



# Executive Summary

June 2022

## Background

Wessex Voices was asked by NHS England South East Clinical Delivery Network for Perinatal Mental Health to explore the barriers and enablers in terms of women accessing perinatal mental health support. The specific aims were as follows:

- to understand the barriers to accessing services
- to find out what women thought would make a positive difference
- to hear from the seldom heard
- for the feedback to influence the design of services

The work took place during 2021, in the midst of the pandemic and lockdowns. We attempted to reach women through contacting local trusted community organisations in four areas - Brighton, Merstham, Slough and Portsmouth. With the support of various organisations who promoted the work and encouraged involvement, we spoke in depth to 14 women. We held conversations about their experiences mainly through Zoom and telephone calls, with one visit to a community centre towards the end of the summer.

## Summary of findings



The women we spoke to were not uncomfortable talking about mental health problems and yet, stigma and fear persist. A number of barriers to accessing help were mentioned, the most significant being the view that services are there more for the baby than for the mother. The fear of being judged, and the shame of not being a good mother remain. Women also

felt that if you ask for help you may not get it, with services overwhelmed and waiting lists long. Drawing on their own experiences they stressed the importance

of knowing what is available in the community and the need for questions to be asked in the right way. For those not confident to open up, the need for others to notice and act was mentioned. Clearly, it needs to be simple to ask for help, and women need to be prepared during pregnancy for the possibility of mental health problems and informed who to contact. This is not just to make it easy to find help, but to normalise the issue. Cultural sensitivity is also crucial, tailoring services to specific needs. An overriding issue is that of trust, which enables honest conversations. Continuity of care and being non-judgemental are key to this.

In terms of engagement, working through local, known and trusted organisations was the only way to reach the women we wanted to speak to. This will also apply to reaching women to access services.

## Recommendations

### The message

- Continue to attempt to destigmatise mental health
- Provide information that stresses that services are there for mothers, not just for babies.
- Inform mothers that they are priority

### The response

- Ensure GPs and Health Visitors respond positively and consistently to requests for help and that those who do not report problems are not ignored
- Ensure that questions to probe mental health problems are meaningful
- Validate women's experiences
- Ensure requests for help are responded to swiftly

### Prepare

- Normalise seeking help, ensure women know where to go if they need support

- Work with the local voluntary sector to help women to establish support networks during pregnancy, tailored to specific needs

## Build Trust

- Explore women's personal stories that may affect their level of trust and wish to engage with services
- Provide consistency
- Train staff in responding to cultural differences

## Engage

- Engage women to access services in the same way we engaged for this piece of work
- Invite the women who took part in Opening the Door to work together with staff on improving access

## Contact us

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Full report and response from NHS South East Clinical Delivery and Networks:

 [www.wessexvoices.org/](http://www.wessexvoices.org/)