

The Stories of Women Living with Depression Project*

Little is known about the recovery and coping experience of women living with depression. However, the process seems to be easier for women who are older when depression is first experienced and have positive family relationships, no concurrent illness and few stressful life events. The "Stories of Women Living with Depression" study examined the coping and recovery processes of women of low-income status at-risk for/ experiencing depression. Specifically, it explored the personal coping strategies used to assist women in meeting the demands of everyday life in family, social, and work settings. This exploratory study employed the experiential expertise of mental health consumers (those who have experienced depression) in gathering women's perspectives on well-being, health practices, and coping strategies used to manage and recover from depression.

Women participating in the study were interviewed in person using a semi-structured interview guide designed with input from mental health consumers. Interviews focused on encouraging women to discuss their perceptions of different levels of well-being (healthy, "the blues", depression), strategies and resources needed, and barriers to overcome. Particular attention was given to factors that build capacity, strengthen coping mechanisms, and enhance family, social, and work life (paid or volunteer).

*** The Stories of Women Living with Depression Project was conducted by Jean Hughes and Cathy McCormack for the Canadian Mental Health Association, Nova Scotia Division. The researchers invited women to participate who were between 20 and 40 years of age and attended the Cowie Family Medicine Centre, Halifax, Nova Scotia, during a five-month period. Fifteen women were interviewed. Women who consented were first screened for depressive symptoms. Those found to be at risk were contacted for an in-depth interview.**

Findings

Women's perception of health, the "blues", and depression were distinct. However, some women had difficulty differentiating how they made the transition from the "blues" to depression.

Women used different types of strategies to either maintain feelings of well-being, or strengthen their capacity to cope with feeling "blue" or depressed. These capacity-building strategies were grouped into five categories: **self healing/personal care** (e.g., alternative health remedies, listening to music, eating properly); **interpersonal** (connecting with others - friends, family, coworkers); **informal supports** (e.g., self-help groups, community groups); **cognitive** (e.g., writing in a journal, self-help books); and **formal health system** (family doctor, medication, therapist).

Women's interactions at home, on social outings, and at work varied according to where they were on the continuum of emotional health ranging from feeling healthy, to feeling "blue", to feeling depressed.

The Profiles

Healthy: a balanced physical and mental period when one explores and uses one's full potential

"Blues": feeling down for less than two weeks

Depression: feeling down to the point where it affects daily functioning or persists more than two weeks

Themes

The women in the study identified several strategies and resources/supports used during the coping and recovery processes that served to strengthen their mental health capacity. They reported

- ❖ the formal health care system is not user friendly, relevant, affordable, or seamless for low-income women with depression
- ❖ there is a need for more timely services offered in a geographic location that minimizes transportation and provides child care services
- ❖ the formal services often are not psychologically accessible and that they often felt misunderstood
- ❖ there is a need for peer counselors to provide experiential knowledge, validation and encouragement

Program and Policy Implications

Educate consumers, family, and general public on the transition signs to depression; strategies specific to the transition period; and resources to use to prevent and/or minimize the transitional marker.

Educate community, families, consumers, and service providers regarding how to match need with appropriate strategies and resources for coping with depression.

Educate health professionals regarding the place of formal treatment in coping and recovery processes and about how formal treatment can be integrated with other vital supports. Formal treatment is only one type in a range of supports.

Advocate to policy makers and mental health services planners the need to provide mental health services that integrate formal and informal supports and resources.

Educate workplaces to promote mental health friendly policies that decrease the stigma and increase acceptance of an employee with depression and allow for flexibility while working towards health.

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