

AN AUDIT OF REFERRALS OF WOMEN WITH MENTAL ILLNESS FOR PRECONCEPTION ADVICE DURING THE FIRST FIVE YEARS OF A SPECIALIST PERINATAL COMMUNITY MENTAL HEALTH SERVICE

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INTRODUCTION

- Mental illness is associated with a higher prevalence of unplanned pregnancy and higher risks for mother and child.
- Mental health-related causes are seen to contribute to almost 40% of perinatal maternal deaths with maternal suicide being the leading cause.
- It has been found in previous research that women from ethnic minorities are in a disadvantageous position in terms of access to mental health services in the perinatal period as compared to the White British¹.
- The barriers to accessing perinatal mental health services in this group found in another qualitative study were at several levels from individual to social and cultural ones including stigma, fear, cultural beliefs².
- Preconception health impacts on pregnancy and its health and social outcomes and is an important component of perinatal maternal healthcare planning.
- There is national guidance recommending referral for women with mental illness for preconception counselling to a specialist perinatal service. Preconception mental health consultation might help in planning strategies to support the woman's mental health during and after pregnancy.

OBJECTIVE

The aims of this preliminary study were:

- To look at the preconception referrals in a recently established specialist community perinatal mental health service in South-East London
- To assess the access and ethnic representation of women with mental illness to preconception mental health care.

METHODOLOGY

- The study is a retrospective audit of referrals received and seen for preconception care.
- The referrals during the period February 2019 to January 2024 and their relevant data for the same duration were retrieved from the Trust electronic patient record.
- Data analysis done with SPSS v29: Descriptive statistics, independent t-test and Chi-square/Fisher's exact test.
- For data analysis, the latest referral has been considered in the final sample if the same person was referred more than once within 6 months.
- Ethnicity nomenclature was as per Office of National Statistics (ONS) which is a standardized nomenclature. The ethnic groups were recategorized to Whites (British/Irish/any other background) and non-Whites (includes all others) for analysis of associations between variables.

RESULTS

- The specialist perinatal service received a total of 95 referrals for preconception advice.
- Final sample size considered for the data analysis: N=94 (One out of 95 was a referred twice within 6 months).
- Average age: 32.83 (± 5.199) years at referral
- Ethnicity distribution in all referrals with borough-specific ethnic population distribution³:

Fig 1 - Ethnicity distribution percentage in boroughs (Census 2021) Vs in referrals received

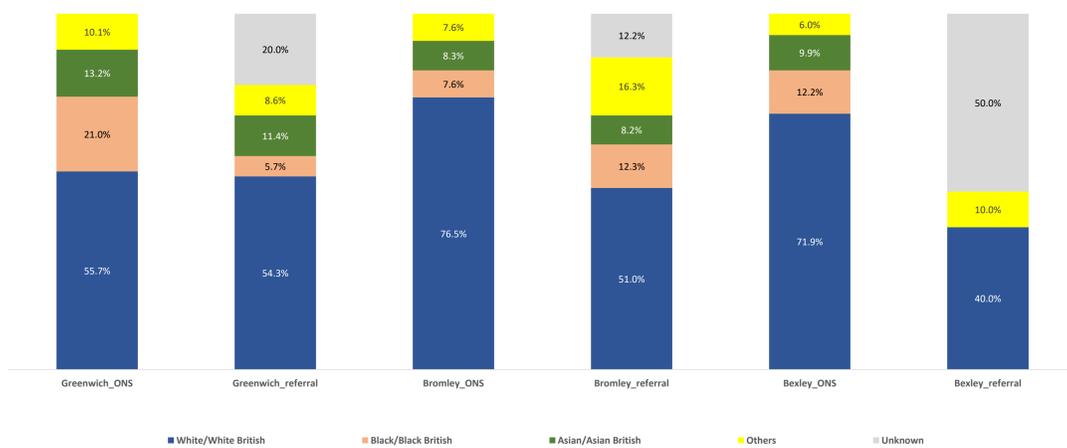


Table 1: Demographic data for all preconception referrals

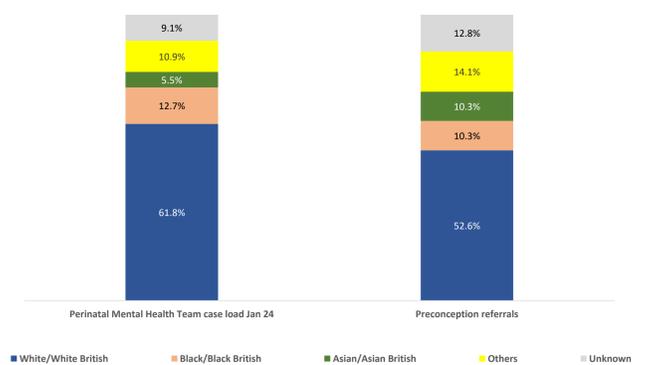
Total referrals received	N= 94
Total referrals accepted	82.9% (n=78)
Mean duration between referral and appointment	38.69±19.19 days
First language	
English	76.6% (n=72)
Non-English	23.4%* (n=22)
Source of referral	
Primary care services	55.3% (n= 52)
Secondary care services	39.4% (n= 37)
Others	5.3% (n= 5)
Referral outcome among accepted	
Attended appointments	59% (n= 46)
Did not attend	16.7% (n= 13)
Cancelled	19.2% (n= 15)
Upcoming appointment	3.8% (n= 3)
Missing data	1.3% (n= 1)
Ethnic distribution	
**White/White British	51.1% (n= 48)
Black/Black British	8.5% (n= 8)
Asian/Asian British	8.5% (n= 8)
***Others	12.8% (n= 12)
Unknown	19.1% (n= 18)
Primary diagnosis	
Non-psychotic diagnoses	44.7% (n= 42)
Psychoses and Bipolar disorder	41.5% (n= 39)
Multiple or unclear diagnoses	11.7% (n= 11)
No formal diagnosis	1.1% (n= 1)
Missing data	1.1% (n= 1)
*Only three women required interpreters	
** White/White British: White British, White Irish and White - Any other background	
***Others' ethnic group includes all other ethnicities, eg Chinese, Iranians, mixed ethnicities	

Table 2: Association between relevant variables

Variables for association		Fisher's exact value/Pearson's Chi-square value*	p-value
Variable 1	Variable 2		
First language (English Vs non-English)	Source of referral (Primary vs Secondary Care)	8.918 ^a	a < 0.003**
Ethnicity (White Vs non-White)	Referral outcome (Accepted Vs Not accepted)	15.798	0.018**
Primary diagnosis (Non-psychotic Vs Psychotic diagnoses)	Source of referral (Primary vs Secondary Care)	18.477	<0.001**
Primary diagnosis (Psychotic Vs non-psychotic diagnoses)	Referral outcome (Accepted Vs Not accepted)	23.333	<0.001**
Existing living children (Absent Vs Present)	Referral outcome (Accepted Vs Not accepted)	18.826	0.047**
Ethnicity (White Vs non-White)	Appointment attendance (Attended Vs Not attended)	1.130	0.730

^aPearson's Chi-square test was done
*Fisher's exact test was calculated when >20% cells of the dataset had an expected count of less than 5.
**Statistically significant at p < 0.05, confidence interval of 95%

Fig 2 - Ethnicity distribution in perinatal team case load January 2024 Vs in preconception referrals during study period



CONCLUSION

More than 80% of all women referred for preconception mental healthcare to perinatal mental health services were able to access the services.

Gaps and inequalities in care provision and service accessibility found in this preliminary audit:

- White ethnic groups more likely to be accepted on referral though no more likely to attend appointments than others; in line with a previous study finding of access to perinatal mental health services being a problem rather than utilisation¹.
- Black/Black British seem underrepresented in the referred population as compared to the general population in 2/3 boroughs although inconclusive in one of them (Fig 1).
- A gap in service accessibility with respect to diagnosis and first language.
- Inequality in service provision putting current multiparous mothers at disadvantage.

FUTURE DIRECTION:

- Larger-scale epidemiological study is needed to formulate a definitive conclusion on the exact representativeness of each ethnic group in perinatal mental health services in different boroughs and overall. The study also shows that women who are sent an appointment for preconception, do access the service and there is no difference based on ethnicity.
- Qualitative studies can be considered to understand the clinician attitude towards different ethnicities as well as mental health diagnoses that might be affecting the perceived acceptability of referral to perinatal services.
- This study highlights the importance of increasing awareness of specialist mental health services in ethnic minority population in a culturally sensitive nuanced manner and review thresholds for referral acceptance by such services.
- In addition to there being a public health need, it is also important to continue to engage with other mental health teams, primary care services (GP, Health visiting) who see women of reproductive age-group so they have access to such specialist advice and service from perinatal mental health services.

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