

WAWA – "What Am I Worried About": Adapting an Australian intervention for new mothers residing in the community with symptoms of anxiety and depression

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Objectives/Background: Cognitive behavioural interventions have been shown to be an effective verbal therapy for post-natal mental health distress. There is a high prevalence of perinatal mood and anxiety disorder (PMAD) symptoms among new mothers in Israel, particularly in specific ethno-cultural groups. The WAWA program was developed in Australia to provide a low-cost and accessible method for reaching mothers who may not be able to come into clinics for treatment for perinatal mood and anxiety disorders. The aim of the current study was to assess the feasibility, acceptability and safety of the WAWA among community-dwelling women in the first months after the birth of a child.

Methods: A single group pre-and post-test design was selected and women were invited to participate if they met the criteria of: Hebrew-speaking, community-residing, over age 18, without known diagnosed psychiatric conditions and who had given birth to a child within the last three months. Respondents participated in one small group session to explain the purpose of the study and those agreeing signed informed consent. Baseline questionnaires included the General Anxiety Questionnaire (GAD), Depression Anxiety Stress Scale – DASS 21, and Edinburgh Post-natal Depression Scale (EPDS) and socio-demographic data. Participants took part, in groups of three, in an introductory session of 90 minutes. The following four sessions and a follow-up interview were conducted over the phone, individually with a MA level mental health professional who received supervision on her work. At the last session, the respondents filled out the questionnaire a second time.

Results: Ten women participated and provided follow-up data. The sample consisted of married, Jewish women, mean age 31.1 (s.d. 6.3 years, range 22-42), 50% were Israeli born and 50% were immigrants, 70% reported low SES and 60% were religious. All participants had completed at least 12 years of education, average 14.1 (s.d. 2.0 years). While all participants reported that they felt they had some symptoms of PMAD, the EPDS showed that only 40% had scores of 12 and over (mean EPDS 7.8, s.d.=5.5, range 0-14). GAD scores were (mean =6.0, s.d. 4.2), DASS21 (mean=13.3, s.d. 8.4). High correlations were found between the three mental health measures ( $r_s=0.72-0.88$ ) suggesting high multi-collinearity.

Discussion and conclusion: These preliminary findings indicate that the WAWA intervention in Hebrew is feasible, acceptable and safe for use among Israeli women grappling with significant perinatal mood and anxiety disorders. Further research using a randomized controlled trial and a larger sample is warranted.

Key words: Cognitive behavioural therapy, anxiety, perinatal mood and anxiety disorders, phone therapy