The experience of healthcare professionals providing mental health services to mothers with postpartum depression

A qualitative study

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Abstract

Objectives: This study aims to describe healthcare professionals' experience in providing mental health services to women with postpartum depression. Methods: In this qualitative study, data were collected through semi-structured interviews with five physicians, five midwives, and five psychologists from fourteen urban healthcare centers in Kerman, Iran, from April 2019 to September 2019. We used purposeful sampling to select the participants. Data were qualitatively analyzed using a content analysis approach. Results: Data analysis revealed the main theme of the study, "the long way ahead of comprehensive, integrated and responsive mental health services." This theme includes four categories: "postpartum depression challenges," "social and personal factors," "structural challenges," and "need to change in the mental health services." The participants described that the diagnosis of depression is difficult due to insufficient knowledge of healthcare providers and hidden signs of postpartum depression. The participants described how different factors might cause depression. These factors were economic, cultural factors in the society, personality traits, community lack of knowledge, negative attitude toward depression, and limited family support. Moreover, providing mental health services has some challenges, such as
limited human resources, insufficient financial resources, and incomplete or inefficient policy makings. Conclusion: Although measures have been taken to provide mental health services, there are many challenges regarding providing mental health services to mothers. Therefore, there is a need to take serious measures to improve mental health services and re-define the existing measures. Informing the community, empowering the healthcare providers, and planning to change the community's attitude and belief can affect women's mental health care with depression.

Keywords: Postpartum Depression, Mental Health Services, Community Mental Health Services, Mental Disorders, Depressive Disorder.

Advances in knowledge
- Family-related factors can play an essential role in receiving mental health services. Patients and families with financial problems and lack awareness of mental health services cannot properly benefit from these services. Therefore, policymakers are advised to consider facilitators and barriers when planning programs for providing mental health.
- There is a need to take steps to overcome barriers against providing mental health services. Future mental health programs should increase health systems capacity regarding both trained healthcare workers and facilities.

Application to patient care
- Changing the community belief and attitude toward postpartum depression could help deliver effective care to mothers with depression.
- Identifying challenges and barriers regarding providing mental health care services for mothers with postpartum depression can lead to the design and implement better treatment and management services by policymakers.

Introduction
Postpartum Depression (PPD) is a common depressive disorder that negatively affects mothers, children, and family. The prevalence of this disorder is 19.8% in developing countries, while it is 25.3% in Iran. Long-term health consequences of PPD are persistent depressive disorder (dysthymia), marital problems and conflicts, reducing the quality of the mother-child relationship, and a child's cognitive and emotional development. More than 50% of women are exposed to one or more risk factors of PPD, but only 10-15% of them are considered clinically depressed. There is evidence that even when PPD is diagnosed in mothers, appropriate treatment may not provide.
Considering the destructive and adverse effects of PPD on baby and family life, its timely diagnosis and treatment during the first weeks after giving birth are essential. However, the challenge of providing effective mental health services to depressed mothers remains.

A few studies have examined healthcare providers' experiences with mental health services provided to mothers with PPD. For example, in their qualitative study in Brazil, Santos Junior et al. have explored the healthcare providers' experiences of delivering services to mothers with PPD. Their results showed that healthcare providers had limited time to provide services, and they have limited access to the diagnostic techniques for identifying women at risk of developing PPD. Moreover, Rush in Australia explored the experience of nurses in helping depressed mothers. Their results showed that nurses need much training to detect depression symptoms and decide on the appropriate treatment methods. Bell et al. also have identified barriers and facilitators of PPD services in Canada. In their study, barriers and facilitators were divided into five categories, including accessibility and proximity, appropriateness and fit, stigma, encouragement to seek help, and personal characteristics. Moreover, Agnes' study showed that maternity care units are fragmented and do not have a mental health specialist. In a study by Jomeena, the results showed uncertainty in managing women with psychological health problems and appropriate care access; consistent referral pathways are required to ensure successful measurement of women's psychological well-being. Moreover, in a study by Bina, the results showed that preparation, behaviors, awareness, and perceived expertise are significant factors contributing to perceived readiness to perform postpartum depression screening initiatives. Moreover, Skoog’s study showed that a credible psychological interview is required when asking about mothers' moods in some mothers' group.

The above studies have been conducted in developed countries to explore the healthcare providers' experiences of delivering mental health services to depressed individuals. Based on our searches, there is no study exploring the healthcare professionals' experience with mental health services in developing countries such as Iran. Therefore, to address this gap, the present study aims to describe primary healthcare professionals' experience in providing mental health services to women with PPD.
Methods

Study design
This is a qualitative study which was conducted using a content analysis approach. To apply this approach a systematic and rule-guided classification method was used. The content analysis approach guides researchers to the most appropriate classes or themes and helps to describe text materials considering words, phrases, latent contents, and contexts.\(^{14}\)

Settings and participants
This study was conducted from April 2019 to September 2019 at fourteen urban healthcare centers in Kerman, Iran. Kerman is classified as one of the metropolises of Iran due to its urban size and population. According to the 2015 census, the city's population was 738,724. There are 14 healthcare centers in different parts of the city, which are different in terms of socio-economic conditions. Therefore, we recruited the study sample from all of these centers for maximum diversity. In these healthcare centers, mental health services were introduced as a part of primary care in 1989. There is a licensed psychologist in some healthcare centers to provide specialist mental health care. In centers with no psychologist available, mental health services are offered by a professionally qualified midwife.

We used a purposeful sampling method, and sampling continued until data saturation. The data collection was stopped when no new information or themes were observed or emerged from the data, and further data collection became redundant. Purposeful sampling requires choosing the rich and diverse experience of healthcare providers.\(^{15}\) In each center, some eligible participants were selected by the first researcher. We invited healthcare providers who worked in healthcare centers. This invitation letter included the aim of the study and the inclusion criteria. Inclusion criteria were defined as follows: (1) working on a family health team, (2) having more than five years of experience of providing care to mothers and pregnant women, and (3) having a bachelor's degree or higher education level in midwifery, psychology, or medicine.

To have maximum variation, a purposeful sampling was applied in order to gather rich and varied insights and experiences. Healthcare providers with different genders, ages, years of work experience, degrees, and positions were recruited. The sample consisted of 15 healthcare providers (five physicians, five midwives, and five psychologists). Participants have been working in the health care centers for many years. They have been usually working in the diagnosis, prevention, and treatment department.
**Data collection**

Data were collected using face-to-face, semi-structured, and in-depth interviews. The first researcher with experience in qualitative research conducted all the interviews in Persian, which were then translated into English. The first researcher went to healthcare centers to describe study aims, encourage healthcare providers to participate in the research, and arrange an interview date. Interviews with participants were held in their healthcare centers, and they were structured not to disturb the participants' everyday routines.

In a research panel with faculty members of medical informatics and nursing with the background in community health nursing and experienced in-depth interviews for qualitative studies, topic-guide questions were formulated based on specific study goals. A variety of trigger questions were originally planned and posed to create a comfortable environment and prompt answers from participants in the qualitative techniques.

At first, participants were asked to describe their experience in providing mental health services to mothers with PPD. Then more questions were asked according to the interview questions guide. The questions were, e.g., "What are your experiences of depression diagnosis and screening services to mothers with PPD?", "Would you please describe your experiences about the treatment of mothers with PPD?" "What strategies do you use to identify mothers with PPD? How do healthcare providers assist these mothers?" "What barriers and challenges have you experienced during the provision of mental health services to mothers with PPD?" "What facilitators did you experience in the provision of mental health services to mothers with PPD?". Further questions were asked based on the information elicited from the participants.

The mean duration of the interviews was 60 minutes. All interviews took place in a quiet room atmosphere at the participants' working place in the healthcare centers. All the interviews were audio-recorded and then transcribed verbatim using Microsoft Office Word.

**Data Analysis**

Data were analyzed by the conventional qualitative content analysis method proposed by Graneheim and Lundman.\textsuperscript{16} Iterations in the method consisted of several actions: firstly, the first researcher transcribed all the interviews. The researchers then read the transcripts multiple times to achieve a general interpretation of the content, and initial coding was done individually. The
text was broken into units of context, which were then condensed. Each unit of meaning consisted of terms and sentences containing similarly related aspects. Then, the researcher abstracted and labeled the condensed meaning units through open codes. After that, categories and sub-categories were created based on the similarity or difference of the codes. Finally, the researcher extracted the data concepts. We used triangulation analysis to discuss the categories’ content. We had discussions and clarifications to reach a consensus in case of disagreement.

**Trustworthiness**

We used Lincoln and Guba's criteria to determine data trustworthiness, which includes credibility, confirmability, dependability, and transferability.  

First, audio recording and transcription have been used to ensure the correct representation of the participants' views and improve the credibility of the findings. Descriptions of existing health care practices have been presented in-depth to allow readers to judge the relevance of the results to their settings, thereby enhancing transferability. We used an audit trail to ensure dependability and confirmability, including audio recordings, transcripts, interview guides, data analysis products, and field notes.

Two researchers (JF, NJ) read the transcriptions several times to obtain an overall understanding of the content, determine meaning units, perform an initial coding, and interpret the data independently. The two researchers manually merged codes, classified them based on their similarities, and established sub-categories and categories independently. Then, they developed the coding scheme (code name, code definition, categories, subcategories, and text examples, and coding rules). In this process, the researchers met regularly to discuss agreements and discrepancies of assigned codes, categories, subcategories. Moreover, an external expert in qualitative health research gave additional instruction, which led to further modifications.

**Ethical considerations**

We sent letters to the healthcare managers for ethical considerations and asked them for permission to interview the healthcare workers. Moreover, informed consent was obtained from each participant before initiating the study. The ethics committee approved this study of Kerman University of Medical Sciences (IR.KMU.REC.1396.1548).
Results
The long way ahead for comprehensive, integrated, and responsive mental health services
Table 2 presents one main theme, four categories, and 15 subcategories that healthcare providers perceive to provide mental health services. There are many challenges to providing comprehensive mental health services. As a result of these challenges, there is a long way to provide comprehensive, integrated, and responsive mental health services. The participants reported that it is also challenging to diagnose and treat PPD, resulting in PPD consequences. We explained the results in the following sections using the direct quotations of the participants.

Postpartum depression challenges
There are some challenges in diagnosing and treating PPD, including "The difficulty of diagnosing PPD" and "PPD consequences."

The difficulty of diagnosing PPD
The participants believed that diagnose a mother with PPD is difficult due to many reasons. These reasons include considering the PPD as a reasonable condition, insufficient healthcare providers' knowledge of PPD signs, and hidden signs of PPD.

"Some people do not consider depression to be a disease and think it is normal for a woman to have insomnia, changes in weight and appetite, and have fatigue, and not enjoy life after childbirth. Moreover, healthcare providers do not have sufficient knowledge of PPD. Therefore, it would be difficult for them to diagnose PPD."(P2)

PPD consequences
The lack of timely diagnosis and treatment of a woman with PPD had many negative consequences, such as low quality of life, weak maternal relationships, reduced infant growth and development, marital problems, and even suicidal thoughts.

"Women have problems in marital relationships. One of the mothers did not enjoy the relationship with her husband. She was depressed and had no sexual desire. Her husband was also dissatisfied. She even could not communicate with her family members."(P9)
Social, family, and personal factors

The participants believed that many factors in society and family play an essential role in PPD. Since PPD treatment and diagnosis are brutal, attention to social and family factors to prevent depression should prioritize. Social and personal factors are associated with an increased risk of PPD. Taking steps to strengthen the everyday living conditions before, during, and after pregnancy provides incentives to enhance the mental health of the mothers and reduce the risk of mental health disorders associated with society, family, and personal factors. This category includes four subcategories: limited family support, economic and cultural factors, personality traits, and lack of awareness, and negative attitude of the community toward depression.

Limited family support

It seems that family social support plays a vital role in depression. Family support can affect PPD. Some factors, such as husband's addiction, husband's betrayal, inattentive husband, and lack of husband support, were among factors that were reported by the participants.

"A woman was depressed because of her inattentive husband. Her husband was going out with his friends and betrayed his wife." (P7)

Economic and cultural factors

According to participants' opinions, economic and cultural factors can lead to depression by creating nervous tensions. Economic factors such as poverty, unemployment, and inappropriate nutrition, cultural factors such as the stigma of PPD are among the causes of PPD.

"A woman suffered from PPD due to her husband's unemployment and lack of income. Because of financial problems and poverty, she could not prepare food and carry out necessary tests during pregnancy. Moreover, Stigma about depressed mothers is a barrier to improving their mental health." (P11)

Personality traits

There is an association between the personality traits of mothers and depression. For example, mood states and personality traits, ability to adapt, ability to communicate, and individual interest in recreation can affect a mother's susceptibility to depression.
"Some mothers are unhappy. However, some mothers have a happy mood. Mother's personality plays a causal role in the start of the PPD." (P14)

Lack of awareness and negative attitude of the community toward depression
The awareness and attitude of the community towards mental health disorders were of particular importance. To diagnose and treat depression in the community, healthcare providers face problems such as people's lack of awareness of depression, depression stigma, limited referral options for depression, considering depression as a reasonable condition, and side effects of antidepressants

"In our society, people consider depression unpleasant, and the depressed patient is labeled a manic person. In some cases, depression is regarded as a temporary disease. These problems are due to the community's lack of awareness about PPD." (P12)

"A depressed mother did not use prescribed drugs since she was worried about the side effect of these drugs on her baby's health." (P12)

Removing barriers relating to social, family, and personal factors are one solution to improve mothers' mental health. Besides that, other challenges and barriers to mental health services need to be identified and addressed.

Structural challenges
It is challenging to provide effective mental health services while there are many structural challenges. The healthcare system needs healthcare providers who are experts in mental health to diagnose and treat women with PPD. Moreover, providing financial support for depressed mothers, providing free mental health services, and a suitable environment is essential for moving toward comprehensive, integrated, and responsive mental health care services.

Mental health professionals barriers
The participants believed that a lack of mental health professionals and insufficient healthcare providers' knowledge about PPD were among mental health service delivery challenges.

"There are 30 to 40 patients every day, but we have just a mental health expert. Moreover, we cannot follow up with all the patients because of the few numbers of mental health experts." (P2)
"Some psychologists do not have enough knowledge, so proper mental health services are not provided." (P15)

**Economic barriers to mental health services**

There were financial barriers to provide mental health services to the community. For example, insurance does not cover the cost of mental health services, while mental health services are expensive, and paying for these services is impossible for some patients.

"All people do not have access to free and decent mental health services due to the high cost. unfortunately, insurance agencies do not cover mental health services." (P13)

**The unfavorable physical environment of health centers**

Many patients with mental health disorders want to keep their problem secret. So, it must have a physical location and a separate room to provide these patients with mental health services.

"Calm, comfortable, and private environment are essential for examining and treating women with PPD. Unfortunately, the necessary standards for having a confidential environment have not been met in some medical centers." (P8)

**Incomplete or inefficient policy makings**

There are healthcare policy challenges to provide mental health services. These challenges are including lack of organization, lack of integrated policies and instructions, lack of access to free mental health services, and lack of assessment of healthcare providers' skills.

"Since the distribution of human resources has not been done correctly among healthcare centers, mental health experts provide mental health services once a week in each health care center. Therefore, the proper division of mental health experts requires the implementation of efficient policies." (P13)

**Need to change in the mental health**

The data showed that the efforts are not adequate for providing comprehensive, integrated, and responsive mental health services, and therefore, mental health services need to change. Some subcategories were: "Promising steps in diagnosis and treatment," "Informing the community and
attracting social contribution," "Supporting mothers," "Empowering the healthcare providers," and "Changing the attitude and belief of the community."

**Promising steps in diagnosis and treatment**
Different services are provided in healthcare centers to diagnose PPD; however, these services are not free and available to everyone. These services include using different scales to diagnose depression, such as Edinburgh Postnatal Depression Scale (EPDS), referring patients to a mental health professional for further examination, following up patients, holding psychotherapy sessions, drug therapy. However, there is a need to provide more effective services.

"We use EPDS to diagnose women who suffer from PPD. Then we hold psychotherapy sessions for women. If the problem is not solved, I will refer the woman to a psychologist in the hospital for further examination." (P6)

**Informing the community and attracting social contribution**
It is essential to inform the community about depression. People have to consider PPD as a mental disorder, which is necessary to diagnose and treat PPD. For example, training husbands about PPD leads to increased family awareness. Therefore, PPD can be diagnosed and treated timely.

"We teach husbands how to interact with their depressed spouses. We ask them to gain control over things and also to help their women stay in treatment." (P6)

**Supporting mothers**
One of the most challenging affairs healthcare providers face is that depressed patients do not receive enough support. Measures such as mothers' breastfeeding, provision of follow-up health plans, increasing access to healthcare centers, financial support of women, and insurance coverage of mental health services can help women receive timely mental health services.

"One of the reasons for the absence of patients and the lack of motivation in depressed patients is the lack of financial support and insurance coverage for services. If insurance support mothers to address their financial problems, Mothers are motivated to apply for mental health services." (P9)
Empowering the healthcare providers
One of the significant factors that can increase healthcare quality is to empower healthcare providers. There is a need for new training for healthcare providers to update their knowledge about the latest methods of diagnosing and treating PPD.

"Mental health training can help healthcare providers to empower their skills, but more education is needed. Healthcare providers also are interested in such training to enhance their skills." (P1)

Changing the attitude and belief of the community
The community's belief and attitude towards depression have a significant impact on a patient's disease acceptance and compliance with treatment. Therefore, the public attitude towards depression, the stigma of depression, and community culture need to be changed.

"The negative beliefs of families affect mothers with PPD. People need to be educated to accept PPD and then ask for help. So, the public attitude needs to be changed." (P2)

Discussion
Our findings suggested that cases of PPD may not commonly be identified and diagnosed in healthcare centers. The participants in this study described that insufficient knowledge of healthcare professionals to identify symptoms of PPD and the lack of apparent symptoms make the diagnosis of PPD difficult. This finding is consistent with Goldsmith et al., who found that nurses had difficulties screening for PPD. According to the current study results, PPD had detrimental effects on mothers and the marital relationship quality. In agreement with these results, one study has confirmed that PPD is associated with maternal suffering and numerous negative consequences for offspring.

This study's findings showed that limited family support, economic, cultural, and religious events occurring in society, and susceptible personal traits and characteristics could lead to PPD, consistent with other studies. Based on healthcare professionals' experiences, limited family support was one of the causes of PPD. Consistent with our study, in Matthey's study, the husband's lack of support has been reported as one of the leading causes of depression. Moreover, the lack of awareness of the public regarding PPD is another cause of depression. The same as our findings, Kingston's study showed that most women did not seek help for depression due to their insufficient knowledge. Moreover, the participants described that mothers had a
negative attitude about antidepressants, and they had concerns about antidepressants' side effects. Therefore, mothers did not take antidepressants and have low treatment compliance. In agreement with our study results, in Hirst's study, mothers who breastfeed their newborns did not take antidepressants due to their concerns about complications of these drugs for themselves and their newborns.28

According to our findings, mothers must accept depression as a curable illness to improve depression treatment. This result was in agreement with that reported by Feeley, revealing that mothers who find depression as a disease are more willing to use mental health services than those who consider it a common illness and a part of motherhood.29 One of the suggested strategies in this study was changing the community's attitude and belief toward PPD. In Bell's study, 37% of women with diagnosed depression refused treatment and did not accept their illness.10 According to healthcare professionals’ experiences, solving this problem requires enhancing the culture and training mental health issues to better combat this condition. Moreover, in other studies, it has been shown the provision of follow-ups10 and accessibility of healthcare centers are significant for increasing patient's motivation for the treatment of the disease.30

Our study findings demonstrated that there are structural challenges against providing mental health services. In line with the result of our study, other studies indicated that lack of insurance coverage, budget issues, and lack of financial resources make patients unable to get help with many mental health problems.31 Consistent with our study, the healthcare professionals' time limitation and lack of sufficient environmental resources have been mentioned as two main leading factors to undiagnosed depression in Santos's study.8 Our findings showed that the physical environment of the health centers should be designed to make patients with mental disorders feel comfortable. Another study has also reported that the accessibility of health facilities and the availability of high-quality care, healthcare providers, and equipment in the health center are factors affecting mental health services.32

Based on the results, incomplete or inefficient policy makings were among the critical factors leading to a shortage of human resources in providing mental health services and a lack of follow-up care for patients suffering from PPD. In line with our results, another study 8 has introduced governmental structures' weakness as a leading cause of mental health facilities and services' inaccessibility. These weaknesses included lack of evidence-based guidelines for
the care of women with postpartum mood disorders, not prioritizing mental healthcare and the lack of coordination among different organizations as barriers to mental health service delivery. On the other hand, the healthcare providers' lack of training and inaccurate evaluation of the patient's condition was reported as other essential factors. In line with our study's finding, a study in Brazil mentioned that the lack of appropriate professional training for PPD is a problem stated by healthcare professionals. Additionally, limited knowledge of healthcare professionals about prenatal mental health problems has contributed to a lack of diagnosis and treatment of perinatal mental health problems identified in Teng's study. Therefore, training healthcare professionals about mental health problems should be prioritized.

The participants believed that it is essential to use reliable tools to diagnose depression. Other studies have also highlighted the importance of using valid screening tools in routine care. Moreover, they suggested that psychosocial interventions are required to prevent or alleviate the adverse consequences of antenatal depression. The results of this study showed that evaluating mothers' mental health in the postpartum period was performed routinely using EPDS in healthcare centers. Besides EPDS, there are different scales for measuring depression in primary care, such as Beck Depression Inventory Self-Reporting Questionnaire and Patient Health Questionnaire. However, the use of these scales is not common in health centers in Iran. Chew-Graham has revealed that the examination of depressive symptoms is not part of the routine and mandatory care. Each patient is not referred to a physician for the examination and diagnosis of depression, that was in contrast to our study's findings. This difference can be because of the obligation in screening mothers after delivery after the health reform plan in Iran. Healthcare professionals are obliged to provide mental health services.

If EPDS indicates the mother's acute PPD in healthcare centers, she was referred to the psychologist for further examination. Consistent with the present study's findings, other studies have revealed that if a person suffers from depression, she will require more examinations because some mothers do not answer the questions accurately due to misunderstanding the questions and EPDS is an initial screening. Therefore, in such cases, the patient needs to receive appropriate examinations under a psychologist expert's supervision.

Finally, regarding the diagnosis, treatment, and prevention of depression, the participants in this study suggested informing the community about PPD through mass media can help. They also suggested that it would be helpful to inform the patient's family about psychologists' presence in
health centers. A study has examined the effects of family and friends relationship quality on a person's well-being in adulthood. It has been noted that adults with good relationships with their families were more likely to have positive friendships and higher self-esteem; they also display fewer symptoms of depression than those with negative relationships. In this study, we only explored healthcare professionals' experience in the provision of mental health services to women, and we did not examine the relationship between PPD and the women's status in their life. Future studies can provide critical insight in this regard.

**Limitations and strengths of the study**

This study has two significant limitations. Firstly, in this study, the contact with the participants was limited after their preliminary interview. The participants were sent their transcripts and uniquely defined categories and encouraged to comment, correct perspectives, and enhance accuracy. We just received seven replied with minor contributions and corrections. Secondly, we have done a study in one region. Due to differences in each region's culture and traditions, similar studies are needed in other areas of the country, private sectors, and even in other countries.

Despite the limitations, our research offers valuable insights into healthcare professionals' experience in providing mental health services to women with PPD; these areas were not explored elsewhere in the literature.

**Conclusion**

Despite providing mental health services, there are many problems with the provision of mental health services to depressed mothers. Efforts have already been made at the community level to provide mental health services. Solving these problems requires accurate identification of these problems, appropriate decision making, and the conduction of further studies. This study's results can guide educators and experts regarding the provision of more effective mental health services to mothers.

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**Table 1 Characteristics of participants**

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<td>- Limited family support</td>
<td>- infidelity in marriage</td>
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<td>- Economic, cultural factors</td>
<td>- Financial problems and poverty</td>
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<td></td>
<td>- Personality Traits</td>
<td>- Personality differences between mothers</td>
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<td></td>
<td>- lack of awareness and negative attitude of the community toward depression</td>
<td>- Social stigma</td>
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<td>Structural challenges</td>
<td>- Mental health professionals barriers</td>
<td>- Lack of human resources</td>
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<td></td>
<td>- Economic barriers to mental health services</td>
<td>- Lack of sufficient skills of mental health professionals</td>
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<td></td>
<td>- The unfavorable physical environment of health centers.</td>
<td>- No separate room</td>
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<td></td>
<td>- Incomplete or inefficient policy makings</td>
<td>- Crowded healthcare centers</td>
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<td></td>
<td>- Promising steps in diagnosis and treatment</td>
<td>- Lack of follow-up due to a large number of patients</td>
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<td>Need to change in the</td>
<td></td>
<td>- Not evaluating the ability and skill of mental health professionals</td>
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<td>treatment</td>
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<td>Insurance support and coverage of mental health services</td>
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<td>Informing people about PPD</td>
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<td>Educate spouses about women's depression</td>
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<td>mental health services</td>
<td>- Informing the community and attracting social contribution</td>
<td>- Training mental health professionals about PPD</td>
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<td></td>
<td>- Supporting mothers</td>
<td>- Cultural diversity and mental health</td>
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<td>- Empowering healthcare providers</td>
<td>- Fighting PPD and its stigma</td>
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<td></td>
<td>- Changing the attitude and belief of the community</td>
<td>- Increasing access to mental health services</td>
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