healthwatch Leeds

Maternity Mental Health Services Leeds

July 2019

Understanding Leeds residents' experiences of accessing mental health support before, during and after pregnancy

About Us
Healthwatch Leeds is your independent watchdog ensuring people's voices are at the heart of shaping health and care services in Leeds.

Contents

Summary

This report is based on research conducted with 73 people in Leeds with experience of mental ill health before, during and/or after pregnancy. Its four key aims were to explore:

- Who supported respondents with their perinatal mental health problems?
- If they did not get support, what were the reasons for this?
- What was good about the support they got?
- What could have made their experience better?

This project was commissioned by Healthwatch England and forms part of its wide-ranging national research into mental health support.

Key Findings

- The majority of people (51%) we spoke to reported a difficult experience of seeking mental health support, compared to 27% who found it easy.
- 10 (14%) parents told us that they were not offered any support with their mental health. 28 (38%) reported receiving no mental health advice or information. The reasons why some parents report not receiving help despite being offered it include:
    - Services not being appropriate to individual needs or simply not materialising
    - Professionals not framing conversations in ways that encourage parents to talk openly about their mental health
    - A general lack of awareness of and stigma around mental health issues
- There was evidence that people without a diagnosis, and those who had experienced potentially difficult events relating to pregnancy (e.g. miscarriage, fertility treatment or having a disabled child), were sometimes overlooked as potentially being in need of mental health advice.
- The way conversations about mental health are framed by health professionals can also have a significant effect on parents' overall

care experience. Proactive, open-ended and frank conversations about the subject were felt to be more effective than "tick-box" style questions.

- Parents are looking for mental health care that is received early, consistent, and available for as long as they need it. People reported that having the right support from professionals could have a profoundly positive impact on their experience of mental health care.
- At least 15 (45%) of the parents we spoke to with a mental health diagnosis told us that they had not had a formal review.
- Parents reported being unlikely to have a care plan that considered both their maternity and mental health needs. People without a care plan were more likely to report having a poor or very poor experience of receiving mental health support, and less likely to feel involved in their care.
- While relatively few parents report being supported by midwives, those who did get mental health support from them were the most likely to be satisfied with their care.

Key recommendations

- Review how parents who have experienced potentially difficult events related to pregnancy (e.g. miscarriage, fertility treatment, having a disabled child) are flagged up to all medical professionals involved in their care, including those who specialise in physical care.
- Consider how to encourage a culture among maternity healthcare staff that mental health is everyone's business, whether they are specialists in the area or not. Part of this culture should involve continuously and proactively asking questions and providing opportunities for people to talk openly about their mental health.
- Consider how to check that no parent leaves a mental health appointment feeling that they have not received useful advice or information.
- Consider ways to ensure that people without mental health diagnoses are not overlooked when it comes to advice about mental health.

- For people with a diagnosis, ensure that reviews are systematically conducted whenever necessary and include relevant and helpful content related to maternity care.
- Ensure that care plans consider both mental health and maternity needs and how the two affect each other.
- Consider how parents without a care plan can be further involved in decisions about the mental health support they receive.

Background

In 2016 Healthwatch England started a project to find out about people's experiences of using mental health services. The aim of this work was to help inform mental health policy and practice by creating a strong evidence base about people's experiences of mental health care at different stages of life. Over 34,000 people nationally shared their views and experiences of using mental health services with Healthwatch England. More information about the project and the report is available on the Healthwatch England website. https://www.healthwatch.co.uk/report/2019-09-09/mental-health-and-journey-parenthood

Following the information gathered by Healthwatch England, four main areas of mental health were highlighted as those that people talked about the most. These included primary care, crisis care, community treatment and children and young people's services. Healthwatch England decided to look at all these areas in more detail and started with the mental health support available to people planning on having a child, those who were pregnant or new parents.

This report is based on Leeds' local findings from the Healthwatch England Maternity and Mental Health survey.

Why we did it

As many as 1 in 5 pregnant women and new mums experience some form of mental health challenge. 1 in 3 new dads also report concerns about their mental wellbeing.

Mental health is a key area Healthwatch Leeds is focusing on this year and, as part of this, we were keen to do some work around maternity and mental health.

We were one of five local Healthwatch nationally who were selected to work in partnership with Healthwatch England to get the views of new and expectant parents through a range of methods. These included an online survey, focus groups and a visit to The Yorkshire and Humber Mother and Baby Unit based at the Mount in Leeds. Healthwatch England will be producing a full report of the findings from all five local Healthwatch taking part in this project.

What we did

We were commissioned to use Healthwatch England's Maternity & Mental Health survey to gather views. (All questions were written by HWE; HWL was not permitted to alter them for our local context.) It was a predominantly online survey which was shared on our website and social media.

In addition, we also completed the survey face-to-face with people at children's centres and other venues. In total, 73 people completed the survey. Not everyone responded to all the questions.

Please note that the questions' numbering in this report does not match the numbering in the survey. For the purposes of this report, we have disregarded some of the questions in the original survey and reordered others.

What we found

1. About our respondents

It should be noted that we refer to our respondents as "parents" in this report, but the vast majority were female: 72 of our respondents were women; 1 was male. Some of our respondents also discuss their partners' experiences.

All respondents had experienced mental ill health or had a partner living with mental health problems before, during or after the birth of their child.

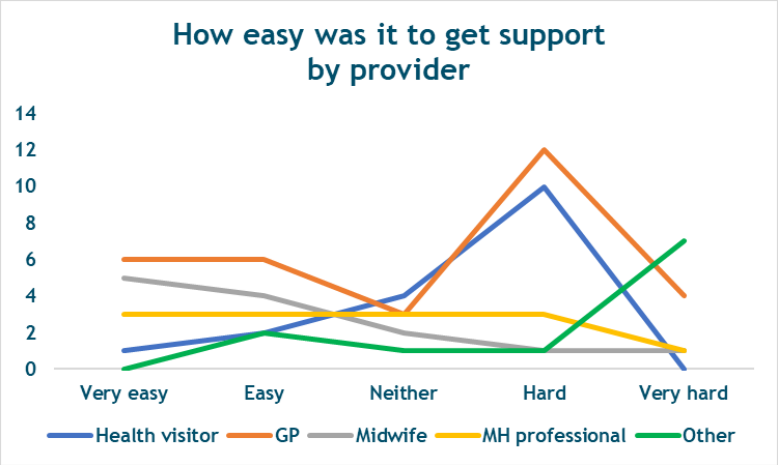
Just over half (53%) indicated they or their partner were living with a diagnosed mental health condition (one respondent told us that both they and their partner had a diagnosed condition). The remainder were undiagnosed.

2a. Which health professionals have offered you/you partner mental health support?

Respondents were able to give multiple responses to this question. There was a total of 95 responses. GPs were the most common professional to offer support, accounting for 31 (33%) responses. Our respondents were most likely to be offered support by one professional: (64%) had been given help by a single service.

Our data doesn't indicate that any one professional is substantially more likely to offer quick support than another.

Parents who got support from midwives are the only ones who were more likely to report finding it easy to get support than difficult. Parents who came into contact with a GP or health visitor were likely to have found it difficult to get support, while respondents who said they got help from an "other" source are particularly likely to report a very difficult experience.



Respondents who got support from an "other" source don't always specify what this source was. However, comments made by 6 of the 11 suggest that medical professionals had opportunities to identify or further support the respondent's mental health difficulties, but didn't seize them:

"I expressed my mental health to everyone and everyone just asked how I was doing with it and that was it. I wasn't offered anything else."

"During the pregnancy, I was having to have weekly scans, which was anxiety-provoking. Health professionals didn't acknowledge this or try to ease it, I was just left to it."

2b. The experiences of people who weren't offered support

10 people (14%) said that no professionals had offered them mental health support. This lack of *proactive* support appears to affect parents' perception of service accessibility: of those 10, 7 said that they had found getting mental health support difficult or very difficult (the remaining 3 said it was neither easy nor difficult).

Similarly, 8 of the 10 who weren't offered support said that their overall care experience was poor, with the remaining 2 reporting that it was very poor.

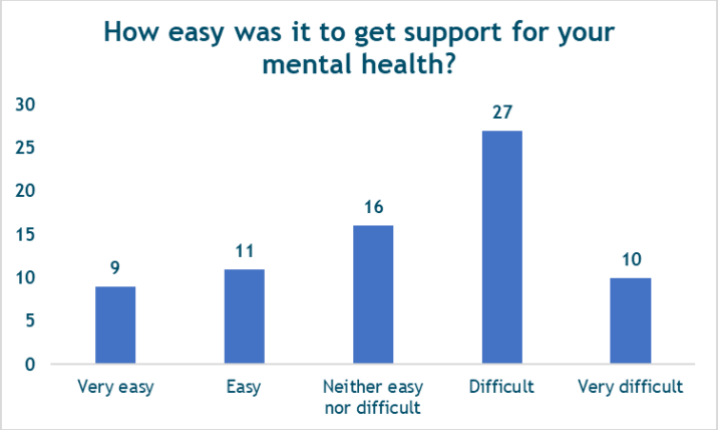
Parents aged 25-34 were somewhat over-represented in this group of 10. 80% fell into this bracket, despite 25 to 34-year olds making up 45%

of our respondents overall.
Furthermore, in the comments section of the survey, a significant number of the 10 unsupported parents explained how the quality of their experience was affected by medical professionals not acknowledging their specific circumstances and overlooking their mental health needs as a result. These circumstances include miscarriage, fertility treatment, diagnosis of a child with a long-term disability and having a partner with a mental health condition. For more information on their comments, please go to p.18-24.

3 How long did it take between asking for mental health support and receiving it?

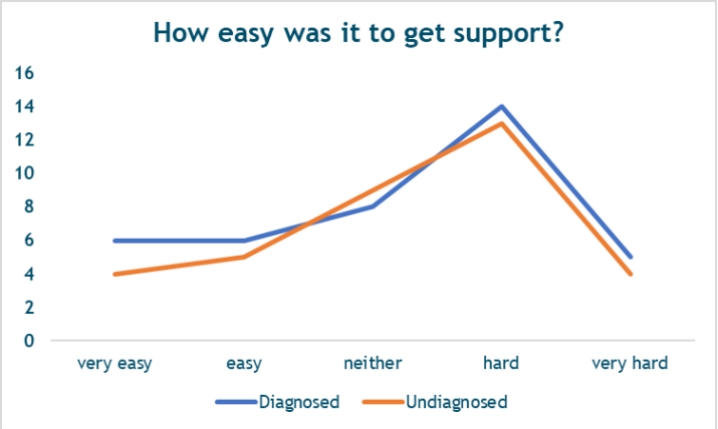
48 people responded to this question.
26 (54%) said they had waited between 1 and 3 months for care, compared to 22 (46%) who had waited from a few hours to 3 weeks. The earlier people started to receive support, the more likely they were to be satisfied with the service overall.

4 How easy was it to get support for your mental health?

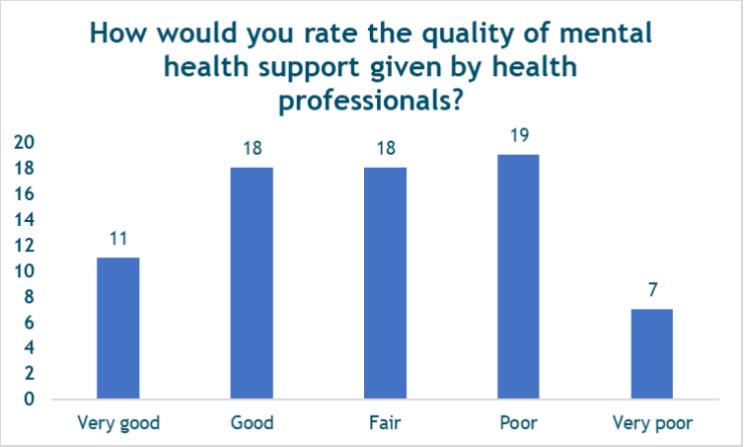


Just over half of respondents (51%) said that it was “difficult” or “very difficult” to get mental health support. This compares with 27% who found it “easy” or “very easy”.

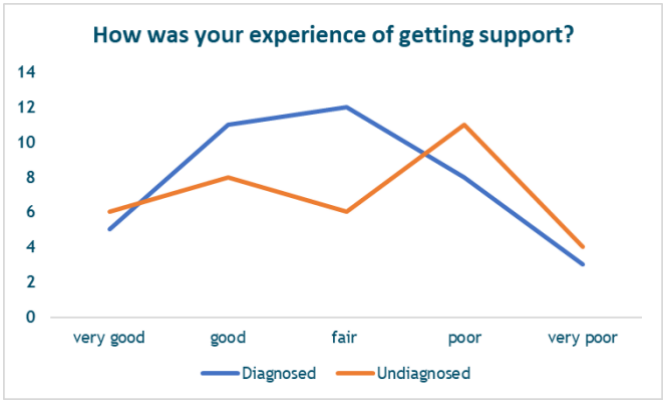
It doesn’t appear that people with a mental health diagnosis were significantly more or less likely to find getting support easy:



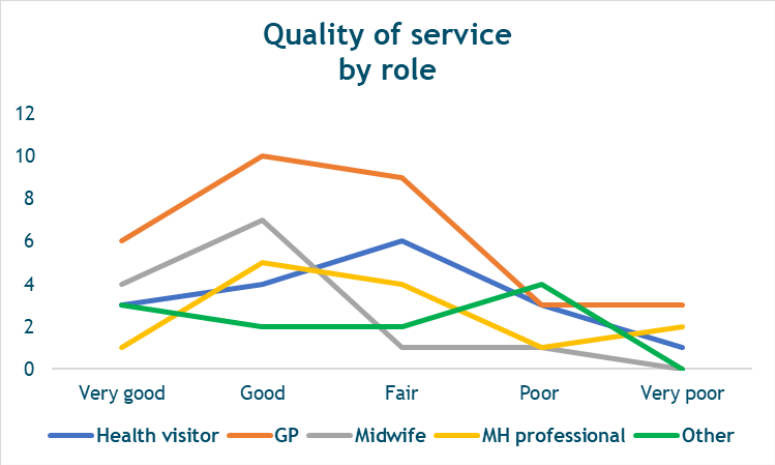
5 How would you rate the quality of mental health support given by health professionals?



There was a fairly even spread of responses to this question, with respondents least likely to say that the quality of support was either “very poor” or “very good”.
Although we have seen that people without a mental health diagnosis are likely to experience similar levels of service accessibility to people with diagnoses, they were more likely to rate their care experience negatively.



On the whole, respondents who had experience of getting support from a GP or mental health professional tended to find services good.
The same applied for people who had support from a health visitor, although the trend is certainly less marked, with a significant proportion of respondents saying the service was “fair”.
Although relatively few parents got support from them, midwives were the most highly rated service overall (it is worth remembering that they are also judged the easiest service to access).
Parents who accessed an “other” support service tended to be dissatisfied with their experience. (It should be noted here that a very small proportion of respondents reported accessing more than one service, but our data does not make it possible to discern whether their experience with one professional was better than another.)



6 What information and advice you have been given about maternity and mental health?

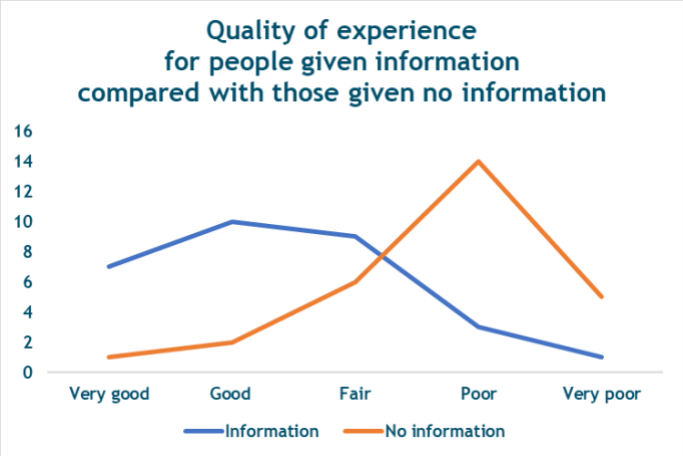
Respondents were able to tick as many of the following options as they wished:

1. How to take care of your mental health when you have a new baby
2. What could happen if treatment is changed or stopped
3. The possible consequences of having no treatment
4. The potential harms of treatment
5. The potential benefits of talking therapy and medication
6. I did not receive any advice or information

There was a total of 104 responses.

The advice that parents were most likely to be given was about how they could take care of their mental health when they have a new

baby. 30 responses (29%) indicated this.
28 parents (38%) say they received no advice or information relating to their mental health. Of these 28, 68% reported having a poor or very poor experience of getting support. People who received information about how to take care of their mental health after having a baby reported a markedly better experience overall. It appears, therefore, that when advice is offered it is helpful and high quality – but it is not being offered consistently.



64% (18 out of the 28) of respondents who reported not getting any advice or information were offered mental health support by at least one professional. Please see section 13 ("*Considering how your mental health has been supported during maternity, what would you have done differently?*") for suggestions as to why offers of support did not appear to always lead to helpful advice or information being given.

People without a diagnosis were considerably more likely to feel uninformed: 51% (18 out of 35) of people in this group reported getting no information, as opposed to 26% (10 out of 39) who had a diagnosis.

7. If you were taking medication as part of your treatment, what advice were you or your partner given about the impact of continuing or stopping medication before you became pregnant or after conception?

We received 10 relevant responses to this question.
2 people told us that they initially made an independent decision to stop taking medication. For example:
"I came off some meds because it was giving me gestational diabetes. I informed doctors of this and they didn't disagree with me."

2 people told us they were advised to come off medication at least temporarily:

"I was taking beta blockers and was advised to stop taking them during my pregnancy as they will harm my baby."

"I was told to stop anti-depressants when I got pregnant, so I did that and later went back on them."

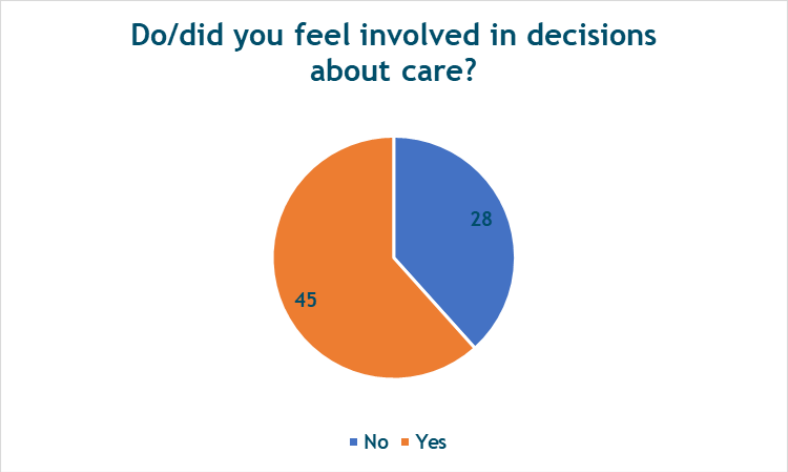
Half of our 10 respondents told us they were advised to stay on their medication, with a medical professional sometimes telling them that the benefits of continuing with it outweighed the potential risks:
"The GP made me aware of the risks of continuing Citalopram whilst pregnant but also said it couldn't be based on any evidence due to ethics attached to undertaking a study of that type. He said the benefit of my mental wellbeing may outweigh the risk to the baby."

Of these five respondents, all but one had a fair, good or very good experience of getting support for their mental health overall. Two of the five said they had a mental health review.

One person told us that their partner wasn't given any information because the medical professional didn't judge his status as a parent relevant to his mental health care:

"My husband was diagnosed with schizophrenia but he wasn't given any information or advice. Pregnancy is very much a woman thing."

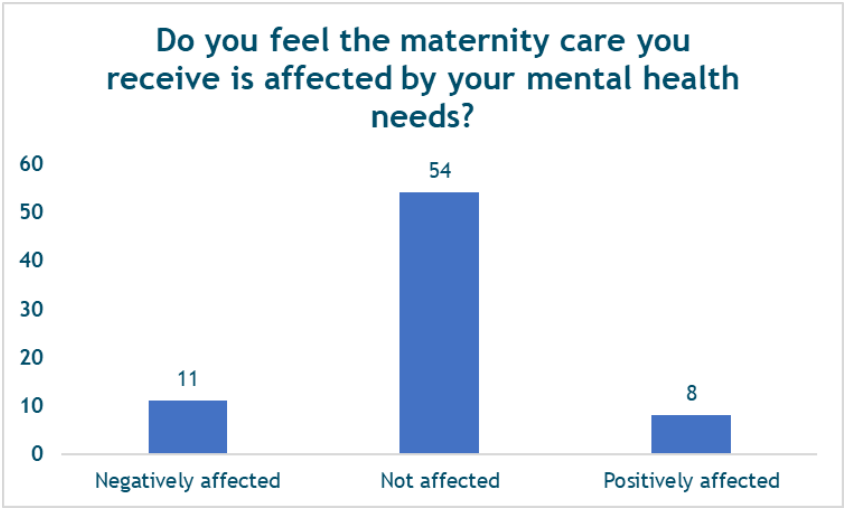
8. Do/did you feel involved in decisions about care?



45 (62%) people felt involved in decisions about their care.
People with a care plan were highly likely to feel involved in their care: 12 of the 13 (92%) felt involved. This compares with just over half of those without a care plan (51%, or 25 out of 49).

There is a correlation between not feeling involved in care and not having a good overall experience. 19 (73%) of the 26 people who rated their overall experience as poor or very poor said they did not feel involved in their care.

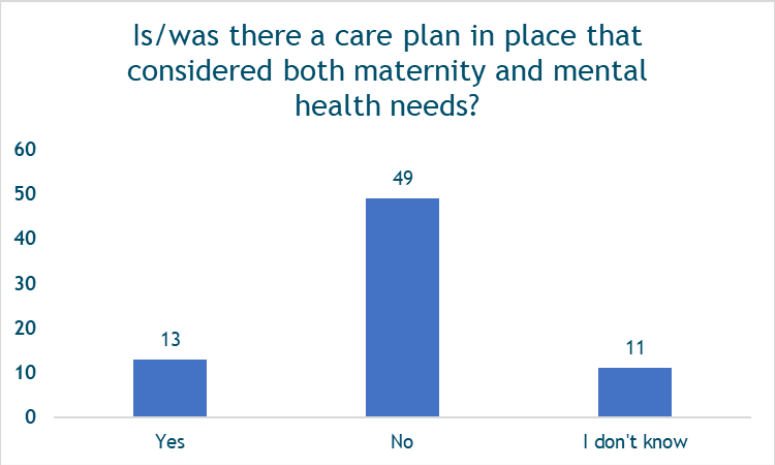
9. Do you feel the maternity care you receive is affected by your mental health needs?



Nearly three quarters of respondents (74%) felt their maternity care wasn't affected by their mental health needs.
However, when mental health support is inaccessible or insufficient, it can negatively affect maternity care. Of the 11 respondents who felt that their mental health needs had negatively affected the quality of their maternity care, just one had a "good" experience of getting support for their mental health; 5 said their overall experience was "fair", with the remaining 5 reporting it was "poor" or "very poor". Eight said it was difficult or very difficult to get mental health support. Some of the comments made by the 11 provide an insight into what went wrong with their mental health support and, by extension, their maternity care. They suggest that a lack of early intervention and well-structured, continuous care negatively affected their experience:

- *"The health visiting team completed a PND questionnaire 1 week post birth where I scored high. Was advised a follow up would be done the next week and I received nothing."*
- *"I would have liked a care plan with review."*
- *"[I would have liked] more info to start with and onwards."*
- *"Earlier intervention and more support from health visitors. First time round my HV tried hard to question me about my mental health and ensure I was ok. With my second baby (when I was depressed throughout pregnancy and after birth) this didn't happen. I don't remember being visited - I think my HV was off sick."*

10. Is/was there a care plan in place that considered both maternity and mental health needs?



Parents reported being unlikely to have a care plan that considers both their maternity and mental health needs. Only 13 (18%) could confirm that such a plan was in place.
None of the 26 respondents who rated their mental health support as "poor" or "very poor" had a care plan in place.

11. If you have more than one child, have you noticed a difference in how your mental health was supported throughout pregnancy and in the first year of pregnancy?

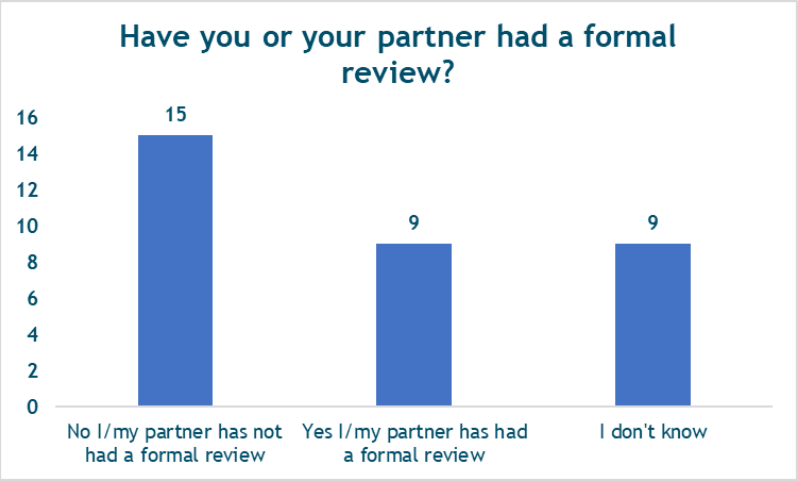
Nine of all our respondents told us that services improved or retained the same high level of quality during subsequent pregnancies.
Sometimes people reported that services had improved because they had learnt to engage with professionals in a different way, or health services were ready to offer timely support because they were aware of the parent's previous mental health experiences.

"After my first born I gave birth to a daughter, I was closely monitored and provided with regular check-ups. I was also advised on how to keep mentally well."

"I have been more open about my anxiety and not held it to myself and talked to my GP and midwife immediately about my fears and the process has begun to get me talking therapy."

"Once I had the courage to talk to someone about how I was feeling, it was easy to get support - but starting that conversation was very hard, no one ever brought it up with me."

12. Have you had a formal review in the last 12 months?



Just over a quarter of respondents who have a diagnosed mental health condition (27%, or 9 of 33) said they or their partner has had a formal review in the past 12 months, while a further 27% didn't know if a review had taken place or not.

15 of the 33 people with a diagnosis (45%) had not had a review; 6 of the 15 indicated that they had had a mental health condition before, during and after pregnancy, which suggests that they had potentially had contact with mental health services over a prolonged period of time.

13. Considering how your mental health has been supported during maternity, what would you have done differently?

We received 53 responses to this question. The key themes that emerged are detailed below.

A lack of appropriate services

Some respondents felt that contact with professionals was too infrequent or short-lived for them to be able to access timely support:

"I accessed the specialist midwife during early pregnancy, looking back I probably would have benefited from seeing her again closer to the birth"

"One psychologist once a week, I would like more of that support. I'd also like more physical activities, for instance yoga."

A significant proportion of respondents also felt that the support they needed simply wasn't made available as part of their care, particularly when their experiences diverged from a typical maternity pathway:
"I wanted some counselling after still birth but none was offered. I was expecting to be supported a bit more, especially as I had depression already"

"Having had a previous premature birth, I feel that only the physical side of things was taken into account i.e. it was consultant led, however, at no point was I asked about how I was coping mentally given that it was likely I was going to have another premature birth"

Some respondents were promised help that never materialised:
"When I miscarried, my practitioner told me I had to suspend treatment while I sought more specific help. Neither my GP or midwife made any contact with me following my miscarriage."

Some also felt that the support on offer wasn't tailored to their needs:
"Better options for groups and accessing talking therapy (creche or bring baby with) would have been helpful to me as I had no family to help"

"Only offered CBT which didn't work, was not offered any other options."

"There needs to be more counselling on the NHS and less reliance on giving drugs"

Staffing and funding was occasionally raised as an issue:
"I didn't get a health visitor until my twins were 1, because the one I was meant to have went off sick."

"I was given acupuncture treatment [after a traumatic first birth] which helped me massively. But this time around I have been told

there is no funding for this additional support and this has isolated me."

Professionals not steering dialogue in the right directions

A significant proportion of responses suggested that the conversations parents had with professionals weren't conducive to making disclosures about mental health. Sometimes our respondents reported questions about mental wellbeing not being raised by medical professionals:

"Franker discussions that did not rely on me disclosing would also have helped. The questions were always closed. Open questions to draw out more of the reality of how I was feeling would have been better."

"Professionals you come into contact with need to (a) tell you what support is available and (b) start the conversation about MH (don't just rely on mothers bringing it up)"

"I would have liked the health visitor to talk to my partner about the potential mental health implications"

"In the hospital, no one ever asked how I was, I was always just referred to as "K's mum". No one ever asked how we were - that would have been helpful for someone to start the conversation. You feel like if you ask for help, you're 'giving in', being weak."

"No health care professionals asked about my mental health. The hospital chaplain asked me after she saw me crying."

A lack of awareness

A few respondents suggested that a general lack of awareness about maternity and mental health made it harder for them to access support.

"I didn't know such thing was possible during pregnancy"

"I don't go out much or know many people, I am new to the country and don't know how things work"

Stigma

Two of our respondents told us that stigma around mental health made

it harder for them to get support:

"I found the shame of depression made it impossible for me to ask for help. I was suicidal and suffering anxiety attacks but I tried to cope alone. I couldn't bring myself to phone or talk to anyone. If I'd been able to text or send an email asking for help I would have found it easier."

"I think parents are worried about declaring mental health symptoms post baby as they are concerned about social services referrals etc or saying they are struggling to cope might be a black mark against them. We need to normalise mental health particularly for post-natal women"

14. Any other comments?

Some of the comments made in this section mirrored those made in response to Q13. They touched on:

- The need for greater general awareness of mental ill health during and after pregnancy, *"There needs to be promotion of the symptoms as people don't know to ask"*
- The stigma that prevents parents from coming forward with their concerns, *"The stigma around MH is really unhelpful - when I first saw my HV, I just gave her the answers I though she wanted"*
- How the way professionals frame conversations can make parents less likely to access help, *"It is up to you to talk about [mental health] which is hard"*; *"During pregnancy mental health questions are asked, however there is no "specific" appointment around mental health, it is just put in with all the other questions"*; *"They should break away from asking rigid questions"*
- A lack of resources and services, *"We have come a long way, just need further investment for time to be offered to families. Counselling offer should be increased, not everyone likes / wants CBT"*

A number of other themes also emerged:

Early detection

Some parents felt that their experience would have been better had their needs been identified sooner and/or waiting lists had been shorter:

"Women with anxiety or depression should be signposted early in pregnancy to hypnobirthing and pregnancy relaxation as well as having support and reviews from someone who specialises in mental health."

"It is vital to give women information about what mental health services are available whilst they are pregnant as I was ill for a while before we accessed support not knowing what support was available"

"My depression should have been picked up more quickly during my pregnancy and more quickly after, but health visitor said I had extended family so assumed I was getting support."

"Told to wait 18 months for referral."

Long-term access to services

Some parents told us that services seemed to drop away at a certain point, leaving them unsupported despite their ongoing needs:

"If GPs / Health Visitors / Midwives had asked about how I'd been AFTER I stopped breastfeeding with the older child(ren), I might have been diagnosed much much earlier"

"I have again become depressed and have tried to access talking therapies. The contrast now that my child is older and I don't fall into the category of PND is marked."

Professionals' attitudes and awareness

Some respondents said that a lack of awareness among professionals made their experience more difficult than it needed to be:

"Professionals should be aware that if someone is immobile due to pregnancy and not able to live a normal life that they are at a much higher risk of being depressed during pregnancy"

"I wish there was a far greater awareness of PMDD"

"It's taken 15 months for a GP to take me seriously. A GP actually told me that I "just" had anxiety and that I should get a job"

"GPs need more training on handling mental health issues. I had a

crisis and called the GP for help. The GP simply told me to sleep it off or go shopping and did not offer me an appointment."

Issues were also raised about specific support for parents of children with disabilities. For more detailed information about this, please read our *Maternity and Mental Health Focus Groups* report published on our website in March 2019.

What worked well

Some respondents also told us about aspects of the support they got which worked well. Access to peer support groups was a common theme:

"I got support from a community centre in Leeds. I enjoyed the social classes where I could talk to other women in my own language. I received cultural support too as I have only been in UK 2 years."

"Mencap has been very helpful, it's good to meet other parents and it feels like a very safe space."

"Peer support from other mums has had the most powerful positive impact on my mental health"

"I was supported by my midwife, she helped me to access support groups and also arranged for me to see other professionals."

It was clear from some comments that the right support from professionals had a profoundly positive impact on parents' experiences:

"I believe the ANP who I connected with felt a true care for my wellbeing, and that possibly prevented suicide"

"All plans were in place, I was monitored regularly and got all the support I required from my midwife and doula. Midwife supported me up to 7 months, offered counselling and attended meetings with me. I was supported very well and advised at every stage, I feel safe with my maternity and MH care in Leeds, it's a brilliant service."

"My health visitor was the one who gave me the push I needed to get support from IAPT. Once I finally got it, the support was amazing and

non-judgemental."

"My health visitor was fantastic, kept coming long after she should have just to give me someone to talk to and help my general mental health and check if anything needing advising. She also gave advice for my partner."

15. Parents with special circumstances

8 out of 73 (11%) of our respondents told us they or their partner had experienced one of the following in the last three years:

- Miscarriage(s)
- Premature birth
- Fertility treatment
- Still birth

A further 18 told us about their experiences around having a child with a disability.

Some made a link between their specific circumstances and the quality of their mental health care, and their particular experiences have been referred to in various sections of this report. Other comments they made include:

"I feel that midwives should visit women who miscarry at least once in the weeks that follow to ensure that they at least know how to access support. I feel very much left on my own to get on with it. There has been no care for my husband during our miscarriage experience either."

"When you are going through fertility treatment, they just look at one issue, they don't take a holistic approach or acknowledge that it's a hard time for couples."

"The NHS doesn't know how to appropriately support lesbians and their partners around mental health both during the fertility process and post-natal. Generally with provision there is some underlying homophobia so the trust isn't there to seek support."

Our findings by demographic

Our results did not reveal any significant discrepancies in experience between different age groups or BAME and White British respondents. (We unfortunately did not receive enough relevant responses to analyse the results by sexuality or disability.)

Next Steps

The report will be shared with NHS Leeds CCG Children and Maternity Commissioning Team, Leeds Teaching Hospitals Trust, Leeds and York Partnership Foundation Trust and Leeds Community Healthcare Trust.

We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

Thank you

This report has been written by Anna Chippindale, sessional project worker at Healthwatch Leeds, in collaboration with community project worker Harriet Wright.

Appendix 1: The Survey

1 Maternity and mental health survey

1.1 We want to know about your experiences

Having a baby is one of the biggest life choices you can make. This can affect both the person who is giving birth and their partner's mental health. We want to know more about people's experiences of mental health support when planning to get pregnant, during pregnancy, at the birth of their child and afterwards.

We know that this can be a challenging topic to talk about, so please be assured all responses will be completely anonymous and if there are any questions you don't want to answer, then don't feel like you have to. We will report on the responses as a set and will not identify anyone in our work. Read more about our information governance and privacy policy. If you have any questions about this survey, please contact research@healthwatch.co.uk

1.2 Survey Questions

1. Do you consent to Healthwatch England using your responses in our work on maternal mental health?
   - ☐ Yes
   - ☐ No
2. Tell us about you
   - ☐ Male
   - ☐ Female
   - ☐ Other
   - ☐ Prefer not to say
3. Tell us about your current situation
   - ☐ I am / my partner and I are planning to get pregnant
   - ☐ I am / my partner is currently pregnant
   - ☐ I have / my partner has had a baby in the last three years
   - ☐ I have / my partner has experienced a miscarriage(s) in the last three years
   - ☐ I have / my partner has experience a premature birth in the last three years
   - ☐ I have / my partner has experienced a still birth in the last three years
   - ☐ I am / my partner and I are seeking fertility treatment
   - ☐ I have / my partner and I have had fertility treatment in the last three year
   - ☐ None of the above *(If ticked please exit the survey)*
4. Do you or your partner have any mental health conditions or challenges?
   - ☐ Yes I have a diagnosed mental health condition *(If yes, go to Q5)*
   - ☐ Yes I have a undiagnosed mental health challenge *(If yes, go to Q5)*
   - ☐ Yes my partner has an diagnosed mental health condition *(If yes, go to Q5)*
   - ☐ Yes my partner has an undiagnosed mental health challenge *(If yes, go to Q5)*
   - ☐ No (exit)
5. When did you or your partner experience poor mental health?
   - ☐ Before trying to become pregnant
   - ☐ During the pregnancy
   - ☐ After the birth
6. Were you or your partner receiving any mental health support?
   - ☐ Yes (Q7)
   - ☐ No (Q10)
7. If you were taking medication as part of your treatment, what advice were you or your partner given about the impact of continuing or stopping medication before became pregnant or after conception?

8. If you have a diagnosed mental health condition, as part of your treatment for mental health you should be undergoing a formal review at least once a year with a mental health professional. Please confirm whether or not you have had a formal review within the last 12 months?
   - ☐ Yes I/my partner has had a formal review
   - ☐ No I/my partner has not had a formal review *(If ticked, go to Q10)*
   - ☐ I don't know *(If ticked, go to Q10)*
   - ☐ N/A *(If ticked, go to Q10)*

9. After your mental health review, please tell us how informed you felt about the following on a scale of 1-5. 1 being not informed and 5 being fully informed:

	1	2	3	4	5
Contraception					
Plans for pregnancy					
How pregnancy and childbirth might affect your mental health condition including relapse					
How your mental health condition and treatment you receive or might receive might affect parenting					
Benefits, risks and harms of possible treatment during pregnancy or in the first year after					

10. Do you feel the maternity care you receive is affected by your mental health needs?
    - ☐ Negatively affected
    - ☐ Not affected
    - ☐ Positively affected
11. How easy was it to get support for your mental health?
    - ☐ Very difficult
    - ☐ Difficult
    - ☐ Easy
    - ☐ Very easy
    - ☐ Neither easy nor difficult
12. How long did it take between asking for mental health support and receiving it?
    - ☐ Not applicable
    - ☐ The same day
    - ☐ Within 1 week
    - ☐ Within 2 weeks
    - ☐ Within 3 weeks
    - ☐ Within 1 months
    - ☐ Within 2 months
    - ☐ Within 3 months
    - ☐ Longer than 3 months (please specify:)
13. Please tell us which health professional have offered you/you partner mental health support?
    - ☐ Health visitor
    - ☐ GP
    - ☐ Midwife
    - ☐ Mental health professional
    - ☐ Other
    - ☐ None
14. Please tell us what information and advice you have been given about maternity and mental health:
    - ☐ How to take care of your mental health when you have a new baby
    - ☐ The potential benefits of talking therapy and medication
    - ☐ The potential harms of treatment
    - ☐ The possible consequences of having no treatment
    - ☐ What could happen if treatment is changed or stopped
    - ☐ I did not receive any advice or information
15. How would you rate the quality of mental health support given by health professionals such as your GP/midwife/health visitor
    - ☐ Very poor
    - ☐ Poor
    - ☐ Fair
    - ☐ Good
    - ☐ Very Good
16. Is/was there a care plan in place that considered both maternity and mental health needs?
    - ☐ Yes
    - ☐ No
    - ☐ I don't know
17. Do/did you feel involved in decisions about care? (hide if male)
    - ☐ Yes
    - ☐ No

18. Considering how your mental health has been supported during maternity, what would you have done differently?

19. If you have more than one child, have you noticed a difference in how your mental health was supported throughout pregnancy and in the first year of pregnancy?

20. If you have any further comments, please write them below.

By telling us more information about yourself, you will help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

21. Your age:
- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+

22. Your ethnicity:
- ☐ African
- ☐ Arab
- ☐ Asian British
- ☐ Bangladeshi
- ☐ Black British
- ☐ Caribbean
- ☐ Gypsy or Irish Traveler
- ☐ Indian
- ☐ White British
- ☐ Any other white background
- ☐ Any other mixed background
- ☐ Other:

23. Which is your local Healthwatch:

24. Do you consider yourself to have a disability?
- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Which of the following best describes you?
- ☐ Heterosexual
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Asexual
- ☐ Pansexual
- ☐ Other

Appendix 2: Who We Spoke To