

# BARRIERS AND FACILITATORS TO PSYCHOLOGICAL TREATMENT ACCESS FOR PERINATAL OCD

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## Introduction

The perinatal period can make parents vulnerable to experiencing mental health problems [1]. However, perinatal obsessive-compulsive disorder (PNOCD) is under-recognised and under-diagnosed [2], despite effective treatments being known [3]. It's important for us to understand the experiences of those who have and haven't used services in order to increase access.

## Aims

To develop a nuanced understanding of the experiences of those who self-identify as having experienced PNOCD, including identifying any barriers and facilitators to recognising symptoms and accessing psychological support.

## Design & Approach

Seven semi-structured interviews were conducted by the PI and one expert by experience (EBE). EBE's have been involved throughout the project, developing all participant facing materials, recruiting, interviewing and during analysis.

## Results

### Process of mum's recognition and help-seeking for PNOCD

Falling short of "perfection" as a mum is shameful

Family and friends impact help-seeking and mental health conceptualisation

Isolation and social network influence what is 'normal'

Onus should be on society to facilitate help-seeking

"[my mother] was like there's nothing wrong with you, You're just doing this, to make my life harder, you should be doing this" P003

"just knowing made such a difference, not because it meant I got help, but I could stop saying you're just a person who can't cope like the rest of the world and this is an actual thing that I can work to get better from this isn't just me" P001

### Services need a more comprehensive response to mums

Care for me as well as my baby

Services can be dismissive of mental health needs

"It was almost like if you haven't got postnatal depression, then what do we do" P001

Services must recognise PNOCD

"I just literally came out like the first visit. Are you Okay? Yeah. Is the baby feeding? Yeah. And they weigh the baby, And that's it, they're gone." P007

### Mums question if therapy, as it is, is the solution

Parents are sceptical of therapy

Need for perinatal and OCD focus in therapy

Practical challenges of therapy

"What are they going to do about that? How can they stop those thoughts in my head because there's not a lot known about it" P007

Because I only got to a certain space in my recovery... having CBT [in the].. general adult population service, I got good enough function, yeah, but no definitely not recovering." P005

## Conclusions

Raising awareness of PNOCD in antenatal and pre-conception populations is crucial. Additionally, training to improve healthcare professionals knowledge and attitudes of PNOCD is needed. This includes offering frontline staff the skills for sensitive enquiry into experiences, and appropriate responses to disclosures of symptoms. Services should offer specialised, timely therapies.

## What's next

From the interviews and previous literature, seven barriers with 43 sub-barriers were presented to healthcare professionals for them to prioritise in order of importance. The top rated barriers were then discussed in workshops with healthcare professionals and EBEs in order to develop recommendations.