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Short communication

A cross-sectional survey of what patients find most therapeutic in perinatal mental healthcare in Singapore

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ABSTRACT

Supportive counselling is an important part of the treatment process for perinatal mood disorders in KK Women's and Children's Hospital (KKH). This study aims to investigate the extent to which patients deem each component of supportive counselling important to their treatment and recovery process. Sixty-six patients seen during their pregnancy or postnatal period for anxiety or depressive disorders were surveyed at the point of their discharge. Patients were asked to rate on a four-point scale the importance they attributed to each of thirteen components of supportive counselling practised by the perinatal mental health team at KKH. Patients were also asked to identify the three most important components in their treatment experience. The final two survey questions assessed the effects of the treatment process on patients' perceived partner support and patients' optimism towards motherhood. Results corroborate the importance of building a trusting relationship between treatment providers and patients, providing empathic support while patients learn to accept the changes in their lives and engaging patients' partners in the treatment process. It is recommended that perinatal mental healthcare providers continue to build on the therapeutic effects of empathic understanding and engaging patients' partners in the treatment process.

1. Introduction

The prevalence of perinatal depression in Singapore is approximately 12% for antepartum depression and 7% for postpartum depression (Chee et al., 2005). This constitutes a significant concern in view of its negative effects on mothers' health, marital relationships and child development, as evidenced in international studies. The use of pharmacological treatment for this patient group is limited by mothers' concerns over the effects of medication on their developing foetus or breastfed babies. Thus, it is crucial to evaluate alternative, non-pharmacological approaches to the treatment of perinatal mood disorders, particularly supportive counselling.

Supportive counselling is a non-directive form of counselling that focuses on building the therapeutic alliance between therapist and client. It is believed that the therapeutic alliance allows the client to explore his/her current difficulties while being emotionally supported and hence discover more effective ways of coping or relating to his/her environment. Jacobs and Reupert summarised the aspects of supportive counselling purported by various authors (Jacobs and Reupert, 2014). These include demonstrating genuine respect for the client, providing affirmation, psycho-education and reassurance, as well as therapeutic techniques like reframing and challenging.

Supportive counselling has been shown to be effective in the reduction of depression scores for postnatal mothers in Norway (Glavin et al., 2010). In the Singaporean context, the Women's Mental Wellness Service in KK Women's and Children's Hospital (KKH) adopts a supportive counselling approach in its treatment of perinatal mood disorders, with the intervention provided by trained perinatal mental health counsellors (otherwise known formerly as case managers) (Ch'ng et al., 2010). Fam et al (2011) has demonstrated that supportive counselling is at least as effective as pharmacological treatment for postpartum depression, with the majority of depressed mothers improving within 6 months of undergoing supportive counselling (Fam et al., 2011).

In order to provide a clearer understanding of what goes on in treatment, Chen et al listed the components of supportive counselling practised by psychiatrists and case managers in the KKH Postnatal Depression Intervention Programme (Chen et al., 2011). Although supportive counselling has shown benefits in the studies referenced above, it is not yet known which aspects are most important from the patients' point of view, especially in the local context. Hence, our current study aims to assess the importance of each component, as perceived by mothers receiving treatment for perinatal mood disorders. In addition, we also seek to identify the three most important

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components from the mothers' point of view, and the effects of supportive counselling on perceived partner support and optimism towards motherhood. The latter two items were included in the survey questionnaire as mothers seen by the team commonly stated their desire for their partners to be more supportive and for themselves to feel more positive about motherhood.

2. Methods

2.1. Target population

The study was approved by the Institutional Ethics Review Board and informed consent was taken from all participants. The period of data collection was from 1 January 2010 to 31 August 2013. Patients seen during their pregnancy or postnatal period for anxiety or depressive disorders were surveyed at the point of discharge from the outpatient Women's Mental Wellness Service at KKH. Patients who could not read English fluently were excluded from recruitment, as the survey designed for the study was worded in English. Patients with other diagnoses were also excluded, so as to focus on examining the importance of the supportive counselling approach for the treatment of perinatal mood disorders. Of the 110 patients approached via phone contact or in the outpatient clinic, 44 declined to participate, resulting in 66 respondents.

2.2. Survey

A survey form was constructed using the thirteen components of supportive counselling listed by Chen[6] (Table 1).

Patients were asked to rate on a four-point Likert scale the importance they attributed to each of the components. Patients were also asked to identify the top three components which they perceived were the most important in their treatment experience. Finally, they were asked to rate the effects of treatment on the perceived support from their partner, and on their optimism towards motherhood.

3. Results

3.1. Demographics of patients

The majority of the respondents were between 30–39 years of age, of Chinese ethnicity, married, employed, and had completed post-secondary education. Table 2 shows the breakdown of participants' demographic characteristics.

Table 1
Components of Supportive Counselling.

Label	Component
A	Being able to trust in my doctor/case manager
B	Having a chance to talk about my feelings openly
C	Being better able to understand my thoughts and emotions
D	Being able to explore solutions to my problems
E	Receiving continual support and encouragement from my doctor/case manager
F	Receiving advice about the nature of my condition and possible causes
G	Receiving advice about treatment options
H	Receiving advice about the expected progress of my condition, any need for long-term treatment, and future risks
I	Learning how to see myself in a positive light
J	Learning how to accept the changes in my responsibilities and life
K	Receiving emotional support in dealing with some of my past painful experiences
L	My husband/partner receiving advice about my condition, treatment and risks to myself/baby
M	My husband/partner learning how to be more encouraging and supportive towards my problems and needs

Table 2
Demographic characteristics of participants.

N = 66		n	%
Age	< 30 yrs	10	15.2%
	30-39 yrs	53	80.3%
	40-49 yrs	3	4.6%
Race	Chinese	55	83.3%
	Malay	4	6.1%
	Indian	3	4.6%
	Others	4	6.1%
Marital Status	Married	59	89.4%
	Separated	2	3.0%
	Single	1	1.5%
	Cohabiting	1	1.5%
	Missing data	3	
Employment	Unemployed	6	9.1%
	Employed	45	68.2%
	Housewife	12	18.2%
	missing data	3	
Highest Education	Primary school	1	1.5%
	Secondary school	8	12.1%
	Vocational/tertiary	18	27.3%
	Bachelor's degree	27	40.9%
	Postgraduate degree	9	13.6%
	missing data	3	

3.2. Perceived importance of components

Data was analysed using a count of frequencies. For each component, the number of times it was rated as "important" or "very important" was tabulated, as well as the number of times it was identified to be in the top three most important factors in patients' recovery (refer to Table 3).

All the components of supportive counselling examined in this study received at least 78.8% agreement to be "important" or "very important". The components that received the most agreement to be "important" or "very important" were – *A: Being able to trust in my doctor/case manager (100%), J: Learning how to accept the changes in my responsibilities and life (100%), B: Having a chance to talk about my feelings openly (98.5%, 65/66)*.

When patients were asked to identify the three most important components in their recovery, the most frequently cited component was *M: My husband/partner learning how to be more encouraging and supportive towards my problems and needs,* at 45.5% (30/66). The second-most frequently cited was *E: Receiving continual support and encouragement from my doctor/case manager,* at 37.9% (25/66), followed by *B: Having a chance to talk about my feelings openly,* at 36.4% (24/66). The rest of the components were cited by 4.5% (3/66) to 27.3% (18/66) of the respondents.

3.3. Partner support

Three-quarters (75.8%, 50/66) of respondents had their partners involved during the treatment process, and all of them agreed that their partners became more supportive after hearing about their condition from the doctor/case manager.

3.4. Optimism towards motherhood

93.9% of respondents (62/66) indicated that intervention had increased their optimism towards motherhood.

4. Discussion

A majority of the surveyed patients in this study agreed that all the components of supportive counselling were important. At least 78.8% of surveyed patients agreed to each of the components being important or very important to their recovery. All the surveyed patients agreed

Table 3
Frequency of responses.

Component	Rated as *important* or *very important*	%	Identified as top three most important	%
A – trust in doctor/case manager	**66**	**100%**	16	24.2%
B – chance to share feelings	**65**	**98.5%**	**24**	**36.4%**
C – understanding thoughts and emotions	63	95.5%	18	27.3%
D – exploring solutions	64	97.0%	17	25.8%
E – receiving support and encouragement	62	93.9%	**25**	**37.9%**
F – receiving advice about condition	62	93.9%	8	12.1%
G – receiving advice about treatment	64	97.0%	11	16.7%
H – receiving advice about prognosis	61	92.4%	7	10.6%
I – seeing myself positively	64	97.0%	11	16.7%
J – accepting changes	**66**	**100%**	17	25.8%
K – dealing with past pain	52	78.8%	3	4.5%
L – husband receiving advice about my condition	53	80.3%	10	15.2%
M – husband learning to be encouraging and supportive	52	78.8%	**30**	**45.5%**

that being able to trust their doctor/case manager was important or very important, as well as learning to accept changes in their life. All but one patient agreed with the importance of having the chance to talk about their feelings openly. The remaining components followed closely behind in terms of frequency of agreement. Similarly, a high percentage of patients indicated the treatment provided had increased their optimism towards motherhood. Taken together, these results show the unanimous view among surveyed patients that supportive counselling played an important role in their recovery, specifically helping them become more optimistic in their life stage of becoming a mother.

Interestingly, when patients were asked to identify the three most important components in their recovery, the results were more varied. The level of agreement between surveyed patients was only moderate, with the most frequently cited being component *M*: *My husband/partner learning how to be more encouraging and supportive towards my problems and needs,* at 45.5%. All the other components were also cited among the top three, but the least frequently cited was component *K: Receiving emotional support in dealing with some of my past painful experiences*, at 4.5%. This wide distribution from 4.5% to 45.5% indicates a more varied view among surveyed patients as to what the most important components were. Thus, clinicians must bear in mind that treatment should still be tailored to each patient's unique needs and circumstances.

For those patients whose partners were engaged by the treatment team during the process of treatment, a large proportion of them identified partner support to be among the top three factors for their recovery. This shows that the treatment team can influence the partner to be more supportive towards patient's condition and needs, and when provided, partner support is highly valued by patients.

4.1. Limitations

We acknowledge there are limitations in this study. Those who responded to the survey are likely skewed towards having a positive treatment experience, as data was collected at the point of successful discharge, and patients who were not satisfied with the treatment would have dropped out earlier. Also, the small sample size and simple survey design only allows for an indication of the views of those who responded. The findings cannot be generalised to all psychiatric patients, nor can conclusions be made about the mechanisms of change in patients' mental health.

5. Conclusions and recommendations

This study corroborates the importance of the current supportive counselling approach used by the team at KKH, centred on building a trusting and supportive relationship with one's psychiatrist or case manager. The engagement of support from patients' partners could potentially boost recovery from perinatal mood disorders, but must be adapted on a case-to-case basis.

Further studies could be conducted with a larger sample size to elicit more details on the process of recovery. The relationship between patients' responses and other factors of their treatment such as the number of consultation visits and use of medication could also be investigated.

Declarations of interest

None.

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