

Barriers To Perinatal Mental Health Care



	DECISION TO CONSULT	HEALTHCARE PROFESSIONALS CONTACT	ASSESSMENT	DECISION TO DISCLOSE	REFERRAL	ACCESS TO TREATMENT	PROVISION OF OPTIMAL TREATMENT	WOMEN'S EXPERIENCE OF TREATMENT
Individual	<ul style="list-style-type: none"> 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 caused by spiritual MC, external LC or physical causes LC or that they are a normal part of motherhood MC 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 younger VLC or from an ethnic minority group LC 	<ul style="list-style-type: none"> Believing that perinatal mental illness is caused by physical factors LC 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Being worried about social services involvement HC or being judged to be a 'bad' mum MC Family and friends with negative perceptions about perinatal mental illness MC Not understanding healthcare 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 healthcare professionals won't be interested in perinatal mental health LC 	<ul style="list-style-type: none"> Being worried about social services involvement HC 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Beliefs that services only offer medication LC Not having the language to talk about perinatal mental illness LC 	<ul style="list-style-type: none"> Believing that perinatal mental illness is caused by physical factors 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
Healthcare Professional		<ul style="list-style-type: none"> Health professionals being dismissive or normalising women's symptoms HC Health professional not recognising help-seeking or symptoms MC Health professionals appearing too busy MC Health professionals focusing on the infant LC 	<ul style="list-style-type: none"> Health professional's 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Health professional's 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 help-seeking or symptoms MC 	<ul style="list-style-type: none"> Being unhelpful or disinterested in women HC Health professionals being dismissive or normalising women's symptoms HC Health professional's poor knowledge about services and referral pathways HC and perinatal mental health MC Health professionals appearing too busy MC Not being sensitive to the needs of women from non-western cultures LC 	<ul style="list-style-type: none"> Health professional's poor knowledge about perinatal mental health MC Health professionals having low confidence about providing treatment MC Health professionals focusing on the infant LC Health professional appearing too busy MC Insufficient knowledge of cross-cultural issues VLC 	<ul style="list-style-type: none"> Health professionals being dismissive or normalising women's symptoms HC Health professional's poor knowledge about other services and perinatal mental health MC
Inter-Personal	<ul style="list-style-type: none"> Language barriers HC A previous lack of open and honest communication between women and health professionals MC 	<ul style="list-style-type: none"> Language barriers HC 	<ul style="list-style-type: none"> Language barriers HC Health professionals not openly communicating about assessment MC 	<ul style="list-style-type: none"> Lack of trusting relationship between health professionals and women HC Language barriers HC Lack of open and honest communication MC 	<ul style="list-style-type: none"> Lack of shared decision making between women and health professionals LC 	<ul style="list-style-type: none"> Lack of trusting relationship between health professionals and women HC Language barriers HC Lack of shared decision making between women and health professionals LC 	<ul style="list-style-type: none"> Lack of trusting relationship between health professionals and women HC Language barriers HC Lack of shared decision making between women and health professionals LC 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Lack of culturally sensitive care HC Lack of collaboration between services MC Lack of logistical support MC Insufficient information about services MC 	<ul style="list-style-type: none"> Lack of culturally sensitive care HC Inadequate provision of perinatal mental health training for health professionals HC 	<ul style="list-style-type: none"> 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 being carried out in medical setting LC Confusing wording of assessment tools LC 	<ul style="list-style-type: none"> Lack of continuity of carer HC Lack of culturally sensitive care HC Lack of collaboration between services MC 	<ul style="list-style-type: none"> 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 about services MC Lack of confidentiality LC 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 Lack of collaboration between services MC Lack of collaboration within services MC Lack of logistical support offered by service MC Insufficient information 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 	<ul style="list-style-type: none"> Difficulties with technology related to care HC Lack of continuity of carer HC Lack of collaboration between services MC Insufficient information 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 environment LC
Commissioners	<ul style="list-style-type: none"> Lack of appropriate or timely services HC 		<ul style="list-style-type: none"> Lack of appropriate or timely services HC Confusing referral pathways MC Complexities of funding, resources & financial reimbursement MC 	<ul style="list-style-type: none"> Lack of appropriate or timely services HC 	<ul style="list-style-type: none"> Lack of appropriate or timely services HC Confusing referral pathways MC 	<ul style="list-style-type: none"> Lack of appropriate or timely services MC Complexities of funding, resources & financial reimbursement MC 	<ul style="list-style-type: none"> Lack of appropriate or timely services HC Complexities of funding, resources & financial reimbursement MC 	
Government	<ul style="list-style-type: none"> Women being an immigrant or a refugee HC Women having low financial means and the cost of healthcare MC 				<ul style="list-style-type: none"> Women being an immigrant or a refugee HC Women having low financial means and the cost of healthcare MC 	<ul style="list-style-type: none"> Women being an immigrant or a refugee HC Women having low financial means and the cost of healthcare MC 	<ul style="list-style-type: none"> Women being an immigrant or a refugee HC Women having low financial means and the cost of healthcare MC 	<ul style="list-style-type: none"> Women being an immigrant or a refugee HC Women having low financial means and the cost of healthcare MC
Society	<ul style="list-style-type: none"> Stigma HC Culture HC Maternal norms to be a 'good mother' and a 'strong woman' HC 	<ul style="list-style-type: none"> Cultural beliefs about perinatal mental health HC 	<ul style="list-style-type: none"> Stigma HC Cultural beliefs about perinatal mental health HC Maternal norms to be a 'good mother' and a 'strong woman' HC 	<ul style="list-style-type: none"> Stigma HC Cultural beliefs about perinatal mental health HC Maternal norms to be a 'good mother' and a 'strong woman' HC 	<ul style="list-style-type: none"> Stigma HC 	<ul style="list-style-type: none"> Stigma HC Cultural beliefs about perinatal mental health HC Maternal norms to be a 'good mother' and a 'strong woman' HC 	<ul style="list-style-type: none"> Stigma HC Cultural beliefs about perinatal mental health HC 	<ul style="list-style-type: none"> Stigma HC Cultural beliefs about perinatal mental health HC Maternal norms to be a 'good mother' and a 'strong woman' HC



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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