

# Health inequalities in early life: + Perinatal mental health & maternity care



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# Presentation outline:

- **Background**
  - Impact of perinatal mental health problems across the life course
  - ARC South London Maternity and Perinatal Mental Health Research Theme
- **Understanding & addressing mental health related health inequalities in the perinatal period**
- **The national picture**
  - Improving access to perinatal mental health care
  - Implementing evidence-based interventions
- **Recommendations**

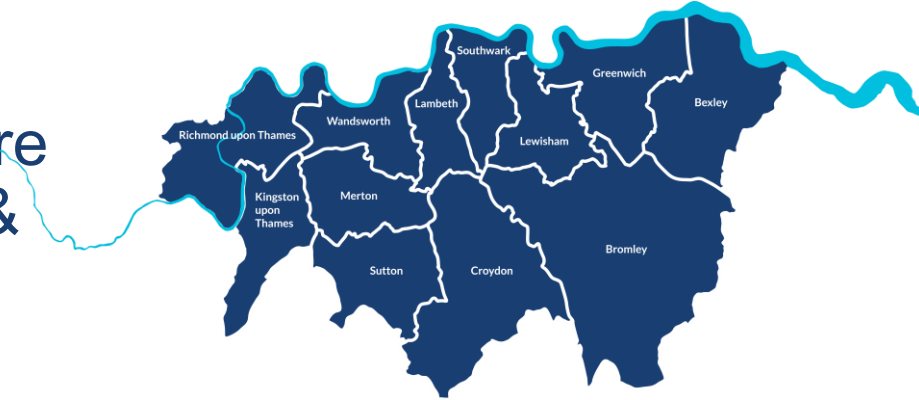


# Impact of perinatal mental health problems

- Around 1 in 5 women will experience a mental health problem during pregnancy or the year after birth (perinatal period)
- Direct impact on parents and family's well-being and parenting experiences
- Strong evidence for associations with poorer pregnancy and birth, and long-term child-infant, outcomes
- Long term health-economic cost to society of £8.1 billion
- £2.3bn investment in expansion of perinatal mental health services

# ARC south London: Maternity & Perinatal Mental Health Research Theme

- Brings together researchers, health & social care practitioners, & local people to improve health & social care in south London
- The Maternity and Perinatal Mental Health Theme is seven core areas of research in south London
- Overarching aim is to **reduce health inequities** & have a **positive impact** on health & wellbeing of **women & families**
- Improve outcomes for women & babies experiencing health inequalities due to social deprivation, ethnicity, mental illness (and the intersection between these)



# Research to understand and address these health inequalities

RESEARCH PROJECT 5 May 2020

Investigating maternal and perinatal outcomes among women from Black, Asian and Minority Ethnic groups



CORE RESEARCH PROJECT

5 May 2020

Models of maternity care for women living in areas of ethnic diversity and social disadvantage



Oxleas Perinatal Mental Health Services: Barriers and facilitators to access among women from Black and minority ethnic groups



CORE RESEARCH PROJECT

5 May 2020

Investigating the factors surrounding life-threatening self-harm and attempted suicide in the perinatal period among women with mental illness



Development of a digital preconception care tool for women with severe mental illness



Postnatal mental health and the prevention of accumulating inequalities

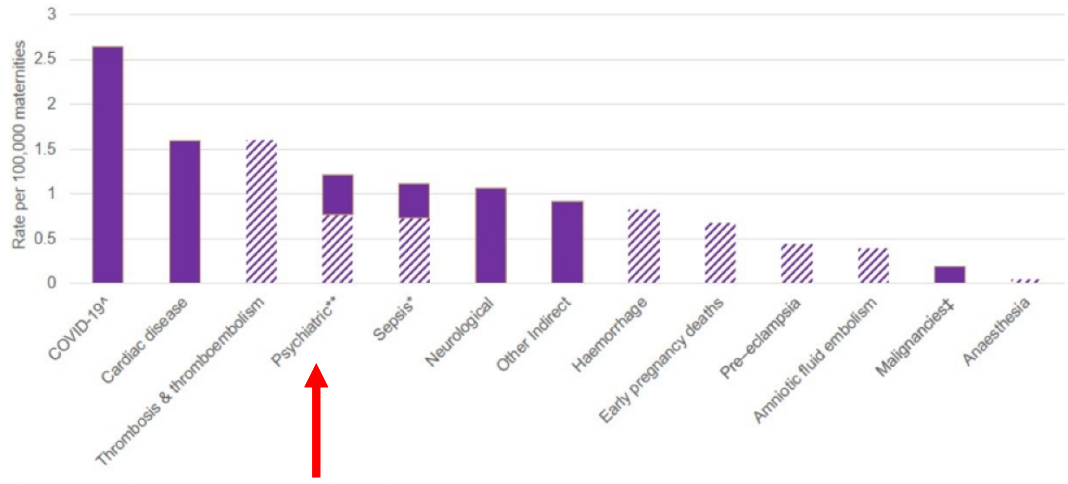




# Mental health related maternal mortality



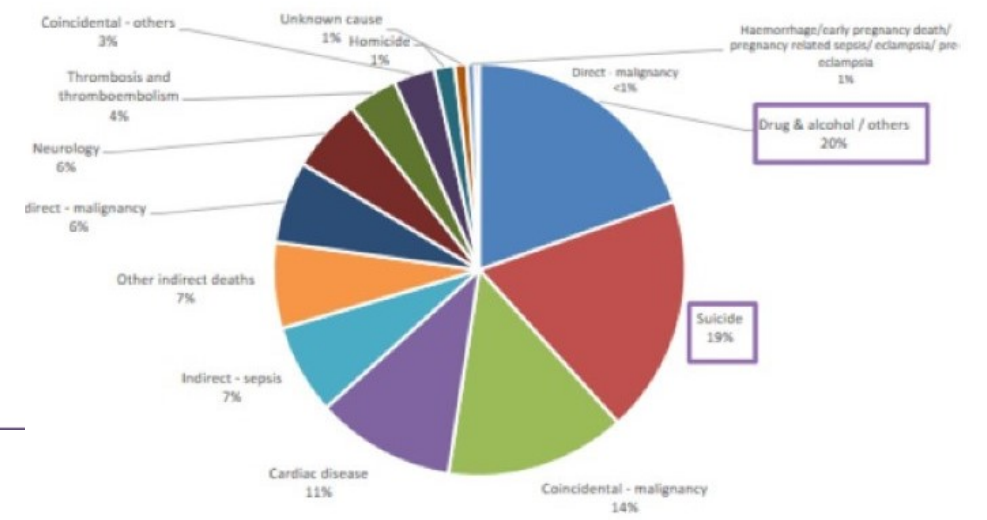
Maternal mortality by cause 2019-21



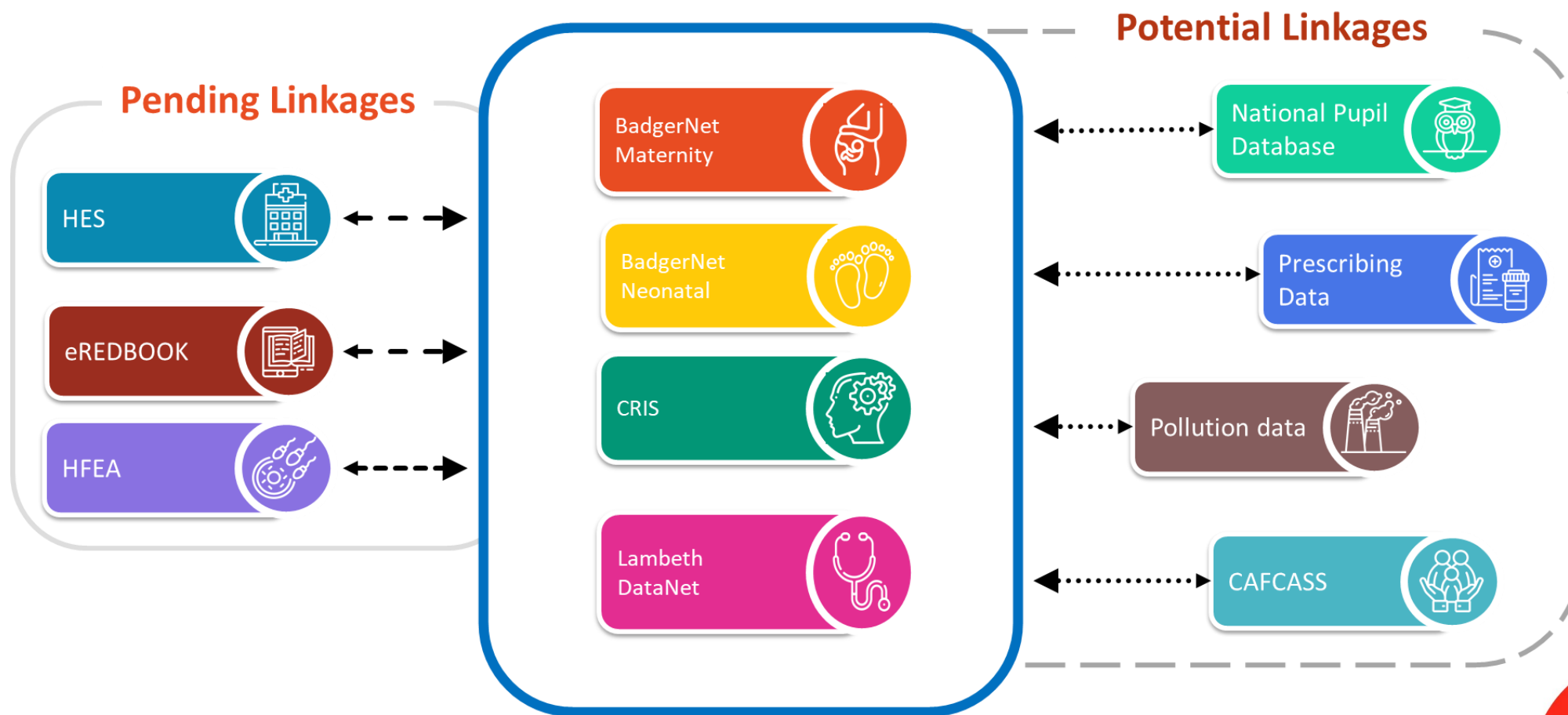
Hatched bars show direct causes of death, solid bars indicate indirect causes of death  
\*Rate for COVID-19 deaths calculated using maternities March 2020 to December 2021 as denominator  
\*\*Rate for suicides (direct) is shown in hatched and rate for indirect psychiatric causes (drugs/alcohol) in solid bar  
\*Rate for direct sepsis (genital tract sepsis and other pregnancy related infections) is shown in hatched and rate for indirect sepsis (influenza, pneumonia, others) in solid bar  
‡Rate for indirect malignancies (breast/ovary/cervix)  
Sources: MBRRACE-UK

## Deaths between 6 weeks and 1 year after the end of pregnancy

Deaths from mental health-related causes as a whole account for nearly 40% of deaths occurring between six weeks and a year after the end of pregnancy with maternal suicide remaining the leading cause of direct deaths in this period.



# Born in South London: The eLIXIR (early-Life data cross-Linkage in Research) study



# Disproportionately affected by severe maternal morbidity

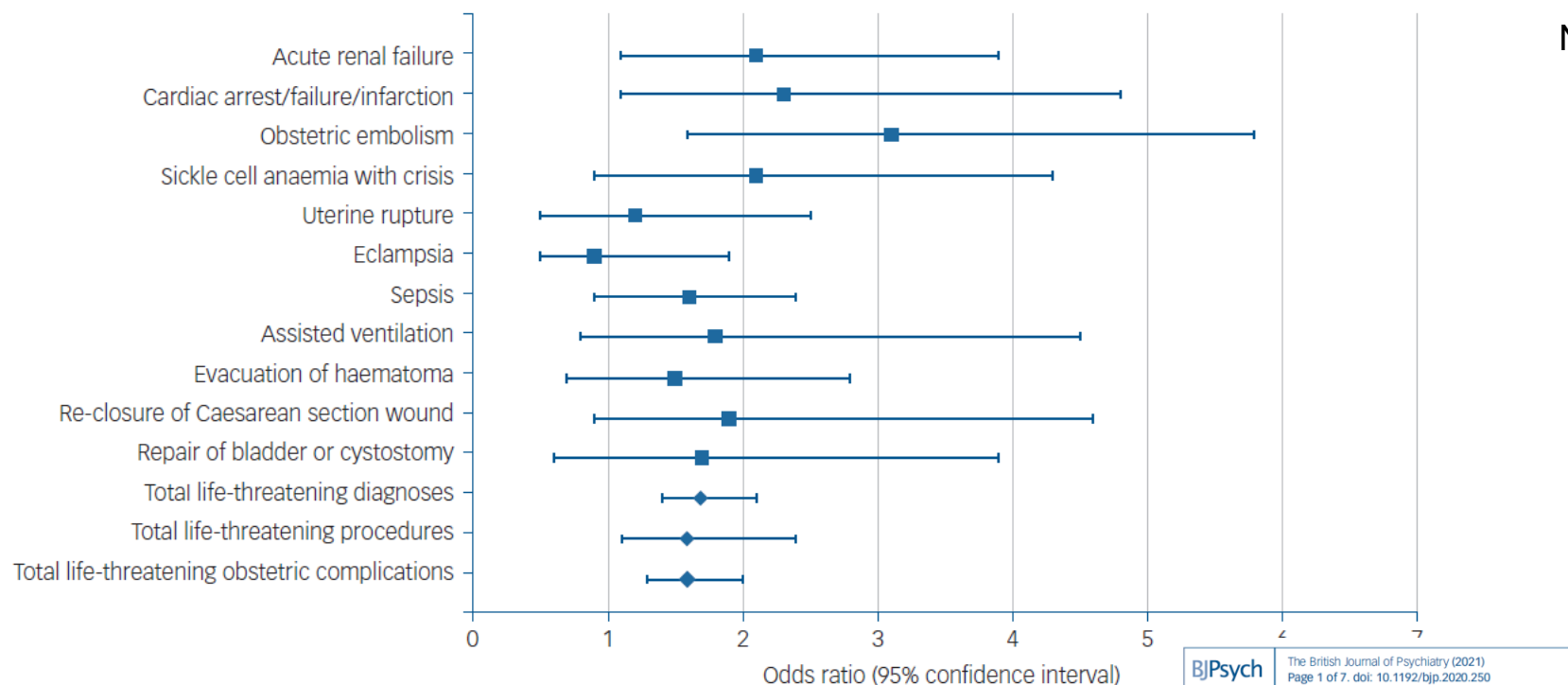


Fig. 1 Comparison of obstetric near misses among women with and without serious mental illness.

## Obstetric near misses among women with serious mental illness: data linkage cohort study

Abigail Easter, Jane Sandall and Louise M. Howard

### Background

Investigating obstetric near misses (life-threatening obstetric complications) provides crucial information to prevent maternal mortality and morbidity.

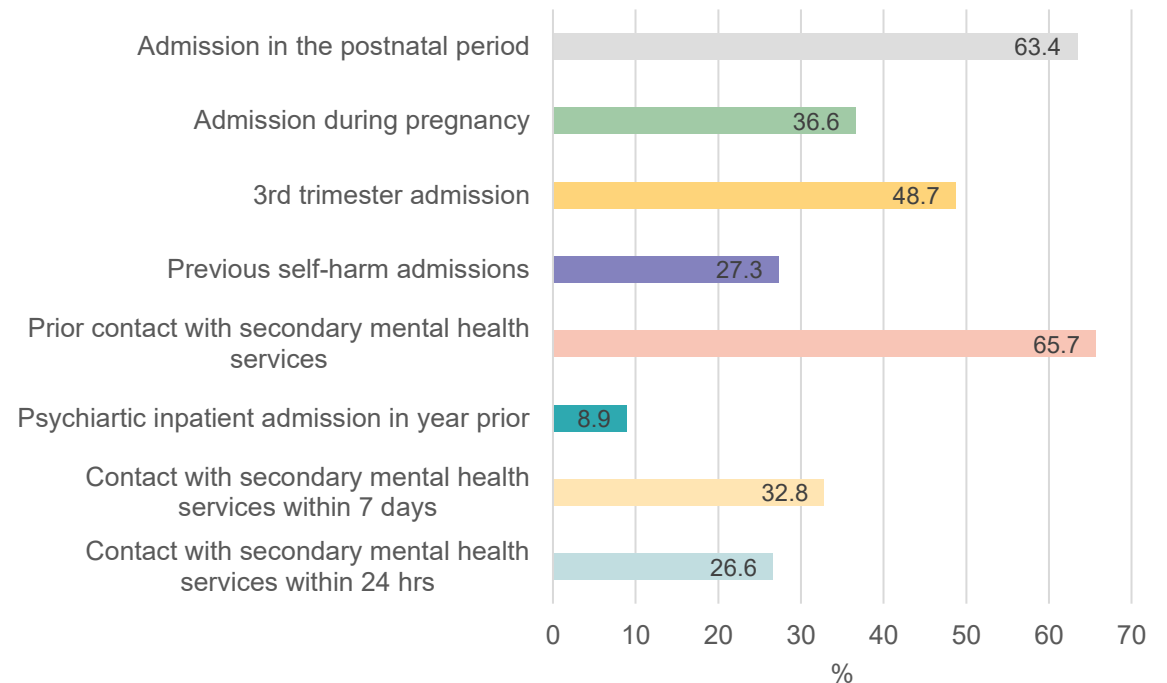
### Aims

575.1/100 000 (95% CI 544.0–607.4) maternities in the unexposed group (adjusted odds ratio 1.6, 95% CI 1.3–2.0,  $P < 0.001$ ). Highest risks were for acute renal failure (adjusted odds ratio 2.1, 95% CI 1.1–3.8,  $P = 0.022$ ); cardiac arrest, failure or infarction (adjusted odds ratio 2.3, 95% CI 1.1–4.8,  $P = 0.028$ ); and obstetric embolism (adjusted odds ratio 3.1, 95% CI 1.6–5.8,  $P < 0.001$ ).



# Poor access to mental healthcare following self-harm in the perinatal period

- 17,685 births among 12,683 women
- 448 admissions for self-harm among 304 women (2.4%) in the perinatal period
- 2/3 of admissions were in the postnatal period & among women with prior mental health contact
- Only 27% seen by a mental health professional within 24 hours, increasing to 33% within 7 days



# What are some of the barriers and facilitators to accessing and implementing PMH services?

Review

## Barriers and facilitators to implementing perinatal mental health care in health and social care settings: a systematic review

Rebecca Webb, Nazihah Uddin, Elizabeth Ford, Abigail Easter, Judy Shakespeare, Nia Roberts, Fiona Alderdice, Rose Coates, Sally Hogg, Helen Cheyne, Susan Ayers, on behalf of the MATRIx study team\*

Open access

Research

### BMJ Open Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK

Megan Sambrook Smith,<sup>1</sup> Vanessa Lawrence,<sup>2</sup> Euan Sadler,<sup>3</sup> Abigail Easter<sup>3</sup>

**To cite:** Sambrook Smith M, Lawrence V, Sadler E, et al. Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ Open* 2019;9:e024803. doi:10.1136/bmjopen-2018-024803

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2018-024803>).

Received 27 June 2018

#### ABSTRACT

**Objective** Lack of access to mental health services during the perinatal period is a significant public health concern in the UK. Barriers to accessing services may occur at multiple points in the care pathway. However, no previous reviews have investigated multilevel system barriers or how they might interact to prevent women from accessing services. This review examines women, their family members' and healthcare providers' perspectives of barriers to accessing mental health services for women with perinatal mental illness in the UK.

**Design** A systematic review and meta-synthesis of qualitative studies.

**Data sources** Qualitative studies, published between January 2007 and September 2018, were identified in MEDLINE, PsycINFO, EMBASE and CINAHL electronic databases, handsearching of reference lists and citation tracking of included studies. Papers eligible for inclusion

#### Strengths and limitations of this study

- This study provides a comprehensive systematic review of barriers to mental healthcare for women with perinatal mental illness, a key public health issue.
- Robust procedures for systematic reviewing and quality assessment were adopted, in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses reporting guidelines.
- Unidentified barriers, specifically those at structural and organisational levels, may remain due to limited and high-quality research specially looking at perceived barriers at these levels.
- Due to the wide variability in the context of delivery of perinatal mental healthcare globally, this review only included studies conducted with the UK. The

MATRIx



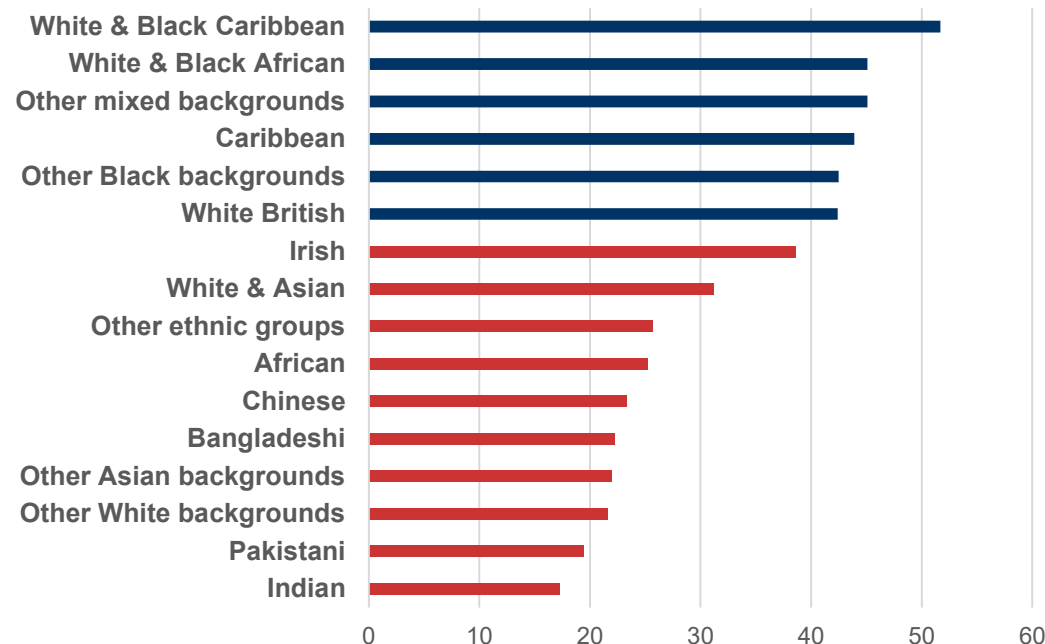
## Multi-Level Model

Factors that helped or prevented services from putting perinatal mental health care into practice occurred on multiple levels



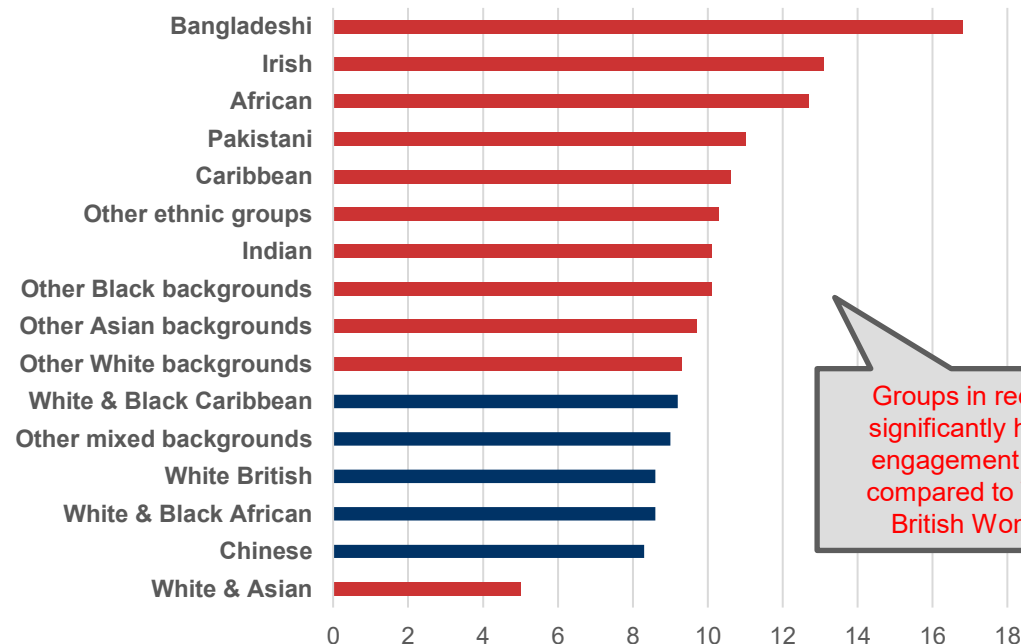
# Ethnic disparities in access to PMH services

Rate of access community PMH per 1,000 births (2017)



Groups in red had significantly lower access rates compared to White British Women

Rate of attended PMH contacts per patient (2017)



Groups in red had significantly higher engagement rates compared to White British Women

Black African, Asian and White Other women had higher percentages of involuntary admissions than White British women

# Women's experiences of accessing services



## Expectations & Experiences of Womanhood as an Ethnic Minority

- Shame & Guilt in Motherhood
- Women as Caregivers
- Perceived to be strong, and often dismissed



## Family & Cultural Influences

- Blind Faith in Medical Profession
- Family & Community Beliefs about Mental Health & Care
- Intergenerational Trauma & Family Dynamics



## Cultural Understanding, Empowerment and Validation

- The Importance of Understanding Cultural Differences
- The power of Validation, Reassurance & Support

# Recommendations

1. Develop a culturally sensitive strategy & provide staff training opportunities to understand the impact of ethnicity & culture on women's beliefs about help-seeking & experiences of MH
2. Understanding of differences in experiences and culture among women from Black, Asian and minority ethnic groups
3. Recognise the important role of partners and extended family in engagement with services
4. Provide clear and culturally sensitive information on PMH and service provision to women and referrers
5. Don't underestimate practical barriers – language, childcare, transport, technology



# The ESMI-III Study

Home > Research and implementation > Our research areas > Maternity and perinatal mental health

## The effectiveness and implementation of maternal mental health services

The need for greater investment in perinatal mental health (PMH) care is well evidenced, both to ensure women receive adequate treatment and support and to provide short- and longer-term health benefits and cost savings to the NHS.

ADOPTED PROJECT



24 Jan 2022

There is now a national commitment to implementing Maternal Mental Health Services (MMHS), formally referred to as 'Maternity Outreach Clinics' in the NHS long-term plan, and £22.6 million transformation funding for service delivery in 2020-22. NHS England (NHSE) investment in these services in the first phase (2020-22) will be provided to women in approximately 30 sites in all areas of England – 'Early Implementer' and 'Fast Follower' sites, before commissioning and funding of MMHS goes to Clinical Commissioning Groups (CCG) in the national scale up and sustainability phase (2022-24).

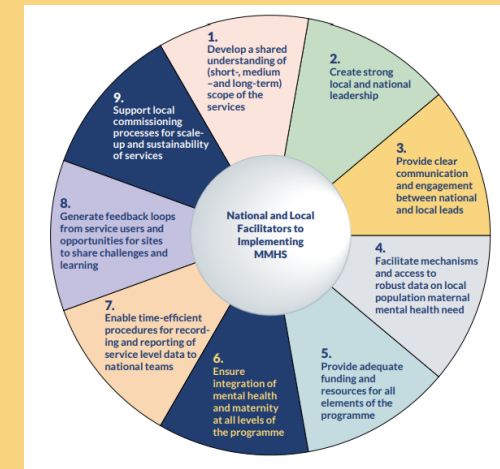
### In this section

About our maternity and perinatal mental health research

<https://arc-sl.nihr.ac.uk/research-and-implementation/our-research-areas/maternity-and-perinatal-mental-health/effectiveness>

## ESMI-III: The Effectiveness and Implementation of Maternal Mental Health Services

### Interim Report: Phase 1



September 2022

# Involving local communities in addressing inequalities

“As a community leader, I can help to bridge the cultural and language gaps between Black women and many researchers. Removing barriers to participation for my community, and helping researchers understand such barriers, motivates me to be the part of the change we want to see in research”



Rachael Buabeng, Black maternal health advocate, Founder of Mummy's Day Out, involvement member, NIHR ARC South London



# Conclusions/Recommendations

- To reduce inequalities associated with perinatal mental health problems, needs recognition of the complex interplay between physical and mental health, social complexity & ethnic disparities
- Improving access to effective interventions – requires multi-level, multidisciplinary strategies
- Involving ‘communities’, authentic outreach, engagement and partnerships are crucial



## The ARC Maternity & Perinatal Mental Health Team

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## Acknowledgements

This research is funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration South London (NIHR ARC South London) at King's College Hospital NHS Foundation Trust. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

The ESMI-III study is funded by the National NIHR cross ARC collaboration for Children's Health and Maternity, PenARC

We are grateful to the King's Engagement Research Network (KERN) for supporting our peer research programme.

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