

**Psychoeducational Group Interventions for Maternal Depression**

Mackenzie Rice and Anne Dalton Sisk

Longwood University

SOWK 425: Methods II: Social Work Practice with Groups

Professor Walker

February 12, 2023

## **Psychoeducational Group Interventions for Maternal Depression**

The research of this paper reflects women in Ghana experiencing maternal depression. Maternal depression or postpartum depression is a depressive disorder that often affects women who are pregnant or who have given birth within four months to a year (Asare, Rodriguez-Muñoz., 2022). Statistically, about 19.5-20% of women are facing postpartum depression worldwide (Weobong, et al., 2015). Though maternal and child health is important in Western Africa, there is a lack of awareness and understanding of mental health surrounding women with postpartum depression. Culturally, there are stigmas and barriers that prevent women from receiving the treatment that they may need. An absence of resources, lack of mental health training among health workers, and fear of psychoactive medications are common cultural barriers that women may encounter in Ghana and in sub-Saharan Africa (Asare, Rodriguez-Muñoz., 2022)

Not every case of postpartum depression is the same. Each woman has circumstances that impact the way in which they receive aid and how they develop this mental health issue. Factors such as the number of children, relationship status, and living conditions are important to assess in individuals of this population. Seeking help can be difficult because many women do not have access to childcare while they are participating in the group. Furthermore, differences in families and willingness to receive aid may be something that also differs from person to person. Despite this, many commonalities exist among individuals within this population. Common symptoms of maternal depression include difficulty bonding with the baby, inability to sleep, and depressed mood (Coo et al., 2018). One major commonality is that they are all experiencing a mood disorder that is affecting their lives during or after pregnancy. Psychoeducational groups address themes such as depression, ways to combat these feelings of depression, and tactics that will

improve the mother-baby relationship. Mothers are given the opportunity to listen to experiences that they can relate to, which helps them gain a sense of normality and feel less alone in what they are going through.

The purpose of these interventions is to provide short-term evidence-based psychotherapeutic services within a group setting for women in Ghana experiencing maternal depression (Pessagno & Hunker, 2013). The treatment goals consist of lessening the experiences of depression among mothers and strengthening the infant-mother relationships (Coo et al., 2018). Multiple studies emphasize that strengthening mother-infant relationships helps reduce maternal depression and related symptoms (Coo et al., 2018; Kariuki et al., 2020). This empowers mothers in their role, as they are actively becoming more competent by developing and strengthening the mother-infant relationship (Kariuki et al., 2020).

Multiple studies provided group interventions to small groups consisting of a number of participants between 5 and 20 individuals, lasting an average duration of 8 to 10 weeks (Pessagno & Hunker, 2013). Small groups may be more effective because the individual needs of the participants are able to be met. Furthermore, facilitators are able to manage the group with more efficiency and have a deeper understanding of the needs of each participant. Studies that focused on mother-infant relationships encouraged mothers to bring their children with them to the group in order to actively engage in coping mechanisms and use the group as an opportunity for the direct application of the knowledge and skills obtained in the group (Coo et al., 2018; Deans et al., 2016).

Multiple studies utilize existing programs that treat maternal depression; however, necessary alterations are made as they relate to the research inquiry. In one study, interpersonal

psychotherapy was used with adaptations such as the incorporation of attachment theories in the intervention model (Deans et al., 2016). This was done in consideration of the various methods of communication that occur between the mother and child, as they are not all verbal.

Some of the studies utilized individual sessions as a part of the curriculum in order to assess and evaluate the progress that is made by each participant (Coo et al., 2018). By utilizing individual sessions before and after group therapy, a better understanding of further needs can be determined by the facilitator. This is beneficial to the participating mothers as mental health improves when the distinguished needs of each individual are taken into consideration (Kariuki et al., 2020). Furthermore, individual sessions help determine if group therapy is something that will benefit the mother (Pessagno & Hunker., 2013). Another practice that is utilized is having a partner or member of the participant's support system attend one of the sessions. This can be beneficial in creating communication and allowing for education to the person who attends (Coo et al., 2018; Deans et al., 2016).

In the majority of the studies, group interventions proved to be successful in reducing rates of maternal depression. Pre-and post-tests were used in order to assess the mental health of each participant. As a measure of pre and post-testing, the Edinburgh postnatal depression scale was utilized in multiple sources. This scale is a ten-item self-report that is used in the detection of postpartum depression (Cox, 2019). This scale is prevalent in aiding research as it provides an efficient way to measure results.

Psychoeducation is founded on behaviorism and cognitive-behavioral theory (Bäuml et al., 2006). The cognitive-behavioral theory was created in the 1960s and has been linked to the treatment of several mental health disorders such as depression, anxiety, and personality disorder

(Chand, et al, 2022). This theory aims to help the client understand where their thoughts come from by exploring the underlying reasons behind an individual's thought patterns. Behaviorism was established in the early 1900s and states that behaviors are learned from and influenced by the environment, and people can be changed by altering their environment. These theories are utilized for structuring the group and understanding that there may be other reasons why women experience maternal depression. Each individual's lived experience is made up of multiple factors that impact how they experience maternal depression, such as one's relationships and home life. The thoughts, feelings, and behaviors of these women are addressed in an educational and therapeutic setting in order to assist women in establishing healthy behavioral and cognitive habits (Cao et al., 2021).

Ethical considerations include obtaining informed consent, which was done in each study. For those unable to read and/or write, verbal consent was provided in the presence of a witness (Cao et al., 2021). Other actions were taken in order to maintain the safety and well-being of all participants, such as providing referrals and interventions for those whose pre- and post-tests indicated that there were additional mental health needs (Cao et al., 2021). Ethical considerations also consist of gender inequality, as Ghana inhabits a patriarchal culture that influences the power dynamics within families; this is important to consider for the safety of the mother, as there is a greater risk for intimate partner violence (Cao et al., 2021). Intimate partner violence is associated with a greater risk of experiencing maternal depression (Cao et al., 2021). When addressing issues of intimate partner violence, it has been theorized that future studies should offer separate group services to each partner in order to prevent conflict and avoid exacerbating the problem (Cao et al., 2021). An unintended consequence occurred within this study, which was testing for the effects of mental health treatment on intimate partner violence;

psychoeducational material was incorporated for the intervention and control groups, and each exhibited a reduction in the average depression scores on the post-test (Cao et al., 2021).

The limitations of these group interventions include the small sample sizes, as some groups consisted of only five participants. Other limitations involve a lack of representation, as multiple studies lacked socioeconomic and racial diversity within their samples. For example, one study sampled solely from impoverished localities, as researchers intentionally avoided sampling from wealthier sections of the city (Kariuki et al., 2020). Another limitation is that the majority of the results from these studies were produced from self-report scales, which could be impacted by bias, dishonesty, inaccuracy, or lack of certainty among participants.

Strengths of the group interventions include having qualified therapists and/or other professionals provide the mental health interventions (Coo et al., 2018). In preparation for a study, researchers must obtain facilitators to carry out the therapy group in order to reduce the risk of biases. In one group intervention, nurses were put through a two-day training before they provided a mock intervention to a group of 10 non-participating women for the purpose of assessing the effectiveness of the intervention and the facilitators (Kariuki et al., 2020). Future research should involve further investigation into cultural considerations regarding gender inequality, poverty, and healthcare accessibility. These are major factors that influence the risk of maternal depression in mothers. A lack of education is also a major risk factor for depression, which can be addressed in psychoeducational settings but should also be addressed on a macro level (Cao et al., 2021; Kariuki et al., 2020).

## References

- Asare, S.F.; Rodriguez-Muñoz, M.F. Understanding Healthcare Professionals' Knowledge on Perinatal Depression among Women in a Tertiary Hospital in Ghana: A Qualitative Study. *Int. J. Environ. Res. Public Health* 2022, 19, 15960.  
<https://doi.org/10.3390/ijerph192315960>
- Barthel, D., Kriston, L., Fordjour, D., Mohammed, Y., Kra-Yao, E. D., Bony Kotchi, C. E., Koffi Armel, E. J., Eberhardt, K. A., Feldt, T., Hinz, R., Mathurin, K., Schoppen, S., Bindt, C., Ehrhardt, S., & null, null. (2017). Trajectories of maternal ante- and postpartum depressive symptoms and their association with child- and mother-related characteristics in a West African birth cohort study. *PLoS ONE*, 12(11), 1–16.  
<https://doi.org/10.1371/journal.pone.0187267>
- Bäumel, J., Froböse, T., Kraemer, S., Rentrop, M., & Pitschel-Walz, G. (2006, October). *Psychoeducation: A basic psychotherapeutic intervention for patients with schizophrenia and their families*. National Center for Biotechnology Information.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2683741/#:~:text=Within%20the%20framework%20of%20psychotherapy,of%20the%20illness%20are%20prominent.>
- Cao, J., Gallis, J. A., Ali, M., Lillie, M., Abubakr-Bibilazu, S., Adam, H., McEwan, E., Awoonor-Williams, J. K., Hembling, J., & Baumgartner, J. N. (2021). The impact of a maternal mental health intervention on intimate partner violence in Northern Ghana and the mediating roles of social support and couple communication: secondary analysis of a cluster randomized controlled trial. *BMC Public Health*, 21(1), 1–13.  
<https://doi-org.proxy.longwood.edu/10.1186/s12889-021-12121-9>

- Chand SP, Kuckel DP, Huecker MR. Cognitive Behavior Therapy. [Updated 2022 Sep 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470241/>
- Coo, S., Somerville, S., Matacz, R., & Byrne, S. (2018). Development and preliminary evaluation of a group intervention targeting maternal mental health and mother-infant interactions: a combined qualitative and case series report. *Journal of Reproductive & Infant Psychology*, 36(3), 327–343.  
<https://doi-org.proxy.longwood.edu/10.1080/02646838.2018.1443435>
- Cox J. (2019). Thirty years with the Edinburgh Postnatal Depression Scale: voices from the past and recommendations for the future. *The British journal of psychiatry : the journal of mental science*, 214(3), 127–129. <https://doi.org/10.1192/bjp.2018.245>
- Deans, C., Reay, R., & Buist, A. (2016). Addressing the mother–baby relationship in interpersonal psychotherapy for depression: an overview and case study. *Journal of Reproductive & Infant Psychology*, 34(5), 483–494.  
<https://doi-org.proxy.longwood.edu/10.1080/02646838.2016.1221502>
- Kariuki, E. W., Kuria, M. W., Were, F. N., & Ndeti, D. M. (2021). Effectiveness of a brief psychoeducational intervention on postnatal depression in the slums, Nairobi: a longitudinal study. *Archives of Women's Mental Health*, 24(3), 503–511.  
<https://doi.org/10.1007/s00737-020-01085-1>
- Pessagno, R.A. and Hunker, D. (2013), Using Short-Term Group Psychotherapy as an Evidence-Based Intervention for First-Time Mothers at Risk for Postpartum Depression. *Perspectives in Psychiatric Care*, 49: 202-209.  
<https://doi.org/10.1111/j.1744-6163.2012.00350.x>

- Tibil, P. E., & Ganle, J. K. (2022). What Support Systems do Women Caring for Preterm Infants at Home Require in Urban Ghana? A Qualitative Study. *Maternal & Child Health Journal*, 26(6), 1239–1245.  
<https://doi-org.proxy.longwood.edu/10.1007/s10995-021-03288-z>
- Wemakor, A., & Mensah, K. A. (2016). Association between maternal depression and child stunting in Northern Ghana: a cross-sectional study. *BMC Public Health*, 16(1), 1–7.  
<https://doi.org/10.1186/s12889-016-3558-z>
- Weobong, B., ten Asbroek, A. H., Soremekun, S., Danso, S., Owusu, A. S., Prince, M., & Kirkwood, B. R. (2015). Determinants of Postnatal Depression in Rural Ghana: Findings from the Don Population-Based Cohort Study. *Depression & Anxiety (1091-4269)*, 32(2), 108–119. <https://doi.org/10.1002/da.22218>