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# Executive Summary

## Reducing Inequalities in Perinatal Mental Health Care

### How Do We Reduce Inequalities in Perinatal Mental Health Care: An Executive Summary of the West Yorkshire Health Care Partnership Research Programme

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## What was this research about?

Researchers from Born in Bradford and the Universities of Huddersfield and York have recently completed an in-depth study to understand the inequalities in identification and treatment of perinatal mental health (PMH) in order to develop recommendations and adaptations to address these inequalities. This research was funded by Wakefield CCGs on behalf of West Yorkshire Health and Care Partnership, in collaboration with the PMH Steering Group and took place across services within West Yorkshire (see Figure 1).

The team spent two years undertaking: Literature reviews, system and pathways evaluation, routine health data analyses, surveys with healthcare professionals and qualitative interviews with voluntary sector workers and women from ethnic minority and socio-economically deprived backgrounds to provide in-depth insights on the causes of these inequalities. These findings were taken to expert panels of healthcare practitioners, managers and commissioners to develop the recommendations.



regions

## What did the research find?

Figure 1. Map of West Yorkshire

- A number of women experience inequalities in their care which means that their PMH concerns are less likely to be identified and/or supported. These include:
  - women who do not speak English well
  - women who are a recent migrant to the UK
  - women from an ethnic minority
  - women living in deprived areas
- Women who live in different areas have access to different services and different levels of support from their health care professionals. The healthcare professionals have access to different guidance causing **inconsistencies in healthcare pathways** and **referral pathways**.
- The data captured in the systems is not good enough to tell us how many women struggle with PMH, and whether there are inequalities in the identification and treatment of women.
- Barriers to fair access to perinatal mental health care operate at different levels. These can be understood as: processes, people (women, practitioners, significant others), technology and the system. These barriers can deepen existing health inequalities. To tackle these barriers, change is needed at the system level.

These findings echo those in the recent national report on inequalities in perinatal healthcare more widely (<https://www.npeu.ox.ac.uk/mbrance-uk/reports>; <https://www.birthrights.org.uk>)

**Ten key recommendations** were produced to reduce inequalities within the healthcare system.

1. Perinatal mental health needs to be viewed as 'core business'
2. Enhanced partnership working between statutory and VCS organisations
3. A campaign to improve community understanding and awareness
4. Development of, and commitment to, routine staff skills training
5. A skilled and equipped interpreter workforce for PMH
6. Additional support for vulnerable women
7. An equitable service offer across areas
8. Consistency in guidance, services and referral pathways
9. Changes in data capture and sharing

10. A review of information provision

[Where to find out more](#)

We have produced five in-depth reports that describe the findings of each element of our work (see Figure 2):

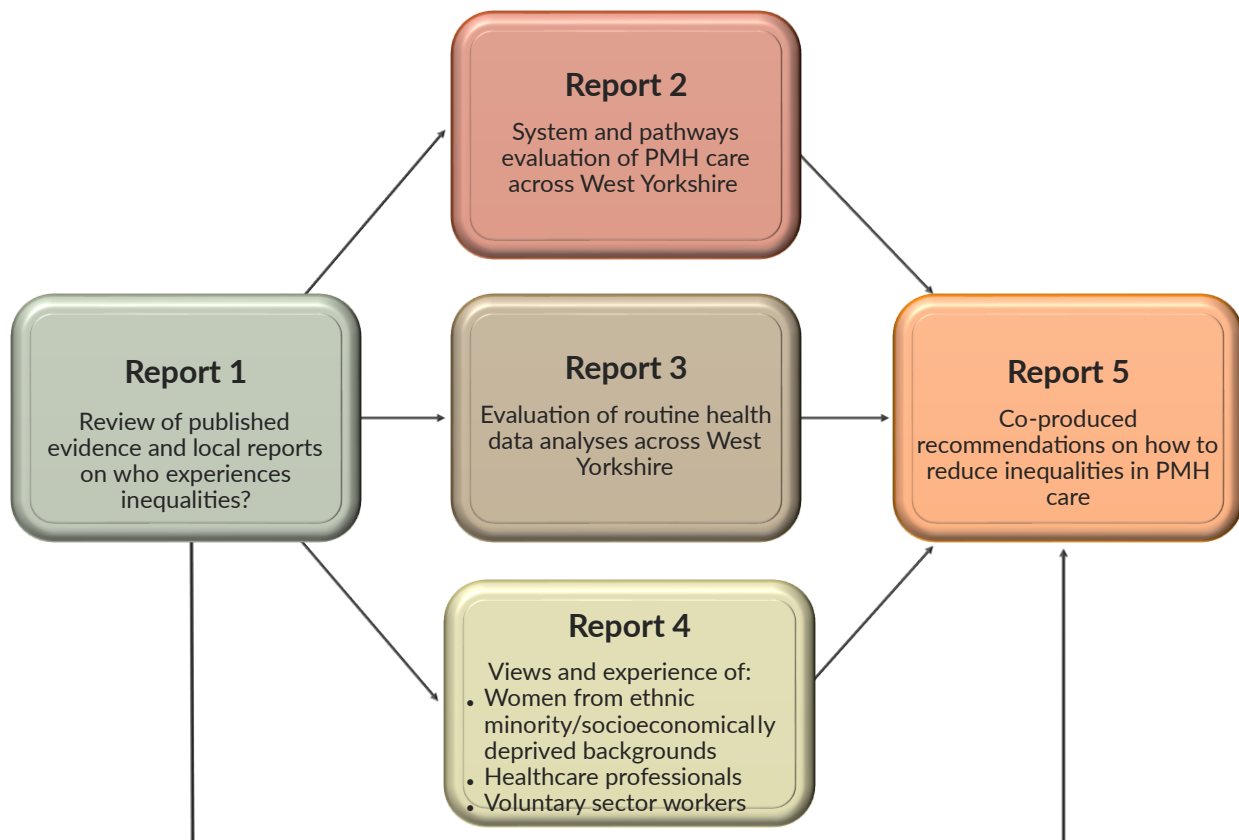
**Report 1:** *Inequalities in identification and management of perinatal mental health problems: A review of academic and local reports.* This report describes the evidence of inequalities in PMH through reviews of academic research papers and local reports.

**Report 2:** *Care pathways for the identification and response to perinatal mental health concerns - a description of key similarities and differences across the West Yorkshire region.* This report describes and compares the PMH pathways across West Yorkshire.

**Report 3:** *Exploration of inequalities in identification and treatment of perinatal mental health concerns: A description of key similarities and differences across the West Yorkshire region.* This report looks at the data relating to inequalities in PMH from national, local and research datasets.

**Report 4:** *Inequalities in identification and management of perinatal mental health problems: views and experiences; what 'good' looks like.* This report describes the findings of a survey completed with HCPs, interviews with VCS and with women from ethnic minority or deprived backgrounds. It pulls together all of the findings using a framework to describe the barriers and facilitators to inequalities in PMH care.

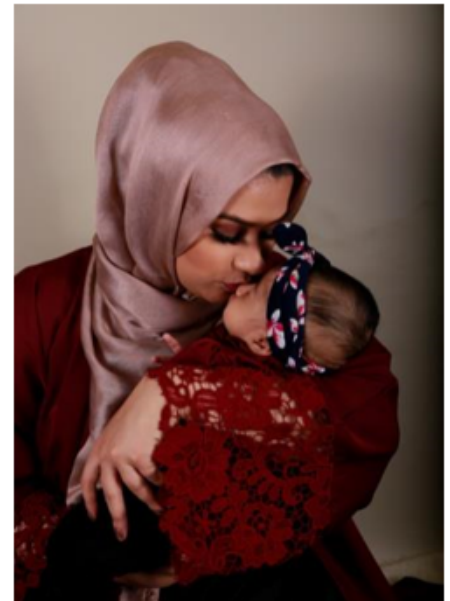
**Report 5:** *Recommendations on how to reduce inequalities in perinatal mental health care.* Report 5 provides a summary of each of the four reports above, including a detailed table of all of the identified barriers. It then describes the recommendations that were developed in the expert panels and offers case studies of how changes can be made in practice.



*Figure 2. Five reports produced as part of the PMH project*

## Ten key recommendations

1. Perinatal Mental Health needs to be viewed as 'core business'
2. An equitable service offer across areas
3. Consistency in guidance, services and referral pathways
4. Development of, and commitment to, routine staff skills training
5. A review of information provision
6. Additional key support roles for vulnerable women
7. Longer appointment times for vulnerable women
8. A skilled and equipped interpreter workforce for Perinatal Mental Health
9. Changes in data capture and sharing
10. A campaign to improve community understanding and awareness



### The Tackling Inequalities in Perinatal Mental Health Framework in West Yorkshire

West Yorkshire and Harrogate  
Health and Care Partnership



#### Co-produced, culturally sensitive services that support families to support children's development

Prevention / early help	Identification	Access	Specific groups
'PMH is everyone's business'	Record data accurately and use core minimum data sets	Utilise non-clinical support roles, including peers	Asylum seekers and refugees, wider BAME
Joint training as standard	Multiple languages/formats for tools/leaflets	True single points of access for joined up pathways	Parent-infant separation and severe trauma
Trauma-informed care in a trauma-informed environment	Involve interpreters who understand the context early and often	Provide supervision and wellbeing support for all those need it	Aim for inclusivity for all
Support the staff to support service users	Standardise referral pathways between services	Implement inclusion & engagement roles	What role can 'red flags' play?

Consider the impact of geography, ensuring equitable geographical provision, or equitable support to access consolidated services