Executive Summary

On the 20th February 2017, *beyondblue* engaged HealthConsult to conduct an ‘independent evaluation of the perinatal peer to peer story telling project’.

**PROJECT OVERVIEW**

The Perinatal Peer to Peer Storytelling Project (the ‘Project’) aimed to reduce experiences of stigma related to postnatal depression and increase help seeking behaviours in new mothers. The Project involved speakers from *beyondblue’s blueVoices* reference group, with a lived experience of perinatal depression, sharing their stories with mothers’ group participants that attend three selected Maternal and Child Health (MCH) centres. The Councils in which the MCH centres belonged to were selected based on demographic and socio-economic diversity.

The Project included control and intervention sessions. All mothers’ group sessions were facilitated by trained MCH nurses and involved a group discussion about parenthood, perinatal depression, and stigma. In addition, the intervention session received the peer-to-peer storytelling session guided by a *beyondblue* speaker. Both the intervention and control sessions received written education resources and online training tools for both new mothers and the MCH nurses.

**EVALUATION METHODOLOGY**

The evaluation was guided by a comprehensive evaluation framework. The framework was used to develop surveys (baseline and follow up surveys for mothers’ group attendees and MCH staff including nurses), interview scripts for semi-structured interviews with MCH nurses (conducted before and after sessions), focus groups with new mothers’ (at the session the week after the control or intervention session) and semi-structured interviews with other MCH stakeholders. Qualitative data collected through focus groups, interviews and open-ended survey questions were analysed according to themes and quantitative data, collected through close-ended questions in surveys and were analysed using descriptive statistics. The impact of the sessions was based on matching baseline and follow up surveys of the new mothers and MCH staff. Response numbers for the new mothers’ group was considered sufficient yet the numbers from the MCH staff was considered insufficient to draw any conclusions from. In addition, qualitative data gathered from other MCH stakeholders provided the perspective of the Project being implemented at a broader level.

**IMPACT ON STIGMA**

Changes in self-stigma in new mothers’ was measured through administration of the SSDS tool which was included in the new mothers’ baseline and follow-up surveys. A higher score in any of the subscales (i.e. shame, self-blame, and help-seeking inhibitions) in the SSDS indicates a greater stigma towards themselves.

Analysis of the aggregate\(^1\) data from participants across all local councils, shows that the control sessions resulted in a reduction in self-stigma across all three SSDS sub-scales. However the intervention sessions showed only a reduction in self-stigma in the shame sub-scale. In fact the analysis of the aggregate intervention session data showed a greater increase in self-stigma in two subscales (i.e. self-blame (+0.10) and help-seeking inhibitions (+0.28)) compared to the reduction in self-stigma gained for shame. Hence the evaluators conclude that the control sessions overall resulted in a reduction in self-stigma and intervention session resulted in an increase in self-stigma in new mothers’ in the short term.

It is important to note that the findings of the evaluation are based on a less than ideal process for measuring changes in self-stigma (i.e. MCH chose to have new mothers’ complete the validated self-stigma tool immediately pre and post the intervention against the evaluators advice). In addition, the inconsistency of

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\(^1\) Aggregate = combined control sessions (n=3) and combined intervention sessions (n=3) data
the results are likely due to the variation in: group dynamics, demographics of new mothers’ and the relatability of new mothers’ to the beyondblue speaker.

**IMPACT ON HELP SEEKING BEHAVIOURS**

The evaluation showed that after attending the sessions, new mothers’ in the control and interventions sessions were more willing to seek help for personal or emotional problems and suicidal thoughts. New mothers’ in the intervention session had a slightly greater willingness to seek help for personal or emotional problems and suicidal thoughts, relative to new mothers’ who participated in the control sessions.

In regards to seeking help for personal or emotional problems, the biggest change amongst new mothers in both the control and intervention sessions was their increased willingness to seek help from a mental health professional. In regards to seeking help for suicidal thoughts, the biggest change amongst new mothers in both the control and intervention sessions, was their increased willingness to seek help from a friend and a relative/family member respectively (excluding parent and/or intimate partner).

The evaluators conclude that both the control and intervention sessions, in the short term, resulted in an increased willingness of new mothers’ to seek help from a range of sources if they are experiencing personal or emotional problems and suicidal thoughts.

**CAPABILITY AND DEVELOPMENT NEEDS OF MCH STAFF**

In the self-assessments undertaken at baseline, the MCH nurses and staff reported having high levels of knowledge and skills in the management of perinatal depression. The MCH nurses who completed the beyondbluebabyblues training (n = 3) reported minimal increases, although not significant, in their self-assessed knowledge and skills post completing the training. Based on the sample size of MCH nurses and staff involved in the Project, the evaluation is unable to conclude whether there is a need for MCH nurses to improve their knowledge and skills in the management of perinatal depression. However the evaluators suggest beyondblue conduct a needs analysis study prior to committing any future funding.

The evaluation did find that MCH nurses are seeking practical resources which would assist them to better support families dealing with perinatal depression. This was supported by the Municipal Association of Victoria (MAV) representative who suggested that personal stories, available on YouTube, would be valuable for the MCH service to use as part of the mothers’ group program and/or for use in the MCH service waiting areas.

The MAV and Department of Education and Training Victoria (DET) representatives indicated that while the capability of MCH nurses varies, experienced MCH nurses are generally good at identifying postnatal depression and that there is a range of existing training available for MCH nurses and staff on perinatal depression.

**ACCEPTABILITY OF THE INTERVENTION**

Majority of new mothers participating in the intervention session thought the design of the Project was acceptable. However there was a high proportion of new mothers (41%) that reported to ‘slightly’ or ‘not at all’ relate to the beyondblue speaker. Although the majority of new mothers in the control sessions were willing to have a beyondblue speaker attend one of their sessions, they did not feel that it would add benefit to facilitation by an MCH nurse.

Majority of MCH nurses and staff at baseline thought the design of the Project was acceptable. Views obtained at follow-up varied and were due to identified design issues of the intervention session (e.g. content, format and process of using a storyteller).

All MCH nurses at follow-up reported that they could run a session on perinatal depression effectively without the need for a speaker. Although the MCH nurses involved in the intervention sessions indicated that the beyondblue speaker was a valuable addition to reinforce the discussion around perinatal depression.
SUGGESTED CHANGES TO THE INTERVENTION

The suggested changes to improve the Project moving forward include:

- changing the name so that ‘story telling’, which implies fiction, is removed
- screening the group to determine whether a storytelling session would be appropriate
- the MCH nurse setting the scene about the prevalence of perinatal depression and early warning signs
- ensuring the speaker’s lived experience is recent, well-structured yet not scripted
- ensuring the speaker does not provide advice
- having multiple stories and/or experiences shared to make the project more relatable
- more opportunity to ask questions of the speaker
- less promotion of beyondblue resources
- more practical advice on how to seek help and self-care
- provision of information on clinical pathways, treatment options etc., and
- a follow-up discussion facilitated by the MCH nurse.

Although the “MCH nurse setting the scene” and “ensuring the speakers doesn’t provide advice” were raised as suggested changes to the intervention session, it is noted that the intention of the intervention design was that these features were included or excluded in the case of the speaker providing advice. Even though the evaluators did not observe the intervention session, we can only assume that the sessions were not entirely implemented as designed. Another example provided that suggests the implemented design was not as intended was some new mothers’ wanted more of an opportunity to ask questions and have follow-up discussion facilitated by the MCH nurse. Again it was the intention of the design to include this feature.

CRITICAL SUCCESS FACTORS

The critical success factors of the Project moving forward are:

- the ability of mothers to relate to the speaker (e.g. similar in age, cultural background, and marital status)
- the opportunity for mothers to ask questions of the speaker
- the ability of the facilitators (speaker and/or MCH nurse) to blend real-life experience with structured learning (including techniques to help new mothers’ cope)
- a group dynamic and/or environment which supports openness and sharing
- the provision of information with clear messages that new mothers’ can take home and share (that include type of help and support that is available) that new mothers’ can take home to share with their partners/families
- MCH staff being supportive of the intervention and having the ability to vet speakers and review their messaging.

KEY CHALLENGES

The key challenges of the Project moving forward are:

- ensuring the group dynamic is receptive to openness and sharing of stories
- matching the demographic features of the new mothers’ group (e.g. age, cultural background, and marital status) with the beyondblue speaker
- ensuring that the story that is being shared by an external speaker is current, well-structured yet not scripted
- MCH nurses did not express a need to undertake additional training to improve their knowledge and/or skills in perinatal depression.
INTEREST AND OPPORTUNITIES TO EMBED THE PROJECT

MCH nurses and staff stated that many mothers’ group programs already include content on perinatal depression. Therefore to embed the intervention session more broadly would require the involvement of the funding body (i.e. DET). The DET representative noted there may be opportunity to link storytelling within the MCH Line (telephone service)\(^2\) or the DET and beyondblue could work together to put in a bid for funding. The latter was based on there being robust evidence that the Project is worthwhile. The MAV representative supported that an alternative presentation format may offer a more sustainable approach to the Project. The DET stakeholder also noted that a MCH phone application is in development, scheduled for launch in 2018, which may provide an opportunity for the integration of personal stories if available in other mediums such as podcasts or filmed stories.

CONCLUSION

Overall, the evaluators conclude that further consideration of the Project is needed prior to beyondblue attempting an expansion of the intervention. This is due to the evaluation identifying that:

- there are intervention design issues (e.g. content, format and process of using a storyteller)
- there are mixed views of MCH stakeholders as to whether the intervention should be embedded into existing MCH services in its current format
- there is no definitive difference between the control and intervention sessions in relation to reducing self-stigma and help seeking intentions
- MCH nurses reported feeling confident to run the session on perinatal depression effectively without the need of an external speaker.

In summary, the evidence base for the project suggested that “education and social contact approaches reduces stigmatising attitudes”. The evaluation findings of this feasibility study reveal that “education” is already being provided by the MCH nurses and staff and “social contact” is already available through the existing new mothers’ group forums. Therefore any intervention involving education or a speaker’s story about postnatal depression will need to build on strengths, add benefit and avoid duplication of existing MCH services. If this intervention is to be scaled up to a pilot study, further work is needed to ensure the intervention better addresses these requirements.

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\(^2\) The MCH Line is a state-wide telephone service available every day of the year for Victorian families with children from birth to school age.