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Qualitative Study of Perinatal Mental Health Services: Experiences and Perspectives of Health Workers and Patients

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A B S T R A C T

The perinatal period is a transitional period that is vulnerable to changes in women's relationships with partners, family, friends, and wider social networks. This study aims to determine how perinatal mental health services are based on the experiences of health workers and patients. This research is qualitative research with a case study design. The informants in this study were 6 informants, namely 2 health workers and 4 patients with a history of perinatal mental health disorders. The instruments used in this study were structured interview guidelines, interviews were conducted in health facilities and patients' homes. Thematic data analysis using the Collaizi protocol. Qualitative data from this study raised six themes, namely "symptoms of perinatal mental health disorders", "causes of perinatal mental health disorders", "management of mental health disorders", "prevention of perinatal mental health disorders", "barriers to perinatal mental health services", and "support". Pregnant, maternity and postpartum women are vulnerable to mental health problems, especially if a woman is faced with family neglect and lack of husband's support during pregnancy. It is important for health workers, especially midwives, to examine women's problems more comprehensively during antenatal care.

Masa perinatal merupakan masa transisi yang rentan terhadap perubahan hubungan perempuan dengan pasangan, keluarga, teman, dan jejaring sosial yang lebih luas. Penelitian ini bertujuan mengetahui bagaimana pelayanan perinatal mental health berdasarkan pengalaman petugas kesehatan dan pasien. Penelitian ini merupakan penelitian kualitatif dengan desain studi kasus. Informan dalam penelitian ini adalah 6 informan yaitu 2 orang petugas kesehatan dan 4 pasien dengan riwayat gangguan perinatal mental health. Instrumen yang digunakan dalam penelitian ini adalah pedoman wawancara terstruktur, wawancara dilakukan di fasilitas kesehatan dan rumah pasien. Analisis data secara tematik menggunakan protokol Collaizi. Data kualitatif dari penelitian ini mengangkat enam tema yaitu "gejala gangguan perinatal mental health", "penyebab gangguan perinatal mental health", "penatalaksanaan gangguan kesehatan mental", "pencegahan gangguan perinatal mental health", "hambatan pelayanan perinatal mental health", dan "dukungan". Wanita hamil, bersalin, dan nifas rentan mengalami gangguan kesehatan mental, terutama jika seorang wanita dihadapkan pada pengabaian keluarga dan kurangnya dukungan suami selama hamil. Penting bagi tenaga kesehatan khususnya bidan untuk mengkaji permasalahan perempuan secara lebih komprehensif pada saat pemeriksaan kehamilan.

Introduction

The perinatal period is a transitional period that is vulnerable to changes in women's relationships with partners, family, friends, and wider social networks (Taylor et al., 2022). For many women, the perinatal period is a time of great social, emotional and physical vulnerability and has a profound impact on identity, mental health and well-being (Doucet et al., 2012; Healey et al., 2013). Mild to moderate health impairments can have serious adverse effects on both mother and child, including an increased risk of preterm birth and low birth weight, developmental delays, impaired mother-child bonding, and poor child mental health (Kingston et al., 2012)

The prevalence of depression in the pregnancy and postpartum periods in low- and middle-income countries (LMIC) was 19.2% and 18.7%, which is almost double that of high-income countries of 9.2% before birth and 9.5% postnatally (Woody et al., 2017). Estimates suggest that between 15% and 25% of women have mental health problems (Fisher et al., 2012), with the most common depressive and anxiety disorders (Coates et al., 2018; Leach et al., 2014; Sidebottom et al., 2014). The latest research with samples from basic health research in Indonesia states that the overall prevalence of depression 6 months postpartum is 4.0%, with a higher prevalence in urban areas (5.7%) than in rural areas (2.9%) (Syamantha Putri et al., 2023)

The World Health Organization Comprehensive Mental Health Action Plan program is a comprehensive, integrated and responsive mental and social health care and implementation of strategies for the promotion, prevention and referral of integrated maternal and child mental health. (World Health Organization, 2018). Perinatal mental health care in the UK has been developed by the National Collaborating Centre for Mental Health, following a process agreed upon with the *National Institute for Health and Care Excellence* (NICE), with the involvement of the NHS says that the most important part of is the delivery of high-quality, evidence-based care in the preconception, antenatal and postnatal processes (NHS England, NHS Improvement, 2018).

Antenatal and postnatal services in New South Wales, Australia show that screening for depression and timely referral for assessment for at-risk mothers are effective strategies to improve women's mental health outcomes (Ogbo et al., 2018), Clinical staff in obstetrics and gynaecology practice must prepare appropriate medical therapy (Melville et al., 2014; Ogbo et al., 2018). The best practice for early detection is through regular depression screening with anxiety screening in midwives' practices (Accortt & Wong, 2017), But several barriers prevent women from seeking mental health during the perinatal period, including stigma, lack of time, fear of being prescribed medication, lack of knowledge about whether their symptoms are 'normal' or 'abnormal', and fear their worries will be dismissed (Nagle & Farrelly, 2018)

Barriers also occur in mental health management including non-integrated services, lack of local guidelines or policies, continuity of care, the structure of service programs, clinical support and supervision and accessible educational resources, scarcity of referral resources, expansion of the scope of practice (Bayrampour et al., 2018). Midwives' barriers to perinatal mental health management include

training, knowledge, and confidence, broken referral flows, lack of special services, stigma, time, and midwives' perception that PMH is not within the scope of practice (Viveiros & Darling, 2019).

In Indonesia, community mental health services are regulated in the Decree of the Minister of Health Number 406/MENKES/SK/VI/2009 (Kemenkes, 2010). Permenkes Number 39 of 2016 Mental health problems are enormous and pose a significant health burden (Permenkes, 2016). *Community Health Workers* (CHW) in Indonesia it is encouraged to examine mental health problems experienced by pregnant women and postpartum mothers, which are stated in two policy documents, namely the Integrated Antenatal Care Guidelines (Kemenkes, 2010) and Manual Guide to CHW (Kemenkes, 2012). However, despite the policies and guidelines available, very little data shows that CHW conducts mental health screenings on women. The prevalence of maternal mental health problems in Indonesia is still poorly documented.

Strategic district-level policies on mental health training for CHW are a major factor in maximizing problem service PMH in Indonesia. Training programs for CHW have been incorporated into strategic planning annually, focusing on early detection and referral. This training is designed as an extension provided for doctors and nurses. Training at the district level is more likely to be followed by CHWs because they have the autonomy to hold related training KIA for CHWs in the area by entering the issue PMH in the program (Surjaningrum et al, 2018). Given the importance of the role of maternal and child health practitioners, especially in conducting early screening of maternal mental health in the perinatal period, the author is interested in researching the Qualitative Study of Perinatal Mental Health Services: Experiences and Perspectives of Health Workers and Patients.

Method

This study uses a case study design that investigates contemporary phenomena in a real-life context (Yin, 2016). In this qualitative study investigates the Experiences and Perspectives of Healthcare Workers and Patients On perinatal mental health. Sample. We conducted a study at the Labuapi Health Center, West Lombok Regency in May 2022, involving health workers, namely midwives, mental health nurses and patients. Participants who were willing to be included in the study were recruited through purposive sampling. The inclusion criteria for health workers are as follows: nurses or midwives, working at the Labuapi Health Center.

The researcher provides a detailed explanation of the research and explains the procedure to each prospective participant before conducting the research, prospective participants who are willing will fill in their identity on the approval sheet. The researcher maintained the ethical principles of participant autonomy, voluntariness, anonymity and confidentiality during the study.

After the prospective participant is willing to become a participant, the researcher conducts a personal in-depth interview according to the time and place determined by the participant. Interviews were conducted in Indonesian and using interview guidelines with several questions, the questions asked delved into the perspective and experience of participants' Experiences and Perspectives of Health Workers and Patients on perinatal mental health. The duration of the interview is 25-60 minutes with an

average of 40 minutes. We listen and check each recording to maintain the credibility of the audio after the interview is over.

After potential participants are willing to become participants, researchers conduct in-depth personal interviews at the time and place determined by the participant. Interviews were conducted in Indonesian. An interview guide was developed by the researcher, regarding participants' experiences and perspectives. This guide does not refer to standard SOPs, however, in preparing the interview guide, researchers read a lot of literature and previous research that examines experiences and perspectives regarding mental health disorders during the perinatal period. The interview guide has 20 questions for health workers and 19 questions for patients. The questions asked explored participants' perspectives and experiences. The experiences and perspectives of health workers are related to the services provided to patients, while the questions for patients relate to experiences and perspectives on mental health disorders that have been or are being experienced as well as services that have been received from health workers related to mental health disorders. Before conducting the research, the researcher tested the interview guide or pilot study on 2 participants as a test of the validity of the interview guide, the aim being whether the questions that had been prepared were clear enough and could be understood by the informants. Interview duration is 25-60 minutes with an average of 40 minutes. We listen to and check each recording to maintain the credibility of the audio after the interview is complete.

Data analysis in this study, first, the researchers transcribed the interview results verbatim, and we then used thematic analysis using the protocol from Collaizi. This method consists of seven rare (Polit & Beck 2012). The process of transcription and analysis is carried out in Indonesian. The use of Indonesian makes it easier for researchers to understand the true meaning of these words by considering the use of language and its context. The researchers conducted regular and ongoing discussions to verify conformity and obtain equivalence from conceptual meanings and terminology. This process also allows for clarifying the information of the data and ensuring the accurate meaning of the data from the transcript.

The strength of qualitative research is inseparable from how researchers ensure the quality of the research process itself (Lincoln & Guba, 1985; Merriam, 1998). Strategies to increase research power through trustworthiness such as credibility, transferability, dependability and confirmability, in this case, researchers spend a lot of time on data collection and analysis, record interviews to maintain audio quality and perform transcripts verbatim. The analysis process and data are written systematically to minimize lost interplay. Dependency is enhanced by maintaining an audit trail to allow for showing evidence of thematic sources. In addition, all researchers review descriptions and experiences and agree with the study's findings to ensure data transfer capabilities.

Results

Qualitative data from this study raises six themes, namely "symptoms of perinatal mental health disorders", "causes of perinatal mental health disorders", "management of perinatal mental health

disorders", "prevention of perinatal mental health disorders", "support of perinatal mental services" and "barriers to perinatal mental health services".

a. Clinical Symptoms of Perinatal Mental Health Disorders

1) Withdrawing from daily activities

The informant described shutting himself in his room and not liking to hear noise

"shut myself in the room until you don't come out because of thoughts ..." (I4S, 27 Years Old, Patient)

2) Inner conflict

Describe the inner conflicts experienced by patients related to parenting

"Sometimes if my child cries, sometimes I get asked but after a long time I also feel sorry if he sleeps I apologize" (I4I, 27 Years Old, Patient)

3) The patient feels sad

Describe the experience of health workers related to the symptoms experienced by patients with perinatal mental health disorders

"Usually, for the first anxiety, they often feel sad or scared ...." (I2D, 27 Year, Mental Health Program Holder Nurse)

4) Pain that does not heal

Health workers say that prolonged symptoms and pain that does not heal are signs and symptoms

"………….There are changes always with the same complaints, for example, come another week come complaints with those same complaints Usually we study the psychic because usually if for anxiety affects Physical symptoms such as acid reflux, prolonged heartburn, and insomnia" (I2D, 27 27 Year, Mental Health Program Holder Nurse)

b. Causes of Perinatal Mental Health Disorders

1) Unwanted pregnancy

The cause of patients experiencing perinatal mental health disorders, health workers say that one of the causes of perinatal mental health disorders is unwanted pregnancy due to rape cases

"Pregnancy case means outside (hmmmm) There was no husband, so she was a rape victim" (I1R, 32 Year, Midwife)

In addition, patients mentioned that one of the factors causing perinatal mental health disorders is unwanted pregnancy

"It feels so shocking because I haven't wanted it yet but I am already pregnant, confused about what to do" (I6M, 25 Years Old, Patient)

2) The state of the economy

One of the causes of perinatal mental health disorders is the economic situation in a family

"…….One of the factors is The household they shared was already congenital from there too ee What kind of nature, yes, his mother, the model is like that ………… Because she is one place, one house because there is no house, depression is stress, the results of money are mediocre and her husband again yes never mind" (I1R, 32 Years Old, Midwifery)

3) No spousal support at the time of pregnancy

Husband support during pregnancy is a determining factor for mothers experiencing perinatal mental health disorders.

"There is no support from all around, including the husband …… Until I said it, it's not surprising that I have so many women affected with baby blues If it happens like that, if there is procurement first, there is no support from the closest people" (I4I, 27 Years, Patient)

c. Management of Perinatal Mental Health Disorders

1) Home Visit

The mental health program team conducts home visits after a patient is declared to have perinatal mental health disorders.

"The first one is that he used to be from the Maternal and Child Health Room, for example, he came with his complaint of anxious symptoms, Well later, usually from the midwife, inform the programmer first Only later will it be handed over to the programmer to overcome his psychiatric problems, for example, if necessary, we will visit home there, there we give the same counselling if we need treatment later we give medicine" (I2D, 27 years old, Mental Health Program Holder Nurse)

2) Provide counseling

Providing counselling is one of the management of perinatal mental health disorders

"it is indeed data that has been looked forward to suggestions as to what is next at the time of counselling, his family, especially what to do when at home" (I1R, 32 Years, Midwife)

3) Therapeutic administration

Health workers provide therapy to patients with perinatal mental health disorders

"First, for the medicine, if for example insomnia, yes, we give CTM drugs in low doses first, if, for example, we still can't also have his family" (I2D, 27 years old, Mental Health Program Holder Nurse)

4) Refer to the hospital

Health workers make referrals to hospitals if patients do not improve with the administration of drugs.

"…….The flow is that registration continues to the poly and later continues there in the patient's anamnesis if there is it leads to anxiety and being unable to take drugs, for example from here we just refer to the hospital......." (I2D, 27 years old, Mental Health Program Holder Nurse)

5) Evaluation of patient progress

The final stage of the management of perinatal mental health disorders is to evaluate the patient's progress.

"We asked the midwife in the village also how the patient's condition until giving birth........ Well, usually from the midwife in the village, right, also the source of information, right, they are Posyandu (Integrated Services Post), well, we will ask the midwife again if there are

patients..... "Oh yes" so the midwife in the village provides more complete information (I1R, 32 years old, Midwife)

d. Prevention of Perinatal Mental Health Disorders

1) Patient screening

Health officials say another strategy is through information from families and village officials such as cadres and cades.

"her accompanying family will tell her that this patient is indeed this mother and We will also ask like at home, if she is alone at home......." (I1R, 32 years old, Midwife).

Information through the village head is as follows

"Just like other diseases..........quickly we get information from the person in charge of the posyandu (Integrated Services Post) from the village head or what is fast if there is a case it is fast......" (I1R, 32 years old, Midwife)

In addition, health workers at the puskesmas will provide information to the mental program team regarding patient screening

"If indeed this has not been netted in the soul programmer, we inform whether he has entered what he has entered.......... tell programmers to look forward to him who walks" (I1R, 32 years old, Midwife)

2) Screening and early detection

Another perinatal mental health disorder service mentioned by health workers is early detection

"There we have no SRQ form, For ages 18 years and over, the same SDQ format for school children is usually us for early detection which we first use in the unit, If there are patients who lead mental disorders, we can do screening to fill in SRQ form later there we can judge Whether this patient needs psychiatric treatment or not other than at the Puskesmas (Public Health Center) Kita also goes to the Posyandu (Integrated Services Post) for screening at the Posyandu (Integrated Services Post) According to the schedule" I2D, 27 years old, Mental Health Program Holder Nurse)

3) Prevention of perinatal mental health disorders in pregnancy and subsequent puerperium.

Midwives state to prevent perinatal mental health disorders in pregnancy and subsequent postpartum

"We usually ask about the history of pregnancy, before, giving birth, complications, condition, or Previously she gave birth where lived, where her husband worked, where the husband worked, or not, patients will usually tell stories because we usually have different methods, so that patients tell a lot of stories" (I1R, 32 years, Midwife)

Involving mental health nurses in the prevention of subsequent mental health disorders

"We now have a class for pregnant women, now in class for pregnant women, including there is a mental program also entering........these childbirth disorders that we prioritize, the programmer will provide counselling on the conditions that occur during pregnancy, childbirth and postpartum and the effect is like that" (I1R, 32 years old, Midwife)

e. Support for perinatal mental health services

Support from the health office for mental health program holders is to provide training.

"There was the first training yesterday about the mental program at the Puskesmas held by the district health office of the same province, there was the first training for early detection of patients with mental disorders (I2D, 27 years old, Mental Health Program Holder Nurse)

Midwives said that the training would prioritize mental health program holders

"If the program itself does not all have to be trained, so people who are indeed the ones who must be prioritized, so innate programmers who convey to midwives to other staff" (I1R, 32 years old, Midwife)

f. Barriers in Perinatal Mental Health Disorders Services

1) The family ignored the patient's complaints

The patient shared her experience of complaining, but the family responded by saying that being a mother is a normal thing if you feel tired

"Sometimes I say to my parents.........I was tired like that until my mother said "Yes so child, yes be a mother) that's how she says" (I4I, 27 years old, patient)

In addition, midwives also stated that families and communities consider that symptoms of mental disorders are common and are hereditary factors

".........people are embarrassed to make the family seem to cover up and people's knowledge is also still lacking "Ah bias is that he is innate or indeed his family used to like this, he is stressed, anyway considered normal" it has not been socialized" (I1R, 32 years old, Midwife)

2) Mental health services have not been integrated into the ANC

Midwives stated that perinatal mental health services have not been integrated into antenatal care services

"Yes, if there is no Puskesmas yet, there are general practitioners and mental health programmers in Puskesmas...... There is no form of early detection of mental health disorders ....so those trained are nurses" (I1R, 32 years old, Midwife)

In addition, midwives mentioned that many patients who may experience health problems in the perinatal period have not been detected

“while in labuapi there are only mothers like that but not many" (I1R, 32 years old, Midwife)

According to the psychiatric nurse, the initial screening of patients has not been carried out comprehensively in MCH services

"The first thing is that she used to be in the maternal and child health room, for example, she came with her complaints of anxious symptoms, well later, usually from the midwife, informed the programmer first, then it will be handed over to the programmer to overcome his psychiatric problems, for example, if necessary, home visits, we will visit there, there we give counselling if necessary, treatment, we will give medicine" (I2D, 27 Years Old, Mental Health Program Holder Nurse)

3) Negative stigma of society

Another obstacle mentioned by health workers is the negative stigma of society, that patients feel ashamed if the surrounding community knows the patient is referred to a mental hospital, the community thinks that the patient is crazy

"Usually if in this for example ....sometimes they are embarrassed about the impression that if they go there it must be considered a crazy person now that is the obstacle is to want to know with their neighbours' families" (I1R, 32 Years, Midwife)

In addition, health officials said that there has been no socialization related to mental disorders to cadres, cadus, or village heads.

"...... Initial screening is what we need to know, so far it has not been too social, for example, cadres of village head cadres or community leaders have not been too socialized with mental disorders, I1R, 32 years old, Midwife)

Discussion

The qualitative results of this study raised six themes, namely "symptoms of perinatal mental health disorders", "causes of perinatal mental health disorders", "management of perinatal mental health disorders", "prevention of perinatal mental health disorders", "support of perinatal mental services" and "obstacles to perinatal mental health services",

The perinatal period is a transitional period that is vulnerable to changes in women's relationships with partners, family, friends, and wider social networks (Jonsdottir et al., 2017). For many women, the perinatal period is a time of great social, emotional and physical vulnerability and has a profound impact on identity, mental health and well-being (Doucet et al., 2012; Healey et al., 2013)

Prevention of perinatal mental health disorders is early detection, early screening, family information, cadre and cadre information. Identification of cases of perinatal depression is often facilitated in universal services with tools such as the self-administered Edinburgh Postnatal Depression Scale, the Patient Health Questionnaire or two depression screening questions (Whooley Question) (Howard & Khalifeh, 2020).

The strategy of health workers in detecting patients with mental health disorders is initial screening, family information and cadre and cadre information. Management of perinatal mental health disorders is to make home visits, provide counselling, refer to the hospital, provide therapy, and evaluate patient development. Research on the effectiveness of various perinatal mental health service delivery models is still in its early stages. The public health and clinical challenge for general and perinatal psychiatry is to develop services designed to provide personalized treatment with timely assessment and treatment for perinatal mental disorders, including unnecessary avoidance of treatment at the expense of evidence-based psychological therapy while identifying which women with moderate to severe disease would benefit from psychotropic prophylaxis/treatment and/or childcare support (Howard & Khalifeh, 2020)

Collaborative care models in psychiatric settings that link maternity, primary care, generic community psychiatric care and specialist perinatal mental health care need to be developed and

evaluated for women with perinatal mental health disorders (Howard & Khalifeh, 2020). In the theme of patient recovery, there is a sub-theme of women wanting to be noticed, "from my experience learning", family support, and self-encouragement. Barriers to perinatal mental health services found that the family sub-theme does not ignore patient complaints, services have not been integrated in the ANC, initial screening has not been comprehensive, negative stigma of society, patients lack knowledge, and patients are not cooperative.

Some research suggests that the barriers that prevent patients from accessing mental health services are complex and related (Smith et al., 2019), including the stigma associated with mental health (Clement et al., 2015). stigma and fear of being seen as a 'bad' or 'failure' mother makes women reluctant to reveal their mental health problems and seek help (Baldisserotto et al., 2020; Forde et al., 2020). According to a British study, mothers who scored depressed on the EPDS but reported that they did not feel depressed (Corrigan et al., 2015)

From the health worker side, it was found that systematic and comprehensive screening services did not exist and were obstacles to procedures in perinatal mental health disorder services (Tripathy, 2020; Viveiros & Darling, 2019). Health workers are not equipped with knowledge of PMH (Howard, et al 2014). The support theme was obtained sub-theme of mental health nurse training, prioritizing mental health nurses in self-development activities. In practice, many countries do not have practitioners specially trained for the perinatal period (Howard & Khalifeh, 2020)

Conclusions

The qualitative results of this study concluded several themes, namely from the perspective of patients and health workers that symptoms of perinatal mental health disorders such as withdrawal from daily activities, inner conflict, feeling sad, and pain that does not heal. The causes of mental health disorders are unwanted pregnancy, economic factors, and lack of support from the husband during pregnancy. From the perspective of health workers, handling perinatal mental health disorders, carrying out home visits, providing counselling, providing therapy, making referrals, and evaluating the patient's condition. Prevention of perinatal mental health disorders, namely patient examination, screening and early detection, prevention during pregnancy, and support for mental health services for mental health program holders is by providing training. From the perspective of health workers, the obstacles to mental health services are that families ignore patient complaints, health services such as screening have not been integrated into antenatal care services at the KIA Polyclinic, negative community stigma.

Pregnant, maternity and postpartum women are vulnerable to mental health problems, especially if a woman is faced with family neglect and lack of husband's support during pregnancy. It is important for health workers, especially midwives, to examine women's problems more comprehensively during antenatal care. From the research results obtained, the author also hopes that stakeholders such as the health department and community health centres will review the existing antenatal care services in each local community health center area, there needs to be improvements in antenatal care services such as integrating mental health services in ANC examinations, provide training to midwives at child health

clinics to carry out early detection through early detection formats for mental health disorders such as EPDS (Edinburgh Postnatal Depression Scale), SRQ (Self Reporting Questionnaire), in preventing and conducting mental health screening during the perinatal period.

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