The Faculty of Perinatal Psychiatry Annual Conference
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Session 4 – Chaired by Professor Ian Jones

Admissions to a Mother and Baby Unit: an evaluation of ethnicity and interventions

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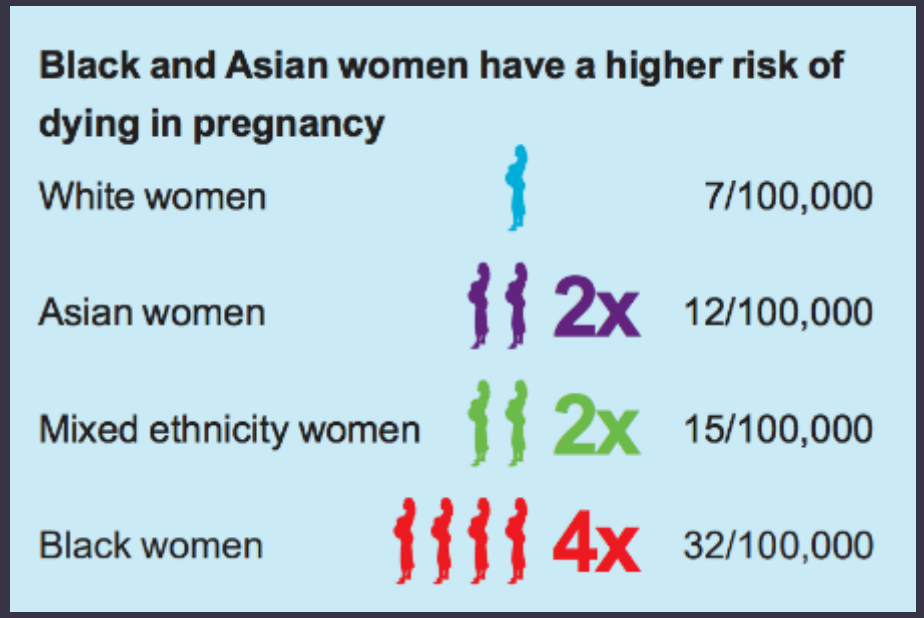
Presenter: Dr Joanna Cranshaw, ST4 in general adult psychiatry

Background: inequalities in maternity outcomes

Women from ethnic minorities are more likely to experience adverse outcomes in pregnancy and have an increased risk of dying in the perinatal period.



MBRRACE-UK 2021

Maternal suicide remains the leading direct (pregnancy-related) cause of death over the first year after pregnancy (MBRRACE-UK, 2021).

Perinatal mental health and ethnicity

Women from ethnic minorities are:

- **More** likely to develop perinatal mental health problems[1]
- **Less** likely to have access to mental health services in the community[2]
- **Less** likely to be assessed, diagnosed and treated for perinatal mental illness
- **More** likely to be admitted to hospital under the Mental Health Act[3]

Aims

- This service evaluation compared differences in treatment according to ethnicity on an inpatient mother and baby unit.
- It was hypothesised that women from ethnic minorities were more likely to experience restrictive practice and less likely to receive psychological therapy.

Methods

- All psychiatric admissions to the unit between January 2019 and October 2020 (parenting assessments excluded). Data collection between November 2020 and January 2021.
- Retrospective: electronic patient records
- Comparisons made between ethnic groups on variables including diagnosis, restrictive practice, access to psychological therapies
- Standardised protocol developed to improve inter-rater reliability
- Statistical analysis: SPSS. Pearson's chi-square (χ^2) test used for analysis of categorical data and one-way ANOVA for comparison of continuous data. Correlation analyses were used to examine associations between variables.

Results: demographics

Between January 2019 and October 2020, there were 114 admissions to the MBU. 4 of these were parenting assessments (excluded), giving a sample of 110 women.

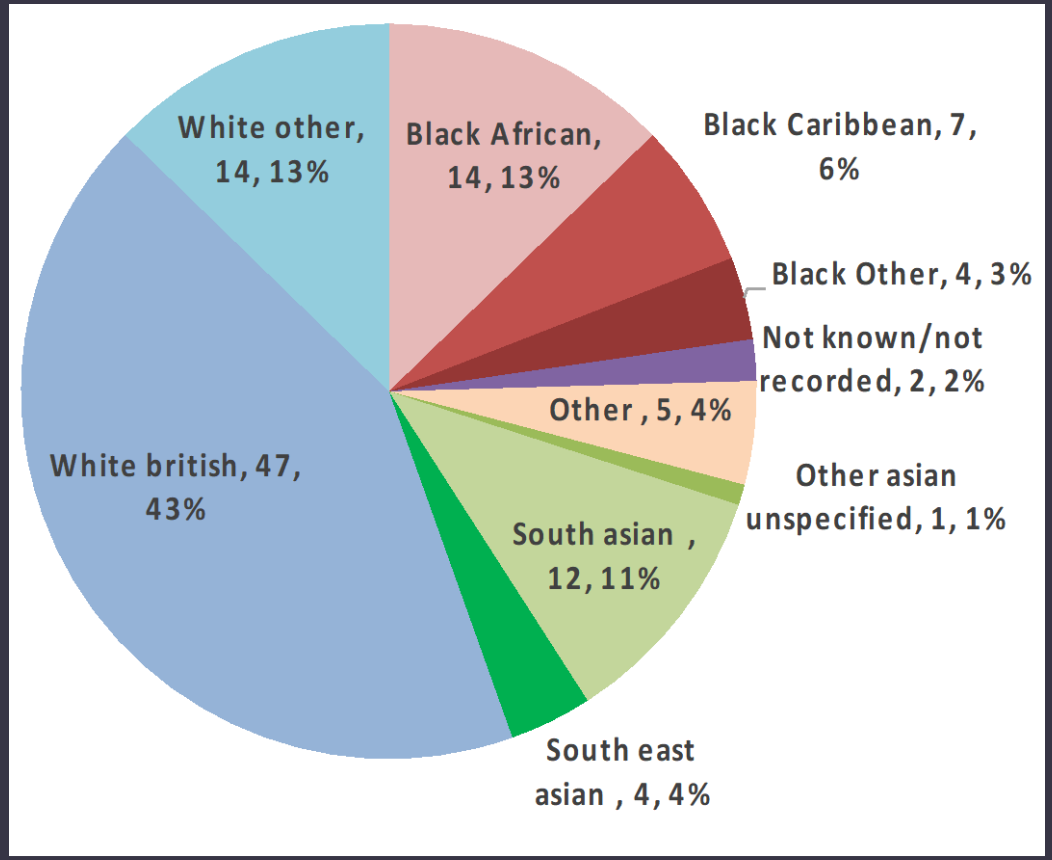
The mean and median age of women admitted was 31 years. 105 women (95.45%) were admitted postpartum, 5 women (4.55%) were pregnant during admission.

Mean length of stay was 53 days (median 42, range 0-243 days)

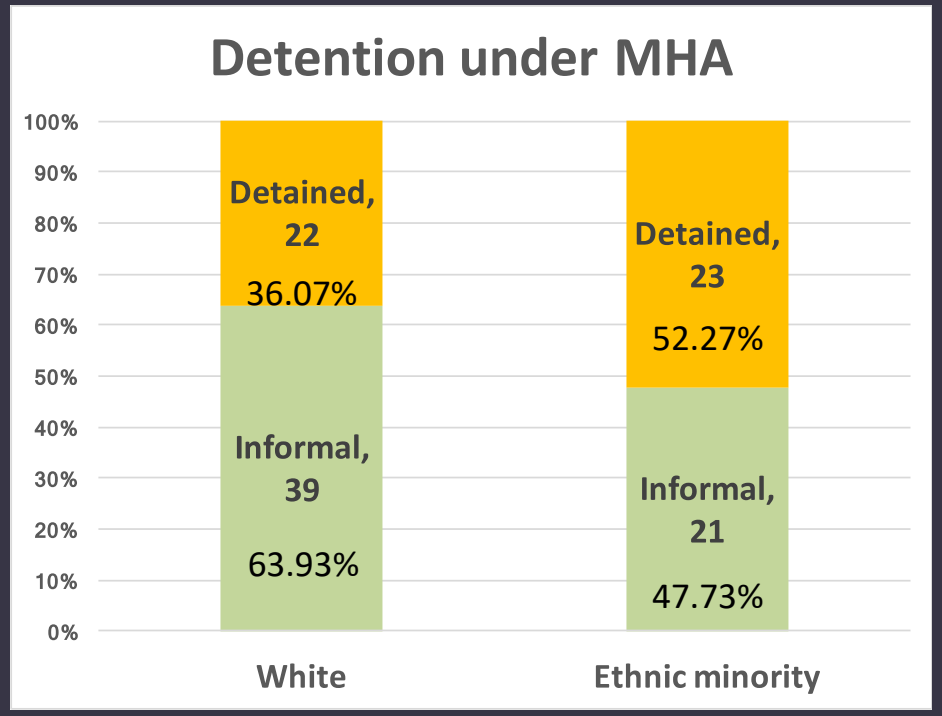
Religion was poorly recorded on the electronic records system (EPJS), 102 (92.7%) were not recorded, or recorded as “not known” and therefore further analysis is not possible.

Results: ethnicity

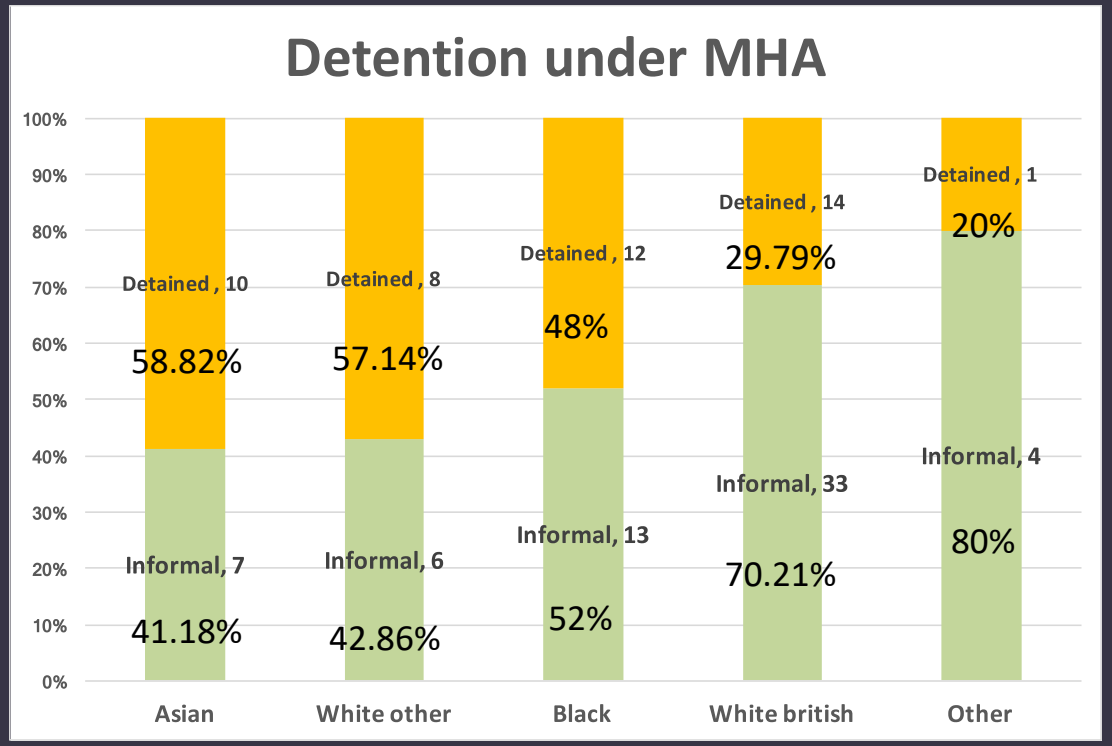
- Incomplete recording: additional sources used
- To ensure statistical power, comparisons were made between White (British and Other, N=61, 58%) and women from ethnic minorities (N=44, 42%), with 5 excluded as unknown, leaving n=105 for final analysis.



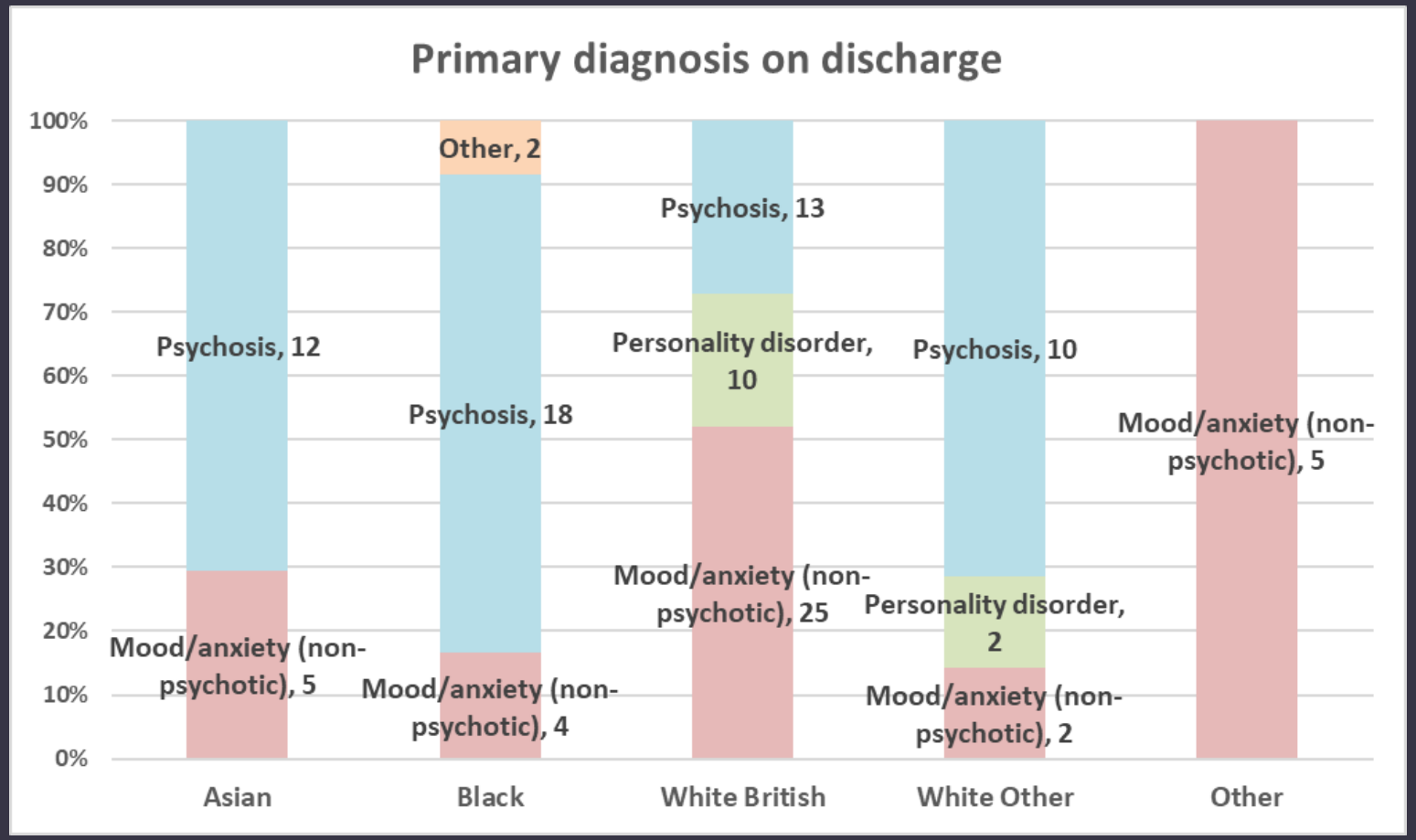
Mental health act



No significant difference in detention rates ($\chi2(1)=2.74$, $p=0.098$) for White vs Ethnic Minorities



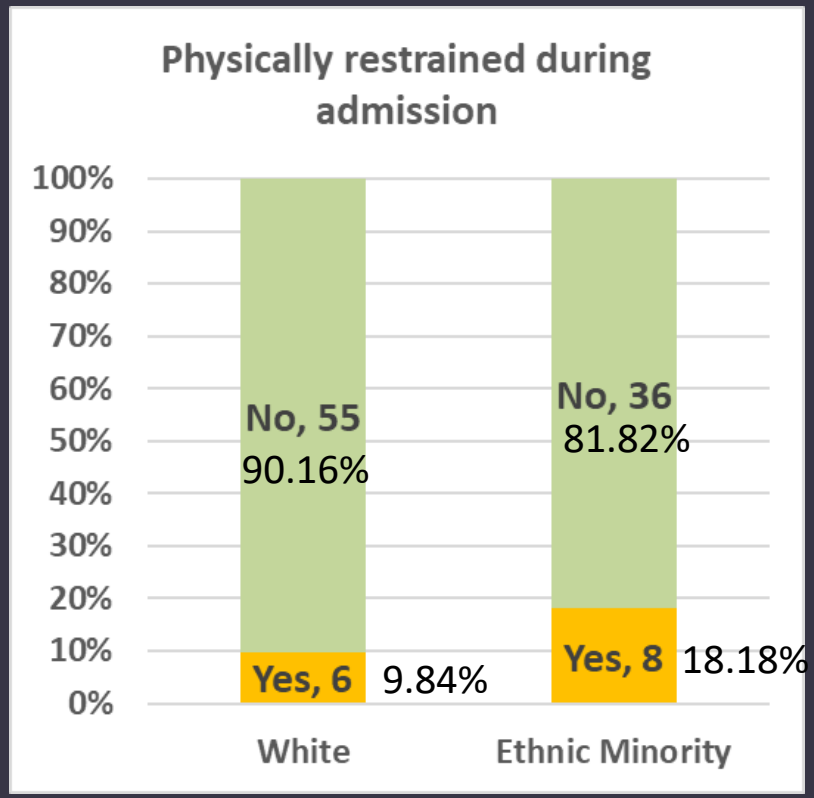
Diagnosis

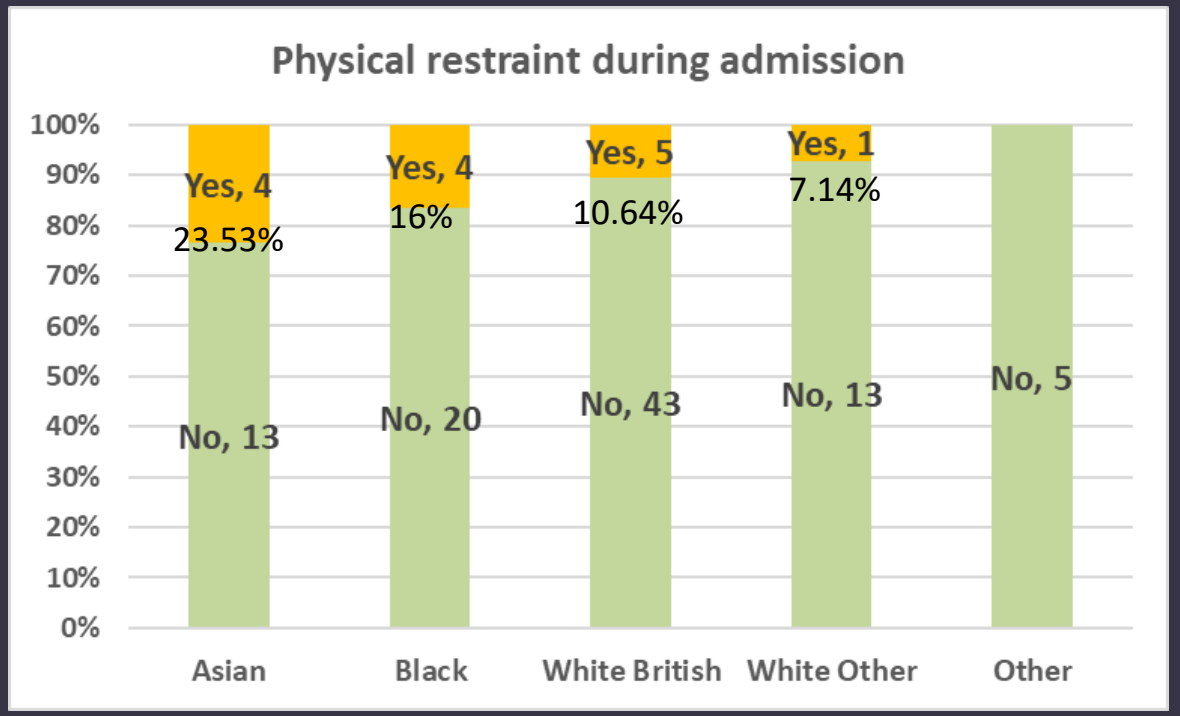


Women with psychosis were significantly more likely to be detained than women with mood or personality disorders *($\chi 2(1)=17.32$, $p<0.001$)*.

Psychosis was more common in Asian, Black and White Other groups, which may account for difference in detention rates.

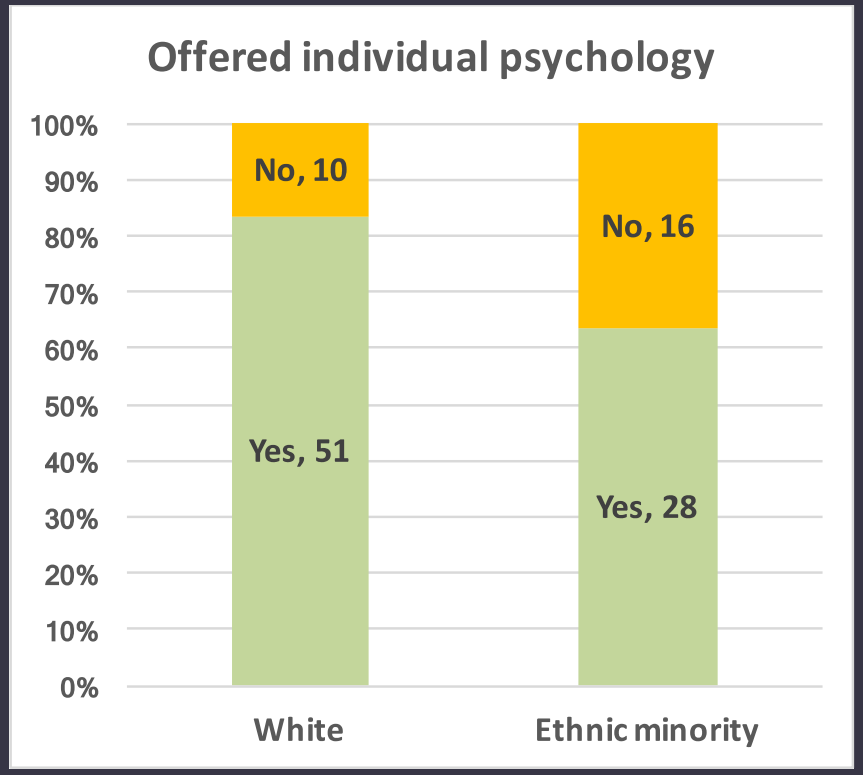
Physical restraint



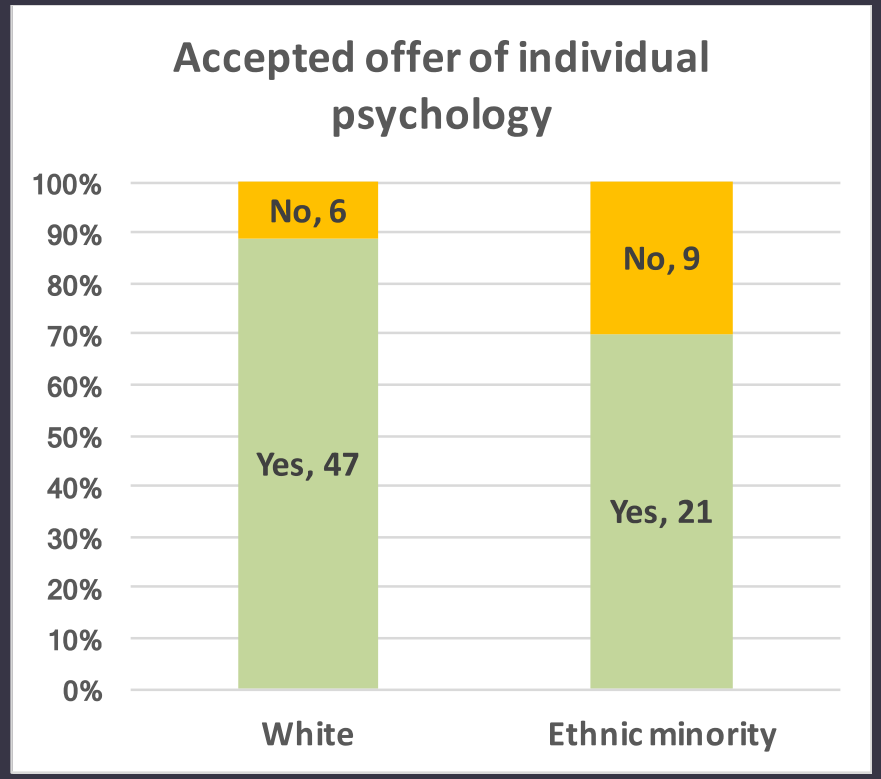


No significant difference: $\chi 2(1) = 1.54$, $p = 0.215$

Psychological therapies



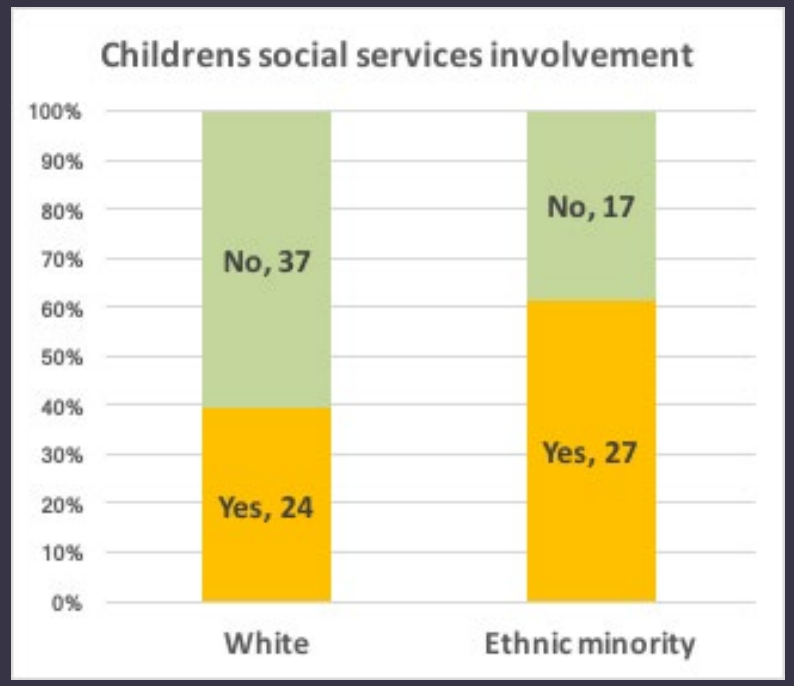
White women were significantly more likely to be offered individual psychology ($\chi2(1) = 5.47$, $p = 0.019$)



White women were significantly more likely to accept an offer of psychology ($\chi2(1) = 4.51$, $p = 0.034$)

Diagnosis and length of stay do not account for these findings

Safeguarding children



Women from ethnic minorities were significantly more likely to have social services involvement than White women (*χ2(1)=4.962, p=0.028)*

There was no significant difference in whether a safeguarding referral was made between White women vs Ethnic minority women (*χ2(1)=0.069, p=1.0)*

Ethnicity	Had a safeguarding concern raised
White british	27.66% (13/47)
White other	35.71% (5/14)
Other	40% (2/5)
Asian	52.9% (9/17)
Black	56% (14/25)

Limitations

- Relatively small sample size, for statistical power, ethnicities had to be combined into broader categories
- Unable to control for language
- Difficulties in manually analysing patient records and risk of omissions (e.g. not recording if a patient was offered therapy)

Conclusions

Recording of ethnicity data could be improved

Women from ethnic minorities were significantly less likely to be offered or to accept individual psychology. This is consistent with existing literature on health inequalities in mental health settings.

There was no statistically significant difference between white and ethnic minority groups for overall detention rate under the Mental Health Act. Psychosis was strongly associated with detention under the MHA, and was more common in Black, Asian and White Other groups. This may account for differences between groups.

Diagnosis and length of stay were not significantly associated with either offers or acceptance of psychology, and therefore cannot account for the differences seen.

Further analysis is required to understand the reasons for this disparity and barriers in accessing appropriate treatment

References

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Medical student essay price winner:
'What is a perinatal psychiatrist and what do they do?'
- Rose O'Connell

Medical student project price winner:
'COVID-19 and perinatal mental healthcare: impact on patients and staff'
- Anna Gallagher

Prize Winners