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Perinatal Mental Health and Occupational Therapy

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Macro, meso and micro contexts applied to practice

The focus of occupational therapy in perinatal mental health can range from self-care, productivity, to leisure and parenting co-occupations. We know the perinatal period can be a vulnerable time for women experiencing mental health challenges, potentially impacting their self-esteem and relationships with their baby and family. These challenges may manifest as difficulties in engaging in various essential activities, known as occupations. Let us break down these areas (Tubbs, 2021):

- **self-care occupations:** Managing basic personal care tasks such as bathing, dressing, eating, and sleeping.
- **productive occupations:** Fulfilling responsibilities like household chores, grocery shopping, meal preparation, and work-related tasks.
- **leisure occupations:** Maintaining relationships with a partner, family, and friends, as well as engaging in activities such as exercise or personal hobbies.
- **parenting occupations:** Carrying out the routines and responsibilities of motherhood, such as feeding, diapering, and interacting with the baby through play.

Occupational therapists play a crucial role in supporting women during this time by enabling them to engage in these meaningful activities. Their goal is to empower women to participate in occupations that contribute to their well-being and strengthen connections with their babies and families.

Perinatal mental health (PMH) issues encompass a range of conditions that arise during pregnancy or within the first year after childbirth. These challenges affect up to 27% of new and expectant mothers, highlighting the importance of recognizing and addressing this critical period in a woman's life (NHS England, 2024).

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Global perspective on perinatal mental health

The incidence of perinatal mental health conditions represents a critical global concern with far-reaching implications. Conditions such as postpartum depression, anxiety, perinatal obsessive-compulsive disorder (OCD), and postpartum psychosis affect a significant proportion of women during pregnancy and postpartum.

WHO data indicates that globally, about 10–15% of women experience clinical depression during pregnancy or after childbirth, with rates as high as 20% in low- and middle-income countries. These higher rates often stem from socioeconomic stressors, limited mental health resources, and cultural stigmas.

According to UN Women (WHO, n.d.), maternal mental health disorders are among the most common morbidities of pregnancy and the postpartum period, with broader implications for child development and family welfare. Hormonal changes, previous mental health history, lack of social support, economic hardship, and adverse pregnancy or birth experiences influence these conditions.

Addressing perinatal mental health requires systemic changes: integrating mental health screenings into routine care, expanding access to culturally sensitive and evidence-based treatments, and reducing stigma. By prioritizing maternal mental health, societies can foster healthier families and break intergenerational cycles of mental health challenges.

Preferred model of occupational therapy

Coming from a migrant background, implementing cultural awareness throughout my clinical practice is vital. Iwama (2003) notes that most occupational therapy frameworks, models, and theories are based on Westernized views and social-cultural contexts. These tools can be ethnocentric and may not account for cultural nuances from patient to patient. This is why one of my favourite models is the Kawa model by Iwama, which is culturally relevant across diverse backgrounds.

In clinical practice, implementing models can be challenging due to workload restrictions, clinician confidence issues, and limited time for researching evidence-based interventions guided by theories. Initial experiences using models are generally positive and help

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understand patient needs, but management support is crucial for easier implementation (Fristed et al., 2016).

Hot spots

Learning through embracing fear and taking on new challenges forced me out of my comfort zone, helping me grow and develop my clinical practice. These experiences, along with valuable feedback from clinical supervision, helped me navigate 'hot spots' during various stages of my career – moving from novice to confident, compassionate professional. One significant hot spot while working within the NHS is an occupational therapy identity, which is vital to growth and development.

Another hot spot requiring attention is the stark lack of research in perinatal mental health for Caribbean women. Despite high psychosocial risks, reasons remain unclear for the lack of help-seeking behaviour by Caribbean women and women of Caribbean heritage. Existing research suggests negative perceptions from these women, who feel a lack of compassion and confidence in confiding in professionals.

Subsequently, therapeutic relationships often are not established at a primary care level, and awareness of health disparities remains limited. Occupational therapists must tackle these occupational injustices by creating interventions that address socioeconomic disadvantages, ultimately improving access for 'hard-to-reach' ethnic groups.

Using empathy for challenging experiences leads to better advocacy for patients and colleagues. Creative approaches through meaningful occupations, such as dance/movement, help improve clinical outcomes. This supports local and national care policies and targets hard-to-reach groups, reducing disparities in accessing care. The goal of delivering responsive, culturally appropriate care becomes attainable under these conditions. We, as a Caribbean diaspora, have immense power through our cultural heritage, with support from allies, to transform healthcare with unique perspectives and innovative approaches.

Finally, reflective practice is crucial for solidifying learning, supporting client-centred practice, and enhancing clinical reasoning. Reflective practice allows critical thinking about experiences and challenges the contexts in which evidence has been obtained. It helps us reflect on inequitable access to privilege and power, reducing the risk of perpetuating societal

injustices (Hammell, 2015). Implementing therapeutic use of self is something I use consciously and unconsciously, never underestimating the power of rapport building and finding common ground, remembering that patients are experts on themselves, and collaboration empowers them. The occupational therapy hub (Abson, 2019) asserts that the deliberate use of opinions, judgements, and personality influences therapeutic outcomes. While clients often believe the therapist holds greater power, promoting self-empowerment enables collaborative problem-solving that integrates into the person's life.

Contributory factors to disparities

The elevated mortality rates for Black women during childbirth stem from several factors:

1. **Systemic bias and discrimination**: Implicit bias within healthcare settings often leads to Black women's concerns being dismissed or their symptoms being underestimated. This delays diagnosis or treatment, resulting in inadequately managed life-threatening complications.
2. **Socioeconomic disparities**: Black women are more likely to experience adverse social determinants of health: lower income, poor housing conditions, and limited prenatal care access, all contributing to adverse pregnancy outcomes.
3. **Higher prevalence of risk factors**: Conditions like hypertension, diabetes, and obesity, which increase pregnancy complication risks, are more prevalent among Black women. However, these risks are often exacerbated by systemic healthcare inequities rather than purely biological factors.
4. **Healthcare mistrust**: Historical and ongoing medical racism has fostered healthcare system distrust among Black communities, potentially delaying engagement with perinatal services.

Addressing the crisis

To reduce maternal mortality and improve outcomes for Black women, systemic change is urgently needed:

- **Cultural competence in care**: Healthcare providers must receive training to recognize and address implicit biases, ensuring equitable treatment for all patients.

- **Community-based interventions**: Partnerships with community organizations can improve outreach and provide culturally tailored support during pregnancy and postpartum periods.
- **Policy reform**: Governments and healthcare systems must invest in targeted policies to address disparities, such as expanding access to quality maternal care in underserved areas.
- **Improved data collection**: Collecting and analysing disaggregated data on maternal outcomes by ethnicity can help identify and address disparities more effectively.
- **Amplifying voices**: Listening to and elevating the experiences of Black women can inform more inclusive and patient-centred care.

Call to action

The persistent disparity in maternal mortality rates indicates healthcare inequity. Addressing this requires a multifaceted approach combining systemic reform, cultural sensitivity, and community engagement. Ensuring Black women receive equitable care is a moral imperative essential for fostering trust and delivering justice within the healthcare system.

Perinatal services and access targets

Perinatal services are critical for the health of both mothers and infants. While access targets are intended to ensure that more individuals receive care, overly lenient referral criteria might risk prioritizing quantity over quality. When the threshold for referrals is lowered, services can become inundated with cases, including those that may not require intensive intervention. This could detract from the resources available for individuals who genuinely need specialized care.

Lowering referral thresholds can lead to an increase in patient volume, from an anecdotal point of view, this results in additional workload for healthcare providers. When staff are overworked, they tend to experience burnout, which can manifest in decreased job satisfaction, increased absenteeism, and, ultimately, high turnover rates. This burnout can

further compromise the quality of care as fatigued staff are less able to provide the attention and diligence that each patient deserves.

When healthcare providers are stretched thin, there's a risk that patient care may become less personalized and thorough. The nuances of care such as understanding the specific needs of a mother or infant can be overlooked in the rush to meet targets. Substandard care can lead to adverse outcomes for mothers, infants and families overall, increasing the likelihood of complications that could have been addressed with more effective, individualized treatment.

A more sustainable approach involves finding a balance between ensuring access to services and maintaining high standards of care. This could include:

- Ensuring that there are enough healthcare providers to meet the demand without compromising care quality.
- Providing ongoing training and support for staff to manage their workloads effectively and reduce burnout.
- Regularly reviewing and adjusting referral criteria based on actual needs and outcomes, which can help target resources more effectively.
- Focusing on patient-centred approaches that engage mothers and families in their care and decision-making. This can enhance satisfaction and outcomes, even in a constrained system.
- Developing robust monitoring systems to evaluate the impact of policies and referral criteria on patient outcomes and staff well-being is essential. Feedback from both healthcare providers and patients can help refine practices and adapt to areas of need.

In summary, while meeting access targets is vital, it must not come at the expense of quality care in perinatal services. A holistic approach that prioritizes both access and quality, along with the well-being of healthcare providers, is crucial for effective perinatal health systems.

Occupational Gift

Caribbean gift to the reader: the essence of a Caribbean mother

Growing up, I have fond memories of getting my hair plaited, twisted, or hot combed. This ritual was steeped in tradition and tenderness, a safe space in the cocoon, nestled between my mother's legs on the floor, feeling the gentle tug of her skilled fingers as she deftly manoeuvred each section of my hair. The rhythmic motion of her hands, combined with the smell of coconut oil and the sound of her soothing voice sharing stories or humming her favourite tune, or the sounds of reggae music playing in the background with conversations about her own memories of her mother plaiting her hair, created a cocoon of warmth, safety and love. These moments reminded me that we come from generations of traditions and cultures that shape our identities. This intimate setting, framed by patience and care, was more than just grooming; it was a cherished, meaningful occupation and bonding experience connecting me to my roots and the rich Caribbean heritage. The memories transcended time, space, and location, no matter where I travelled, they reminded me of home: an occupation that migrated with me.

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