Barriers to Perinatal Mental Health Care

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	DECIDING TO CONSULT	FIRST CONTACT WITH HEALTH PROFESSIONALS	ASSESSMENT	DECIDING TO DISCLOSE	REFERRAL	ACCESS TO TREATMENT	PROVISION OF OPTIMAL TREATMENT	WOMEN'S EXPERIENCE REFERRAL OF TREATMENT
INDIVIDUAL	• Being worried about social services involvement **HC** or being judged to be a 'bad mum' **MC** • Being socially isolated **MC** • Family and friends with negative perceptions about perinatal mental illness **MC** • Not understanding health professionals' role in relation to perinatal mental health **MC** • Not understanding what perinatal mental illness is **MC**, or not having the language to describe it **LC** • Believing the best way to cope with symptoms is to ignore them **MC**, minimise them **MC**, or seek spiritual guidance **LC** • Believing that perinatal mental illness is a normal part of motherhood **MC**, or are caused by spiritual **MC**, external **LC**, or physical factors **LC** • Not knowing where to go to seek help **LC** • Beliefs that services only offer medication **LC**, are too busy **LC**, or are too complicated **LC** • Believing health professionals won't be interested in perinatal mental health **LC** • Being from an ethnic minority group **LC**, or being younger **VLC**	• Believing that perinatal mental illness is caused by physical factors **LC**	• Not understanding what perinatal mental illness is **MC** • Family and friends with negative perceptions about perinatal mental illness **MC** • Additional personal difficulties **MC** • Beliefs that services only offer medication **LC**	• Being worried about social services involvement **HC** or being judged to be 'bad mum' **MC** • Family and friends with negative perceptions about perinatal mental illness **MC** • Not understanding health professionals' role in relation to perinatal mental health **MC** • Not understanding what perinatal mental illness is **MC** • Believing that perinatal mental illness is a normal part of motherhood **MC** • Believing the best way to cope with symptoms is to minimise them **LC** • Beliefs that services only offer medication **LC**, or are too busy **LC** • Believing health professionals won't be interested in perinatal mental health **LC**	• Being worried about social services involvement **HC**	• Not understanding health professionals' role in relation to perinatal mental health **MC** • Lack of support from family and friends **MC** • Additional personal difficulties **MC** • Beliefs that services only offer medication **LC**, are too complicated **LC**, or not trusting health services **LC** • Not knowing where to go to seek help **LC** • Difficulties finding childcare **LC**, travelling to services **LC**, and timing of services **LC** • Being from an ethnic minority group **LC** • Current symptoms of perinatal mental illness **LC**	• Beliefs that services only offer medication **LC** • Not having the language to talk about perinatal mental illness **LC**	• Being socially isolated **MC** • Lack of support from family and friends **MC** • Previous negative experiences of mental health care **MC** • Current symptoms preventing engagement with care **LC** • Believing that perinatal mental illness Is caused by physical factors **LC**
HEALTH PROFESSIONAL		• Health professionals being dismissive or normalising women's symptoms **HC** • Health professionals not recognising help-seeking or symptoms **MC** • Health professionals appearing too busy **MC** • Health professionals focusing on the infant **LC**	• Health professionals' poor knowledge about services and referral pathways **HC**, and perinatal mental health **MC** • Health professionals having low confidence about carrying out assessments **MC** • Health professionals not recognising help-seeking or symptoms **MC** • Health professionals appearing too busy **MC** • Health professionals carrying out assessment or screening in a tick-box impersonal way **MC** • Health professionals with poor cross-cultural knowledge of perinatal mental health **LC**	• Health professionals being dismissive or normalising women's symptoms **HC** • Health professionals carrying out assessment or screening in a tick-box impersonal way **MC** • Health professionals focusing on the infant **LC**	• Health professionals' poor knowledge about services and referral pathways **HC** • Health professionals dismissing women's symptoms **HC** • Health professionals having low confidence in making referrals **MC** • Health professionals not recognising helpseeking or symptoms **MC**	• Health professionals being unhelpful or disinterested in women **HC** • Health professionals being dismissive or normalising women's symptoms **HC** • Health professionals' poor knowledge about services and referral pathways **HC**, and perinatal mental health **MC** • Health professionals appearing too busy **MC** • Health professionals not being sensitive to the needs of women from non-western cultures **LC**	• Health professionals with poor knowledge about perinatal mental health **MC** • Health professionals having low confidence about providing treatment **MC** • Health professionals focusing on the infant **LC** • Health professionals appearing too busy **MC** • Health professionals with insufficient knowledge of cross-cultural issues **VLC**	• Health professionals being dismissive or normalising women's symptoms **HC** • Health professionals' poor knowledge about other services and perinatal mental health **MC**
INTER-PERSONAL	• Language barriers **HC** • A previous lack of open and honest communication between women and health professionals **MC**	• Language barriers **HC**	• Language barriers **HC** • Health professionals not openly communicating about assessment **MC**	• Lack of trusting relationship between health professionals and women **HC** • Language barriers **HC** • Lack of open and honest communication **MC**	• Lack of shared decision making between women and health professionals **LC**	• Lack of trusting relationship between health professionals and women **HC** • Language barriers **HC** • Lack of shared decision making between women and health professionals **LC**	• Lack of trusting relationship between health professionals and women **HC** • Language barriers **HC** • Lack of shared decision making between women and health professionals **LC**	• Lack of trusting relationship between health professionals and women **HC** • Language barriers **HC** • Lack of open and honest communication **MC** • Lack of shared decision making between women and health professionals **LC**
SERVICE MANAGERS	• Lack of culturally sensitive care **HC** • Lack of collaboration between services **MC** • Lack of logistical support **MC** • Insufficient information provided to health professionals and women about services **MC**	• Lack of culturally sensitive care **HC** • Inadequate provision of perinatal mental health training for health professionals **HC**	• Inadequate workforce therefore health professional's workload is too heavy **HC** • Inadequate provision of perinatal mental health training for health professionals **HC** • Lack of continuity of carer **HC** • Lack of culturally sensitive care **HC** • Poor linkage in technology systems **HC** • Women and health professionals believing assessment or screening to not be acceptable **MC** • Lack of collaboration within services **MC** • Unclear or confusing assessment processes **MC** • Lack of privacy **LC**, and assessment being carried out in a busy medical setting **LC** • Confusing wording of assessment tools **LC**	• Lack of continuity of carer **HC** • Lack of culturally sensitive care **HC** • Lack of collaboration between services **MC**	• Inadequate workforce therefore health professional's workload is too heavy **HC** • Inadequate provision of perinatal mental health training for health professionals **HC** • Lack of culturally sensitive care **HC** • Lack of collaboration between services **MC** • Lack of collaboration within services **MC** • Unclear or confusing referral processes **MC** • Insufficient information provided to health professionals and women about services **MC** • Lack of confidentiality **LC**	• Inadequate workforce provision therefore health professional's workload is too heavy **HC** • Lack of continuity of carer **HC** • Lack of collaboration between services **MC** • Lack of collaboration within services **MC** • Lack of logistical support offered by service **MC** • Restrictive eligibility criteria **LC**	• Inadequate workforce therefore health professionals' workload is too heavy **HC** • Inadequate provision of perinatal mental health training for health professionals **HC** • Lack of continuity of carer **HC** • Lack of culturally sensitive care **HC** • Lack of collaboration between services **MC** • Lack of collaboration within services **MC** • Lack of logistical support offered by service **MC** • Insufficient information provided to health professionals and women about perinatal mental health **MC** • Inflexible care **MC** • Women not finding group or peer support acceptable **MC** • Care provided in difficult to access location **LC** • Lack of privacy & confidentiality **LC**	• Difficulties with technology related to care **HC** • Lack of continuity of carer **HC** • Lack of collaboration between services **MC** • Insufficient information provided to women about perinatal mental health **MC** • Inflexible care **MC** • Women not finding group or peer support acceptable **MC** • Care that is not appropriate to women's needs **MC** • Provision of care in a medical setting **LC**
COMMISSION-ERS	• Lack of appropriate or timely services **HC**		• Lack of appropriate or timely services **HC** • Confusing referral pathways **MC** • Complexities of funding, resources & financial reimbursement **MC**	• Lack of appropriate or timely services **HC**	• Lack of appropriate or timely services **HC** • Confusing referral pathways **MC**	• Lack of appropriate or timely services **MC** • Complexities of funding, resources & financial reimbursement **MC**	• Lack of appropriate or timely services **HC** • Complexities of funding, resources & financial reimbursement **MC**	
GOVERNMENT	• Women who have moved to a new country, or women who are refugees **HC** • Women having low financial means and the cost of healthcare **MC**					• Women who have moved to a new country, or women who are refugees **HC** • Women having low financial means and the cost of healthcare **MC**	• Women who have moved to a new country, or women who are refugees **HC** • Women having low financial means and the cost of healthcare **MC**	• Women who have moved to a new country, or women who are refugees **HC** • Women having low financial means and the cost of healthcare **MC**
SOCIETY	• Stigma **HC** • Cultural beliefs about perinatal mental health **HC** • Maternal norms to be a 'good mother' and a 'strong woman' **HC**	• Cultural beliefs about perinatal mental	• Stigma **HC** • Cultural beliefs about perinatal mental health **HC** • Maternal norms to be a 'good mother' and a 'strong woman' **HC**	• Stigma **HC** • Cultural beliefs about perinatal mental health **HC** • Maternal norms to be a 'good mother' and a 'strong woman' **HC**	• Stigma **HC**	• Stigma **HC** • Cultural beliefs about perinatal mental health **HC** • Maternal norms to be a 'good mother' and a 'strong woman' **HC**	• Stigma **HC** • Cultural beliefs about perinatal mental health **HC**	• Stigma **HC** • Cultural beliefs about perinatal mental health **HC** • Maternal norms to be a 'good mother' and a 'strong woman' **HC**

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KEY

HC high confidence with evidence **MC** moderate confidence with evidence **LC** low confidence with evidence **VLC** very low confidence with evidence

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