Scottish Government
Riaghaltas na h-Alba
gov.scot

Mental Health Foundation

See Me
End mental health discrimination

Addressing Stigma in Perinatal and Infant Mental Health

Updated review of the literature: 2010-2022

October 2022

Authors

Aigli Raouna of the University of Edinburgh carried out the foundational literature review of issues relating to perinatal mental stigma in Autumn 2020 during a research internship at the Scottish Government. Documentation of this review was in the form of a slide deck (presented in its entirety in Appendix C). Quotes and references to her work are from this slide deck. Hilllary Collins of the Mental Health Foundation carried out the further review of literature related to perinatal mental health stigma published between October 2020 and May 2022. Hilllary Collins carried out the standalone literature review of issues relating to infant mental health stigma and wrote this report. This latter work was carried out as part of See Me's portfolio of work.

See Me

See Me is the national programme to end mental health stigma and discrimination in Scotland. Guided and supported by people with experience of mental health problems, See Me challenges mental health stigma and discrimination. The programme aims to influence changes in attitudes, behaviours, cultures and systems so that people with experience of mental health problems are respected, valued and empowered to achieve outcomes important to them. A priority for the programme is to better understand and address the mental health stigma that is disproportionately experienced by particular groups of people in Scotland.

Mental Health Foundation

The Mental Health Foundation (MHF) has a vision for a world with good mental health for all. MHF works to prevent mental health problems, helping people to understand, protect and sustain their mental health. MHF drives change towards a mentally healthy society for all, and supports communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk. MHF is passionate about the transformative power of research to create change in people's lives, their communities and workplaces, and in services and policy and works in partnership with See Me to provide the programme with research, learning and evaluation support.

Contents

Executive Summary

This literature review builds on evidence generated from a previous review commissioned by the Scottish Government, to further explore perinatal and infant mental health stigma. It aimed to address evidence gaps and examine the most recent literature in this area. The findings presented in the review reinforce what has been learned from evidence about perinatal and infant mental health stigma along

with revealing new insights, particularly around people with equality characteristics and infant mental health stigma. It also considered evidence-based interventions to tackle perinatal mental health stigma.

Themes from the review that reinforced evidence from the originally commissioned work included women's perspectives on the impact of poor perinatal mental health, partners' and families' views, and healthcare professionals' perspectives. New themes that arose from the review included motivators for seeking treatment, the importance of peer support to recovery, resistance to medication often for fear of the impact on infants, the often challenging transition to parenthood that affected people's sense of self, the prevalence of perinatal depression among sexual minority women and practical barriers to accessing services including time, money, transport and childcare.

Women's perspectives

The evidence continues to demonstrate that women with perinatal mental health problems experienced stigma in a number of ways, including feeling distress at a time when they were expected to be happy resulting in self-stigma and masking symptoms when they needed support. Apprehension about receiving a diagnosis of perinatal mental illness sometimes led to a hesitancy to disclose symptoms and this appeared to disproportionately affect people from racialised and LGBTQ2S+ communities. Cultural attitudes towards mental health emerged in some studies that reported women feeling unable to, or encouraged by family members not to, disclose perinatal mental health problems to avoid family shame. Evidence suggested that women's experiences with healthcare professionals sometimes worsened perinatal mental health stigma due to normalisation or dismissal of symptoms, lack of appropriate referral and treatment options, women feeling uninvolved in their care and socio-cultural barriers to accessing and receiving healthcare.

Partners' and families' perspectives

Literature published since 2020 reinforced that perinatal and infant mental health stigma could stem from a lack of understanding, knowledge and awareness by partners and family members, which might validate women's tendencies to minimise their symptoms. Some literature found that partners' responses to women's experiences of poor perinatal mental health, and lack of inclusion by healthcare services and professionals, resulted in their own mental health problems and self-stigma, and these often went unrecognised. Partners of mothers were reported in some studies to avoid admitting mental health problems and resisting diagnostic labelling because they felt this conflicted with societal expectations of their roles as strong, supportive fathers and traditional concepts of masculinity, which resulted in a lack of help seeking before they reached crisis point.

Healthcare professionals' perspectives

The literature further developed a range of previously identified themes including perceived mixed levels of healthcare professionals' knowledge of and confidence to deal with perinatal mental health problems and related symptoms, treatment, referral and signposting options; and some evidence of judgemental or stigmatising attitudes by professionals. A connection was highlighted between clinicians' good interpersonal skills and positive experiences of treatment, however some evidence suggested a lack of healthcare professionals' in-depth knowledge and understanding of all perinatal mental health conditions. The literature revealed a reluctance on the part of some professionals to use diagnostic labels for women and infants because

this might risk stigmatising them or damage the clinician-patient relationship. In terms of structural barriers to perinatal mental healthcare, evidence revealed the role of cultural differences in creating obstacles to accessing care. Also identified were gaps in culturally sensitive screening tools, staff and resource shortages, fragmented care and a lack of options for referral and treatment.

Infant mental health stigma

In 2022 the literature was reviewed for evidence of impact of stigma on infant mental health. Less material was available about the impact of perinatal mental health stigma on infants which demonstrates gaps in evidence and discussion of this topic. Key themes that emerged from the review included a lack of service provision for and knowledge of infant mental health, inefficient identification and treatment of issues that impact infant mental health, and conflating infant mental health issues with normal infant behaviours. Another theme that surfaced was fear of stigma preventing parents from seeking help for infants in some cases because they felt that their parenting skills would be questioned.

Perinatal and infant mental stigma interventions

This review included some illustrative (rather than representative or quality-assessed) studies that described interventions designed to address perinatal and infant mental health stigma. Examples of interventions included services to support maternal wellbeing and healthy parent-infant relationships, gateway interventions to create access points into existing services, interventions targeted at mothers with severe and complex mental illness and education and skills development programmes to build knowledge and awareness.

There was evidence of face-to-face and online interventions, the latter including one web-based health tool that aims to increase women's awareness of their own symptoms and risk factors and their knowledge of available support options. Peer-based interventions were present in the literature and there was evidence from one study that indicated increased knowledge, more positive attitudes and reduced stigma after the intervention. Lived experience was evidenced by some studies as being an important part of the success of educational interventions. The literature about peer review interventions indicated the effectiveness of peer support and social contact in reducing social isolation and improving self-esteem and parenting self-efficacy for new mothers.

Section 1. Introduction and context

In April 2022 the Scottish Government commissioned See Me to undertake a literature review to generate up-to-date evidence about perinatal and infant mental health stigma in Scotland. The aim of this work is to build on a previous review carried out by the Scottish Government in 2020, and to inform a set of good practice principles designed for service leaders and practitioners to reduce perinatal and infant mental health stigma, as part of the Delivering Effective Services agenda, commitments within the Perinatal Mental Health Peer Support Action Plan and Action 6.5 in the Coronavirus (COVID-19) Mental Health Transition and Recovery Plan.

This literature review is part of a suite of four documents that support services to reduce stigma associated with perinatal and infant mental health problems. The literature review and the *Perinatal and Infant Mental Health Stigma: Good Practice Guidelines* are linked documents, ensuring that the good practice principles are informed by available evidence.

Section 2. Aims and remit

In response to the Scottish Government's requirements, See Me delivered a proposal document in May 2022 outlining the scope of this work. The aims of the project were to:

- Refresh the Scottish Government perinatal mental health stigma review that was carried out in 2020 by conducting a rapid review of literature about perinatal and infant mental health stigma between 2020 and 2022.
- Source updated evidence intended to address gaps and surface current data on the nature and scale of stigma affecting women, infants, and their families.
- Review the literature with an additional focus on equality characteristics.
- Generate knowledge about evidence-based interventions for women, infants and families, with a specific focus on gathering data around dual and multiple stigma and effective interventions to tackle these.
- Update the literature gathered from health and social care professionals.
- Focus on the most effective interventions in raising awareness, building knowledge, capacity and skills, changing behaviours and influencing cultures and environments.
- Expand on the 2020 review to investigate issues related to infant mental health stigma. The publication window for this search was the previous 10 years, from 2012-2022.

Section 3. A note about language

Various terms are used in these guidelines in relation to poor mental health, acronyms and terms describing equality groups. We have tried to ensure the language used throughout these guidelines is inclusive and non-stigmatising. The language used in the review about problem substance use (commonly referred to as substance use disorder) reflects the terminology used by the original authors of the publications reviewed. This accurately reflects the terminology used in the primary

literature; however we recognise that some of the language used, such *substance use disorder,* may be stigmatising. See Me and the Mental Health Foundation do not endorse the use of all terms used by original study authors and we encourage all readers to avoid using language which may perpetuate stigma.

Section 4. Methods

4.1. Search Strategy

4.1.1. 2020 perinatal mental health stigma search strategy

Primary searches were undertaken through the Scottish Government Library services and the University of Edinburgh Library Databases, using search terms related to the keywords 'perinatal', 'mental health', 'access', 'stigma' and 'health professionals'. The search was focused on "Northern Europe, North America, and Australasia, as these were perceived to be more comparable with the UK due to healthcare systems and income distribution". "The search was limited to cover the last 10 years (i.e. 2010-2020) to ensure the relevance of findings". For full details of this search, see Annex 1, Appendix D.

4.1.2. 2022 perinatal mental health stigma search strategy

Due to a lack of information from specific searches performed, inclusion/exclusion criteria, and lack of access to some of the databases listed in the 2020 review, it was not possible to exactly repeat or "top up" the original searches. Instead, a decision was taken to conduct a new search for the period October 2020 - June 2022, based on, but not exactly repeating, the original search. Databases searched included: CINAHL; MEDLINE; APA PsycArticles; APA PsycInfo; SocINDEX with Full Text; ASSIA; Scopus. Google Scholar and Google Advanced using search terms related to the keywords 'perinatal', 'mental health' and 'stigma'. Full details of the search criteria can be found in Appendix B (section 1).

Inclusion Criteria	Exclusion Criteria
• Discussion of issues related to stigma of mental (ill) health in the perinatal period (pregnancy to ~ one year after birth) in the **abstract** section [to ensure relevance to search aims].	• Published earlier than October 2020 [as earlier results should have been captured in original search]. • Published in language other than English • Focus of study was location other than Europe, North America, Australasia [to retain comparability to original search and similarities to Scotland].

Table 1: Inclusion and exclusion criteria in perinatal mental health stigma searches

4.1.3. Infant mental health stigma search strategy

Databases searched included: CINAHL; MEDLINE; APA PsycArticles; APA PsycInfo; SocINDEX with Full Text; ASSIA; Scopus using search terms related to the key words 'infant', 'mental health' and 'stigma'. Google Scholar and Google Advanced were also searched using reduced search terms. Full details of the search criteria can be found in Appendix B (section 2).

Inclusion Criteria	Exclusion Criteria
• Discussion of impact of stigma of mental (ill) on infants (children under one year old- under three years at a maximum) in the abstract section, where available [to ensure relevance to search aims]. • Published within previous ten years (from May 2012) [with hope to ensure contemporary relevance while having wide enough reach to capture range of results].	• Published in language other than English. • Focus of study was location other than Europe, North America, Australasia [to retain comparability to 2020 perinatal MH search and similarities to Scotland].

Table 2: Inclusion and exclusion criteria in infant mental health stigma searches

4.2. Analysis

4.2.1. Thematic analysis of 2020 perinatal mental health stigma search

Results returned in the literature search carried out in 2020 are listed in Appendix A. They were divided based on the groups they addressed: women (mothers), partners (and families), and healthcare professionals. Evidence was grouped further into conceptual themes to form a narrative review. These themes, subthemes and descriptions are presented verbatim in section **Error! Reference source not found.**. T o differentiate these findings from those of the 2022 review, the 2020 review findings are written in italics, and further identified using footnotes.

4.2.2. Analysis of 2022 perinatal mental health stigma literature search

Results obtained from the 2022 review carried out by MHF were initially analysed using a deductive process, based on the conceptual themes identified in the 2020 review. Text was coded using NVivo 12 to nodes based on those presented in section **Error! Reference source not found.**. Descriptions of differences between t he 2020 and 2022 reviews are documented, with references to results found in the 2022 search. Footnotes are used to distinguish findings from the 2020 review, from new themes identified in the 2022 review. A summary of 2022 search results cross-referenced with themes can be found in Appendix B.

Section 5. Results

5.1. Search results from the 2022 review

The searches described in section **Error! Reference source not found.** involved t he screening of approximately 1,000 documents and resulted in 50 documents selected for analysis with relevance to maternal mental health stigma, and 11 documents specifically relevant to stigma and infant mental health. 27 of the results were focused on the USA, five focused on Australia, four on Canada, eight on the UK as a whole, three on Scotland, three on England, two on Denmark, one on Belgium, and one on Portugal. There were also nine review results which were not specific and/or focused on a range of different countries. 15 of the results focused on perinatal or postnatal depression, 17 on substance (or opioid) use, two on bipolar disorder, one on perinatal anxiety, and the other results were not specific or focused on a range of mental health illnesses.

5.2. Perinatal mental health stigma themes

This section reports the themes identified across the 2020 and 2022 searches related to perinatal mental health stigma. **2020 review themes are written in *blue***

italics **and identified using footnotes.** These are then discussed in relation to findings from the 2022 review. New themes arising from the 2022 review include:

- **Error! Reference source not found.**: Motivators in seeking treatment and r ecovery.
- **Error! Reference source not found.** Peer support.
- **Error! Reference source not found.**: Reluctance to take medication.
- **Error! Reference source not found.**: Identities.
- **Error! Reference source not found.**: Impacts on sexual minority partners.
- 3.3.5: Practical barriers to accessing services.

Perinatal Theme 1. Women's perspectives

(References 2-8, Appendix A in the 2020 search)

1.1. Mismatch between (self) expectations and experiences of motherhood

1.1.1. Distress at a time when happiness is 'expected'.

The 2020 review reported that the majority of women talked about how distress at a time when happiness was expected was perceived as a sign of weakness. This was mentioned in a minority of results in the 2022 search but additionally included mothers feeling like they were 'missing out' on time/connection with their young child (Heck et al., 2022), different from other 'happy looking', 'normal' mothers (Law et al., 2021) or different to pervasive media images of motherhood (Elliott et al., 2020), that there is a "societal silencing of negative experiences of motherhood" (Law et al., 2021, page 1376), that parents with mental ill-health felt like a failure (Elliott et al., 2020; Kirubarajan et al., 2022; Reupert et al., 2021) and that some fathers too experienced postnatal depression when they had expected new fatherhood to be a happy time (Pedersen et al., 2021).

1.1.2. 'Coping' entwined with 'good' mothering

'Coping' was often entwined with 'good' mothering, leading women to feel guilty and ashamed about their symptoms, conceal them and adopt alternative explanations for them. The suggestion of a link between coping and 'good motherhood' and/or desire to conceal symptoms in order to be perceived as a 'normal' mother was reported in a number of the 2022 search results (Barnett et al., 2021; Heck et al., 2022; Iturralde et al., 2021; Lackie et al., 2021; Law et al., 2021; Li et al., 2021; Paris et al., 2020; Recto et al., 2020; Reilly & Austin, 2021; Sampson et al., 2021).

1.1.3. Perinatal mental health diagnostic labels

Women held conflicting and contradicting views of the label of a perinatal mental health diagnosis; with the labelling process itself creating both relief and fear. Tsuda-McCaie & Kotera (2022) found evidence that labelling, or diagnosis of substance use disorder by health professionals and services created power imbalances and 'tarnished' them permanently. Iturralde et al. (2021) reported the concerns of some racialised participants in the US that a diagnosis of or documented treatment for perinatal depression may impact their employment or immigration status. A similar rationale (fear for employment prospects) of hesitancy to disclose symptoms was reported by lesbian mothers in Kirubarajan et al.'s (2022) study. Elliott et al. (2020) and Kinloch and Jaworska's (2021) analyses of historical and contemporary written

account from mothers noted an avoidance of the use of terms such as postnatal depression in favour of discussion of the impacts of lack of sleep or cases of 'nerves'.

1.1.4. Public stigma of a perinatal mental health diagnosis

Women often talked about the public stigma of a perinatal mental health diagnosis and how the label was a threat to their coping image, in terms of self-concept and of the image women wanted to portray to healthcare professionals and their social networks. Some results from the 2022 review found immigrant women to be particularly reluctant to seek help for and be diagnosed with a perinatal mental health condition (Bohr et al., 2021; Iturralde et al., 2021; Li et al., 2021).

1.1.5. *'Double stigma' of mental illness and motherhood*

Women highlighted how stigma associated with mental illness was exacerbated by becoming a parent, feeling doubly stigmatised because their capacity to be 'a good mother' was automatically doubted. Barnett et al. (2021) reported women's desire to be good mothers as a motivator for recovery, arguably with an implicit connection between substance use and poor mothering. There was discussion of women's self-doubt or perceptions of others, particularly health services, doubting their mothering capacity because of their mental illness (Burgess et al., 2021; Elliott et al., 2020; Frederiksen et al., 2021; Gannon et al., 2022; Heck et al., 2022; Irvine et al., 2021; Iturralde et al., 2021; Moran, 2020; O'Connor et al., 2022; Oh et al., 2020; Paris et al., 2020; Recto et al., 2020; Reupert et al., 2021; Sampson et al., 2021; Tsuda-McCaie & Kotera, 2022). Renbarger et al. (2022) noted mothers' trust with healthcare providers was increased when they were reassuring about their capabilities as mothers.

1.1.6. Custody fears

Fear of losing custody of their baby was consistently reported as a barrier to disclosure by mothers. Within the literature reviewed in 2022, there were several references to fears that the mothers' mental illness, particularly if it was substance use disorder, would result in their children being taken from them by state services or impact them regaining custody (Barnett et al., 2021; Burgess et al., 2021; Frederiksen et al., 2021; Kirubarajan et al., 2022; Law et al., 2021; C. E. Martin et al., 2022; Mental Health and Social Care Directorate, 2021; Nichols et al., 2021; Paris et al., 2020; Recto et al., 2020; Tsuda-McCaie & Kotera, 2022; Wright et al., 2021). In Pedersen et al.'s (2021) study of fathers with postnatal depression, they found similar fears amongst fathers about disclosing their feelings or condition, as did Darwin et al. (2021) in their analysis.

1.1.7. Motivators in seeking treatment and recovery

A number of studies in the 2022 review featured the voices of mothers for whom their child(ren)'s quality of life and their relationship with them were important motivators in seeking treatment and recovery (Barnett et al., 2021; O'Connor et al., 2022; Paris et al., 2020; Tsuda-McCaie & Kotera, 2022; Wright et al., 2021).

1.2. Personal network: when the personal becomes impersonal

1.2.1. Personal networks: mixed experiences

Mixed experiences: women reported that their personal network was either a barrier or an enabler to disclosing symptoms, engaging with treatment and their longer-term recovery. There was a discussion of women's personal networks being encouraging and helpful (Barnett et al., 2021; Branquinho et al., 2020; Heck et al., 2022; Li et al., 2021; Paris et al., 2020; Reilly & Austin, 2021; Sampson et al., 2021; Wright et al., 2021) or discouraging (Barnett et al., 2021; Heck et al., 2022; Iturralde et al., 2021; Reupert et al., 2021; Sampson et al., 2021; Webb et al., 2021; Wright et al., 2021) for disclosure and seeking treatment.

1.2.2. Varying manifestations of stigma

Stigma manifested in different ways such as judgement, dismissal, minimisation, and lack of understanding. Burgess et al. (2021) discussed the harmful effects of mothers' social networks not believing in their recovery. Heck et al. (2022) quoted a mother whose own mother had dismissed postnatal depression and another who hid her symptoms due to embarrassment. Oh et al. (2020) also quoted a mother who reported feeling embarrassed by symptoms of anxiety. Marsland et al. (2022) mentioned some mothers experiencing discrimination and a connection with increased symptoms of depression. Kirubarajan et al. (2022) described isolation and exclusion felt by LGBTQ2S+ people in the perinatal period because they were disregarded as parents.

1.2.3. Stigma by association

Stigma by association appeared to be both internal (in some cases women not wanting to emotionally burden families by sharing their symptoms) and external (family members sometimes discouraging disclosure and treatment because of the stigma this would bring to the whole family). Papers reviewed for the 2022 review (Burgess et al., 2021; Li et al., 2021; Paris et al., 2020; Sampson et al., 2021) included discussion of concerns that social network members would experience stigma through their connection with a mother with a mental illness (A. M. Martin et al., 2021; Reupert et al., 2021; Sampson et al., 2021).

1.2.4. Sociocultural and generational impacts

Reactions were often compounded by sociocultural and generational aspects leading women to often feel that their family could not cope, understand or accept their illness and magnifying their feelings of isolation. Barnett et al. (2021) reported concerns that in pursuing treatment and recovery for substance use disorder, women were abandoning their communities and the companionship such communities provided. Iturralde et al. (2021), Li et al. (2021), Martin et al. (2021), Manso-Cordoba et al. (2020) and Sampson et al. (2021) described some of the nuances related to race and ethnicity which impacted on cultural considerations of mental health conditions. Kirubajan et al. (2022) reported on the experience of one participant who due to becoming pregnant felt they had to exclude themselves from a circle of trans men friends who would not approve.

1.2.5. Peer support

Several results in the 2022 search discussed the positive perceptions or effects of support from peers with similar mental health conditions and experiences (Barnett et al., 2021; Darwin et al., 2021; Iturralde et al., 2021; Kirubarajan et al., 2022; Law et al., 2021; Li et al., 2021; C. E. Martin et al., 2022; Mental Health and Social Care Directorate, 2021; Oh et al., 2020; Shipkin et al., 2022). There was, however, some critique of the lack of accessibility of some activities and anxiety related to involvement in groups (Oh et al., 2020). Moran's (2020) literature review on peer support for mental health in the perinatal period mapped the use of such support in Scotland. This has clear and significant relevance to this project and area of work.

1.3. The healthcare experience: a case of missed opportunities

1.3.1. Healthcare experiences: A mixed picture

Mixed healthcare experiences were reported by women. This is discussed in the following points:

1.3.2. Healthcare professionals' key role in education

Women shared that they often relied on healthcare professionals to help them understand their symptoms as part of a mental health disorder that can be treated. Several results identified within the 2022 review discussed low levels of knowledge about mental health conditions amongst women (Jones, 2022; Lackie et al., 2021; Webb et al., 2021), and some that knowledge was increased through discussion with peers or reading about the subject (Lackie et al., 2021). Reilly & Austin (2021) reported on how a web-based tool increased mothers' knowledge about mental health symptoms. Gannon et al. (2022) argued that specialist doulas supported the health literacy of perinatal women with opioid use disorder, and C.E. Martin et al. (2022) and Renbarger et al. (2022) reported the efforts of healthcare professionals to alleviate fear, reassure and empower mothers who use opioids.

1.3.3. Dismissal of symptoms

Women shared that sometimes healthcare professionals normalised, minimised, dismissed, or did not recognise their symptoms. Within the literature reviewed for the 2022 review, there were instances where mothers described feeling that health services and professionals had dismissed or diminished their symptoms (Burgess et al., 2021; Frederiksen et al., 2021; Kirubarajan et al., 2022; Lackie et al., 2021; O'Connor et al., 2022; Oh et al., 2020; Wright et al., 2021).

1.3.4. Screening: a 'tick box' exercise

Women sometimes felt that screening was a 'tick-box' exercise without realistic support and referral options. Several of the 2022 results contained discussion of perceptions that mental health screening and/or treatment were 'tick-box exercises' (Frederiksen et al., 2021; Iturralde et al., 2021; Li et al., 2021; Pedersen et al., 2021; Recto et al., 2020).

1.3.5. Neglecting to discuss treatment options

When healthcare professionals did not discuss treatment options/preferences with women, this magnified their feelings of having no control over their lives and their treatment engagement. The 2022 review discovered various studies in which mothers similarly described experiences of healthcare services or professionals

which were perceived as disempowering (Barnett et al., 2021; Elliott et al., 2020; Frederiksen et al., 2021; Lackie et al., 2021; Recto et al., 2020; Tsuda-McCaie & Kotera, 2022).

Frederiksen discusses the benefits of models of person-centred care, shared decision making and attentive-listening which all promote empowerment. Canadian women with a history of post-partum depression participating in focus groups about the potential for an e-health intervention "discussed how having their capacity minimized and their needs dismissed by those they seek support from can leave them feeling disempowered and as though they have no control over their care" (Lackie et al. 2021, p. 28-29).

1.3.6. Lack of connection

Women often reported feeling hesitant to approach professionals they did not know, were not from the same ethnic background, and were perceived as busy and as focusing only on their physical symptoms and baby's health. Some studies reviewed in 2022 discussed the importance of culturally sensitive or relevant treatment options (Barnett et al., 2021; Gonzalez et al., 2021; Iturralde et al., 2021) and some that health services and/or professionals prioritised children over women (Burgess et al., 2021; Raffi et al., 2021; Recto et al., 2020; Tsuda-McCaie & Kotera, 2022; Wright et al., 2021)

1.3.7. Reluctance to take medication

Some results within the 2022 review featured discussion of mothers' reluctance to take medication (Cantwell, 2021; Iturralde et al., 2021; Kinloch & Jaworska, 2021; Kirubarajan et al., 2022; Lackie et al., 2021; Li et al., 2021; O'Connor et al., 2022; Raffi et al., 2021; Tsuda-McCaie & Kotera, 2022; Webb et al., 2021), often for fear of the effects on their infant.

1.4. Socio-cultural considerations: values and language barriers

1.4.1. Overcoming cultural expectations

Women from a range of ethnic minority backgrounds talked about having to overcome cultural expectations and strong social imperatives such as sharing personal worries outside the family circle and challenging the 'Strong-Black-Women' stereotype. Within the 2022 review literature, cultural expectations were discussed in terms of inhibiting seeking treatment or recovery (Barnett et al., 2021; Iturralde et al., 2021; Li et al., 2021; Manso-Córdoba et al., 2020; A. M. Martin et al., 2021; Pedersen et al., 2021; Sampson et al., 2021).

1.4.2. Cultural preferences

Sometimes women reported that their cultural preferences were not always taken into account (e.g. be examined only by female professionals). Kirubaran et al (2022) reported some gender non-conforming or trans people to have found gendered language used by health professionals distressing and/or alienating. In the Mental Health and Social Care Directorate's (2021) assessment, they commented that staff's lack of awareness of cultural considerations could be a barrier to use of those services by some religious or other groups.

1.4.3. Translation and interpretation services

Often women reported that official interpretation services were not available: over-relying on partners of women for translations which resulted in inaccuracies and ambiguity. Language differences were discussed as inhibiting access to or the effect of treatment but there was only cursory mention of interpreting services (or lack thereof) (Gonzalez et al., 2021; Iturralde et al., 2021; Mental Health and Social Care Directorate, 2021; NHS Greater Glasgow and Clyde, 2021; Webb et al., 2021).

1.4.4. *Intersectionality of stigma*

Evidence showed that stigma disproportionately affected people from ethnic minority backgrounds, who experienced prejudice and discrimination in community and healthcare service settings in addition to the public and internal stigma of experiencing mental ill-health. The 2022 review revealed discussion of intersections of stigma related to being a young parent (Frederiksen et al., 2021), ethnicity (Amoah, 2021; Iturralde et al., 2021; A. M. Martin et al., 2021), sexuality (Kirubarajan et al., 2022; Marsland et al., 2022; Mental Health and Social Care Directorate, 2021), gender (Kirubarajan et al., 2022; Recto et al., 2020; Reupert et al., 2021), and general health disparities experienced by particular ethnic groups (Gonzalez et al., 2021).

1.4.5. Identities

There were discussions in literature of identities around transitions to becoming a mother (Barnett et al., 2021; Elliott et al., 2020; Li et al., 2021; Oh et al., 2020; Tsuda-McCaie & Kotera, 2022) or father (Pedersen et al., 2021), including shifts in and status of who they were as individuals (Heck et al., 2022; Law et al., 2021), new mental health status (Gannon et al., 2022; Law et al., 2021; Tsuda-McCaie & Kotera, 2022) gender (Kirubarajan et al., 2022), and sexuality (Marsland et al., 2022).

Perinatal Theme 2. Partners' and families' perspectives

(References 24-28, Appendix A in the 2020 search)

2.1. Underneath the 'unsupportive layer': lack of knowledge and information

2.1.1. Impact of lack of knowledge on family support

Partners and family members often validated women's experiences of them dismissing or normalising their symptoms but attributed these reactions to their lack of awareness and knowledge. There was some documentation within the 2022 review that reported that partners were not always helpful in supporting women with perinatal mental health conditions because they lacked knowledge or insight about them (Lackie et al., 2021; Li et al., 2021; Sampson et al., 2021). There was also an indication of partners' general lack of knowledge about perinatal mental health conditions, and that increased knowledge would be beneficial (Irvine et al., 2021; Iturralde et al., 2021). Barnett et al. (2021) featured some detail about behaviours partners exhibited, such as putting mothers off accessing help or threatening to prevent them from seeking treatment.

2.1.2. *Partner and family emotional responses*

Where women were experiencing mental health difficulties, family members and partners reported: fear for disrupting 'status quo', feelings of confusion, concern, helplessness, frustration, guilt and stigma. Darwin et al. (2021, p. 24) reported on

one father feeling "completely out of [his] depth" when his partner became acutely unwell. Pedersen et al.'s (2021) study of men's experiences of postnatal depression mentioned feelings of powerlessness related to their roles and relationships being associated with a worsening of their own symptoms.

2.1.3. Emotional responses to hospital admission

Where women were admitted to the hospital/Mother and Baby Units (MBUs), partners reported: shock, disbelief, trauma, stress, financial and work-related difficulties, relationship problems and sleep deprivation. Darwin et al. (2021) expressed concern about the impact on partners and other children in the home when mothers are admitted to MBUs.

2.1.4. The invisible parent

The majority of partners talked about the "invisible parent": feeling excluded and marginalised by healthcare professionals and services. In Pedersen et al.'s (2021) study, some of the men mentioned feeling excluded from consideration that their emotional state may be affected by becoming a parent. Kirubajan et al. (2022) reported feelings of exclusion or lack of consideration from health services of LGBTQ2S+ parents because they were not biologically related to the child and/or had not given birth.

2.1.5. Involvement of partners and families by healthcare services

Complexities and ambivalence on how to involve partners and family members were reported both by family members, partners and women (e.g. in case women prefer not to disclose their symptoms). Some 2022 results discussed mothers wanting to avoid family members knowing they were experiencing symptoms or treatment (Burgess et al., 2021; Paris et al., 2020).

2.2. Struggling to identify and meet their own needs

2.2.1. Missing the signs

Partners often failed to interpret depressive symptoms as signs of mental illness, assuming they were facing physical illness instead. There were some examples in the later review of fathers misattributing symptoms or otherwise diminishing their symptoms and not seeking help (Pedersen et al., 2021; Riggs et al., 2021).

2.2.2. Perception of mental illness in fathers

Label of depression and admitting to experiencing mental health symptoms was often reported to contradict attitudes towards masculinity and fatherhood. Pedersen et al. (2021) documented extensive discussion from fathers about how reduced mental health negatively impacted perceptions of their fatherhood role and ideas of masculinity. Reupert et al. (2021) similarly reported on conflicts between men showing vulnerability and cultural perceptions of masculinity.

2.2.3. When partners seek help

Evidence showed that partners often reached a 'crisis point' before seeking help and avoided sharing their feelings with their partner that would otherwise be their primary source of support. Partners often perceived that their main role was to support women and 'stay strong' during the perinatal period. Fathers' desires to 'stay strong'

were discussed by Pedersen et al. (2021), Darwin et al (2021) and Riggs et al. (2021).

2.2.4. *A predominantly mother-baby oriented environment*

Partners often shared that difficulties related to seeking help were reinforced by navigating a predominantly mother-baby oriented environment. Fathers in Pedersen et al.'s (2021) study reported that language and health services are focussed on mothers being treated as the only group affected by changes to mental health during the perinatal period.

2.2.5. *Reluctance to take focus off the mother*

Partners sometimes mentioned feeling guilty to 'steal' their partner's limited time with healthcare professionals to talk about themselves. Riggs et al.'s (2021) study about fathers' and male partners' mental health following pregnancy loss reported reluctance to seek help due to a desire to focus on their partner. Darwin et al. (2021) similarly argued that some men may be reluctant to use support services for fear that they were not legitimate service users.

2.2.6. *Impacts on sexual minority partners*

Marsland et al.'s (2022) study of perinatal depression in sexual minority women, 'those who identify as lesbian, bisexual, queer or otherwise non-heterosexual', found that both birth and co-mothers had equally elevated depression scores (Marsland et al. 2022, p. 611). The study claims that greater depression is associated with self-stigma.

Perinatal Theme 3. Healthcare professionals' perspectives

(References 4, 8, 30-40, Appendix A in the 2020 search)

3.1. Mixed levels of knowledge and confidence

3.1.1. *Knowledge and confidence around perinatal mental healthcare*

Considerable variation in levels of knowledge and confidence of perinatal mental health issues, treatment, referral pathways, role of other health professionals and interpersonal skills. Reports or perceptions of healthcare professionals' lack of knowledge were discussed in several results (Casanova Dias et al., 2022; Iturralde et al., 2021; Kirubarajan et al., 2022; Mental Health and Social Care Directorate, 2021; Smid & Terplan, 2022; Webb et al., 2021) though the women in Irvine et al.'s (2021) study perceived the clinicians they encountered to be highly knowledgeable. Renbarger et al. (2022) found women's perceptions of healthcare professionals' competence to be associated with increased trust.

3.1.2. *Interpersonal skills*

Interpersonal skills, particularly good communication skills and building rapport, were often considered very important in facilitating disclosure and care but there was limited evidence on the adequacy of these skills. Several studies included in the 2022 review indicated the importance of clinicians' interpersonal skills in facilitating successful treatment encounters (Barnett et al., 2021; Frederiksen et al., 2021; Irvine et al., 2021; Iturralde et al., 2021; Law et al., 2021; C. E. Martin et al., 2022; Oh et al., 2020; Renbarger et al., 2022; Tsuda-McCaie & Kotera, 2022; Webb et al., 2021).

3.1.3. Knowledge of perinatal mental illness

In-depth knowledge and understanding of perinatal mental illness (i.e. contributing factors, prevalence, symptoms, consequences, treatment and recovery) were found to be limited at times, except from postnatal depression. As discussed in a previous point, there was some indication in literature examined for the 2022 review of healthcare professionals' lack of knowledge. However, an indication that postnatal depression was an exception to this, as highlighted in the 2020 review, was not found in the 2022 review. Having said this, participants in Oh et al. (2020) and Kirubarajan et al.'s (2022) argued that while there was respect and interest in postnatal depression that was not always the case for other conditions (in their cases, birth trauma and anxiety). Also, it is perhaps important to note that of the 50 results obtained in the 2022 search, 15 were focused on perinatal depression, 17 on substance misuse disorder and very few others on mental health conditions.

3.1.4. Cultural differences

Cultural differences were often reported to pose an additional challenge. This finding was endorsed in the 2022 review literature by Iturralde et al. (2021) and the Mental Health and Social Care Directorate (2021), while other authors commented on the importance of culturally considered care (Bohr et al., 2021; Darwin et al., 2021; Marsland et al., 2022; Moran, 2020; NHS Greater Glasgow and Clyde, 2021; Nichols et al., 2021).

3.2. Self-Reflection: attitudes and stereotypes

3.2.1. Mixed attitudes

Many healthcare professionals had positive attitudes towards women experiencing perinatal mental health difficulties, but stereotyping and stigma were also evident. In the 2022 review literature there were descriptions of judgemental or stigmatising attitudes by some healthcare professionals (Barnett et al., 2021; Burgess et al., 2021; Frederiksen et al., 2021; Nichols et al., 2021; Oh et al., 2020; Recto et al., 2020; Reupert et al., 2021; Richelle et al., 2022; Shadowen et al., 2021). For example, in their literature review, Reupert et al (2021) found several papers that describe healthcare professionals referring to families living with 'parental mental illness' as 'problem families'. There were fewer descriptions of positive attitudes from healthcare professionals, but this was still mentioned by some (Frederiksen et al., 2021; Gannon et al., 2022; Irvine et al., 2021; Nichols et al., 2021; Oh et al., 2020; Renbarger et al., 2022). Oh et al. reported that amongst the birthing parents (17 UK women who has experienced anxiety during/after pregnancy) who took part in their interviews: "Key factors that supported positive relationships were described, including compassion, empathy and giving time to explore concerns".

3.2.2. Perinatal mental health issues still a taboo subject

Perinatal mental health issues still regarded as a taboo subject in some cases (e.g. in appointments where partners or students were present; with younger women; women with language difficulties; women with learning disabilities). Some results included in the 2022 review discussed perceptions of a cultural taboo around perinatal mental health (Casanova Dias et al., 2022; Pedersen et al., 2021) and one suggested a hierarchy where substance use disorder is more discriminated against than other mental health conditions (Burgess et al., 2021).

3.2.3. Reluctance to use diagnostic labels

Reluctance to and assumptions about labelling women: fear that this would stigmatise/burden women, especially if others (including family) could access their notes. Literature investigated for the 2022 review revealed a reluctance to label women for fear of inhibiting therapeutic relationships (Nichols et al. (2021)). Finello & Poulsen (2012) argued that some clinicians may be reluctant to identify a problem with an infant's mental health.

3.2.4. Screening tools

Mixed attitudes towards standardised screening tools vs clinical intuition. Healthcare professionals reported an urgent need for culturally sensitive screening tool. There was criticism of current standards of screening and calls for more efficient identification of mental health issues in infants (Finello & Poulsen, 2012) and mothers (Haynes, 2018; Hoffman, 2021; Iturralde et al., 2021; Webb et al., 2021).

3.3. Practical and infrastructural barriers

3.3.1. Staff and resource shortages

Often time, staff and resource shortages were reported to make assessment and care more challenging, reinforcing prioritisation of physical health. In the 2022 review, some authors criticised the lack of funding in the USA, Australia and all parts of the UK to provide adequate services for women; for example how precarious NHS funding in the UK for perinatal mental healthcare perpetuated a lack of awareness raising and resulting stigma about perinatal mental illness (Haynes, 2018; Hoffman, 2021; Irvine et al., 2021; Papworth et al., 2021; Webb et al., 2021) or infants (McGoron & Ondersma, 2015; Parent Infant Foundation, 2020).

3.3.2. Lack of continuity of care

Lack of continuity of care was consistently mentioned to impact on the ability to form and maintain relationships with parents that would facilitate disclosure and treatment engagement of mothers. There was some critique of lack of continuity of care as a barrier to successful management of women's perinatal mental health, and a US-based study linked the gap between positive screening for postnatal depression and further assessment or mental health treatment with the social stigma of mental illness displayed by obstetricians (Hoffman, 2021; Mental Health and Social Care Directorate, 2021; Oh et al., 2020).

3.3.3. Fragmented services

Perceptions of fragmented services among healthcare professionals were sometimes considered to cause problems with interdisciplinary communication, hindering access to care for women. Several authors identified good interdisciplinary communication, and communication between services, to be important in providing good care. One US-based study (Finello 2012) reported that the stigma attached to mental health interventions for very young children at risk required a targeted strategy to engage families, including building strong relationships between practitioners and families to develop trust (Cantwell, 2021; Casanova Dias et al., 2022; Finello & Poulsen, 2012; Irvine et al., 2021; Mental Health and Social Care Directorate, 2021; Raffi et al., 2021; Webb et al., 2021).

3.3.4. *Limited options for referral and treatment*

Reluctance of healthcare professionals to identify perinatal mental health conditions because of the limited services and referral options available to them was reported to create complex 'ethical dilemmas'. Webb et al. (2021) discussed the issue of the lack of referral options for healthcare professionals caring for women in the perinatal period, which if left unaddressed can lead to stigma at societal level, which is a barrier to implementing care pathways. Most authors who discussed this issue did so in relation to the paucity of referral options for infants experiencing mental health difficulties (Finello & Poulsen, 2012; McGoron & Ondersma, 2015; Parent Infant Foundation, 2020)..

3.3.5. Practical barriers to accessing services

There were several mentions of practical issues, like individual lack of money, time, transport or childcare which were barriers to women (or parents) accessing treatment. One US-based study (Gonzalez 2021) reported that limited access to health insurance, affordable childcare and transport make mental health services inaccessible for many, which exacerbates the stigma that could be addressed through home-based treatment (Barnett et al., 2021; Gonzalez et al., 2021; Iturralde et al., 2021; Kirubarajan et al., 2022; Lackie et al., 2021; Mental Health and Social Care Directorate, 2021; Papworth et al., 2021; Salameh et al., 2021; Webb et al., 2021)

5.3. Infant mental health stigma themes

The review carried out in 2020 did not examine the impact of stigma on infant mental health, so all of the points listed in this section are from the MHF review carried out in 2022. It is important to note that whilst literature identified within this search made reference to infants, early years and/or young children, there was broad variation in the age-range that these terms were used to refer to. Across the literature, articles made reference to children aged under two years (Hadfield et al., 2019), up to four years (Centre for Mental Health, 2018). Most commonly, authors used the term 'infant' to refer to children aged 0-3 years (Finello et al., 2012; Bohr et al., 2021, Milwaukee County, 2020). Several papers (mostly reviews) did not define the infants or young children they referred to using any age band (e.g. Haynes, 2018, McGoron & Ondersma, 2015).

One other important point to note is that although around 500 documents published in the last ten years were screened, only 11 were relevant to this review. This debatably indicates the gaps in evidence and discussion of this area. The lack of material to analyse has meant that the themes of the review could not be grouped into broad discussion points, as the 2020 review of perinatal mental health were. The themes identified include:

Infant Theme 1. A lack of service provision and knowledge of infant mental health was documented by several authors (Centre for Mental Health, 2018; Finello & Poulsen, 2012; McGoron & Ondersma, 2015; Parent Infant Foundation, 2020).

Infant Theme 2. Critical periods: the importance of the early part of a child's life for later mental health was referred to by various authors (Centre for Mental Health,

2018; Darwin et al., 2021; Finello & Poulsen, 2012; Irvine et al., 2021; Milwaukee County, 2020; Parent Infant Foundation, 2020).

Infant Theme 3. There was a suggestion that issues indicating or impacting infant mental health are not efficiently picked up (Bohr et al., 2021; Centre for Mental Health, 2018; Finello & Poulsen, 2012; McGoron & Ondersma, 2015; Milwaukee County, 2020). Finello and Poulsen (2012, p. 421) argued that as families in the USA tend not to seek mental health diagnoses for their young children "on their own", infants do not enter the mental health system through traditional clinical routes (including self-referral); instead, referrals are often made from community services like day care centres. It is unclear from this review whether this observation regarding routes into services also applies to Scotland, however a review of UK evidence highlighted 'missed opportunities' in identifying and treating mental health-related issues in infants and young children (Centre for Mental Health, 2018).

Infant Theme 4. There was discussion of how indicators of issues with infants' mental health may be confused with normal infant behaviours (Centre for Mental Health, 2018; McGoron & Ondersma, 2015; Milwaukee County, 2020). McGoron and Ondersma (2015) argue that some parents may lack knowledge of child development, so do not always adequately differentiate between normal and problematic behaviour.

Infant Theme 5. Stigma around infants experiencing issues with their mental health was cited as an inhibitor to parents seeking help for them (Finello & Poulsen, 2012; A. M. Martin et al., 2021; McGoron & Ondersma, 2015; Milwaukee County, 2020). Finello and Poulsen (2012) argued that parents may be reluctant to acknowledge their infant's mental health condition due to their concerns that they may be at fault. A. Martin et al. (2021) cited a notion of affiliate stigma and research indicates that caregivers may experience higher levels of anxiety and depression, public stigma, and stigma by association particularly from family members and close friends, about their child's developmental delays or mental illness.

Infant Theme 6. Training for parents in how to interact with their infants was the most commonly cited interventional method for improving infant's mental health (Bohr et al., 2021; Centre for Mental Health, 2018; Finello & Poulsen, 2012; Hadfield et al., 2019; McGoron & Ondersma, 2015).

Infant Theme 7. Some authors mentioned the importance of relationships with family members to infant mental health Centre for Mental Health, 2018; Finello & Poulsen, 2012; Parent Infant Foundation, 2020).

Infant Theme 8. One search result discussed the various ways in which the COVID-19 pandemic may create or exacerbate contextual features which may negatively impact infant mental health (Parent Infant Foundation, 2020).

Infant Theme 9. There were numerous results across both the 2022 perinatal and infant mental health stigma searches which linked poor maternal mental health with negative impacts to infant wellbeing (Bee et al., 2014; Bohr et al., 2021; Cantwell, 2021; Centre for Mental Health, 2018; Darwin et al., 2021; Hadfield et al., 2019; Haynes, 2018; Hoffman, 2021; Irvine et al., 2021; Milwaukee County, 2020;

Myors et al., 2015; Parent Infant Foundation, 2020; Paris et al., 2020). It has been clearly shown over the 2020 and 2022 reviews, that stigma related to maternal/ perinatal mental health is detrimental to parents' mental health during the perinatal period. So, research shows an indirect link between perinatal mental health stigma and infant wellbeing, though this connection was not usually explicitly made by authors.

5.4. Interventions

The 2022 perinatal and infant mental health review included some studies which addressed interventions. Given the scope of this review, these represent only a small sample of perinatal and infant mental health interventions that appear within the literature. They should therefore be considered an illustration of the potential role interventions could play within the context of a stigma reduction approach. Interventions identified within the 2020 review are presented below, with their findings cross referenced with the outcome areas stated in the aims above (*raising awareness, building knowledge, capacity and skills, changing behaviours and influencing cultures and environments*). As the quality of these studies has not been assessed, no comment on the accuracy or generalisability of their findings is made.

Evaluation of single interventions

Bohr et al. (2021, p. 140) described an intervention, *The Crying Clinic (CC)*, as "an innovative walk-in service offered in a culturally diverse Canadian community to support maternal well-being and healthy parent–infant relationships. The CC was designed to be a gateway to existing infant mental health services, through its emphasis on accessibility and cultural sensitivity. Support for concrete concerns, such as anxiety about standard infant behaviours like crying, is give emphasis to in this approach to attract vulnerable families who would otherwise not access mental health support". They concluded that "that gateway service models such as the CC have the potential to enhance traditional infant mental health programs by creatively addressing the challenge of engaging highly vulnerable parents from culturally diverse backgrounds" (Bohr et al., 2021, p. 140). These results could be seen to indicate the *building* [of] *knowledge … and skills; changing behaviours; influencing cultures and environments;* and *raising awareness.*

Irvine et al. (2021, p. 560) evaluated *Together in Mind*, "a perinatal and infant mental health day programme … targeting mothers with moderate to severe mental illness and their infants under 12 months. The service model was a 6-week, 1 day per week psychoeducation intervention. They argued the "results indicate collaboration and early intervention contributes to strengthening the emerging development of the maternal–infant relationship within the context of complex maternal mental health issues" (Irvine et al., 2021, p. 560). It could be argued there is an indication that *Together in Mind builds [mothers'] knowledge … and skills.*

The intervention Reilly and Austin (2021, p. 1) evaluated, *Mummatters*, is "a web-based health tool that allows women to self-assess the symptoms of depression and the presence of psychosocial risk factors throughout pregnancy and the postnatal period. It aims to increase women's awareness of their own symptoms or risk factors and their knowledge of the available support options, to encourage engagement with these support options (as appropriate), and to facilitate communication about

emotional health issues between women and their healthcare providers". They found that "although *Mummatters* was rated positively by consumers, only 53% (19/36) to 61% (22/36) of women with possible depression reported speaking to their healthcare providers about their emotional health" (Reilly & Austin, 2021, p. 1). Although one of the objectives was arguably to *change behaviours and influence cultures and environments, Mummatters* was not found to be effective in doing so.

Shipkin et al.'s (2022, p. 1005) study "assessed whether the use of a peer-to-peer educational book, written and illustrated by women who experienced common mental disorders (CMDs) in the perinatal period, can positively impact women's knowledge and attitudes about these conditions". They argued that the "results suggested increased knowledge and more positive attitudes after the intervention, corresponding to a decrease in stigma between the pre- and post-test surveys… the study suggests that resources that highlight lived experiences with peripartum CMDs as told by women themselves may be a useful educational tool" (Shipkin et al., 2022, p. 1005). This possibly indicates the book *INSPIRE: Stories of Motherhood* may *build knowledge … and skills; influence cultures and environments; and raise awareness*.

Reviews of groups of interventions

As well as research evaluating single interventions, some of the documents returned in the 2022 searches related to examining types, or groups of similar interventions, usually via a review and / or evidence synthesis process. Again, as the quality of the reviewing process was not assessed, no comment is made as to the reliability of their findings.

Moran (2020, p. 4) carried out a reviewing exercise to determine "what evidence [there is] on the effectiveness of peer support in the perinatal period". She found that "peer-reviewed literature examining the impact of peer support in the perinatal period is limited. The peer-reviewed evidence is mainly comprised of articles from England and North America. None of the peer reviewed literature returned in the search focused on Scotland. … The research base in Scotland is comprised of third sector evaluations. … The literature shows general positive effects, with some studies showing mixed outcomes. However, the particular mechanisms which effect the positive impact of peer support are not identified or tested robustly in the literature. The evidence supports the effectiveness of peer support in reducing social isolation and improving self-esteem and parenting self-efficacy for new mothers. Many studies also demonstrate a reduction in depressive symptoms for mothers and an increase in social contact outside the home" (Moran, 2020, p. 6). This can be seen to indicate that peer support interventions may *build knowledge … and skills; and influence cultures and environments*.

Hadfield et al. (2019, p. 3519) undertook primary research aiming to "capture mothers' experiences of therapy for [postnatal depression] with a focus on parenting-related outcomes". They found that "mothers perceived therapy as helpful in improving mood, confidence as a parent and relationship with their infant. Mothers valued the process of normalising their experiences within group therapy and by their therapists because it reduced any shame and stigma associated with PND" (Hadfield et al., 2019, p. 3519). There is an indication from this study that psychological

therapies delivered by the NHS *build* [mothers'] *knowledge … and skills; and influence cultures and environments*.

Bee et al. (2014, p. vii) conducted an evidence synthesis of the "clinical effectiveness, cost-effectiveness and acceptability of community-based interventions for improving [quality of life] in children of parents with serious mental illness (SMI)". They found "Evidence for community-based interventions to enhance quality of life in children of severe mental illness parents is lacking. The capacity to recommend evidence-based approaches is limited" (Bee et al., 2014, p. viii). While the review aimed to assess the effectiveness, cost effectiveness and acceptability of community-based interventions, and therefore the scope for such interventions to *build capacity*, insufficient evidence was found.

Section 6. 2022 Review References

Amoah, E. (2021). Predicting Perinatal Low Mood and Depression for BAME Women - The Role of Treatment, Perceived Public, and Internalised Stigma. *Diversity and Equality in Health and Care*, *18*(7).

Barnett, E. R., Knight, E., Herman, R. J., Amarakaran, K., & Jankowski, M. K. (2021). Difficult binds: A systematic review of facilitators and barriers to treatment among mothers with substance use disorders. *Journal of Substance Abuse Treatment*, *126*, 108341. https://doi.org/10.1016/j.jsat.2021.108341

Bee, P., Bower, P., Byford, S., Churchill, R., Calam, R., Stallard, P., Pryjmachuk, S., Berzins, K., Cary, M., Wan, M., & Abel, K. (2014). The clinical effectiveness, cost-effectiveness and acceptability of community-based interventions aimed at improving or maintaining quality of life in children of parents with serious mental illness: a systematic review. *Health Technology Assessment*, *18*(8). https://doi.org/10.3310/hta18080

Bohr, Y., Bimm, M., Bint Misbah, K., Perrier, R., Lee, Y., Armour, L., & Sockett-DiMarco, N. (2021). The Crying Clinic: Increasing accessibility to Infant Mental Health services for immigrant parents at risk for peripartum depression. *Infant Mental Health Journal*, *42*(1), 140–156. https://doi.org/10.1002/imhj.21879

Branquinho, M., Canavarro, M. C., & Fonseca, A. (2020). Postpartum Depression in the Portuguese Population: The Role of Knowledge, Attitudes and Help-Seeking Propensity in Intention to Recommend Professional Help-Seeking. *Community Mental Health Journal*, *56*(8), 1436–1448. https://doi.org/10.1007/s10597-020-00587-7

Burgess, A., Bauer, E., Gallagher, S., Karstens, B., Lavoie, L., Ahrens, K., & O'Connor, A. (2021). Experiences of stigma among individuals in recovery from opioid use disorder in a rural setting: A qualitative analysis. *Journal of Substance Abuse Treatment*, *130*, 108488. https://doi.org/10.1016/j.jsat.2021.108488

Cantwell, R. (2021). Mental disorder in pregnancy and the early postpartum. *Anaesthesia*, *76*(S4), 76–83. https://doi.org/10.1111/anae.15424

Casanova Dias, M., Sönmez Güngör, E., Dolman, C., de Picker, L., & Jones, I. (2022). 20 years on: the legacy of Daksha Emson for perinatal psychiatry. *Archives of Women's Mental Health*, *25*(2), 507–510. https://doi.org/10.1007/s00737-021-01146-z

Centre for Mental Health. (2018). *0-4 years Missed opportunities: children and young people's mental health*.

Darwin, Z., Domoney, J., Iles, J., Bristow, F., McLeish, J., & Sethna, V. (2021). *Involving and supporting partners and other family members in specialist perinatal mental health services; Good practice guide*.

Elliott, G. K., Millard, C., & Sabroe, I. (2020). The Utilization of Cultural Movements to Overcome Stigma in Narrative of Postnatal Depression. *Frontiers in Psychiatry*, *11*, 532600. https://doi.org/10.3389/fpsyt.2020.532600

Finello, K. M., & Poulsen, M. K. (2012). Unique System of Care Issues and Challenges in Serving Children Under Age 3 and their Families. *American Journal of Community Psychology*, *49*(3–4), 417–429. https://doi.org/10.1007/s10464-011-9458-6

Frederiksen, M. S., Schmied, V., & Overgaard, C. (2021). Supportive encounters during pregnancy and the postnatal period: An ethnographic study of care experiences of parents in a vulnerable position. *Journal of Clinical Nursing*, *30*(15–16), 2386–2398. https://doi.org/10.1111/jocn.15778

Gannon, M., Short, V., Becker, M., Parikh, S., McGuigan, K., Hand, D., Keith, S., & Abatemarco, D. (2022). Doula engagement and maternal opioid use disorder (OUD): Experiences of women in OUD recovery during the perinatal period. *Midwifery*, *106*, 103243. https://doi.org/10.1016/j.midw.2021.103243

Gonzalez, C., Ramirez, M., Diaz, A., Duran, M., & Areán, P. (2021). Expanding Virtual Postpartum Mental Health Care for Latina Women: A Participatory Research and Policy Agenda. *Women's Health Issues*, *31*(2), 96–99. https://doi.org/10.1016/j.whi.2020.10.005

Hadfield, H., Glendenning, S., Bee, P., & Wittkowski, A. (2019). Psychological Therapy for Postnatal Depression in UK Primary Care Mental Health Services: A Qualitative Investigation Using Framework Analysis. *Journal of Child and Family Studies*, *28*(12), 3519–3532. https://doi.org/10.1007/s10826-019-01535-0

Haynes, E. (2018). Reaching women with perinatal mental illness at the booking-in appointment. *International Journal of Health Governance*, *23*(1), 38–45. https://doi.org/10.1108/IJHG-08-2017-0044

Heck, J. L., Wilson, J. S., & Parker, J. G. (2022). "It Took Away the Joy:" First American Mothers' Experiences with Postpartum Depression. *MCN: The American Journal of Maternal/Child Nursing*, *47*(1), 13–18. https://doi.org/10.1097/NMC.0000000000000776

Hoffman, M. C. (2021). Pushing beyond the silos: the obstetrician's role in perinatal depression care. *The Journal of Maternal-Fetal & Neonatal Medicine*, *34*(22), 3813–3819. https://doi.org/10.1080/14767058.2019.1691990

Irvine, A., Rawlinson, C., Bor, W., & Hoehn, E. (2021). Evaluation of a collaborative group intervention for mothers with moderate to severe perinatal mental illness and their infants in Australia. *Infant Mental Health Journal*, *42*(4), 560–572. https://doi.org/10.1002/imhj.21922

Iturralde, E., Hsiao, C. A., Nkemere, L., Kubo, A., Sterling, S. A., Flanagan, T., & Avalos, L. A. (2021). Engagement in perinatal depression treatment: a qualitative study of barriers across and within racial/ethnic groups. *BMC Pregnancy and Childbirth*, *21*(1), 512. https://doi.org/10.1186/s12884-021-03969-1

Jones, A. (2022). Postpartum Help-Seeking: The Role of Stigma and Mental Health Literacy. *Maternal and Child Health Journal*, *26*(5), 1030–1037. https://doi.org/10.1007/s10995-022-03399-1

Kinloch, K., & Jaworska, S. (2021). 'Your mind is part of your body': Negotiating the maternal body in online stories of postnatal depression on Mumsnet. *Discourse, Context & Media*, *39*, 100456. https://doi.org/10.1016/j.dcm.2020.100456

Kirubarajan, A., Barker, L. C., Leung, S., Ross, L. E., Zaheer, J., Park, B., Abramovich, A., Yudin, M. H., & Lam, J. S. H. (2022). <scp>LGBTQ2S</scp> + childbearing individuals and perinatal mental health: A systematic review. *BJOG: An International Journal of Obstetrics & Gynaecology*. https://doi.org/10.1111/1471-0528.17103

Lackie, M. E., Parrilla, J. S., Lavery, B. M., Kennedy, A. L., Ryan, D., Shulman, B., & Brotto, L. A. (2021). Digital Health Needs of Women With Postpartum Depression: Focus Group Study. *Journal of Medical Internet Research*, *23*(1), e18934. https://doi.org/10.2196/18934

Law, S., Ormel, I., Babinski, S., Plett, D., Dionne, E., Schwartz, H., & Rozmovits, L. (2021). Dread and solace: Talking about perinatal mental health. *International Journal of Mental Health Nursing*, *30*(S1), 1376–1385. https://doi.org/10.1111/inm.12884

Li, Q., Xue, W., Gong, W., Quan, X., Li, Q., Xiao, L., Xu, D., Caine, E. D., & Poleshuck, E. L. (2021). Experiences and perceptions of perinatal depression among new immigrant Chinese parents: a qualitative study. *BMC Health Services Research*, *21*(1), 739. https://doi.org/10.1186/s12913-021-06752-2

Manso-Córdoba, S., Pickering, S., Ortega, M. A., Asúnsolo, Á., & Romero, D. (2020). Factors Related to Seeking Help for Postpartum Depression: A Secondary Analysis of New York City PRAMS Data. *International Journal of Environmental Research and Public Health*, *17*(24), 9328. https://doi.org/10.3390/ijerph17249328

Marsland, S., Treyvaud, K., & Pepping, C. A. (2022). Prevalence and risk factors associated with perinatal depression in sexual minority women. *Clinical Psychology & Psychotherapy*, *29*(2), 611–621. https://doi.org/10.1002/cpp.2653

Martin, A. M., Marin, D. G., McIntyre, L. L., & Neece, C. (2021). Familism and Parenting Stress in Latinx Caregivers of Young Children with Developmental Delays. *The Family Journal*, 106648072110524. https://doi.org/10.1177/10664807211052480

Martin, C. E., Almeida, T., Thakkar, B., & Kimbrough, T. (2022). Postpartum and addiction recovery of women in opioid use disorder treatment: A qualitative study. *Substance Abuse*, *43*(1), 389–396. https://doi.org/10.1080/08897077.2021.1944954

McGoron, L., & Ondersma, S. J. (2015). Reviewing the need for technological and other expansions of evidence-based parent training for young children. *Children and Youth Services Review*, *59*, 71–83. https://doi.org/10.1016/j.childyouth.2015.10.012

Mental Health and Social Care Directorate. (2021). *Perinatal and Infant Mental Health Equality Impact Assessment Record*.

Milwaukee County. (2020). Five Ways to Reduce Early Childhood Mental Health Stigmas. In *Milkwaukee County Birth to 3 Program*.

Moran, J. (2020). *Peer Support in Perinatal Mental Health: Review of Evidence and Provision in Scotland (Internship Project Report)*.

Myors, K. A., Johnson, M., Cleary, M., & Schmied, V. (2015). Engaging women at risk for poor perinatal mental health outcomes: A mixed-methods study. *International Journal of Mental Health Nursing*, *24*(3), 241–252. https://doi.org/10.1111/inm.12109

NHS Greater Glasgow and Clyde. (2021). *Perinatal Mental Health Good Practice Guide*.

Nichols, T. R., Welborn, A., Gringle, M. R., & Lee, A. (2021). Social Stigma and Perinatal Substance Use Services: Recognizing the Power of the Good Mother Ideal. *Contemporary Drug Problems*, *48*(1), 19–37. https://doi.org/10.1177/0091450920969200

O'Connor, M., Czarnik, M., Morrow, B., & D'Angelo, D. (2022). Opioid use during pregnancy: An analysis of comment data from the 2016 Pregnancy Risk Assessment Monitoring System survey. *Substance Abuse*, *43*(1), 649–656. https://doi.org/10.1080/08897077.2021.1986878

Oh, S., Chew-Graham, C. A., Silverwood, V., Shaheen, S. A., Walsh-House, J., Sumathipala, A., & Kingstone, T. (2020). Exploring women's experiences of identifying, negotiating and managing perinatal anxiety: a qualitative study. *BMJ Open*, *10*(12), e040731. https://doi.org/10.1136/bmjopen-2020-040731

Papworth, R., Harris, A., Durcan, G., Wilton, J., & Sinclair, C. (2021). *Maternal mental health during a pandemic*.

Parent Infant Foundation. (2020). *Infant Mental Health; Briefing for Commissioners*.

Paris, R., Herriott, A. L., Maru, M., Hacking, S. E., & Sommer, A. R. (2020). Secrecy Versus Disclosure: Women with Substance Use Disorders Share Experiences in Help Seeking During Pregnancy. *Maternal and Child Health Journal*, *24*(11), 1396–1403. https://doi.org/10.1007/s10995-020-03006-1

Pedersen, S. C., Maindal, H. T., & Ryom, K. (2021). “I Wanted to Be There as a Father, but I Couldn’t”: A Qualitative Study of Fathers’ Experiences of Postpartum Depression and Their Help-Seeking Behavior. *American Journal of Men’s Health*, *15*(3), 155798832110243. https://doi.org/10.1177/15579883211024375

Raffi, E. R., Gray, J., Conteh, N., Kane, M., Cohen, L. S., & Schiff, D. M. (2021). Low barrier perinatal psychiatric care for patients with substance use disorder: meeting patients across the perinatal continuum where they are. *International Review of Psychiatry*, *33*(6), 543–552. https://doi.org/10.1080/09540261.2021.1898351

Recto, P., McGlothen-Bell, K., McGrath, J., Brownell, E., & Cleveland, L. M. (2020). The Role of Stigma in the Nursing Care of Families Impacted by Neonatal Abstinence Syndrome. *Advances in Neonatal Care*, *20*(5), 354–363. https://doi.org/10.1097/ANC.0000000000000778

Reilly, N., & Austin, M.-P. (2021). Attitudes and Engagement of Pregnant and Postnatal Women With a Web-Based Emotional Health Tool (Mummatters): Cross-sectional Study. *Journal of Medical Internet Research*, *23*(3), e18517. https://doi.org/10.2196/18517

Renbarger, K. M., Trainor, K. E., Place, J. M., & Broadstreet, A. (2022). Provider Characteristics Associated with Trust When Caring for Women Experiencing Substance Use Disorders in the Perinatal Period. *Journal of Midwifery & Women’s Health*, *67*(1), 75–94. https://doi.org/10.1111/jmwh.13320

Reupert, A., Gladstone, B., Helena Hine, R., Yates, S., McGaw, V., Charles, G., Drost, L., & Foster, K. (2021). Stigma in relation to families living with parental mental illness: An integrative review. *International Journal of Mental Health Nursing*, *30*(1), 6–26. https://doi.org/10.1111/inm.12820

Richelle, L., Dramaix-Wilmet, M., Roland, M., & Kacenelenbogen, N. (2022). Factors influencing medical students’ attitudes towards substance use during pregnancy. *BMC Medical Education*, *22*(1), 335. https://doi.org/10.1186/s12909-022-03394-8

Riggs, D. W., Due, C., & Tape, N. (2021). Australian Heterosexual Men’s Experiences of Pregnancy Loss: The Relationships Between Grief, Psychological Distress, Stigma, Help-Seeking, and Support. *OMEGA - Journal of Death and Dying*, *82*(3), 409–423. https://doi.org/10.1177/0030222818819339

Salameh, T., Hall, L., Crawford, T., & Hall, M. (2021). Perceived barriers to mental health and substance use treatment among US childbearing-aged women: NSDUH 2008-2014. *Women & Health*, *61*(10), 1007–1015. https://doi.org/10.1080/03630242.2021.2003501

Sampson, M., Yu, M., Mauldin, R., Mayorga, A., & Gonzalez, L. G. (2021). ‘You withhold what you are feeling so you can have a family’: Latinas’ perceptions on community values and postpartum depression. *Family Medicine and Community Health*, *9*(3), e000504. https://doi.org/10.1136/fmch-2020-000504

Shadowen, C., Wheeler, R., & Terplan, M. (2021). Patient and provider knowledge of and attitudes toward medical conditions and medication during pregnancy. *Addiction Science & Clinical Practice*, *16*(1), 22. https://doi.org/10.1186/s13722-021-00228-8

Shipkin, R., Blackledge, K., Jacob, J., Bosoy, F., Schertz, K., & Bachmann, G. (2022). Evaluating the Impact of a Novel Peer-to-Peer Educational Modality on Knowledge and Attitudes About Perinatal Mood and Anxiety Disorders. *Maternal and Child Health Journal*, *26*(5), 1005–1014. https://doi.org/10.1007/s10995-021-03323-z

Smid, M. C., & Terplan, M. (2022). What Obstetrician–Gynecologists Should Know About Substance Use Disorders in the Perinatal Period. *Obstetrics & Gynecology*, *139*(2), 317–337. https://doi.org/10.1097/AOG.0000000000004657

Tsuda-McCaie, F., & Kotera, Y. (2022). A qualitative meta-synthesis of pregnant women's experiences of accessing and receiving treatment for opioid use disorder. *Drug and Alcohol Review*, *41*(4), 851–862. https://doi.org/10.1111/dar.13421

Webb, R., Uddin, N., Ford, E., Easter, A., Shakespeare, J., Roberts, N., Alderdice, F., Coates, R., Hodd, S., Cheyne, H., Ayers, S., & MATRIx Study Team. (2021). *Barriers and Facilitators to Implementing Perinatal Mental Health Care in Health and Social Care Settings: A Systematic Review*.

Wright, M. E., Temples, H. S., Shores, E., Chafe, O., Lannamann, R., & Lautenschlager, C. (2021). Pregnant and Parenting Women's Experiences with Substance Use Disorder. *MCN: The American Journal of Maternal/Child Nursing*, *46*(5), 271–276. https://doi.org/10.1097/NMC.0000000000000741

Appendix A- Results referenced in 2020 review

Women's perspective:

2 Button, S., Thornton, A., Lee, S., Shakespeare, J., & Ayers, S. (2017). Seeking help for perinatal psychological distress: a meta-synthesis of women's experiences. British Journal of General Practice, 67(663), e692-e699.

3 Megnin-Viggars, O., Symington, I., Howard, L. M., & Pilling, S. (2015). Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research. Archives of women's mental health, 18(6), 745-759.

4 Smith, M. S., Lawrence, V., Sadler, E., & Easter, A. (2019). Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. BMJ open, 9(1).

5 Watson, H., Harrop, D., Walton, E., Young, A., & Soltani, H. (2019). A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. PloS one, 14(1), e0210587.

6 Bennison, L., Mercer, C., Sinesi, A., Sinclair, L., Skrene, G., Thompson, C. (2018). Unpublished research. Peer researchers exploring barriers to meaningful conversations around mental health during antenatal and postnatal care: a collaboration between academia and the Maternal Mental Health Scotland Change Agents.

7 Ford, E., Roomi, H., Hugh, H., & van Marwijk, H. (2019). Understanding barriers to women seeking and receiving help for perinatal mental health problems in UK general practice: development of a questionnaire. Primary health care research & development, 20.

8 Alliance, Boots Family Trust (2013). "Perinatal mental health: Experiences of women and health professionals." London: Boots Family Trust.

9 Jankovic, J., Parsons, J., Jovanović, N., Berrisford, G., Copello, A., Fazil, Q., & Priebe, S.. (2020). Differences in access and utilisation of mental health services in the perinatal period for women from ethnic minorities—a population-based study. BMC Medicine, 18(1), 245.

10 Knifton, L. (2012). Understanding and addressing the stigma of mental illness with ethnic minority communities. Health Sociology Review, 21(3), 287-298.

11 Tobin, C. L., Di Napoli, P., & Beck, C. T. (2017). Refugee and Immigrant Women's Experience of Postpartum Depression: A Meta-Synthesis. Journal of Transcultural Nursing, 29(1), 84-100.

12 Asif, S., Baugh, A., & Jones, N. W. (2015). The obstetric care of asylum seekers and refugee women in the UK. The Obstetrician & Gynaecologist, 17(4), 223-231.

13 Heslehurst, N., Brown, H., Pemu, A., Coleman, H., & Rankin, J. (2018). Perinatal health outcomes and care among asylum seekers and refugees: A systematic review of systematic reviews. BMC Medicine, 16(1), 89.

14 Hansotte, E., Payne, S. I., & Babich, S. M. (2017). Positive postpartum depression screening practices and subsequent mental health treatment for low-income women in Western countries: a systematic literature review. Public Health Reviews, 38(1), 3.

15 Kramlich, D., Kronk, R., Marcellus, L., Colbert, A., & Jakub, K. (2018). Rural Postpartum Women With Substance Use Disorders. Qualitative Health Research, 28(9), 1449-1461.

16 Renbarger, K. M., Shieh, C., Moorman, M., Latham-Mintus, K., & Draucker, C. (2019). Health Care Encounters of Pregnant and Postpartum Women with Substance Use Disorders. Western Journal of Nursing Research, 42(8), 019394591989337-628.

17 Foley, L., & Papadopoulos, I. (2013). Perinatal mental health services for black and ethnic minority women in prison. British Journal of Midwifery, 21(8), 553-562.

18 Coster, D., & Brookes, H. (2017). Perinatal education needs of imprisoned mothers and fathers. International Journal of Birth and Parent Education, 4(3), 14.

19 Dolan, R., Shaw, J., & Hann, M. (2019). Pregnancy in prison, Mother and Baby Unit admission and impacts on perinatal depression and 'quality of life'. The Journal of Forensic Psychiatry & Psychology, 30(4), 551-569.

20 Hasselle, A. J., Howell, K. H., Bottomley, J., Sheddan, H. C., Capers, J. M., & Miller-Graff, L. E. (2020). Barriers to Intervention Engagement Among Women Experiencing Intimate Partner Violence Proximal to Pregnancy. Psychology of Violence, 10(3), 290-299.

21 Ross, L. E., & Goldberg, A. E. (2016). Perinatal Experiences of Lesbian, Gay, Bisexual, and Transgender People. In The Oxford Handbook of Perinatal Psychology (1st ed., Oxford Library of Psychology, pp. The Oxford Handbook of Perinatal Psychology, 2016-04-28). Oxford University Press.

22 Godier-McBard, L. R., Ibbitson, L., Hooks, C., & Fossey, M. (2019). Military spouses with deployed partners are at greater risk of poor perinatal mental health: A scoping review. Journal of the Royal Army Medical Corps, 165(5), 363-370.

23 Katon, J. G., Lewis, L., Hercinovic, S., McNab, A., Fortney, J., & Rose, S. M. (2017). Improving Perinatal Mental Health Care for Women Veterans: Description of a Quality Improvement Program. Maternal and Child Health Journal, 21(8), 1598-1605.

Partners' and Families' Perspective:

24 Darwin, Z., Galdas, P., Hinchliff, S., Littlewood, E., McMillan, D., McGowan, L., & Gilbody, S. (2017). Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. BMC pregnancy and childbirth, 17(1), 1-15.

25 Lever T., B., Billings, J., Morant, N., & Johnson, S. (2018). How do women's partners view perinatal mental health services? A qualitative meta-synthesis. Clinical psychology & psychotherapy, 25(1), 112-129.

26 Schuppan, K. M., Roberts, R., & Powrie, R. (2019). Paternal perinatal mental health: At-risk fathers' perceptions of help-seeking and screening. The Journal of Men's Studies, 27(3), 307-328.

27 Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. Clinical psychology review, 49, 106-118.

28 Taylor, B. L., Billings, J., Morant, N., Bick, D., & Johnson, S. (2019). Experiences of how services supporting women with perinatal mental health difficulties work with their families: a qualitative study in England. BMJ open, 9(7), e030208.

29 Riggs, E., Yelland, J., Szwarc, J., Wahidi, S., Casey, S., Chesters, D., ... & Brown, S. (2016). Fatherhood in a new country: a qualitative study exploring the experiences of Afghan men and implications for health services. Birth, 43(1), 86-92.

Healthcare Professionals' Perspective:

30 Bayrampour, H. H., Ayu P., & Pavlovic, J. (2018). Barriers to addressing perinatal mental health issues in midwifery settings. Midwifery, 59, 47-58.

31 Ford, E., Shakespeare, J., Elias, F., & Ayers, S. (2017). Recognition and management of perinatal depression and anxiety by general practitioners: A systematic review. Family Practice, 34(1), 11-19.

32 Jomeen, J., Glover, L., Jones, C., Garg, D., & Marshall, C. (2013). Assessing women's perinatal psychological health: Exploring the experiences of health visitors. Journal of Reproductive and Infant Psychology, 31(5), 479-489.

33 Keefe, R. H., Brownstein-Evans, C., & Rouland-Polmanteer, R. S. (2016). Addressing access barriers to services for mothers at risk for perinatal mood disorders: A social work perspective. Social work in health care, 55(1), 1-11.

34 Legere, L. E., Wallace, K., Bowen, A., McQueen, K., Montgomery, P., & Evans, M. (2017). Approaches to health-care provider education and professional development in perinatal depression: A systematic review. BMC Pregnancy and Childbirth, 17(1), 239.

35 Noonan, M., Doody, O., Jomeen, J., & Galvin, R. (2017). Midwives' perceptions and experiences of caring for women who experience perinatal mental health problems: An integrative review. Midwifery, 45, 56-71.

36 Noonan, M., Galvin, R., Doody, O., & Jomeen, J. (2017). A qualitative meta-synthesis: Public health nurses role in the identification and management of perinatal mental health problems. Journal of advanced nursing, 73(3), 545-557.

37 Noonan, M., Doody, O., Jomeen, J., O'Regan, A., & Galvin, R. (2018). Family physicians perceived role in perinatal mental health: An integrative review. BMC Family Practice, 19(1), 154.

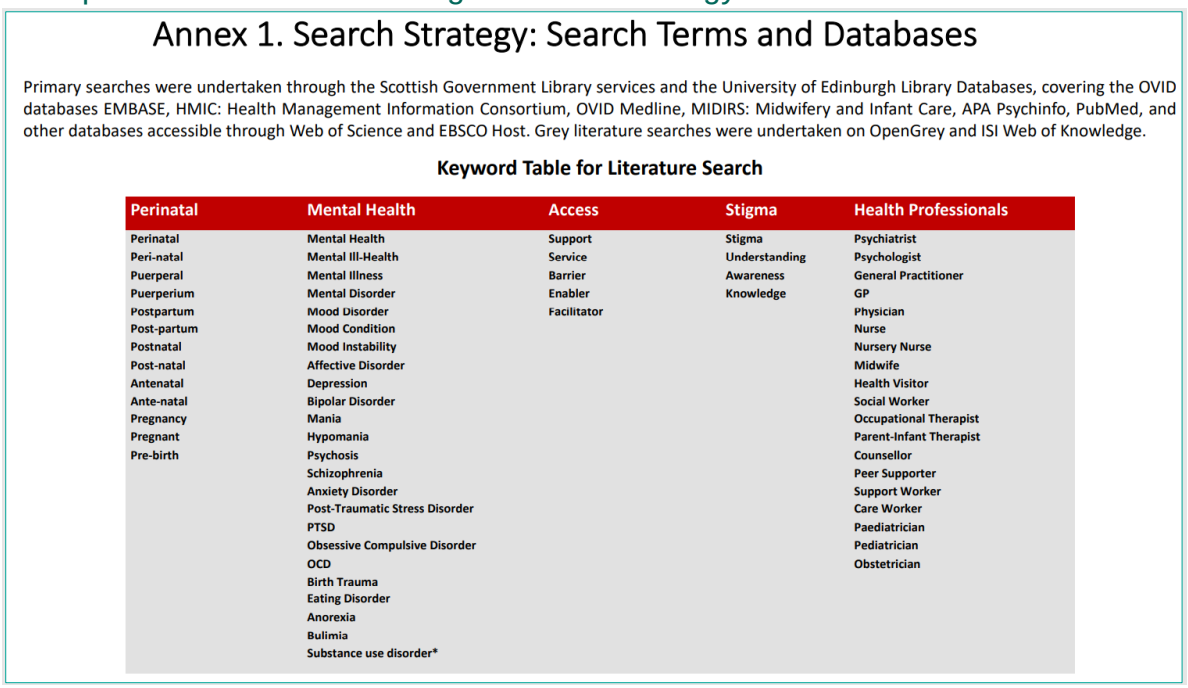
38 Rothera, I., & Oates, M. (2011). Managing perinatal mental health: A survey of practitioners' views. British Journal of Midwifery, 19(5), 304-313.

39 Viveiros, C. J., & Darling, E. K. (2019). Perceptions of barriers to accessing perinatal mental health care in midwifery: A scoping review. Midwifery, 70, 106-118.

40 Wadephul, F., Jarrett, P. M., Jomeen, J., & Martin, C. R. (2018). A mixed methods review to develop and confirm a framework for assessing midwifery practice in perinatal mental health. Journal of Advanced Nursing, 74(10), 2258-2272

Appendix B – Search Strategy

2020 perinatal mental health stigma search strategy



Annex 1. Search Strategy: Search Terms and Databases

Primary searches were undertaken through the Scottish Government Library services and the University of Edinburgh Library Databases, covering the OVID databases EMBASE, HMIC: Health Management Information Consortium, OVID Medline, MIDIRS: Midwifery and Infant Care, APA Psychinfo, PubMed, and other databases accessible through Web of Science and EBSCO Host. Grey literature searches were undertaken on OpenGrey and ISI Web of Knowledge.

Keyword Table for Literature Search

Perinatal	Mental Health	Access	Stigma	Health Professionals
Perinatal	Mental Health	Support	Stigma	Psychiatrist
Peri-natal	Mental Ill-Health	Service	Understanding	Psychologist
Puerperal	Mental Illness	Barrier	Awareness	General Practitioner
Puerperium	Mental Disorder	Enabler	Knowledge	GP
Postpartum	Mood Disorder	Facilitator		Physician
Post-partum	Mood Condition			Nurse
Postnatal	Mood Instability			Nursery Nurse
Post-natal	Affective Disorder			Midwife
Antenatal	Depression			Health Visitor
Ante-natal	Bipolar Disorder			Social Worker
Pregnancy	Mania			Occupational Therapist
Pregnant	Hypomania			Parent-Infant Therapist
Pre-birth	Psychosis			Counsellor
	Schizophrenia			Peer Supporter
	Anxiety Disorder			Support Worker
	Post-Traumatic Stress Disorder			Care Worker
	PTSD			Paediatrician
	Obsessive Compulsive Disorder			Pediatrician
	OCD			Obstetrician
	Birth Trauma			
	Eating Disorder			
	Anorexia			
	Bulimia			
	Substance use disorder*			

Figure 1: Search strategy slide presented in 2020 search slide deck

The search was focused on “Northern Europe, North America, and Australasia, as these were perceived to be more comparable with the UK due to healthcare systems and income distribution”. “The search was limited to cover the last 10 years (i.e. 2010-2020) to ensure the relevance of findings”.

2022 perinatal mental health stigma search strategy

Due to a lack of information from specific searches performed, inclusion/exclusion criteria, and lack of access to some of the databases listed in the 2020 review, it was not possible to exactly repeat or “top up” the original searches. Instead, a decision was taken to conduct a new search for the period October 2020 - June 2022, based on, but not exactly repeating, the original search.

Perinatal OR	AND	“Mental Health” OR	AND	Stigma
Peri-natal; Puerperal; Puerperium; Postpartum; Post-partum; Postnatal; Post-natal; Antenatal; Ante-natal; Pregnancy; Pregnant; Pre-birth; Post-birth;		“Mental Ill-Health”; “Mental Illness”; “Mental Disorder”; “Mood Disorder”; “Mood Condition”; “Mood Instability”; “Affective Disorder”; Depression; “Bipolar Disorder”; Mania; Hypomania; Psychosis; Schizophrenia; Anxiety; “Post-Traumatic Stress Disorder”; PTSD; “Obsessive Compulsive Disorder”; OCD; “Birth Trauma”; “Eating Disorder”; Anorexia; Bulimia; “Substance use disorder”		

Table 3: Terms used in new perinatal mental health stigma searches (including Boolean operators) in academic databases

Databases searched included: CINAHL; MEDLINE; APA PsycArticles; APA PsycInfo; SocINDEX with Full Text; ASSIA; Scopus. Google Scholar and Google Advanced were also searched using reduced search terms (see figure 2).

Inclusion Criteria	Exclusion Criteria
• Discussion of issues related to stigma of mental (ill) health in the perinatal period (pregnancy to ~ one year after birth) in the **abstract** section [to ensure relevance to search aims].	• Published earlier than October 2020 [as earlier results should have been captured in original search]. • Published in language other than English • Focus of study was location other than Europe, North America, Australasia [to retain comparability to original search and similarities to Scotland].

Table 4: Inclusion and exclusion criteria in perinatal mental health stigma searches

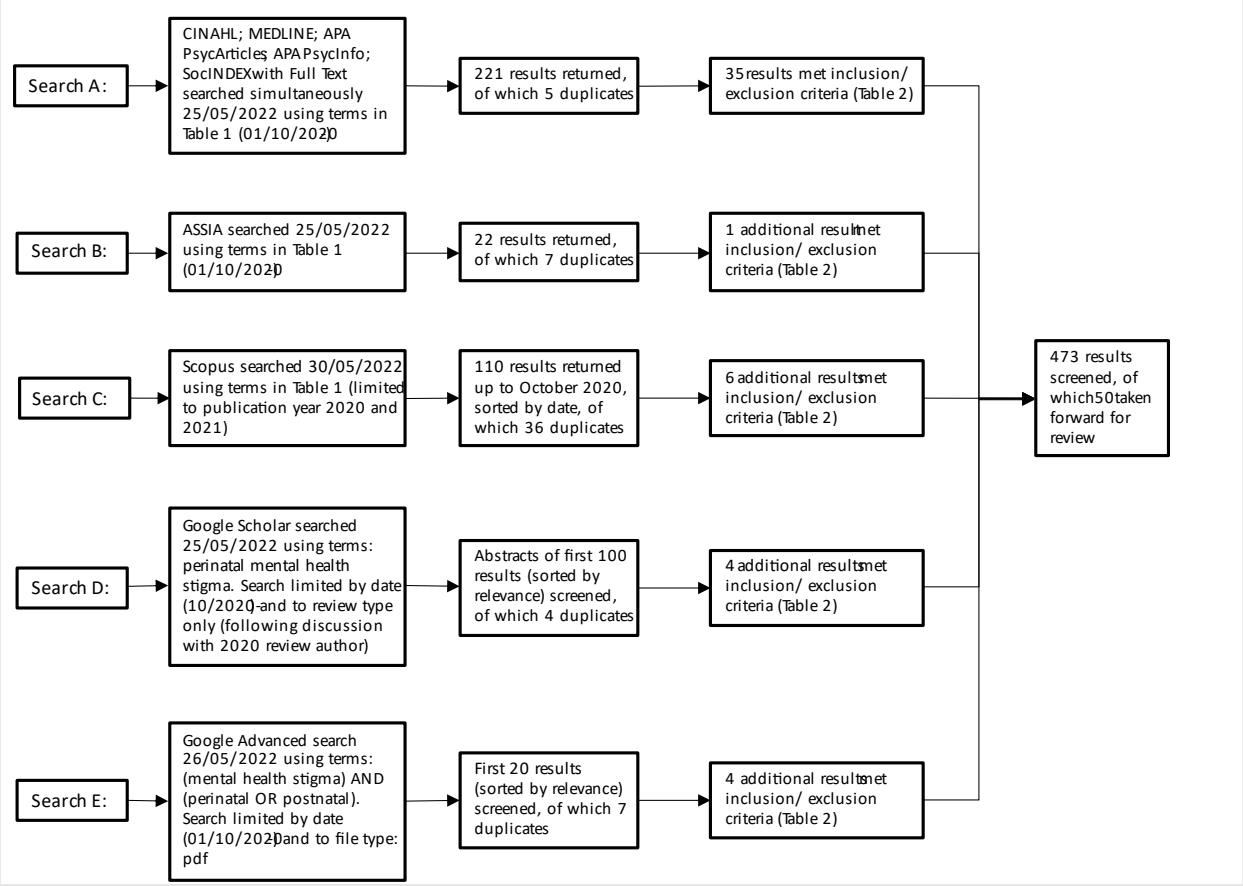


Figure 2: Search and screening process, perinatal mental health stigma

Infant mental health stigma search strategy

"Infant" OR	AND	"Mental Health" OR	AND	"Stigma"
Baby; Babies; "early years"; "young children"; "new born"; Newborn; Neonate; Toddler; "young child"; "1001 days"; "1000 days"; "under 12 months"; "under 1 year"; "one year old"		"Mental Ill-Health"; "Mental Illness"; "Mental Disorder"; "Mood Disorder"; "Mood Condition"; "Mood Instability"; "Affective Disorder"; Depression; "Bipolar Disorder"; Mania; Hypomania; Psychosis; Schizophrenia; Anxiety; "Post-Traumatic Stress Disorder"; PTSD; "Obsessive Compulsive Disorder"; OCD; "Birth Trauma"; "Eating Disorder"; Anorexia; Bulimia; "Substance use disorder"		

Table 5: Terms used in infant mental health searches (including Boolean operators) in academic databases

Databases searched included: CINAHL; MEDLINE; APA PsycArticles; APA PsycInfo; SocINDEX with Full Text; ASSIA; Scopus. Google Scholar and Google Advanced were also searched using reduced search terms (see figure 2).

Inclusion Criteria	Exclusion Criteria
• Discussion of impact of stigma of mental (ill) health on infants (children under one year old- under three years at a maximum) in the abstract section, where available [to ensure relevance to search aims]. • Published within previous ten years (from May 2012) [with hope to ensure contemporary relevance while having wide enough reach to capture range of results].	• Published in language other than English. • Focus of study was location other than Europe, North America, Australasia [to retain comparability to 2020 perinatal MH search and similarities to Scotland].

Table 6: Inclusion and exclusion criteria in infant mental health stigma searches

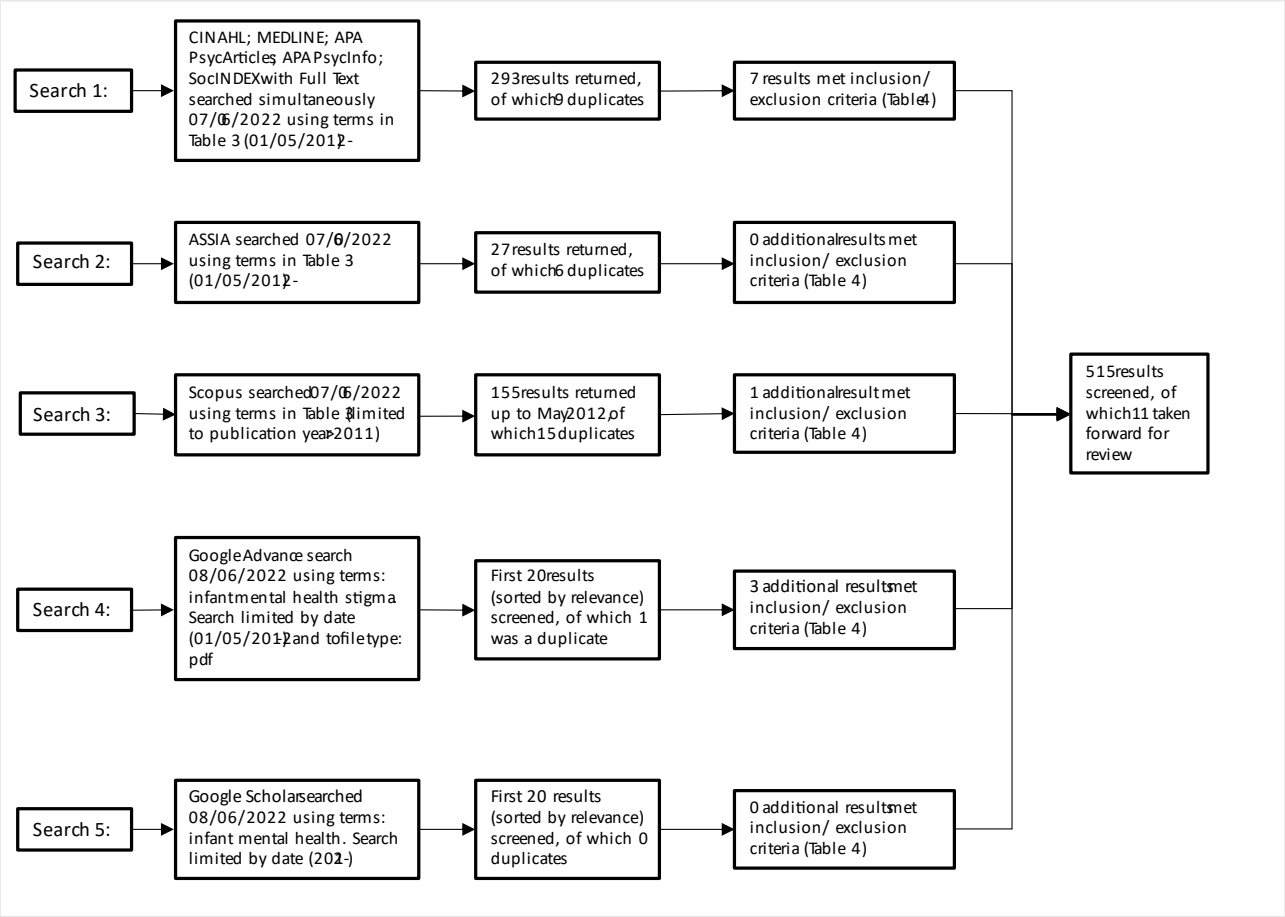


Figure 3: Search and screening process, infant mental health stigma

Appendix C - Summary of results 2022 search

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Australian Heterosexual Men's Experiences of Pregnancy Loss: The Relationships Between Grief, Psychological Distress, Stigma, Help-Seeking, and Support	Riggs et al	2021	Australia	Partners	Barriers and enablers to partners help seeking	Questionnaire about pregnancy loss. 48 participants
Prevalence and risk factors associated with perinatal depression in sexual minority women	Marsland et al	2022	Australia; USA	Women (sexual minority)	Social network as barrier/ enabler; intersectionality of stigma; (new) partners, increased depression among bisexual mothers	Questionnaire about depression. 194 participants
Postpartum Help-Seeking: The Role of Stigma and Mental Health Literacy	Jones	2022	USA	Women	Increased understanding of condition;	Online survey of women who had recently given birth. Focus on depression. 326 participants
Evaluating the Impact of a Novel Peer-to-Peer Educational Modality on Knowledge and Attitudes About Perinatal Mood and Anxiety Disorders	Shipkin, Rebecca; Blackledge, Kristin; Jacob, Jane; Bosoy, Frederick; Schertz, Katherine; Bachmann, Gloria	2022	USA	Women	Increased understanding of condition;	Used book written by mothers about experiences of common mental health disorders to increase knowledge and decrease stigma in perinatal women. 251 participants
Dread and solace: Talking about perinatal mental health	Law et al	2021	Canada	Women; Professionals	Coping= good motherhood; distress in a happy time; increased understanding of condition; good motherhood doubted; fear of losing custody; interpersonal skills of Health Care Professionals (HCPs); social network barrier/ enabler	Qualitative interviews; self-reported symptoms of range of MH issues. 21 interviews

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
"It Took Away the Joy:" First American Mothers' Experiences with Postpartum Depression	Heck, Jennifer L.; Wilson, Janet Sullivan; Parker, Judy Goforth	2022	USA	Women (Native American)	Sadness in a happy time; coping= good motherhood; good motherhood doubted; social network barrier and enabler; cultural expectations;	Focus on postpartum depression. Qualitative. 8 participants
20 years on: the legacy of Daksha Emson for perinatal psychiatry	Casanova Dias, Marisa; Sönmez Güngör, Ekin; Dolman, Clare; De Picker, Livia; Jones, Ian	2022	UK	Professionals	PNMH taboo; interdisciplinary communication	Letter reflecting on health service changes since death of Daksha Emson and her daughter. BPD with postpartum psychosis
Engagement in perinatal depression treatment: a qualitative study of barriers across and within racial/ethnic groups	Iturralde, Esti; Hsiao, Crystal A.; Nkemere, Linda; Kubo, Ai; Sterling, Stacy A.; Flanagan, Tracy; Avalos, Lyndsay A.	2021	USA	Women (focus on racial minorities); Professionals	Women not recognising symptoms or where to get help; reluctance to take meds; labelling; cultural differences (HCPs and women); continuity of care (HCPs); resource shortages (HCPs); good motherhood doubted; coping = good motherhood; social networks enabler/ barrier; cultural expectations; labelling; intersectionality of stigma; practical barriers to treatment seeking; variation in knowledge (HCPs); interpersonal skills (HCPs); tick box exercise; integration of services	Qualitative. Perinatal depression. 30 participants
Social Stigma and Perinatal Substance Use Services: Recognizing the Power of the Good Mother Ideal	Nichols, Tracy; Welborn, Amber; Gringle, Meredith; Lee, Amy	2021	USA	Professionals	Varying attitudes; prioritising physical (baby) health; interpersonal skills; reluctance to label; (mothers) fear of losing custody; cultural differences (substance use synonymous with bad mothering);	Qualitative. Substance use disorder.

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Pregnant and Parenting Women's Experiences with Substance Use Disorder	Wright, Mary Ellen; Temples, Heide S.; Shores, Emily; Chafe, Olivia; Lannamann, Rebekkah; Lautenschlager, Carla	2021	USA	Women	History of traumatic events; HCPs disempowering; fear of losing custody; children motivator for recovery; social connections enabler/ barrier; stigma by association; HCPs focussed on baby	Qualitative interviews. Substance use disorder. 10 participants
Supportive encounters during pregnancy and the postnatal period: An ethnographic study of care experiences of parents in a vulnerable position	Frederiksen, Marianne Stistrup; Schmied, Virginia; Overgaard, Charlotte	2021	Denmark	Women, Professionals	Interpersonal skills (HCPs); tick box exercise; disempowering (reverse); varying attitudes (HCPs); intersectionality of stigma; reluctance to label (reverse); good motherhood doubted; fear of losing custody	Qualitative. Various MH conditions. 39 individual participants (also features ethnography)
Perceived barriers to mental health and substance use treatment among US childbearing-aged women: NSDUH 2008-2014	Salameh, Taghreed; Hall, Lynne; Crawford, Timothy; Hall, Martin	2021	USA	Women	Practical barriers; lack of resources; lack of referral options	Quantitative. Various MH issues and SUD. 5520 pregnant and 11040 non pregnant women
Experiences and perceptions of perinatal depression among new immigrant Chinese parents: a qualitative study	Qiao Li; Wenqing Xue; Wenjie Gong; Xin Quan; Quanlei Li; Lina Xiao; Dong (Roman) Xu; Caine, Eric D.; Poleshuck, Ellen L.; Li, Qiao; Xue, Wenqing; Gong, Wenjie; Quan, Xin; Li, Quanlei; Xiao, Lina; Xu, Dong Roman	2021	USA	Women; Partners (new immigrant Chinese)	Reluctance to take meds; lack of knowledge (partners); cultural expectations; social network barrier/ enabler; good motherhood doubted; tick box exercise (positive); labelling; stigma by association; coping = good motherhood; interpersonal skills (HCPs)	Qualitative. Various MH conditions. 13 participants
Providing Culturally Competent Mental Health Care for Muslim Women	SAHERWALA, ZAINAB; BASHIR, SABINA; GAINER, DANIELLE	2021	USA		Not coded as seems to be conjecture	Case vignettes. Various MH conditions

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Low barrier perinatal psychiatric care for patients with substance use disorder: Meeting patients across the perinatal continuum where they are	Raffi et al	2021	USA	Professionals	Reluctance to take meds; interdisciplinary comms; prioritising baby;	Review. Various MH issues and SUD
Evaluation of a collaborative group intervention for mothers with moderate to severe perinatal mental illness and their infants in Australia	Irvine et al	2021	Australia	Infants; Mothers; Professionals ; Partners	Critical periods; impact of mothers' MH; good motherhood doubted; interpersonal skills; varying levels of knowledge; lack of knowledge; helplessness; interdisciplinary comms; lack of referral options; lack of resources	Mixed methods, quant programme evaluation. Various MH issues. 84 mothers and infants
Postpartum Depression in the Portuguese Population: The Role of Knowledge, Attitudes and Help-Seeking Propensity in Intention to Recommend Professional Help-Seeking	Branquinho, Mariana; Canavarro, Maria Cristina; Fonseca, Ana	2020	Portugal	Partners, Families	Social network as barrier/ enabler;	Survey. Postpartum depression. 621 participants
Secrecy Versus Disclosure: Women with Substance Use Disorders Share Experiences in Help Seeking During Pregnancy	Paris, Ruth; Herriott, Anna L.; Maru, Mihoko; Hacking, Sarah E.; Sommer, Amy R	2020	USA	Mothers; Infants	Fear of losing custody; good motherhood doubted; coping = good motherhood; impact of mothers' MH on infant; stigma by association; social network as barrier/ enabler	Qualitative interviews. Substance use disorder. 21 participants
A qualitative meta-synthesis of pregnant women's experiences of accessing and receiving treatment for opioid use disorder	Tsuda-McCaie, Freya; Kotera, Yasuhiro,	2022	UK (World)	Mothers; Infants	Impact of mothers' MH on infant; child as motivator for seeking treatment; identities; good motherhood doubted; fear of losing custody; disempowering; HCPs focus on baby; labelling; intersectionality of stigma; interpersonal skills (HCPs)	Qualitative meta synthesis. Substance use disorder (opiates).

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Factors influencing medical students' attitudes towards substance use during pregnancy	Richelle L; Dramaix-Wilmet M; Kacenelenbogen N;	2022	Belgium	Professionals	Mixed attitudes	Quantitative survey. Substance use disorder. 370 participants
The Role of Stigma in the Nursing Care of Families Impacted by Neonatal Abstinence Syndrome	Recto, Pamela; McGlothen-Bell, Kelly; McGrath, Jacqueline; Brownell, Elizabeth; Cleveland, Lisa M.	2020	USA	Professionals ; Mothers; Infants	Mixed attitudes; mixed knowledge; good motherhood doubted; intersectionality of stigma; disempowering; focus on baby; coping = good motherhood; fear of losing custody; impact of mother's MH on infant; tick box exercise	Review. Substance use disorder
Attitudes and Engagement of Pregnant and Postnatal Women With a Web-Based Emotional Health Tool (Mummatters): Cross-sectional Study	Reilly, Nicole; Austin, Marie-Paule	2021	Australia	Mothers	Increased understanding of condition; social network barrier/ ; coping = good motherhood	Survey. Perinatal depression. 140 participants
Patient and provider knowledge of, and attitudes toward, medical conditions and medication during pregnancy	Shadowen, Caroline et al	2021	USA	Professionals	Mixed attitudes	Survey. Bipolar disorder. Opioid use disorder. 323 participants
Barriers and facilitators to implementing perinatal mental health care in health and social care settings: A systematic review.	Webb et al	2021	UK (world)	Women; Professionals	Increased understanding of condition; social network barrier/ enabler; practical barriers; interpersonal skills; varying knowledge; lack of resources; lack of referral options; interdisciplinary comms; no interpreters; reluctance to take meds; screening tools	Systematic review. Non specific MH
Mental disorder in pregnancy and early postpartum	Cantwell, R.	2021	UK (Scotland, World)	Infants; Women; Professionals	Impacts of mothers' MH on infant; reluctance to prescribe drugs; interdisciplinary communication	Review. Various MH

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Experiences of stigma among individuals in recovery from opioid use disorder in a rural setting: A qualitative analysis	Burgess, Amanda; Bauer, Emily; Gallagher, Shane; Karstens, Brianne; Lavoie, LeeAnna; Ahrens, Katherine; O'Connor, Alane	2021	USA	Women; Professionals	Reluctance to prescribe meds; mixed attitudes; good motherhood doubted; disempowering; fear of losing custody; baby prioritised; PNMH taboo; social network barrier/ enabler;	Qualitative focus groups; Opioid Use Disorder. 58 participants
Pushing beyond the silos: the obstetrician's role in perinatal depression care	Hoffman MC	2021	USA	Infants; Professionals	Impact of mothers' MH on infant; screening tools; continuity of care; resource shortages	Review. Perinatal depression
Digital health needs of women with postpartum depression: Focus group study	Lackie et al	2021	Canada	Women; Professionals ; Partners	Increased knowledge; practical barriers; resource shortages; lack of knowledge; distress in a happy time; coping = good motherhood; disempowering; reluctance to take meds;	Qualitative focus groups. Postpartum depression. 31 participants
Expanding virtual postpartum mental health care for Latina women: A participatory research and policy agenda	Gonzalez et al	2021	USA	Women (Latina); Professionals	Intersectionality of stigma; no interpreters; practical barriers;	Review/ commentary. Focus on PPD
Difficult binds: A systematic review of facilitators and barriers to treatment among mothers with substance use disorders	Barnett, Erin R.; Knight, Erin; Herman, Rachel J.; Amarakaran, Kieshan; Jankowski, Mary Kay	2021	USA, Canada	Women; Professionals ; Partners	Good motherhood doubted; baby as motivator; identities; interpersonal skills; personal network barrier/ enabler; parenting training; fear of losing custody; intersectionality of stigma; mixed attitudes (HCPs); partner barrier; cultural expectations; reluctance to take meds; practical barriers; coping = good motherhood; disempowering	Systematic review. Substance Use Disorder

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
You withhold what you are feeling so you can have a family': Latinas' perceptions on community values and postpartum depression	Sampson et al	2021	USA	Women (Latina); Partners	Baby as motivator; stigma by association; social network barrier/ enabler; coping= good motherhood; cultural expectations; lack of knowledge (partners); good motherhood doubted;	Qualitative focus groups. Postpartum depression. 133 participants
"I Wanted to Be There as a Father, but I Couldn't": A Qualitative Study of Fathers' Experiences of Postpartum Depression and Their Help-Seeking Behavior.	Pedersen et al	2021	Denmark	Partners (Women; Professionals)	Helplessness; fear of diminishing masculinity or fatherhood; symptoms misattributed; PNMH taboo (HCPs); distress in a happy time; mother and baby prioritised; role is to stay strong; identities; baby as motivator; invisible parent; mother and baby prioritised; fear of losing custody; tick box exercise;	Qualitative interviews. Postpartum depression in male partners. 8 participants
Exploring women's experiences of identifying, negotiating and managing perinatal anxiety: a qualitative study	Oh et al	2020	UK	Women; Professionals	Feelings dismissed; different manifestations of stigma; good motherhood doubted; post-natal depression pedestalled; interpersonal skills (HCPs); baby as motivator; identities; peer support; social network barrier/ enabler; practical barriers; lack of continuity of care	Qualitative. Perinatal anxiety. 17 participants
Factors Related to Seeking Help for Postpartum Depression: A Secondary Analysis of New York City PRAMS Data	Manso Cordoba et al	2020	USA	Women	Cultural expectations	Quantitative (618 women) . Postpartum depression

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
The Utilization of Cultural Movements to Overcome Stigma in Narrative of Postnatal Depression	Elliott et al	2020	UK (World)	Women	Distress in a happy time; labelling; varying knowledge (HCPs); good motherhood doubted; disempowering; identities; mixed attitudes (HCPs); coping=good motherhood	Narrative literature analysis. Postnatal depression
Predicting Perinatal Low Mood and Depression for BAME Women - The Role of Treatment, Perceived Public, and Internalised Stigma	Amoah	2021	UK	Women (BAME)	Intersectionality of stigma, different manifestations of stigma	Quantitative. Perinatal depression. 123 participants
LGBTQ2S+ childbearing individuals and perinatal mental health: A systematic review	Abirami Kirubarajan,Lucy C. Barker,Shannon Leung,Lori E. Ross,Juveria Zaheer,Bomi Park,Alex Abramovich,Mark H. Yudin,June Sing Hong Lam	2022	Canada (World)	Childbearing individuals (LGBTQ2S+)	Distress in a happy time, intersectionality of stigma; PND pedestalled; cultural preferences disregarded, different manifestations of stigma, cultural considerations, peer support, cultural expectations, labelling, fear of losing custody, practical barriers, coping = good motherhood, reluctance to take meds, dismissed, varying knowledge (HCPs)	Systematic review. General MH
Peer Support in Perinatal Mental Health: Review of Evidence and Provision in Scotland (Internship Project Report)	Jessica Moran	2020	World (Scotland)	Women; professionals	Peer support, cultural expectations, stigma by association, practical barriers, interpersonal skills, varying knowledge, good motherhood doubted, cultural differences, personal network barrier/ enabler,	Evidence review. General MH

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Stigma in relation to families living with parental mental illness: An integrative review	Reupert et al	2021	World (mostly Australia, USA and UK)	Women; partners	Good motherhood doubted; intersectionality of stigma; stigma by association; diminishing masculinity (partners); different manifestations of stigma; varying attitudes (HCPs); social network enabler/ barrier; impact of mothers' MH (infants); distress in happy time	Review. General MH. Not perinatal period specific
Provider Characteristics Associated with Trust When Caring for Women Experiencing Substance Use Disorders in the Perinatal Period	Kalyn M. Renbarger PhD, RN,Kristin E. Trainor PhD, LCSW,Jean Marie Place PhD,Allyson Broadstreet	2022	USA; Canada	Professionals	Interpersonal skills; mixed attitudes; disempowering; good motherhood doubted; variation in knowledge; increased understanding of condition;	Review. Substance use disorder
What Obstetrician–Gynecologists Should Know About Substance Use Disorders in the Perinatal Period	Smid and Terplan	2022	USA (World)	Professionals	Mixed knowledge; mixed attitudes; fear of losing custody	Review. Substance use disorder
Doula engagement and maternal opioid use disorder (OUD): Experiences of women in OUD recovery during the perinatal period	Gannon et al	2022	USA	Women; professionals	(Not) focussed on baby; increased understanding of condition; practical barriers; mixed attitudes; identities; good motherhood doubted	Qualitative interviews. Substance (Opioid) Use Disorder. 23 participants
Opioid use during pregnancy: An analysis of comment data from the 2016 Pregnancy Risk Assessment Monitoring System survey	O'Connor et al	2022	USA	Women	Increased understanding of condition; baby as motivator; reluctance to take meds; good motherhood doubted; dismissed; mixed attitudes;	Qualitative content analysis. Opioid use in pregnancy. Content analysis of 9549 participants responses

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Postpartum and addiction recovery of women in opioid use disorder treatment: A qualitative study	Caitlin E. Martin, Tawany Almeida, Bhushan Thakkar & Tiffany Kimbrough	2022	USA	Women; professionals	Reluctance to take meds; good motherhood doubted; different manifestations of stigma; fear of losing custody; peer support; interpersonal skills; interdisciplinary comms; increased understanding of condition;	Qualitative interviews. Opioid use disorder. 21 participants
'Your mind is part of your body': Negotiating the maternal body in online stories of postnatal depression on Mumsnet	Kinloch and Jaworska	2021	UK	Women	PNMH taboo; identities; reluctance to take meds; prioritise physical health; coping= good motherhood; disempowering; labelling; good motherhood doubted;	Corpus assisted discourse analysis. Postnatal depression
Perinatal Mental Health Good Practice Guide	NHS Greater Glasgow and Clyde	2021	Scotland	Professionals	Mixed knowledge; mixed attitudes; increased understanding of condition; focus on baby; peer support; lack of knowledge (partners); mother and baby prioritised (partners); intersectionality of stigma; no interpreters; cultural differences;	Good practice guide. Various MH
Maternal mental health during a pandemic	Papworth et al	2021	UK	Professionals ; women	Practical barriers; social support enabler/ barrier; resource shortages	Evidence review. General MH. Only partially relevant

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Perinatal and Infant Mental Health Equality Impact Assessment Record	Mental Health and Social Care Directorate	2021	Scotland	Professionals ; women	Disempowering; variation in levels of knowledge; different manifestations of stigma; resource shortages; lack of knowledge; mixed attitudes; lack of interdisciplinary comms; cultural preferences; fear of losing custody; no interpreters; cultural differences; increased understanding of condition; peer support; identities; intersectionality of stigma; practical barriers; lack of continuity of care; identities;	Equality Impact Assessment including evidence review Various MH
Involving and supporting partners and other family members in specialist perinatal mental health services; Good practice guide	Darwin et al	2021	England	Women, partners; infants	Impact of mother's MH; difficulties when partner admitted; cultural differences; mother and baby prioritised; invisible parent; helplessness; fear of losing custody; role is to stay strong; guilt taking attention away; critical periods	Good practice guide. Various MH
Psychological Therapy for Postnatal Depression in UK Primary Care Mental Health Services: A Qualitative Investigation Using Framework Analysis	Hadfield, Holly Glendenning, Suzanne Bee, Penny Wittkowski, Anja	2019	UK (England)	Infants (Mothers)	Impact of mother's MH; parent training	Themes related to mothers not coded because pre 2020 so should have been captured in original review. Qualitative study about maternal experiences
Unique System of Care Issues and Challenges in Serving Children Under Age 3 and their Families	Finello, Karen Moran; Poulsen, Marie Kanne	2012	USA	Infants; Professionals ; Families	Lack of knowledge; screening/ diagnosis difficulties; reluctance to label; critical periods; family involvement	Opinion piece on systems change

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
Reaching women with perinatal mental illness at the booking-in appointment	Haynes, Emma	2018	UK (England)	Infants (Mothers)	Impact of mother's MH; screening/ diagnosis (of mothers' MH) difficulties	Opinion/ review piece.
The Crying Clinic: Increasing accessibility to Infant Mental Health Services for immigrant parents at risk for peripartum depression	Bohr et al	2021	Canada	Infants; Mothers	Impact of mothers' MH; immigration risk factor for PPD; Normal infant behaviours; Cultural considerations	Evaluation of service. Crying clinic device to encourage maternal help seeking for own MH
Engaging women at risk for poor perinatal mental health outcomes: A mixed-methods study	Myors, Karen A.; Johnson, Maree; Cleary, Michelle; Schmied, Virginia	2015	Australia	Infants (Mothers)	Impact of mothers' MH;	Research on barriers/ enablers to women's engagement with PNMH services. Mentions negative impact on babies of mothers' poor MH in intro but not as outcome of study. Themes related to mothers not coded because pre 2020 so should have been captured in original review.
Reviewing the need for technological and other expansions of evidence-based parent training for young children	McGoron, Lucy; Ondersma, Steven J	2015	USA	Infants; Professionals	Parent training; stigma; lack of resources (services); perceptions of services; lack of referral options; normal infant behaviours; delays in identifying issues; practical issues	Conceptual review. Described barriers and then suggests technological approaches which could address these issues

Title	Authors	Year	Country	Groups with relevance to	Themes	Notes
The clinical effectiveness, cost-effectiveness and acceptability of community-based interventions aimed at improving or maintaining quality of life in children of parents with serious mental illness: a systematic review	Bee, Penny; Bower, Peter; Byford, Sarah; Churchill, Rachel; Calam, Rachel; Stallard, Paul; Pryjmachuk, Steven; Berzins, Kathryn; Cary, Maria; Wan, Ming; Abel, Kathryn	2014	UK	Infants; Mothers	Impact of mothers' MH	Evidence synthesis
Familism and Parenting Stress in Latinx Caregivers of Young Children with Developmental Delays	Martin, A.M., Marin, D.G., McIntyre, L.L., Neece, C.	2021	USA	Infants; Mothers	Stigma; stigma by association; cultural considerations	Focussed on developmental delays but mentions MH. Children aged 3-5 years so not infants.
Five Ways to Reduce Early Childhood Mental Health Stigmas	Milwaukee County	2020	USA	Infants; Families	Critical periods; stigma; problems not picked up; normal infant behaviour; impact of mothers' MH; lack of knowledge (caregivers)	Awareness poster- does not cite evidence
Infant Mental Health Briefing for Commissioners	Parent Infant Foundation	2020	UK	Infants; Professionals ; Mothers	Critical periods; impact of mothers' MH; family roles; focus on babies; resource shortages; lack of referral options; COVID	Guidance for practice and policy
0-4 years. Missed opportunities: children and young people's mental health	Centre for Mental Health	2018	UK	Infants	Critical periods; individual factors; family roles; normal infant behaviour; lack of professional knowledge; impact of mothers' MH; Parent training	Report and recommendations. Cites interventions inc poverty reduction strategies

Appendix C- Slide deck documenting 2020 search by Aigli Raouna

The Scottish Graduate School of Social Science Internship
PERINATAL AND INFANT MENTAL HEALTH STIGMA RESEARCH
Summary

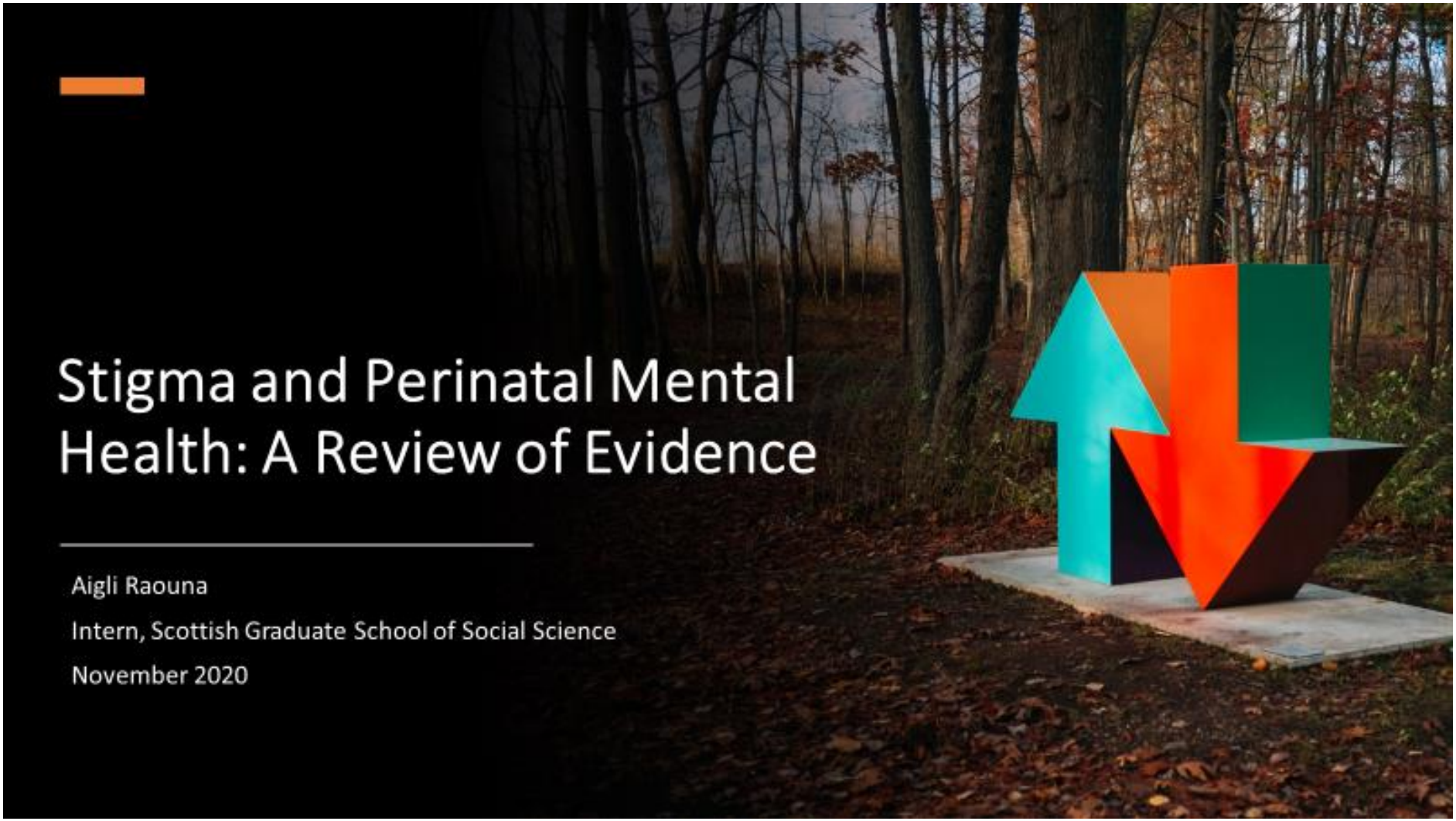
The following presentation provides a summary of research completed on the stigma around perinatal mental health by a Scottish Government intern over a 12 week period in 2020. It provides an overview of when some women, partners and families have experienced stigma during the perinatal period, and what barriers and enablers to disclosing distress and accessing services are

The evidence gathered during this short research project includes references from international literature due to the limited literature relevant to stigma in Scotland

The research looked at the different types of stigma experienced by women, partners and families where perinatal mental health problems have been experienced. Additionally, it includes views of healthcare providers on what they feel are barriers, enablers and stigma felt during the perinatal period

The research lists some marginalised groups that are more likely to face stigma around this issue. However, this list is not exhaustive and other groups of people will also experience their own difficulties and experiences of stigma regarding mental health around pregnancy and parenthood

Conclusion – The Scottish Government policy team intends to use this information within the context of the review's limitations to inform other areas of work of the Perinatal and Infant Mental Health Programme Board.


Stigma and Perinatal Mental Health: A Review of Evidence
Aigli Raouna
Intern, Scottish Graduate School of Social Science
November 2020

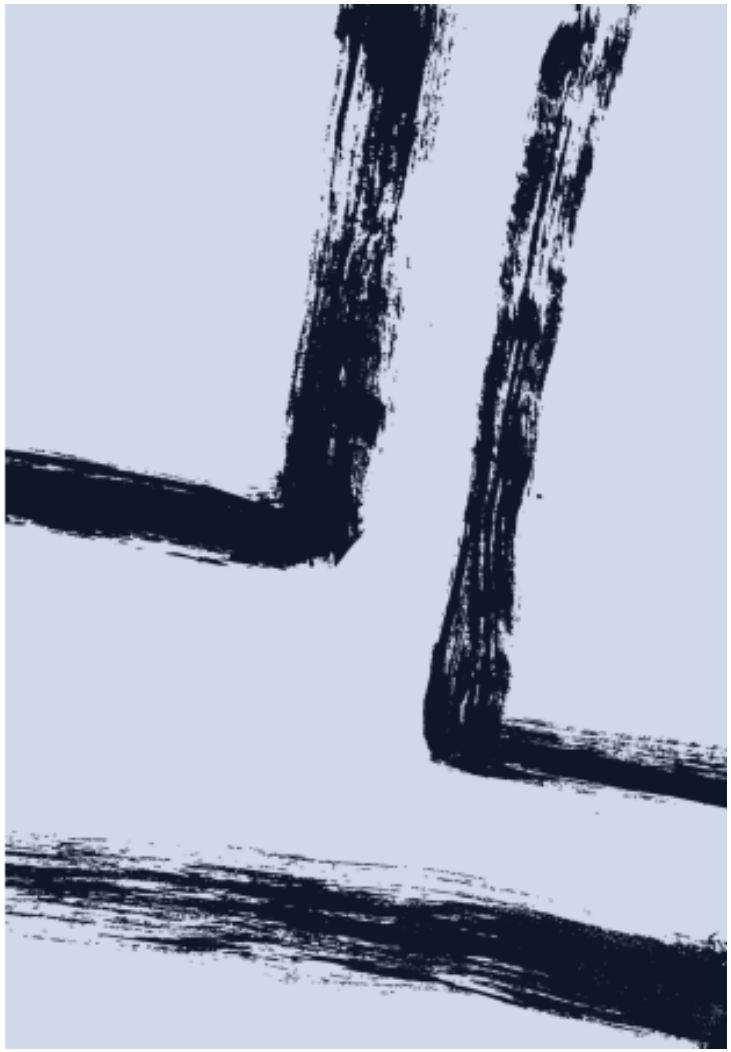

1. Background

1.1 Aims and Methods

- To understand stigma related to accessing mental health support during the perinatal period

- How do **women** view and experience perinatal mental health stigma?
- How do **partners and family members** view and experience perinatal mental health stigma?
- How do **healthcare professionals** view and experience perinatal mental health stigma?

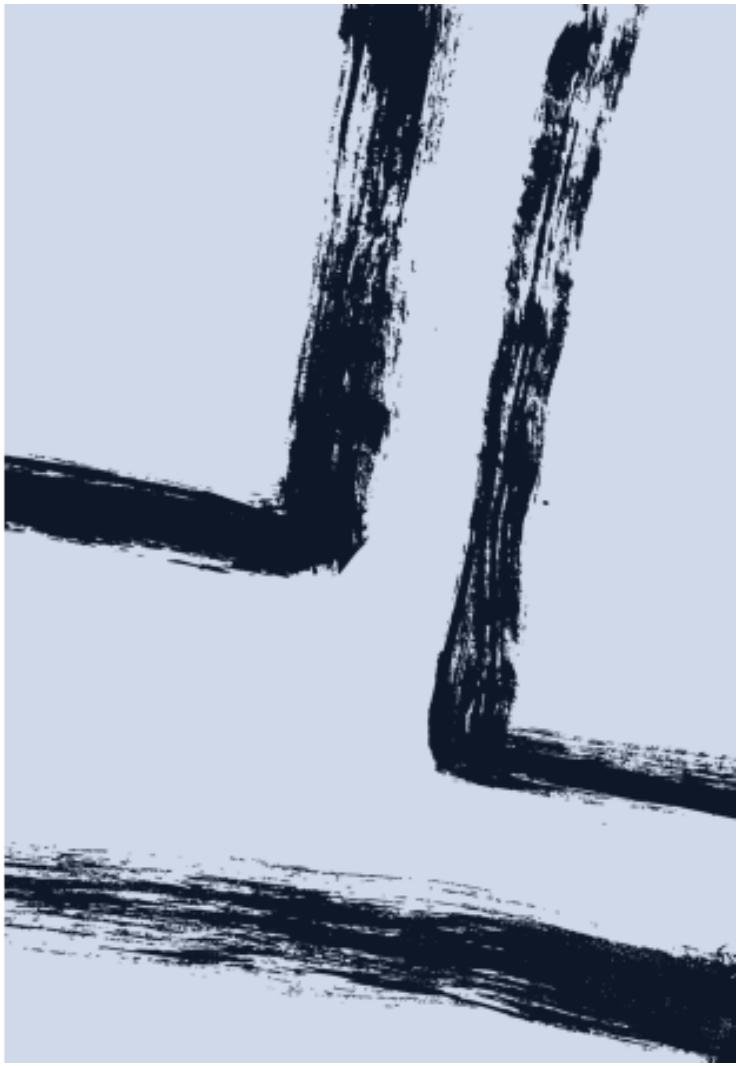
- Rapid literature review (more than 100 journal articles, evaluation reports, and an unpublished peer research project study)



1.2 Search Strategy

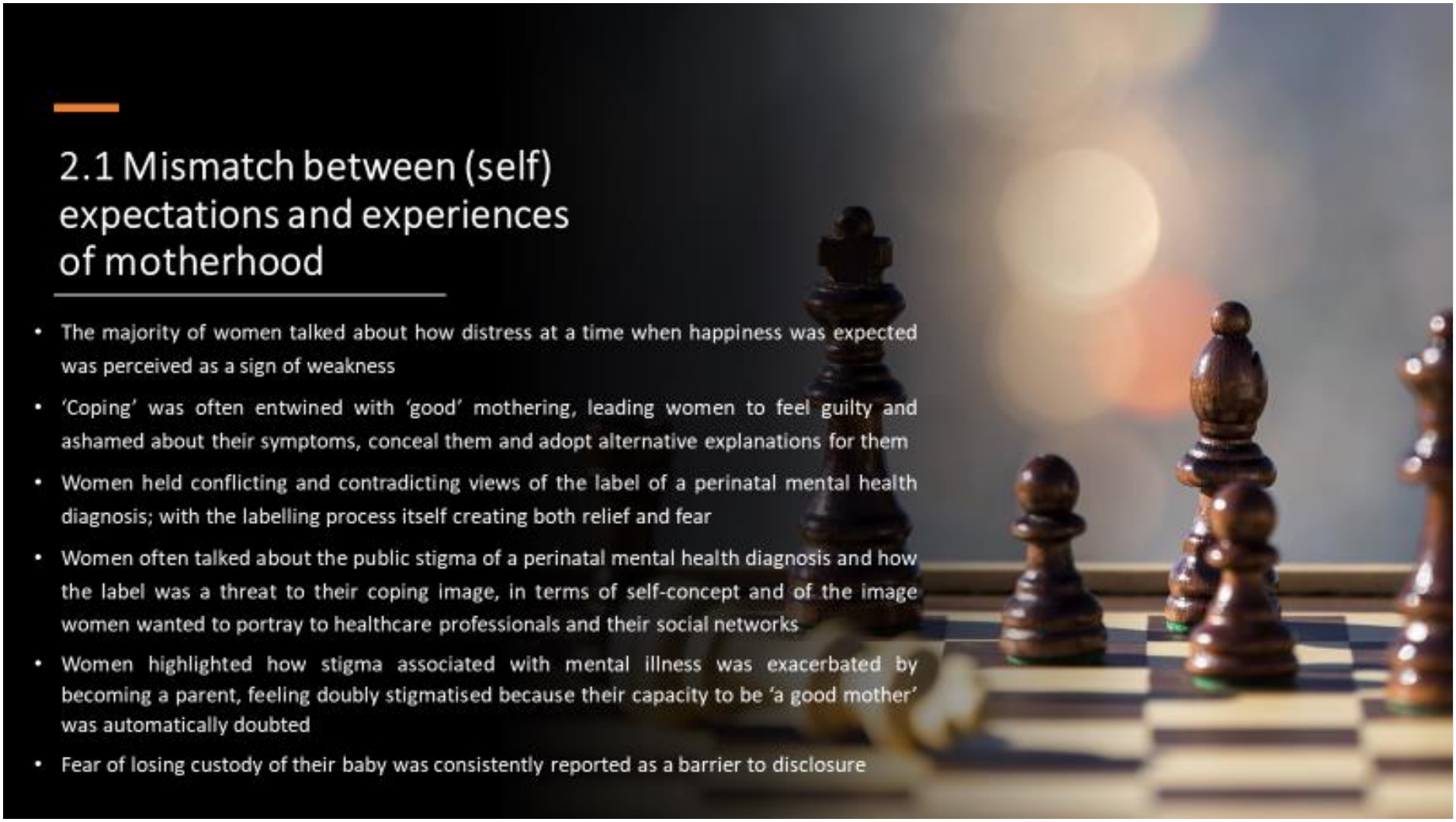
- A range of search terms was developed to cover the fields of **perinatal mental health, access, stigma, and healthcare professionals***
- Due to limited Scottish-specific evidence, the search was expanded to include the rest of the UK and international evidence. The specific focus was on Northern Europe, North America, and Australasia, as these were perceived to be more comparable with the UK due to healthcare systems and income distribution
- The search was limited to cover the last 10 years (i.e. 2010-2020) to ensure the relevance of findings

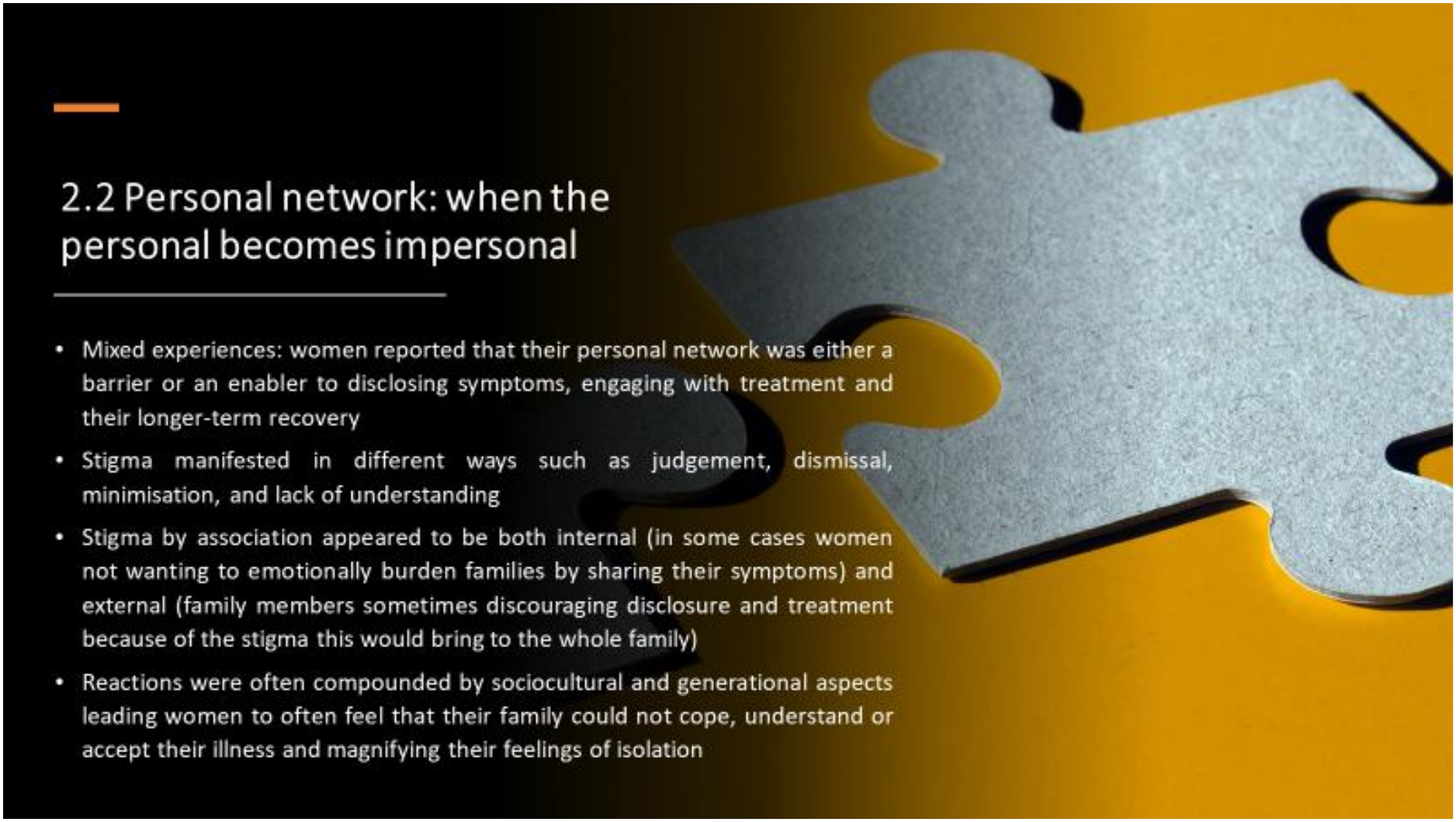
* For a full list of search terms and the databases searched see Annex 1.




1.3 Definitions
• Perinatal period:
The period from conception through pregnancy up to the first year after birth
Four dynamically interrelated manifestations of stigma[1]:
• Public stigma: social and psychological reactions of an individual to whom people perceive to have a stigmatised condition
• Self-stigma: the social and psychological impact of possessing a stigma. It includes both the apprehension of being exposed to stigmatisation and the potential internalisation of the negative beliefs, while feeling associated with the stigmatised condition
• Stigma by association: social and psychological reactions to people associated with a stigmatised person (e.g. family and friends) as well as people's reactions to being associated with a stigmatised person
• Structural stigma: the legitimatisation and perpetuation of a stigmatised status by society's organisational structures and ideological systems

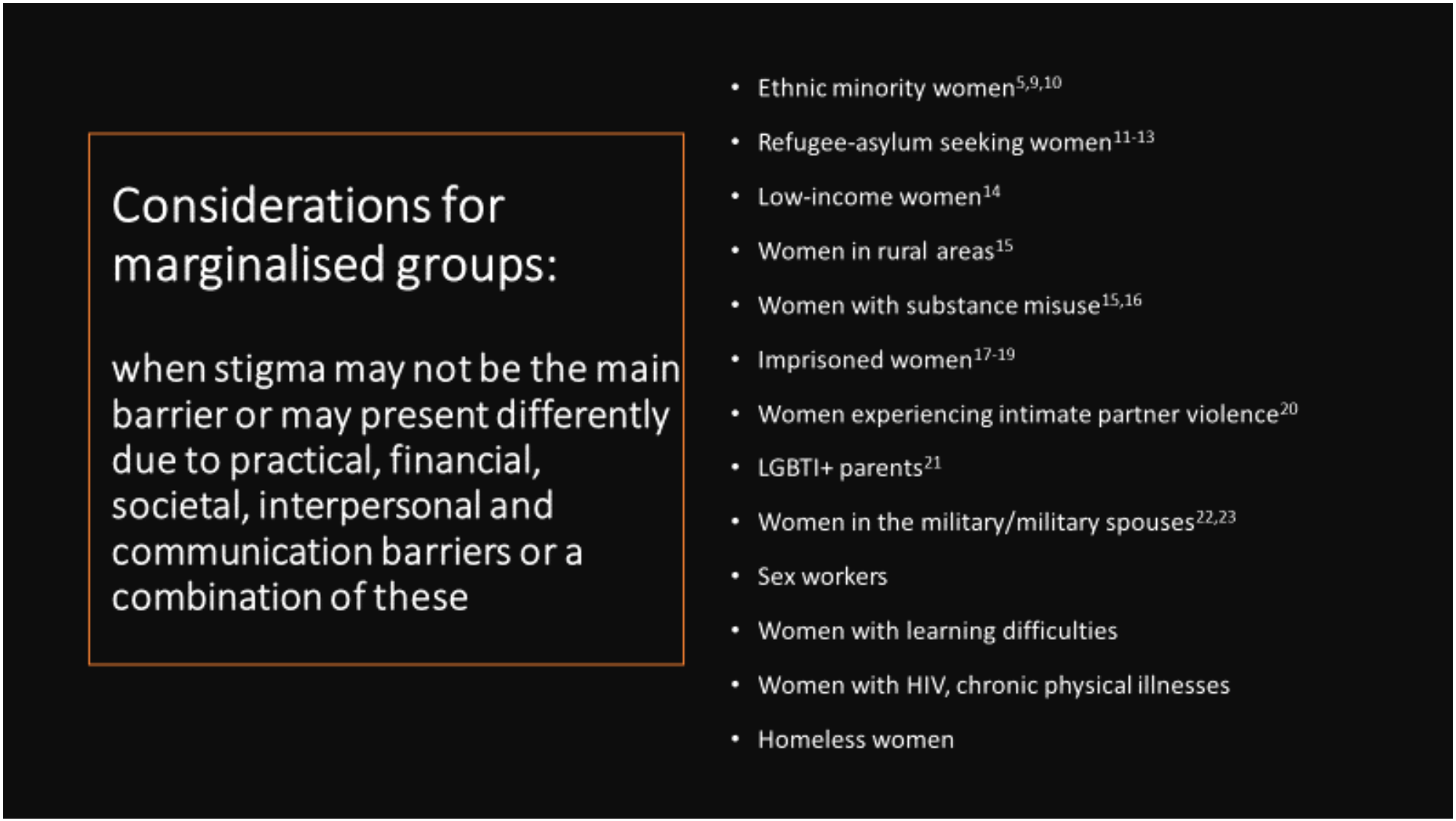

2. Stigma and Perinatal Mental Health: Women's Perspective
Extensive national and international literature
Mostly comprised of small-scale qualitative studies
Four UK-based systematic reviews[2-5]: stigma identified as a prominent barrier to disclosing perinatal mental health symptoms and receiving adequate support
Four key themes (UK evidence) [2-8]

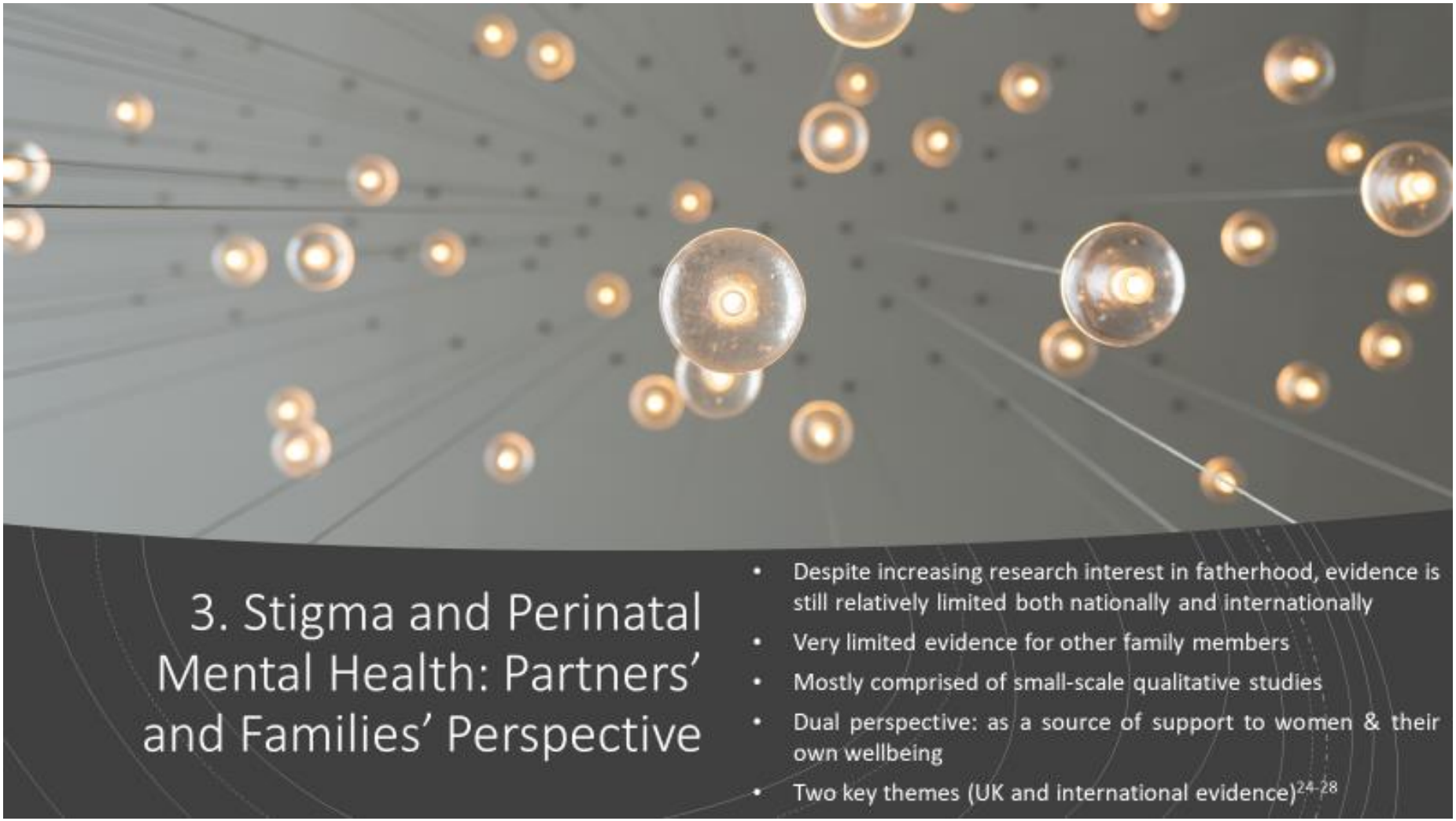

2.1 Mismatch between (self) expectations and experiences of motherhood
• The majority of women talked about how distress at a time when happiness was expected was perceived as a sign of weakness
• 'Coping' was often entwined with 'good' mothering, leading women to feel guilty and ashamed about their symptoms, conceal them and adopt alternative explanations for them
• Women held conflicting and contradicting views of the label of a perinatal mental health diagnosis; with the labelling process itself creating both relief and fear
• Women often talked about the public stigma of a perinatal mental health diagnosis and how the label was a threat to their coping image, in terms of self-concept and of the image women wanted to portray to healthcare professionals and their social networks
• Women highlighted how stigma associated with mental illness was exacerbated by becoming a parent, feeling doubly stigmatised because their capacity to be 'a good mother' was automatically doubted
• Fear of losing custody of their baby was consistently reported as a barrier to disclosure


2.2 Personal network: when the personal becomes impersonal
• Mixed experiences: women reported that their personal network was either a barrier or an enabler to disclosing symptoms, engaging with treatment and their longer-term recovery
• Stigma manifested in different ways such as judgement, dismissal, minimisation, and lack of understanding
• Stigma by association appeared to be both internal (in some cases women not wanting to emotionally burden families by sharing their symptoms) and external (family members sometimes discouraging disclosure and treatment because of the stigma this would bring to the whole family)
• Reactions were often compounded by sociocultural and generational aspects leading women to often feel that their family could not cope, understand or accept their illness and magnifying their feelings of isolation


2.3 The healthcare experience: a case of missed opportunities
• Mixed healthcare experiences were reported by women
• Women shared that they often relied on healthcare professionals to help them understand their symptoms as part of a mental health disorder that can be treated
• Women shared that sometimes healthcare professionals normalised, minimised, dismissed, or did not recognise their symptoms
• Women sometimes felt that screening was a 'tick-box' exercise without realistic support and referral options
• When healthcare professionals did not discuss treatment options/preferences with women this magnified their feelings of having no control over their lives and their treatment engagement
• Women often reported feeling hesitant to approach professionals they did not know, were not from the same ethnic background, and were perceived as busy and as focusing only on their physical symptoms and baby's health

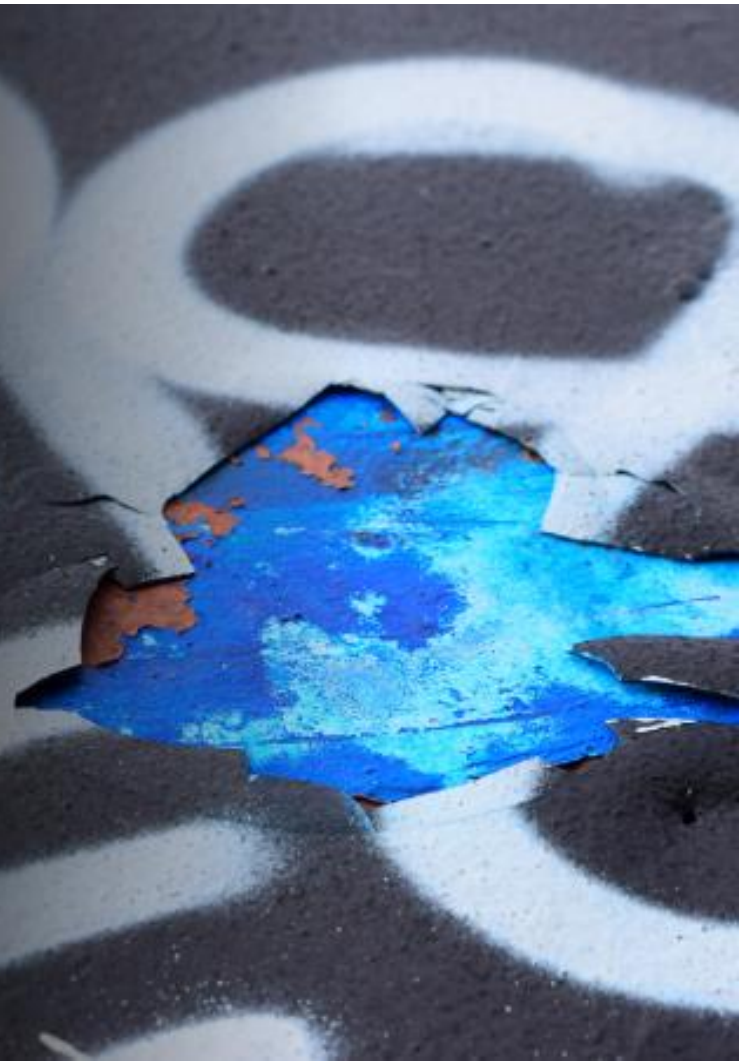

2.4 Socio-cultural considerations: values and language barriers
• Women from a range of ethnic minority backgrounds talked about having to overcome cultural expectations and strong social imperatives such as sharing personal worries outside the family circle and challenging the 'Strong-Black-Women' stereotype
• Sometimes women reported that their cultural preferences were not always taken into account (e.g. be examined only by female professionals)
• Often women reported that official interpretation services were not available: over-relying on partners of women for translations which resulted in inaccuracies and ambiguity
• Intersectionality of stigma: evidence showed that stigma disproportionately affected people from ethnic minority backgrounds who experienced prejudice and discrimination in community and healthcare service settings in addition to the public and internal stigma of experiencing mental ill-health


Considerations for marginalised groups:
when stigma may not be the main barrier or may present differently due to practical, financial, societal, interpersonal and communication barriers or a combination of these
• Ethnic minority women[5,9,10]
• Refugee-asylum seeking women[11-13]
• Low-income women[14]
• Women in rural areas[15]
• Women with substance misuse[15,16]
• Imprisoned women[17-19]
• Women experiencing intimate partner violence[20]
• LGBTI+ parents[21]
• Women in the military/military spouses[22,23]
• Sex workers
• Women with learning difficulties
• Women with HIV, chronic physical illnesses
• Homeless women


3. Stigma and Perinatal Mental Health: Partners' and Families' Perspective
Despite increasing research interest in fatherhood, evidence is still relatively limited both nationally and internationally
Very limited evidence for other family members
Mostly comprised of small-scale qualitative studies
Dual perspective: as a source of support to women & their own wellbeing
Two key themes (UK and international evidence)[24-28]

3.1 Underneath the 'unsupportive layer': lack of knowledge and information

- Partners and family members often validated women's experiences of them dismissing or normalising their symptoms, but attributed these reactions to their lack of awareness and knowledge
- Where women were experiencing mental health difficulties family members and partners reported: fear for disrupting 'status quo', feelings of confusion, concern, helplessness, frustration, guilt and stigma
- Where women were admitted to the hospital/MBUs partners reported: shock, disbelief, trauma, stress, financial and work-related difficulties, relationship problems and sleep deprivation
- The majority of partners talked about the "invisible parent": feeling excluded and marginalised by healthcare professionals and services
- Complexities and ambivalence on how to involve partners and family members were reported both by family members, partners and women (e.g. in case women prefer not to disclose their symptoms)




3.2 Struggling to identify and meet their own needs
• Partners often failed to interpret depressive symptoms as signs of mental illness assuming they were facing physical illness instead
• Label of depression and admitting to experiencing mental health symptoms was often reported to contradict attitudes towards masculinity and fatherhood
• Evidence showed that partners often reached a 'crisis point' before seeking help and avoided to share their feelings with their partner that would otherwise be their primary source of support. Partners often perceived that their main role was to support women and 'stay strong' during the perinatal period
• Partners often shared that difficulties related to seeking help were reinforced by navigating a predominantly mother-baby oriented environment
• Partners sometimes mentioned feeling guilty to 'steal' their partners' limited time with healthcare professionals to talk about themselves


Considerations for marginalised groups:
although research is limited there may be additional practical, financial, cultural and societal barriers associated with these groups
• Rural and low-income family members
• Ethnic minority family members
• Immigrants, refugees/asylum- seekers family members[29]
• Non-biological parents, including LGBTI+[21]
• Imprisoned partners[18]
• Partners with substance misuse
• Homeless partners

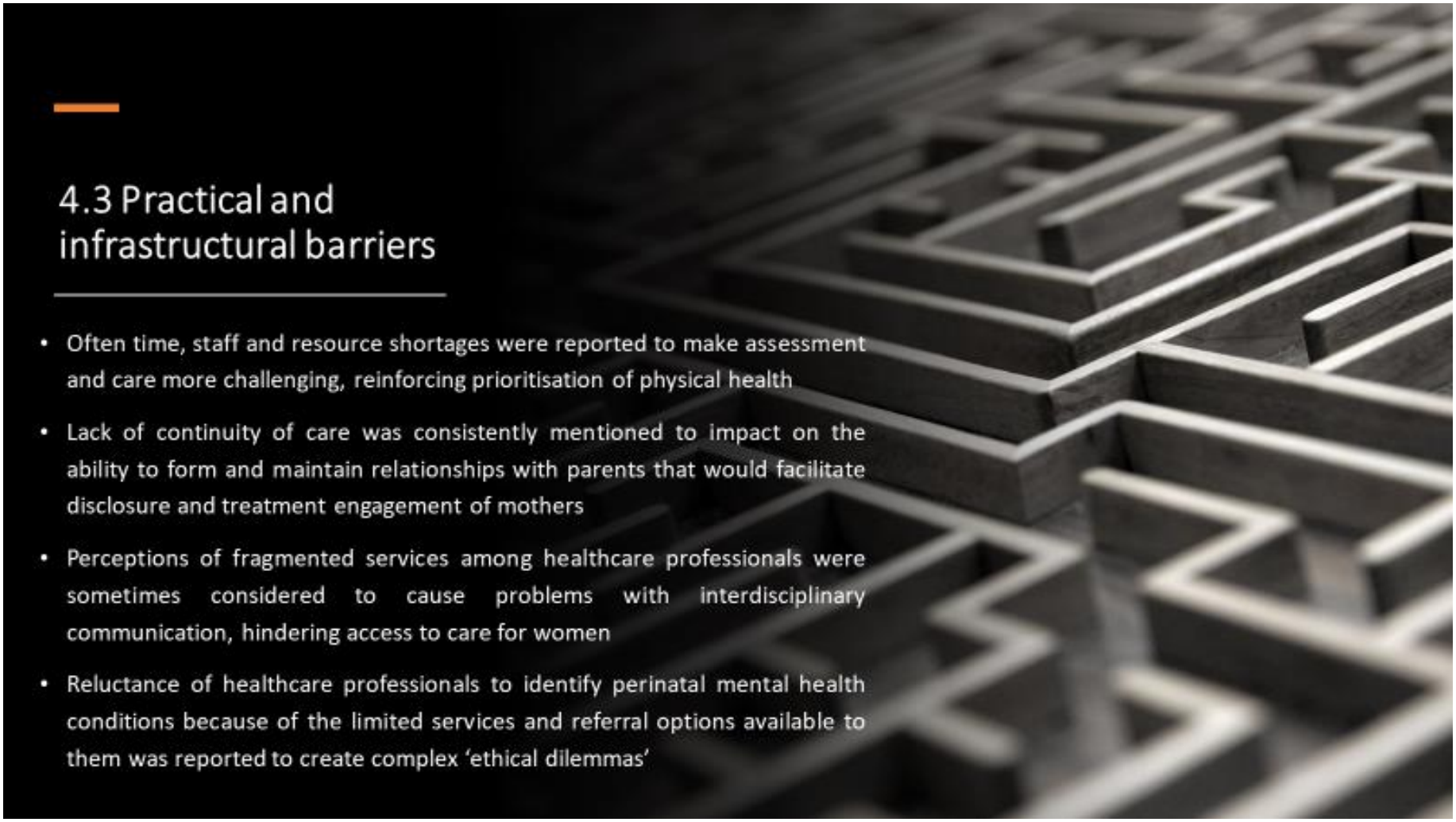

4. Stigma and Perinatal Mental Health: Healthcare Professionals' Perspective
• Extensive national and international literature
• Small-scale qualitative studies (interviews/focus groups) and larger scale quantitative studies (surveys)
• Systematic reviews[4,8, 30-40]: midwives, public health and mental health nurses, health visitors, GPs, social workers
• Three key themes (UK and international evidence)

4.1 Mixed levels of knowledge and confidence

- Considerable variation in levels of knowledge and confidence of perinatal mental health issues, treatment, referral pathways, role of other health professionals and interpersonal skills
- Interpersonal skills, particularly good communication skills and building rapport, were often considered very important in facilitating disclosure and care but there was limited evidence on the adequacy of these skills
- In-depth knowledge and understanding of perinatal mental illness (i.e. contributing factors, prevalence, symptoms, consequences, treatment and recovery) were found to be limited at times except from postnatal depression
- Cultural differences were often reported to pose an additional challenge

4.2 Self-Reflection: attitudes and stereotypes

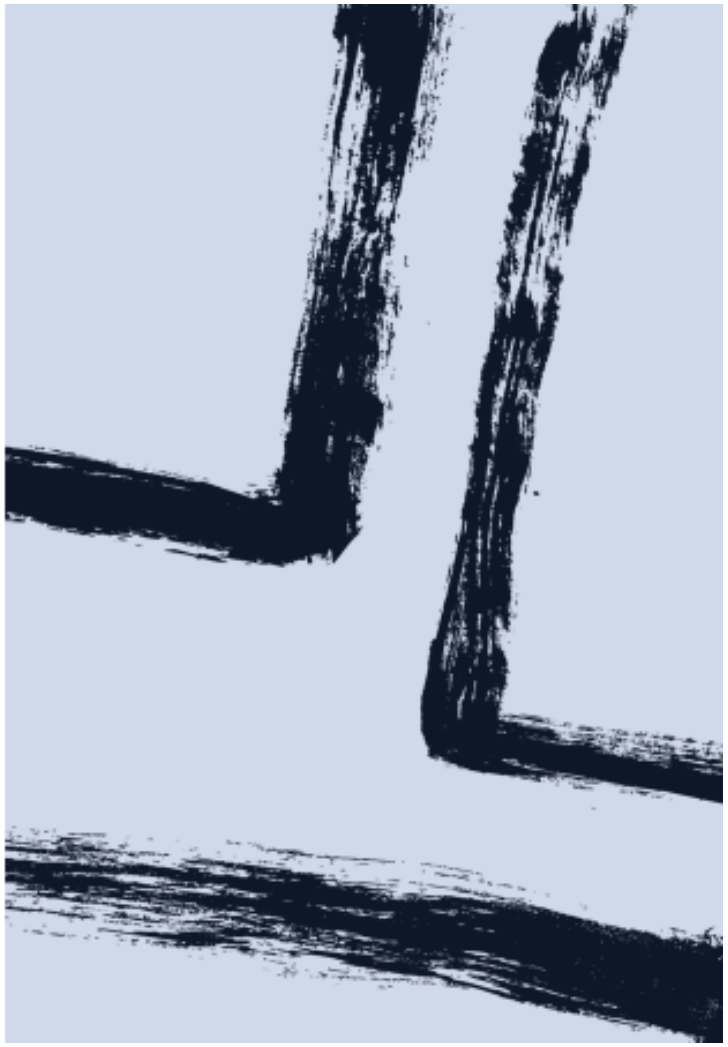
- Mixed attitudes: many had positive attitudes towards women experiencing perinatal mental health difficulties but stereotyping and stigma were also evident
- Perinatal mental health issues still regarded as a taboo subject in some cases (e.g. in appointments where partners or students were present; with younger women; women with language difficulties; women with learning disabilities)
- Reluctance to and assumptions about labelling women: fear that this would stigmatise/burden women especially if others (including family) could access their notes
- Mixed attitudes towards standardised screening tools vs clinical intuition. Healthcare professionals reported an urgent need for culturally sensitive screening tools


4.3 Practical and infrastructural barriers
• Often time, staff and resource shortages were reported to make assessment and care more challenging, reinforcing prioritisation of physical health
• Lack of continuity of care was consistently mentioned to impact on the ability to form and maintain relationships with parents that would facilitate disclosure and treatment engagement of mothers
• Perceptions of fragmented services among healthcare professionals were sometimes considered to cause problems with interdisciplinary communication, hindering access to care for women
• Reluctance of healthcare professionals to identify perinatal mental health conditions because of the limited services and referral options available to them was reported to create complex 'ethical dilemmas'

5.1 Conclusions & Recommendations

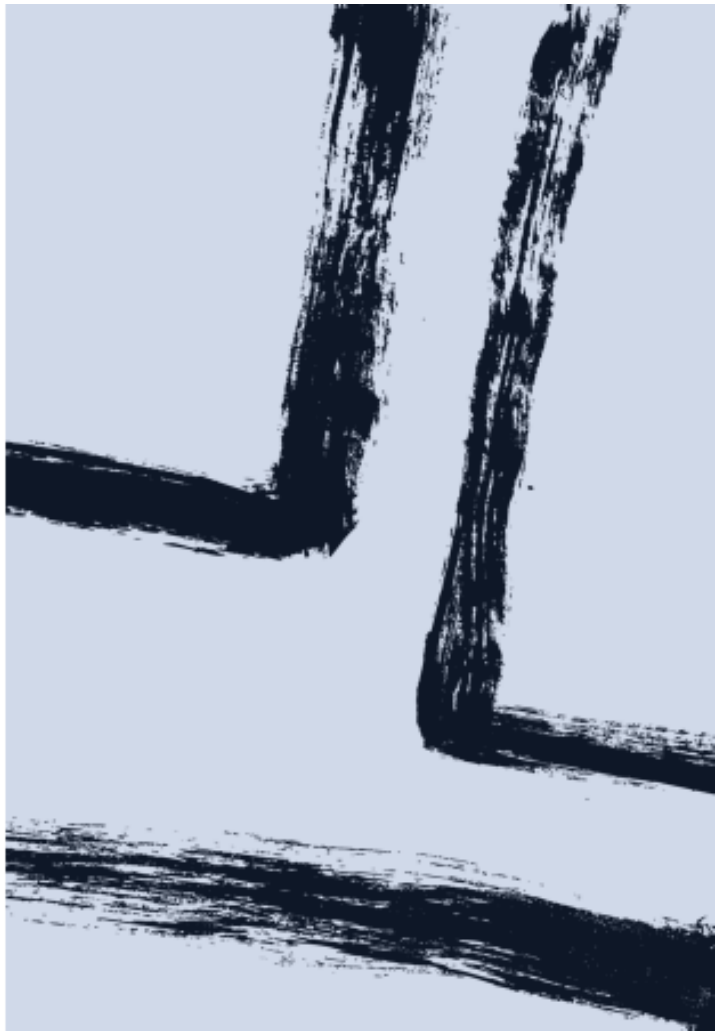
- The existing evidence highlighted a wide range of complex and interlinking factors related to stigma and barriers to accessing mental health services for women (and their partners) with perinatal mental health illness, although evidence is still limited for partners, family members and marginalised groups.

- Stigma operated on multiple levels from individual and sociocultural to organisational and structural levels, and it occurred on different points along the care pathway from symptom recognition and disclosure to labelling and treatment engagement.



5.2 Conclusions & Recommendations

- Views and experiences were both complementing and contradicting, offering both depth and width to the current picture. Interestingly, women perceived the healthcare environment as baby-oriented, whereas partners perceived it as a mother-baby-oriented environment.
- The landscape in Scotland has changed since the publication of many of the studies, and the majority of the included studies came from further afield, nonetheless important reflections and lessons have emerged in relation to stigma.
- Actions to reduce stigma should mirror the multifaceted layers of the identified barriers, employing a holistic and sustainable approach.



5.3 How could stigma be reduced?

Empower women to disclose symptoms and seek professional help by:

- Increasing awareness and understanding of perinatal mental health symptoms and signs for a spectrum of psychological health conditions among women, partners and their families
- Educating women, their families and the public about perinatal mental healthcare, the role of different healthcare professionals and the available types of support
- Challenging stereotypes associated with being a "supermom" and having a mental health diagnosis by modelling lived experience via 'guided' informal support such as online forums and peer support services and promoting co-production
- Making sure anti-stigma campaign materials reach the more marginalised groups by distributing them to religious, cultural and community centres in addition to health services and local councils

Challenge the social imperative that partners and other family members need to 'stay strong' and not 'indulge' their own needs by:

- Raising awareness with healthcare professionals about partners' mental health and challenging perceived norms of masculinity
- Ensuring that partners and family members feel well-informed and involved in perinatal mental health care, feeling confident to both support women and be able to cope with challenging situations
- Proactively prompting partners and family members to talk about their own mental health; including cases when women do not experience perinatal mental health difficulties

5.4 How could stigma be reduced?

Empower healthcare professionals to identify and care for parents with perinatal mental health difficulties by:

- Providing continuous professional development designed to increase knowledge of perinatal mental health signs and symptoms for a spectrum of psychological health conditions, ensure that psychosocial assessment and referral skills are sensitive to the needs of women from different cultural backgrounds, improve understanding of the role of other health professionals and available support from community/third-sector services
- Raising awareness of the multilayered stigma experienced by women, their partners and family members when it comes to disclosing symptoms and seeking help in order to avoid assumptions, challenge normalisation and masking of symptoms and use assessment tools efficiently to prompt open, non-judgmental and compassionate discussions
- Developing interpersonal and communication skills that can foster relationships and trust building, facilitate disclosure and be itself therapeutic for parents
- Offering opportunities for healthcare professionals to share concerns that may arise after disclosure of sensitive issues by women and reflect on personal attitudes and stereotypes through activities such as ongoing supervision, education, and participating in clinical forums
- Being culturally mindful: ask women about their preferences, offer official interpretation services, respect different beliefs, and if mothers are not in a state to advocate for themselves then offer advocacy or refer them to advocacy services

References

[1]Bos, A. E. R., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in Theory and Research. Basic and Applied Social Psychology, 35(1), 1-9.

Women's perspective:

[2]Button, S., Thornton, A., Lee, S., Shakespeare, J., & Ayers, S. (2017). Seeking help for perinatal psychological distress: a meta-synthesis of women's experiences. British Journal of General Practice, 67(663), e692-e699.

[3]Megnin-Viggars, O., Symington, I., Howard, L. M., & Pilling, S. (2015). Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research. Archives of women's mental health, 18(6), 745-759.

[4]Smith, M. S., Lawrence, V., Sadler, E., & Easter, A. (2019). Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. BMJ open, 9(1).

[5]Watson, H., Harrop, D., Walton, E., Young, A., & Soltani, H. (2019). A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. PloS one, 14(1), e0210587.

[6]Bennison, L., Mercer, C., Sinesi, A., Sinclair, L., Skrene, G., Thompson, C. (2018). Unpublished research. Peer researchers exploring barriers to meaningful conversations around mental health during antenatal and postnatal care: a collaboration between academia and the Maternal Mental Health Scotland Change Agents.

[7]Ford, E., Roomi, H., Hugh, H., & van Marwijk, H. (2019). Understanding barriers to women seeking and receiving help for perinatal mental health problems in UK general practice: development of a questionnaire. Primary health care research & development, 20.

[8]Alliance, Boots Family Trust (2013). "Perinatal mental health: Experiences of women and health professionals." London: Boots Family Trust.

[9]Jankovic, J., Parsons, J., Jovanović, N., Berrisford, G., Copello, A., Fazil, Q., & Priebe, S.. (2020). Differences in access and utilisation of mental health services in the perinatal period for women from ethnic minorities—a population-based study. BMC Medicine, 18(1), 245.

[10]Knifton, L. (2012). Understanding and addressing the stigma of mental illness with ethnic minority communities. Health Sociology Review, 21(3), 287-298.

[11]Tobin, C. L., Di Napoli, P., & Beck, C. T. (2017). Refugee and Immigrant Women's Experience of Postpartum Depression: A Meta-Synthesis. Journal of Transcultural Nursing, 29(1), 84-100.

[12]Asif, S., Baugh, A., & Jones, N. W. (2015). The obstetric care of asylum seekers and refugee women in the UK. The Obstetrician & Gynaecologist, 17(4), 223-231.

[13]Heslehurst, N., Brown, H., Pemu, A., Coleman, H., & Rankin, J. (2018). Perinatal health outcomes and care among asylum seekers and refugees: A systematic review of systematic reviews. BMC Medicine, 16(1), 89.

[14]Hansotte, E., Payne, S. I., & Babich, S. M. (2017). Positive postpartum depression screening practices and subsequent mental health treatment for low-income women in Western countries: a systematic literature review. Public Health Reviews, 38(1), 3.

[15]Kramlich, D., Kronk, R., Marcellus, L., Colbert, A., & Jakub, K. (2018). Rural Postpartum Women With Substance Use Disorders. Qualitative Health Research, 28(9), 1449-1461.

[16]Renbarger, K. M., Shieh, C., Moorman, M., Latham-Mintus, K., & Draucker, C. (2019). Health Care Encounters of Pregnant and Postpartum Women with Substance Use Disorders. Western Journal of Nursing Research, 42(8), 019394591989337-628.

References

[17]Foley, L., & Papadopoulos, I. (2013). Perinatal mental health services for black and ethnic minority women in prison. British Journal of Midwifery, 21(8), 553-562.

[18]Coster, D., & Brookes, H. (2017). Perinatal education needs of imprisoned mothers and fathers. International Journal of Birth and Parent Education, 4(3), 14.

[19]Dolan, R., Shaw, J., & Hann, M. (2019). Pregnancy in prison, Mother and Baby Unit admission and impacts on perinatal depression and 'quality of life'. The Journal of Forensic Psychiatry & Psychology, 30(4), 551-569.

[20]Hasselle, A. J., Howell, K. H., Bottomley, J., Sheddan, H. C., Capers, J. M., & Miller-Graff, L. E. (2020). Barriers to Intervention Engagement Among Women Experiencing Intimate Partner Violence Proximal to Pregnancy. Psychology of Violence, 10(3), 290-299.

[21]Ross, L. E., & Goldberg, A. E. (2016). Perinatal Experiences of Lesbian, Gay, Bisexual, and Transgender People. In The Oxford Handbook of Perinatal Psychology (1st ed., Oxford Library of Psychology, pp. The Oxford Handbook of Perinatal Psychology, 2016-04-28). Oxford University Press.

[22]Godier-McBard, L. R., Ibbitson, L., Hooks, C., & Fossey, M. (2019). Military spouses with deployed partners are at greater risk of poor perinatal mental health: A scoping review. Journal of the Royal Army Medical Corps, 165(5), 363-370.

[23]Katon, J. G., Lewis, L., Hercinovic, S., McNab, A., Fortney, J., & Rose, S. M. (2017). Improving Perinatal Mental Health Care for Women Veterans: Description of a Quality Improvement Program. Maternal and Child Health Journal, 21(8), 1598-1605.

Partners' and Families' Perspective:

[24]Darwin, Z., Galdas, P., Hinchliff, S., Littlewood, E., McMillan, D., McGowan, L., & Gilbody, S. (2017). Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. BMC pregnancy and childbirth, 17(1), 1-15.

[25]Lever T., B., Billings, J., Morant, N., & Johnson, S. (2018). How do women's partners view perinatal mental health services? A qualitative meta-synthesis. Clinical psychology & psychotherapy, 25(1), 112-129.

[26]Schuppan, K. M., Roberts, R., & Powrie, R. (2019). Paternal perinatal mental health: At-risk fathers' perceptions of help-seeking and screening. The Journal of Men's Studies, 27(3), 307-328.

[27]Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. Clinical psychology review, 49, 106-118.

[28]Taylor, B. L., Billings, J., Morant, N., Bick, D., & Johnson, S. (2019). Experiences of how services supporting women with perinatal mental health difficulties work with their families: a qualitative study in England. BMJ open, 9(7), e030208.

[29]Riggs, E., Yelland, J., Szwarc, J., Wahidi, S., Casey, S., Chesters, D., ... & Brown, S. (2016). Fatherhood in a new country: a qualitative study exploring the experiences of afghan men and implications for health services. Birth, 43(1), 86-92.

References

Healthcare Professionals' Perspective:

[30]Bayrampour, H. H., Ayu P., & Pavlovic, J. (2018). Barriers to addressing perinatal mental health issues in midwifery settings. Midwifery, 59, 47-58.

[31]Ford, E., Shakespeare, J., Elias, F., & Ayers, S. (2017). Recognition and management of perinatal depression and anxiety by general practitioners: A systematic review. Family Practice, 34(1), 11-19.

[32]Jomeen, J., Glover, L., Jones, C., Garg, D., & Marshall, C. (2013). Assessing women's perinatal psychological health: Exploring the experiences of health visitors. Journal of Reproductive and Infant Psychology, 31(5), 479-489.

[33]Keefe, R. H., Brownstein-Evans, C., & Rouland-Polmanteer, R. S. (2016). Addressing access barriers to services for mothers at risk for perinatal mood disorders: A social work perspective. Social work in health care, 55(1), 1-11.

[34]Legere, L. E., Wallace, K., Bowen, A., McQueen, K., Montgomery, P., & Evans, M. (2017). Approaches to health-care provider education and professional development in perinatal depression: A systematic review. BMC Pregnancy and Childbirth, 17(1), 239.

[35]Noonan, M., Doody, O., Jomeen, J., & Galvin, R. (2017). Midwives' perceptions and experiences of caring for women who experience perinatal mental health problems: An integrative review. Midwifery, 45, 56-71.

[36]Noonan, M., Galvin, R., Doody, O., & Jomeen, J. (2017). A qualitative meta-synthesis: Public health nurses role in the identification and management of perinatal mental health problems. Journal of advanced nursing, 73(3), 545-557.

[37]Noonan, M., Doody, O., Jomeen, J., O'Regan, A., & Galvin, R. (2018). Family physicians perceived role in perinatal mental health: An integrative review. BMC Family Practice, 19(1), 154.

[38]Rothera, I., & Oates, M. (2011). Managing perinatal mental health: A survey of practitioners' views. British Journal of Midwifery, 19(5), 304-313.

[39]Viveiros, C. J., & Darling, E. K. (2019). Perceptions of barriers to accessing perinatal mental health care in midwifery: A scoping review. Midwifery, 70, 106-118.

[40] Wadephul, F., Jarrett, P. M., Jomeen, J., & Martin, C. R. (2018). A mixed methods review to develop and confirm a framework for assessing midwifery practice in perinatal mental health. Journal of Advanced Nursing, 74(10), 2258-2272.

Annex 1. Search Strategy: Search Terms and Databases

Primary searches were undertaken through the Scottish Government Library services and the University of Edinburgh Library Databases, covering the OVID databases EMBASE, HMIC: Health Management Information Consortium, OVID Medline, MIDIRS: Midwifery and Infant Care, APA Psychinfo, PubMed, and other databases accessible through Web of Science and EBSCO Host. Grey literature searches were undertaken on OpenGrey and ISI Web of Knowledge.

Keyword Table for Literature Search

Perinatal	Mental Health	Access	Stigma	Health Professionals
Perinatal	Mental Health	Support	Stigma	Psychiatrist
Peri-natal	Mental Ill-Health	Service	Understanding	Psychologist
Puerperal	Mental Illness	Barrier	Awareness	General Practitioner
Puerperium	Mental Disorder	Enabler	Knowledge	GP
Postpartum	Mood Disorder	Facilitator		Physician
Post-partum	Mood Condition			Nurse
Postnatal	Mood Instability			Nursery Nurse
Post-natal	Affective Disorder			Midwife
Antenatal	Depression			Health Visitor
Ante-natal	Bipolar Disorder			Social Worker
Pregnancy	Mania			Occupational Therapist
Pregnant	Hypomania			Parent-Infant Therapist
Pre-birth	Psychosis			Counsellor
	Schizophrenia			Peer Supporter
	Anxiety Disorder			Support Worker
	Post-Traumatic Stress Disorder			Care Worker
	PTSD			Paediatrician
	Obsessive Compulsive Disorder			Pediatrician
	OCD			Obstetrician
	Birth Trauma			
	Eating Disorder			
	Anorexia			
	Bulimia			
	Substance use disorder*			


Perinatal and Early Years Mental Health Team
Mental Health Directorate
Scottish Government
Perinatal and Infant Mental Health Programme Board contact details:
nss.pnimh@nhs.scot
https://www.pmhn.scot.nhs.uk/perinatal-infant-mental-health-programme-board/

Scottish Government
Riaghaltas na h-Alba
gov.scot

Mental Health Foundation
Scotland

See Me
End mental health discrimination