PRAMS

Perinatal Redesign for Accessing Mental Health Services

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Introduction

Perinatal mental health (PMH) disorders affect 10-20% of women during pregnancy and the first year postpartum, costing the UK £8.1 billion annually [1,2]. Women from underserved groups experience significant disparities in PMH outcomes . Current guidelines fail to address how to overcome access barriers for underserved women.

Aim: To deliver an experience-based co-design intervention for underserved women with unmet perinatal mental health needs.

Method

Work Package 1

An online survey [3] and semi-structured interviews with professionals to explore capacity to deliver services within local systems and perceived barriers or facilitators of change.

Work Package 2

Four focus groups with women and birthing people with unmet perinatal mental health needs from a range of communities asking about their lived experiences.

Work Package 3

Bringing together WP1 and WP2 for three co-design events. We aim to capture the voices of both groups and develop a bespoke intervention for underserved women with unmet perinatal mental health needs.



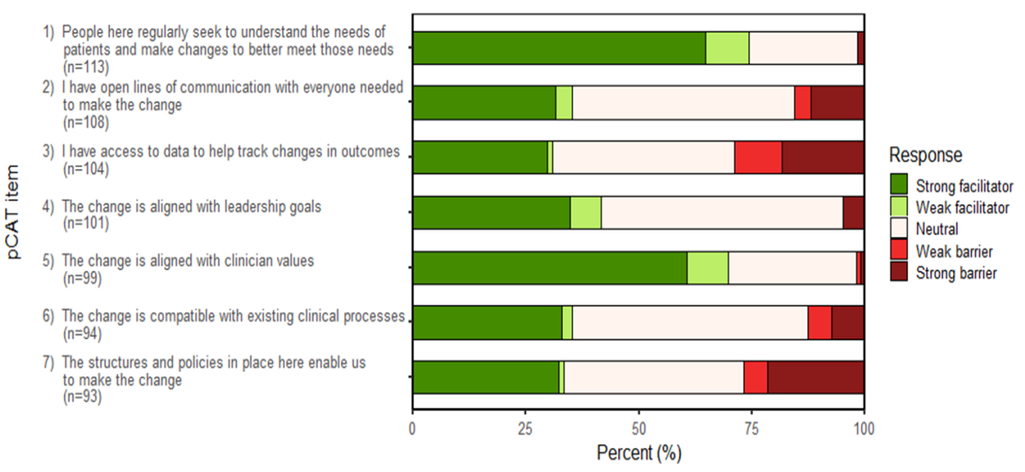


Figure 1: Responses to the pCAT (items 1-7), identifying potential barriers and facilitators for the introduction of a new perinatal mental health intervention

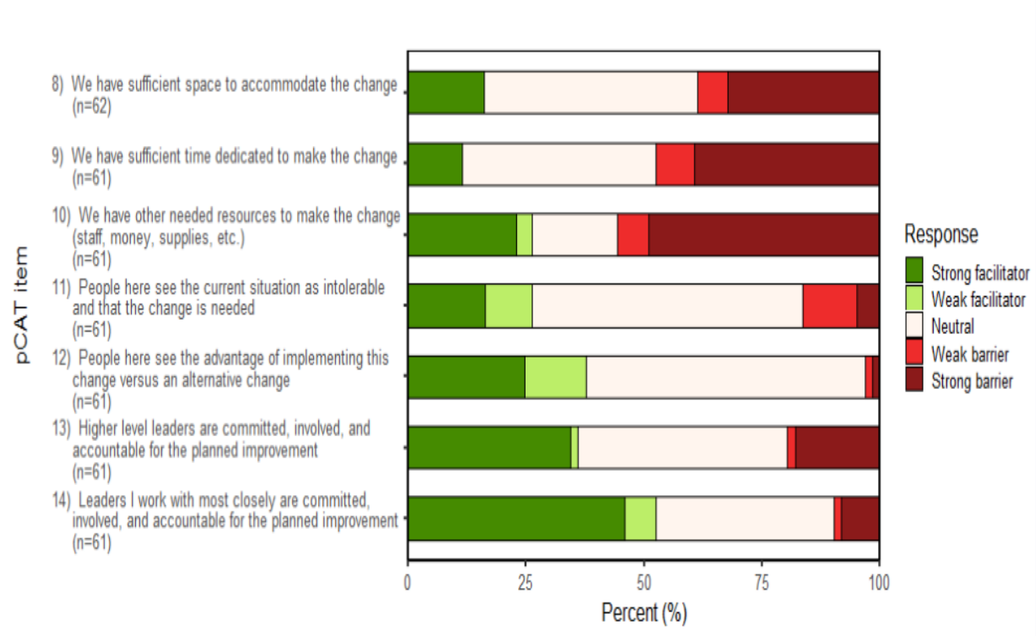


Figure 2: Responses to the pCAT (items 8-14)

Results

Survey findings (WP1)

130 consented; 113 full responses for analysis from Health Visitors (17), Midwives (14), GP's (12), Family Intervention Workers (10) and Clinical Psychologists (7).

Key system challenges (WP2 and WP3)

19 professionals and 50 women and birthing people with lived experience identified that mental health stigma, navigating a complex healthcare system and the importance of language support for building trust and expressing need, were barriers to accessing mental health support.

Other systemic challenges included health being prioritised over mental health, rigid assessment criteria and/or support offer, people not feeling involved in their care and a lack of continuity of care.

Output

PRAMS has co-designed a framework for equitable perinatal mental health care, and will be shared with commissioners, service leads, and other stakeholders across the perinatal mental health sector.

The framework establishes the following six principles to support the implementation of more equitable, accessible services:

- A Capable and Compassionate Workforce
- Ready and Inclusive Services
- Accessible Care Across the Perinatal journey
- Safe, Trustworthy and Culturally Safe Care
- Supportive Networks Around Families
- Accountability, Learning and Improvement.

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3. Robinson CH, Damschroder LJ. A pragmatic context assessment tool (pCAT): using a Think Aloud method to develop an assessment of contextual barriers to change. Implement Sci Commun [Internet]. 2023 Dec 1 [cited 2024 Oct 16];4(1):1–11. Available from: https://implementationsciencecomms.biomedcentral.com/articles/10.1186/s43058-022-00380-5