteem of some women, who found themselves struggling with the personal nature of some of the activities and the feelings that these activities generated. It would be useful for the Steering Group to consider this in any service development. Nevertheless, the fact that each activity resulted in a 'product' appeared to positively impact on the self-esteem of the women.

Increased confidence however, appears to have been directly allied with the types of activities with which women engaged. The freedom of creativity coupled with the opportunity to attempt activities which did not form part of daily routines appear to have offered clients an element of self-confidence which may have led to an increased overall confidence. Some women were able to use the confidence and the raised self-esteem which they had gained within Time for Me to propel them into other group activities and even paid employment. For others, confidence was gradually built on each week as women continued to attend sessions. Therefore, it was apparent that the women who attended Time for Me should not be considered as a homogenous group, because different women were helped to different extents and in different ways. The extent to which both self-esteem and confidence were increased was different for different women and this ways expressed in varying ways. Nevertheless, it appeared to be something that happened for all women in some way, however small.

The follow-up interviews revealed that the women had not had high expectations of the programme, but considered that at least in the short term, Time for Me had increased their confidence and self-esteem. Many women, when reflecting on their experience of the programme, stated that Time for Me had 'kick-started' them into making 'positive choices' about how to improve their emotional situation. It may be useful for the Steering Group to consider how these short-term achievements could be translated into long-term benefits to those who take part in the service, particularly if the service is to make a positive contribution to reducing the long-term effects of postnatal depression in Halton.

The views of the women during the follow-up interviews differed considerably from some of the views of professionals in this sense. One professional considered Time for Me to be having a 'generational impact' on confidence and self-esteem, this was however not apparent when interviewing the women who had received the service.

6.4 Reducing isolation

The degree to which the programme succeeded in reducing isolation can be examined on more than one level. Firstly, isolation within the local community appears to have been relieved for many women temporarily, in as much as they reported contact with others experiencing similar emotional difficulties and in some cases made new friends. Secondly, isolation within the family may also have been relieved in some cases. It may be that as confidence and self-esteem were raised, women became more confident about their relationships and able to communicate more effectively with family members.

Despite women reporting that levels of isolation had been reduced as a result of attending Time for Me, some concern emerged regarding isolation after the programme had finished. For the majority, particularly those who were unable to establish friendship groups during Time for Me, feelings of isolation returned. Possible solutions to this may be to offer additional time for friendships and social networks to form, as

well as considering some form of follow on group or activity for clients after Time for Me is over.

This issue was reiterated in the follow-up interviews and therefore remains an on-going challenge for the service. Isolation had not been reduced in the long-term for several women, and where it had this had been attributed to a variety of factors concerning change in a particular person's life and not often directly associated with their involvement with Time for Me.

6.5 Establishing a suitable assessment criteria and referral system

In line with the literature reviewed, the EPDS scores (although an integral part of the referral system) are not the sole basis for referral to Time for Me. Professionals largely considered the referral process to be appropriate, and the tight referral criteria to be necessary to avoid inappropriate referrals. However, it was thought that this often led to women with mild postnatal depression not being offered support from Time for Me when perhaps they could have benefited. Therefore, it may be helpful if there was some clarification regarding who is and is not suitable for Time for Me and how this is gauged, in order that professionals can be clearer about this process and women who may require support are not 'missed'. Clarification of referral criteria and the referral process may also ensure that all referring staff follow the same procedure and work within the same parameters. Within this, the emphasis given to the EPDS may also require clarification with staff. Should this continue to be used as a tool, it would be useful to keep detailed records of scores of all women both before and after Time for Me in order that change can be monitored.

A further issue which emerged during the follow-up interviews related to the levels of depression in women attending Time for Me. Several women appeared to have been suffering from more severe postnatal depression than perhaps had been uncovered prior to their involvement in the service. Consequently, it is likely that several women had engaged with Time for Me who had experienced more than the 'mild to moderate'

postnatal depression, for which the programme was designed. Whilst this was not a problem for some women (those who stated that they still benefited) it was an issue of concern for others, who considered themselves to have been 'too depressed to benefit'. Therefore, this should remain at the forefront of service development, when considering assessment and referral procedures.

The practical taster sessions for referring staff are likely to be beneficial if continued and the possibility of extending this could be considered. This may assist in more staff becoming involved with Time for Me and therefore increase sustainability. It would be beneficial to keep records of those who have attended in order that Time for Me staff can target those who have not attended.

6.6 Recruitment, attendance and inclusivity

Patterns of attendance at Time for Me over Runcorn and Widnes varied. However, it was evident that Runcorn sessions had more women attending and were better at retaining these women once sessions commenced. It is not clear why this was the case, but it would be useful to explore this issue, in order to assist service development. It may be useful to examine how Time for Me is 'presented' to clients, given that the experience of the programme was often different from what the women had expected. This may have been a reason for some women not attending all sessions.

The fact that very few women attended every week may need to be considered alongside requests by clients to increase the length of the programme. People's lives are complex, and therefore women may have found it difficult to commit to such a structured programme and attend every week, but nevertheless value the service. Therefore, women may consider the programme to be too short, largely as they have not benefited fully from the service as they have not been able to attend every week. Furthermore, given that the sessions which spanned January–March 2004 in Widnes only had one client attend in the final four weeks, questions are likely to be raised concerning the cost effectiveness of this programme. It would be useful for the

programme to explore in greater detail why women do not attend regularly in order to inform service development. It would also be useful to monitor any women who only attend once and explore the nature of their referral, to avoid inappropriate referrals persisting. Robust data collection and storage systems will need to be established to record the number of women attending Time for Me and the number of sessions they attend. Ideally these should be computerised and not paper-based systems, in order to aid future analysis.

Time for Me appeared to address the issue of inclusivity well. The women interviewed came from a variety of backgrounds and often had very different experiences of postnatal depression. However, something which these women shared was that their circumstances had led them to experience low confidence and self esteem and some form of isolation.

6.7 Location and provisions

The majority of respondents considered the venues to be suitable for hosting Time for Me, and few complications were reported. Although the size of the room was not something which was raised frequently, it may be the case that alternative accommodation may be necessary if the groups expand. One area which appeared of real concern to several respondents was the lack of parking, in particular at the Widnes location. It would be helpful for this to be addressed, in order that late arrivals may be avoided.

The on-site crèche facilities emerged as being important for the women attending Time for Me on two counts. Firstly, it was apparent that this facility was a chief enabling factor among clients; this was particularly the case for women with no family in the area to assist with childcare. Secondly, the crèche was also thought to create the opportunity for a child-free space, which was important to this group of women. However, this was challenged on one occasion where a child had been brought into the room. This had raised some concerns regarding the ability of the programme to offer a

dedicated 'child-free space'. The location of the crèche in relation to the art room was considered appropriate, and clients reported being reassured by this. The only reported problem with the crèche concerned the settling of children. It was suggested that if the crèche was open 15 minutes before the start of the sessions the disruption often caused by this could be minimised. The Steering Group may wish to consider this in line with service development.

Another enabling factor was the free taxi service provided by Time for Me. This support was two-fold in that it helped those without transport and those who found transport costs problematic, demonstrating the importance of this service for these groups. Problems relating to the punctuality of taxis were identified as being a particular issue. It may be useful for the programme to set up a more formal contract with another taxi firm to try and combat this and prevent clients arriving late for sessions.

6.8 The role of art therapy in postnatal depression intervention

Art therapy does not appear to have been applied specifically to the area of postnatal depression, making Time for Me a rather innovative approach to addressing this condition. One of the messages which has emerged from this study has been that Time for Me should not be considered as an 'alternative' approach to supporting women with postnatal depression. Rather, professionals involved with the service largely hold the view that Time for Me has filled a 'void' in service provision, in that previously there was a group of women who did not meet the criteria for the spoken therapy group and yet were experiencing a degree of postnatal depression. In addition to this there was also a group of women who, having been involved with the spoken therapy group, were keen to be exposed to new possibilities to assist them to move on.

From a 'referrers' point of view therefore, Time for Me offers an 'additional' option, in the sense that women who are experiencing mild to moderate postnatal depression are likely to be referred to Time for Me, whereas those suffering with higher moderate to

severe postnatal depression are likely to be considered more suitable for the spoken therapy group. However, whilst some clients may, over time, become involved with both of these services, there are women who only become involved with Time for Me as their depression is not considered severe enough for the spoken therapy group.

The content of the programme did appear to be beneficial in that it offered women new opportunities. By expanding arts-based activities to involve greater levels of interaction with others during sessions, the application of the arts to alleviating postnatal depression is likely to have a greater impact, given the benefits women found from the group activities. The art forms used in Time for Me were generally well received, and allowed women the opportunity to engage in activities they would not do normally, thus increasing personal confidence, as reported by Neville and Ashton (2002) as a benefit of art therapy.

In terms of the specific art forms covered within Time for Me, the music sessions demonstrated a paradox, in that the music was the activity which prompted the most apprehensiveness among participants, and yet it was the most popular of activities amongst clients. This poses an interesting contrast to the work of Baum (1998) who found that individual arts-based activities enabled depressed cancer patients to reach an improved emotional state. The main reason that the group music activity was so popular appears to relate to the ability to join together as a group and share the good feeling which was created, suggesting a very specific type of art-therapy as being beneficial for women experiencing postnatal depression. Given this, it may be useful for other sessions to become more interactive in the future, as it appears that art activities which promote 'bonding' may be the most appropriate form of intervention in postnatal depression. Furthermore, the perception of professionals that women 'prefer' to engage in group activities later in the programme, appears to contradict the views of the women interviewed, who stated that this prevented them from establishing friendships.

The creative writing sessions, whilst enjoyed by some, were considered to be problematic for other women, in that they experienced difficulty with concentration and considered poetry to be of a personal nature and not to be shared. It may be necessary to reconsider the format of these sessions to avoid alienating some women who may be anxious about sharing their feelings in such a way.

Furthermore, some women considered the programme, on reflection, to be most beneficial where attitudes were positive, a characteristic which is often not associated with postnatal depression. Thus, developments in this service will require careful planning to match the design of the programme against both the aims of the service and the target group, in order to successfully apply the use of the arts to alleviating postnatal depression.

6.9 Long lasting effects: views of service users and service providers

From the interviews with professionals and clients it appears that Time for Me has had long lasting effects on some clients. This has occurred in a variety of ways and to a variety of levels, ranging from continuing with skills learnt in sessions, to taking the confidence gained during the course and applying this to other areas of life, such as seeking paid employment. Another lasting effect of Time for Me may relate to a change in attitude towards postnatal depression. It was suggested that those who have been involved with Time for Me have been offered an alternative view of postnatal depression, not as a stigmatising mental illness, but as a condition which affects many people from varying backgrounds. In this sense the lasting effects may be far wider reaching, if these attitudes are extended to family and friends, although perhaps largely unintended and not directly linked to the aims of the service.

The EPDS scores of the women who were interviewed showed that for five women these scores had reduced (three of which had reduced by several points), and for two the score remained the same. It is not possible to say to what degree Time for Me caused this decline, however it is nevertheless an interesting point, and an exercise

which would be useful to expand upon. For two women, the scores had risen after the Time for Me programme. This may reflect the evidence from the interview data, during which some women talked of how their depression had returned following the end of the programme. It would be useful to analyse all the EPDS scores of the women who have attended Time for Me, in order to establish whether statistically there are any patterns.

Given that Time for Me is still a relatively new initiative, it is impossible at this stage to assess the true extent to which the programme may have long lasting effects. However, the 6-month follow-up to this study did reveal that despite the programme achieving its aims in the short-term, for the majority of women these effects had not been lasting, particularly in relation to reducing isolation. This relates to some future challenges for Time for Me which are expanded upon in the section below.

6.10 Future possibilities and future challenges

From the interviews with clients and professionals there emerged many different possibilities with regards to the development of Time for Me. Some of these were issues relating to the delivery of the service, such as extending the length of both the sessions and the programme.

A key challenge which has emerged in relation to the future of Time for Me relates to provision for women completing the programme, as identified earlier in this Chapter. Whilst the extension of the programme does not appear to be a viable option in terms of addressing this issue in the long-term, it is evident that a continuity of service engagement is necessary for many of the women involved with Time for Me. In this sense it may be useful to consult with local Sure Start programmes and other local initiatives to establish some form of follow-on provision for those who have completed Time for Me. The Sure Start information packs will be important in this respect. Suggestions as to the form of this provision have included coffee mornings, exercise based activities, aromatherapy, assertiveness courses and certificated courses.

However, it would be useful to consult with clients prior to the establishment of supplementary services. The two factors which will need to remain central to any service development are the provision of a crèche and taxi service.

The provision of a service for men remains a challenge. Given that it is known from the literature that depressive symptoms in women can be indicators of depressive symptoms in male partners, it is possible that the partners of some of the women who engage with Time for Me are also suffering with depression. As little is known about postnatal depression in men, it may be useful to develop a method of gaining some insight into the prevalence of this in the local area. Perhaps this could be addressed in some way within the health visitor assessment. This would in turn provide an indication of service need.

In terms of the continuity of the service, it appears that a key challenge concerns the future funding of the programme. Given the close links with Sure Start it seems appropriate to suggest that the programme looks to Sure Start for support with this. If Time for Me expanded to cover the five Sure Start areas, this is likely to become a more manageable and financially viable option, creating a shared responsibility. This would ensure that Time for Me, a service which appears to have filled a gap in service provision, can be sustained. Closer involvement of all Sure Start programmes would encourage improved inter-agency working and may lead to more families registering with local Sure Start programmes. It would be useful for representatives from local Sure Start programmes to attend the final Time for Me sessions to make clients aware of other services in the area which they may be able to access.

Continuity of service provision and service expansion is also reliant on health visitor acceptance of and involvement with the programme. It is apparent that currently there are a few key health visitors facilitating and referring into the group. In order that the responsibility becomes shared, it will be necessary for more local health visitors to embrace the programme and become involved in facilitating groups and actively

referring women. The development of a rota may be useful in this case. This will ensure that Time for Me is a service which is universal rather than exclusive. The continuation of practical taster sessions may assist this process. However, leadership from managers will also be necessary to mainstream Time for Me and ensure the programme is endorsed as a service which supports women with mild to moderate postnatal depression, and those requiring additional support following group therapy.

Finally, a further challenge for this service relates to how to address the issue of isolation in the long-term. The six-month follow-up revealed that the design of the programme may have resulted in Time for Me not combating isolation for some women, thereby not having the effect intended. This issue will need to be explored by the Steering Group, in order that isolation can be more effectively targeted in the future.

6.11 Conclusion

It was evident that for those people involved (staff and service users alike) Time for Me had been a largely positive experience. Issues which have emerged as requiring attention relate primarily to the operational aspects of the service. It had filled a 'void' in service provision and offered clients an 'alternative' experience and staff another avenue of referral. The women who attended Time for Me valued the opportunity to have time to themselves; to meet others in similar situations; to engage in creative activities that resulted in a 'product'; and particularly those which encouraged working together and enabled some women to develop social networks. Time for Me appears to have achieved its aims in the short term.

However, the findings of the six-month follow-up do indicate some issues for consideration if the service wishes to make longer-term impacts on service-users. Isolation and low self-esteem often returned following the end of the programme. This however, is unsurprising given that long-term outcomes are only likely to be sustained with long-term support, highlighting that it may be unrealistic to expect this 8-week programme to have long-lasting effects.

The low attendance and retention rates remain a challenge for the programme, as does the provision of a follow-on service, and the engagement of more health visitors. Finally, the referral criteria and process for Time for Me remains a challenge for the Steering Group, given the exposure of service-users who had perhaps been 'too depressed' for the programme.

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Appendix 1

Aims and objectives of Halton's Healthy Living Project

Aims and objectives of Halton's HLP

Aims

- To support and encourage the most disadvantaged 20% of the population, in the CED areas of Halton, to identify what they see as being their priority health needs.
- To support and encourage people to address these needs through positive experiences of 'healthy living'.

Objectives

- To offer a variety of creative and innovative projects that initiate and/or raise (levels of) participation in health and health related issues, on both an individual and a community level.
- To focus initially on arts, physical activity, complementary therapy and food related projects, as identified through the initial consultation.
- To develop these projects in the most appropriate way for the local area, taking into account existing activity and resources.
- To provide an infra-structure that can support and co-ordinate a diverse range of activity, in an area that has a diverse range of needs.
- To involve local people in the planning and implementation of any project for their neighborhood.
- To empower local people to develop their own healthy living centre initiatives.
- To encourage community enterprise within these and other related activities at a point which local people see as appropriate.
- To provide an information network to support Halton as a centre for healthy living.
- To establish a steering group for healthy living that involves all the key stakeholders with a responsibility for health and social inclusion issues locally.
- To establish a mechanism (possibly through the steering group), which will allow local people to express their views about existing health and social care provision, with a view to realigning services where appropriate/possible.

- To develop and implement monitoring and evaluation methods as integral to the centre for healthy living.

(Source: Halton – A centre for healthy living business plan, undated).

Appendix 2

An example of the EPDS form

www.clinical-supervision.com/edinburgh%20scale.htm

Appendix 3

Interview schedule – professionals

Halton's Healthy Living Project
Time for Me
Interview Schedule
Professionals

- Please can you talk about your connection with/involvement in 'Time for Me'.
- Have you had any experience with similar projects? – can you give an example?
- Please can you talk about the referral process for 'Time for Me' – is this effective? How?
- How does this sort of approach compare with traditional approaches to helping women with Postnatal Depression?
- Thinking about the aims of the programme, did it provide a supportive and relaxed environment? Did it affect the self esteem or confidence of the women in anyway? And did it make women feel less isolated? Can you give examples and say in what ways this was/was not achieved?
- 'Time for Me' was an example of inter-agency working. Can you comment on this approach and any advantages or disadvantages of this way of working?
- What worked well about the 'Time for Me' approach, and why?
- What did not work well about the 'Time for Me' approach, and why?
- Do you think the 'Time for Me' approach will have any long lasting effects?
- Can you comment on the future for 'Time for Me'? How do you think it should/could be developed?
- Any other comments regarding 'Time for Me'?

Thank you for your time

Appendix 4

Participant information sheet – professionals

Professionals information sheet

An evaluation of Time for Me

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything not clear or if you would like more information.
Thank you for reading this.

What is the purpose of the study?
The purpose of the study is to find out how useful a programme like Time for Me is in helping to support women who have post natal depression. It is part of a bigger study, the evaluation of Halton's Healthy Living Project, of which the Time for Me programme is a small part. The study aims to explore the experiences of women who have been on the Time for Me Programme. In addition, we are seeking the perceptions of health professionals who have knowledge of the Time for Me programme and the artists who have facilitated the sessions. This information can then be used to help to develop and improve services for women.

Why have I been chosen?
You have been chosen because you are a health professional who has some knowledge of Time for Me (for example as a steering group member, as a health visitor, because you have referred women to the programme) or you are an artist who has facilitated the Time for Me sessions.

Do I have to take part?
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?
If you decide to take part you should keep this information sheet and sign the consent form. The researcher will be arranging two focus groups, one with health professionals and one with artists and will liaise with you over a suitable date and venue. The focus group sessions will last approximately one hour and with the permission of all participants will be audiotaped.

What are the possible disadvantages and risks of taking part?
There are no disadvantages or risks foreseen in taking part in the study.

What are the benefits of taking part?
You may enjoy the opportunity to talk about your views on the Time for Me programme.

Will my taking part in this study be kept confidential?
Taking part in the study is anonymous and no names or details that could identify you would ever be used in any verbal or written report of the study. Apart from the other focus group members, nobody need know that you have taken part.

What will happen to the results of the research study?
It is hoped that the results will be used to improve and develop services for women who have post natal depression in Halton and also to help to develop Halton's Healthy Living project. A written report of the study will be produced but, as already explained, nobody who takes part in the study will be identifiable.

Who is organising and funding the research?
The research is being funded by Halton's Healthy Living project. Researchers from the Centre for Public Health Research, University College Chester, are carrying out the study.

Who may I contact for further information?
If you would like more information about the study before you decide whether or not you would be willing to take part, please contact Catherine Perry on 01244 220364 or write to her at the Centre for Public Health Research, University College Chester, Parkgate Road, Chester, CH1 4BJ.

Appendix 5

Consent form

Centre Number: :
Study Number:
Patient Identification Number for this trial:

CONSENT FORM

Title of Project: An evaluation of Time for Me

Name of Researcher: Charlotte Pearson

Please initial box

1. I confirm that I have read and understand the information sheet dated .... the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, withou giving any reason, without my medical care or legal rights being affected. ☐

3. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

1 for participant; 1 for researcher.

Appendix 6

Participant information sheet – service users

Participant information sheet

An evaluation of Time for Me

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

The purpose of the study is to find out how useful a programme like Time for Me is in helping to support women who have recently had a child. It is part of a bigger study, the evaluation of Halton's Healthy Living Project, of which the Time for Me programme is a small part. The study aims to find out what women who have been on the Time for Me programme think about it, how it did or did not help them, in what ways and why. We are also going to ask people like health visitors and the artists involved what they think. This information can then be used to help to develop and improve services for women.

Why have I been chosen?

You have been chosen because you have been attending the Time for Me programme. We are hoping to have between 10 and 15 women, all of whom will have been on the programme, helping us with this research.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive.

What will happen if I take part?

If you decide to take part, you should keep this information sheet, but sign and post the tear off slip at the base, in the prepaid envelope. Alternatively you can just leave the slip in the envelope in the box provided at Time for Me. This will give your consent for a researcher to contact you to arrange an informal interview with you at a time and in a place that is convenient to you. The interview will last not more than an hour and with your permission it will be audiotaped. You will have a chance to talk about your experiences since having your baby and your views and experiences of the Time for Me programme. After the interview the researcher will ask you if you would be willing to take part in one further similar interview in about six months time.

What are the possible disadvantages and risks of taking part?

There are no disadvantages or risks foreseen in taking part in the study. However, if talking about your experiences causes you any distress you will, if you wish, be referred to the health visitor.

What are the benefits of taking part?

You may enjoy the opportunity to talk about your experiences and to put forward your views

on the Time for Me programme.

Will my taking part in this study be kept confidential?
If you take part in the study we would like to ask the health visitor for details of the Edinburgh scale scores that she has done with you. Apart from that nobody need know if you take part. Taking part in the study is anonymous and no names or details that could identify you would ever be used in any verbal or written report of the study.

What will happen to the results of the research study?
A written report of the study will be produced but, as already explained, nobody who takes part in the study will be identifiable.

Who is organising and funding the research?
The research is being funded by Halton's Healthy Living project. Researchers from the Centre for Public Health Research, University College Chester, are carrying out the study.

Who may I contact for further information?
If you would like more information about the study before you decide whether or not you would be willing to take part, please contact Catherine Perry on 01244 220364 or write to her at the Centre for Public Health Research, University College Chester, Parkgate Road, Chester, CH1 4BJ.

Thank you for your co-operation and interest in this research

✂……………………………………………………………………………………………………..

Please tear off this slip and return it in the pre paid envelope or put it in the box at Time for Me.

I agree to a researcher contacting me to arrange for me to take part in an informal interview.

Name:

Address:

Telephone number:

Signature: Date:

Appendix 7

Interview schedules – service users

Interview Schedule
Halton's Healthy Living Project
Time for Me

- **Can you tell me how you were referred to the 'Time for Me' programme?**
- **Can you tell me what you hoped to gain from the programme? – why did you decide to attend the sessions?**
- **Can you talk about your experience of the 'Time for Me' programme? How successful was the programme in terms of achieving its aims? (to provide a supportive and relaxed environment; to positively impact on self-esteem and confidence; to reduce isolation)**
- **What, if any have been the benefits of attending the sessions?**
- **What was the best part of 'Time for Me'? Why?**
- **What did not work about the 'Time for Me' approach? Why?**
- **How have you found the venue? And the crèche?**
- **Has there been anything which has made it easier for you to attend the course? E.g. venue, crèche, health visitor.**
- **Has there been anything which has made it more difficult for you to attend the course? What?**
- **What if anything would you change about the course?**
- **Do you think the programme will have any long lasting effects on you?**
- **Would you be interested in attending other 'Arts for Health' projects/events in the future? What type of activities would you be interested in?**
- **Any other comments?**

Interview Schedule
Halton's Healthy Living Project
Time for Me: 6 month follow-up

- **Can you tell me what you hoped to gain from the programme? – why did you decide to attend the sessions? Were these expectations met by Time for Me?**
- **Do you think that Time for Me has had any long lasting effects on you? For example, how successful has Time for Me been in terms of reducing isolation and improving self-esteem and confidence long-term? What, if any have been the long-term benefits attending the sessions?- how do you feel now compared with how you felt before and during the programme?- is Time for Me responsible for these feelings? In what way?**
- **Have you attended any other programmes/courses/activities since Time for Me? If so how did you become involved in this and was Time for Me and enabling factor?**
- **Any other comments?**

Appendix 8

Example of a Time for Me schedule

Available in hard copy only.

Appendix 9

Referral criteria

Available in hard copy only.

Appendix 10

Time for Me referral form

Available in hard copy only.