

new mothers in NSW and the median time was 110.0 days (95% CI: 100.4–119.6). The entire length of hospital stay in the first year postpartum for a diagnosis of depression was 10.8 days for mean (95% CI: 9.9–11.7) and 6.0 days for median (95% CI: 5.8–6.3). The length of hospital stay per admission was 8.3 days for mean (95% CI: 7.7–9.0) and 5.0 days for median (95% CI: 4.8–5.2).

Conclusion: There were 2229 person days of hospital stay each year for depressive disorder in new mothers in NSW. The average length of stay was longer compared with the average length of stay for all hospital separations (3.4 days from AIHW Australian hospital statistics 2004–2005).

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MENTAL HEALTH AND CONNECTEDNESS – EXPLORING ABORIGINAL AND TORRES STRAIT ISLANDER PERSPECTIVES

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Background: It has been acknowledged that the mental health of Aboriginal and Torres Strait Islander people has been 'bedevilled' by the inappropriate application of non-Indigenous models of mental health. Given that more than 35% of admissions to the neonatal unit at The Townsville Hospital are neonates of Aboriginal or Torres Strait Islander descent, it is necessary for non-Indigenous practitioners to find in a culturally safe way in which to engage these families.

Method: This study explored urban Aboriginal and Torres Strait Islander's understandings of mental health using a positive psychology framework. A qualitative research design was conducted with a sample of 19 Australian Aboriginal and Torres Strait Islander participants. Data was collected via individual semi-structured interviews and focus groups. Qualitative analysis was conducted using a grounded theory method.

Results: Four themes emerged as reflecting health and wellbeing – coping skills, knowledge social support, with an overarching theme of connectedness to culture, family and kinship, and social networks emerged as reflecting a unique contribution to mental health and cultural identity.

Conclusions: This information will support the development of culturally safe health and wellbeing programs that sustain and nurture the cultural identity and mental health of Indigenous people while on the neonatal unit. In this way, meaningful contributions may be made by health professionals to 'closing the gap' in health and mental health outcomes for Indigenous people.

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NEW MOTHERS AND MENTAL DISORDERS: A STUDY ON LINKED DATA

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Background: Postpartum psychiatric disorders pose a significant public health challenge impacting on mothers, infants and families.

Aim: To describe the pattern of admission for psychiatric disorders in new mothers at this time.

Method: This study was based on linked population data of the New South Wales (NSW) Midwives Data Collection (MDC) and NSW Admitted Patients Data Collection (APDC). The primiparous mothers aged from 18 to 44 who gave births between 1 January 2002 and 31 December 2004 were followed up from the 6th month before pregnancy to the end of 24th month postpartum.

Results: A total of 1929 women were hospitalised for the first time with a psychiatric diagnosis over the study period in NSW. The first hospital admission rates for psychiatric disorders were 4.28/1000 person-year (PY)

(95%CI: 3.71–4.84) during the 6 months pre-pregnancy. The rate decreased during pregnancy (1.65/1000 PY (95%CI: 1.36–1.94)), increased significantly in the first year after birth (11.20/1000 PY, 95%CI: 10.56–11.84) and peaked in the second month postpartum (20.40/1000 PY, 95%CI: 17.45–23.36). The rate returned to the level of prepregnancy in the second year postpartum (4.13/1000 PY, 95%CI: 3.74–4.52). Patterns of admission for individual diagnoses will be described.

Conclusion: Hospital admission with psychiatric disorders increases significantly in the first year postpartum strongly supporting early intervention initiatives among this vulnerable population of women.

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PREDICTORS OF POSTPARTUM DEPRESSION OVER THE FIRST YEAR FOLLOWING CHILDBIRTH

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Background: Postpartum depression (PPD) is the most common disorder following childbirth. It can have profound effects on a woman, her infant, partner, and other children. While much research has examined predictors of PPD at single time points, few studies have addressed predictors over time.

Method: A prospective cohort design was used. We recruited 2560 women from 11 hospitals in Canada. Outcome data were collected at 6 weeks, 6 months and 12 months postpartum using a telephone-administered structured questionnaire that included the Edinburgh Postnatal Depression Scale. Repeated measures GEE modelling was used to identify predictors of PPD over time.

Results: The follow-up rates were 74% ($n = 1897$) at 6 weeks, 71% ($n = 1823$) at 6 months, and 51% ($n = 1310$) at 12 months. The main effect analysis indicated seven predictors of depression (OR (95%CI), (P)): annual household income <\$20,000 (1.99 (1.30, 3.04), (0.0015)); urinary incontinence (1.57 (1.14, 2.16), ($P = 0.0060$)); spoke English or French (Canada's official languages) at home (1.57 (1.08, 2.30), ($P = 0.0187$)); a lower SF-12 mental component score, i.e., lower mental functioning (1.19 (1.17, 1.21), ($P < 0.0001$)); a higher number of unmet learning needs in hospital (1.09 (1.04, 1.15), ($P = 0.0002$)); lower social support (1.05 (1.03, 1.07), ($P < 0.0001$)); and a lower SF-12 physical component score, i.e., lower physical functioning (1.04 (1.02, 1.06), ($P < 0.0001$)).

Conclusions: The findings suggest the importance of attending to women's urinary incontinence as a predictor of PPD not commonly reported in the literature. More research is needed to understand the potentially complex relationship between language spoken at home and PPD.

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PREDICTORS OF PSYCHOLOGICAL DISTRESS IN MOTHERS AND FATHERS OF NEONATES ADMITTED TO THE NEONATAL INTENSIVE CARE UNIT FOR SURGICAL CORRECTION OF A CONGENITAL ANOMALY

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Background: Parents of infants admitted to the Neonatal Intensive Care Unit (NICU) are at risk of anxiety and depression. The psychosocial and neurobehavioural outcomes of babies who undergo surgery, and the impact on their families, have been under-researched as there have been