

# A Qualitative Study on Strategies to Access Mental Health Perinatal Services

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## Background:

- Perinatal depression is the most common complication of childbirth<sup>1</sup>
- Canadian women are not routinely screened for perinatal depression or anxiety<sup>2</sup>
- Perinatal depression and anxiety are estimated to affect 23% of Canadian women<sup>3</sup>
- Approximately 50% of women experiencing perinatal depression or anxiety talk to a healthcare professional<sup>3</sup>

## Objective:

To understand the mental health care journey of women and the current perinatal mental healthcare support systems in Toronto to lesson the burden of perinatal depression or anxiety.

## Project Aims:

- Uncover the lived experiences of those seeking and those providing support for perinatal depression or anxiety.
- Analyze the themes compiled from Aim 1 to identify potential barriers and facilitators to perinatal mental health (PMH) support in Toronto.
- Synthesize the lived experiences (Aim 1) with the identified barriers and facilitators (Aim 2) to determine the current perinatal mental health care pathways available to birthing parents within Toronto.

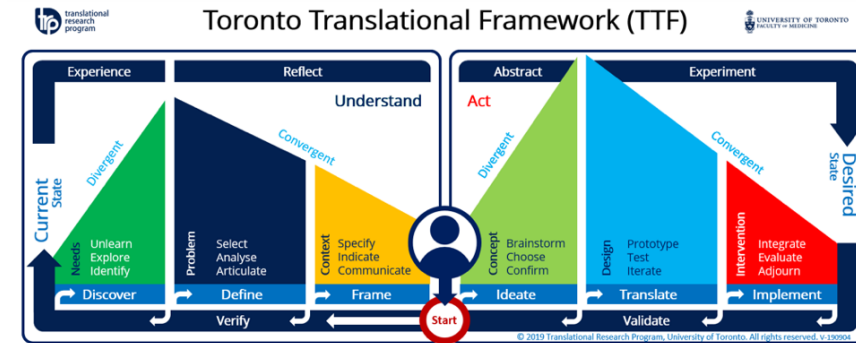
## References

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## The Translational Research Program

Translational Research is a systematic approach to address the needs of individuals or populations through the development of methods of inquiry, best-practices, and frameworks. This approach optimizes the successful design, development, implementation, testing, and dissemination of innovation in healthcare<sup>4</sup>.

The Translational Research Program (TRP) is a 2-year professional master's program at the University of Toronto. Students are taught strategies to examine barriers within healthcare starting with the end user, patient or healthcare provider. The Toronto Translational Framework is a patient-centred design framework that provides a common language and structure for project creation, problem validation, and intervention implementation<sup>4</sup>.



## Methods

**Populations:** This study was open to any individual who self-identified as a mother and who experienced perinatal depression or anxiety within the last 3 years while pregnant or after giving birth. Healthcare providers who regularly provide perinatal services were also included.

**Recruitment:** Recruitment was conducted from April – May 2020 using snowball and purposive sampling approaches through two external community organizations, Postpartum Support Toronto and Birth Mark, and contacts of the study team.

**Methods:** Semi-structured interviews were carried out by two researchers via telephone. Upon consent, the transcripts were audio-recorded, transcribed verbatim, and coded using NVIVO 12 Plus.

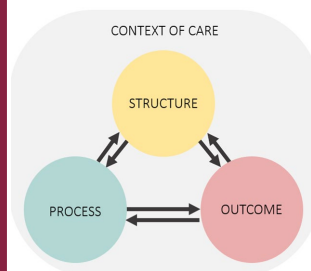


Figure 1. Donabedian Model with context of care (©STAMPS)

**Analysis:** A coding framework was iteratively generated where codes were decided based on the study protocol. Two coders identified emergent codes and themes using the Donabedian Model<sup>5</sup> and context of care (Figure 1).

**Reliability:** Two coders independently evaluated the first six transcripts of each of the participant groups. Collectively, any discrepancies were discussed to reach consensus.

## Findings

	Barriers	Facilitators
<b>Structure</b>	Limited resources and difficulty accessing appropriate services at the right time	HCPs being aware of local resources Having third party insurance
<b>Process</b>	Lack of continuity of care for new moms HCPs not discussing PMH with patients	HCPs discussing care options with clients Clients feeling heard
<b>Outcomes</b>	PMH is an under recognized problem Clients do not know what is "normal"	HCPs improving mental health awareness Clients feeling supported and heard
<b>Context of Care</b>	Mental health stigma Societal expectations of motherhood	HCPs acknowledgement of cultural influences Strong social supports for clients

## Conclusion

We identified five key areas that participants felt could be enhanced to meet care needs:

- Improve the availability, variety, and access of care options;
- Train HCPs to treat and recognize symptoms of perinatal depression and anxiety;
- Enhance the communication about PMH between clients and HCPs, as well as between HCPs involved in a client's care;
- Streamline continuity of perinatal care; and,
- Develop effective screening using tools that are sensitive to the perinatal population.

Overall, MMHD care needs to be more patient-centered and empathetic.