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Research Article

Pathways to specialist community perinatal mental health services: a two-site longitudinal retrospective service evaluation

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Plain language summary

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Plain language summary

When women are pregnant or have just had a baby, their mental health can get worse quickly. It is very important for them to get help quickly and easily, but we do not know much about how women find and use perinatal mental health services during this time. Women from ethnic minority backgrounds in the United Kingdom often have more trouble accessing these services than White British women.

In this study, we wanted to find out how women from different ethnic groups get to mental health services when they are pregnant or after having a baby. We looked at information from Birmingham and London, collected over 6 months in 2019. We studied the records of 228 women.

Here is what we found:

The middle time from when perinatal mental illness began until contact with perinatal mental health services was 20 weeks. Most women accessed services through primary care and their journey was straightforward. For example, after contacting their family doctor, they were next seen by the perinatal mental health service.

When we looked at things like how unwell someone was, where they lived, and their background, we did not find any big differences between different ethnic groups in how they got to perinatal services.

The place where the service was located was the most important factor in deciding how patients got there.

Limitations
First, we put together individuals from different ethnic groups to study them, but this might hide the differences between each group. Second, we only used information from patients' records, and we did not check with the patients themselves to make sure everything was right. Lastly, we did this study before the COVID-19 pandemic, so the way people get health care might have changed since then.

Conclusion
This study is the first to look at how women get to community mental health services for mothers. We found that it takes different amounts of time for women to reach these services, and they follow different paths. This difference does not seem to be because of what the patients need or how unwell they are, but because of how the services work. In the future, we should study what happens and what problems might come from these different ways of getting help.