Mothers' experiences of acute perinatal mental health services in England and Wales: A qualitative analysis

Claire Powell[ab]*, Simran Bedi[a], Selina Nath[ab], Laura Potts[a], Kylee Trevillion[a] and Louise Howard[a]

[a]*Section of Women's Mental Health, King's College London, London, UK;* [b]*Institute of Child Health, University College London, London, UK;*

*Claire Powell https://orcid.org/0000-0002-6581-0165 UCL Great Ormond Street Institute of Child Health, Faculty of Population Health Sciences, 30 Guildford Street, London WC1N 1EH, c.powell@ucl.ac.uk

Funding: This paper summarises independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research (PGfAR) Programme (Grant Reference Number: RP-PG-1210-12002) and the National Institute for Health Research (NIHR) / Wellcome Trust King's and Manchester Clinical Research Facility. The study team acknowledges the study delivery support given by the national NIHR Clinical Research Networks. This study represents independent research supported by the NIHR Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London. LMH is also supported by an NIHR Research Professorship (NIHR-RP-R3-12-011). *The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.*

Mothers' experiences of acute perinatal mental health services in England and Wales: A qualitative analysis

Background/Objective: Perinatal mental health services are a current NHS priority and services are being increased for women. There is limited research on mothers' views of these services and most research focuses on mother and baby units. As part of an investigation into the effectiveness of acute perinatal mental health services in England and Wales, this study explored women's views of their experiences of generic wards, mother and baby units and crisis resolution teams.

Methods: A qualitative thematic analysis was conducted on written feedback on a service user designed perinatal mental health questionnaire. 139 women recruited across 42 mental health trusts made written feedback comments.

Results: Two key themes were identified: support networks and staff authority. Support networks included subthemes of family involvement; feeling understood by staff/peers, and staff and communication. The theme of staff authority included an overlapping subtheme of staff communication plus subthemes of lack of confidence in staff and service user autonomy. All of the themes contributed to whether mothers felt safe in these services. Mothers reported the benefits of positive, non-coercive relationships with family and staff for their mental health recovery. The findings highlight that the challenges women face in perinatal settings reflect the literature on general psychiatric services, particularly around the use of coercion.

Conclusions: There are three specific implications for mothers accessing perinatal mental health services: 1) integrated mental health care and support with babies; 2) support with separation from babies for mothers in acute wards; 3) improvement of women's relationships with social services across all services.

Keywords: perinatal, mental health, psychiatric services, mothers, qualitative

Introduction

Perinatal mental health problems are experienced by approximately 20% of women during pregnancy or the first year post-partum. The increased risk of experiencing psychosis in the early post-partum period (Jones, Chandra, Dazzan, & Howard, 2014; NICE, 2014), the risk of maternal suicide during the perinatal period (Khalifeh et al., 2016), and the impact on children (Stein et al., 2014) underlie the current prioritisation of perinatal mental health internationally. The UK NICE guidelines have highlighted the importance of maternal choice and the need for access to specialist services, including Mother and Baby Units (MBUs) (NICE, 2014; NHS England, 2014).

Despite this prioritisation and policy focus, barriers to accessing appropriate support for perinatal mental health problems remain. A recent systematic review showed that women face barriers accessing perinatal mental health support (Smith et al., 2019); these ranged from individual attitudes to structural-level factors, such as unclear policies. In addition, most UK service-related research has focused on MBUs (Glangeaud-Freudenthal et al., 2011; Green et al., 2016; Stephenson et al., 2018), despite many mothers accessing other acute perinatal mental health services, such as crisis-resolution teams (CRT), or general acute wards. Even less is known about the acceptability of these services to women, although this is integral to service provision given that service user satisfaction has shown to be an accurate indicator of psychiatric care quality (Shipley et al., 2000).

As part of a study investigating the effectiveness of acute perinatal mental health services in England and Wales, feedback was collected from women experiencing acute severe postpartum mental health difficulties who accessed generic wards, MBUs or CRTs. This qualitative study analyses the written feedback with the aim of understanding women's perspectives of these services.

Methods

Design

This qualitative study forms part of a quasi-experimental study of the effectiveness and cost-effectiveness of mother and baby units compared with general psychiatric inpatient wards and crisis resolution team services in the provision of care for women in the postpartum period (see Trevillion et al., 2019, for protocol). This manuscript follows the Consolidated Criteria for Reporting of Qualitative Research (COREQ) guidelines (Tong et al., 2007).

Setting and mothers

Women were recruited from MBUs, general acute wards and CRTs across 42 Mental Health Trusts in England and Wales between 10th February 2015 and 6th March 2018. Xxxx ethics approved the research. Participants provided written informed consent. Women were eligible for inclusion if they were admitted to an MBU, acute ward or CRT in their first year post-delivery. Acute services staff (e.g. team leaders or consultant psychiatrists) approached eligible women around their discharge. Women interested in taking part were contacted by one of the female graduate researchers from the team and, approximately one month following discharge, visited at home for the administration of a battery of measures.

Data collection

For a full list of measures used see Trevillion et al. (2019). This study draws its findings from the Perinatal VOICE (PV) questionnaire, a 27-item, self-report questionnaire, an adapted version of a service-user designed measure of views of acute care (Evans et al., 2012). The perinatal version includes five sections covering: care and treatment; medication; staffing; environment; baby's well-being. Each section had space for free-text comments in addition to Likert scales. Analysis of the free-text comments forms the basis of this study.

Data Analysis

Feedback comments were transcribed verbatim and analysed using thematic analysis (Braun & Clarke, 2006, 2014), a flexible and rigorous qualitative method that enabled both inductive

and deductive analysis. To manage the large amount of data, the first stage of line-by-line coding was carried out within each section (i.e. all comments relating to care and treatment were coded together). This was a deductive process, focusing on the topics of the PV questionnaire. Once initial codes had been developed and refined within the section topics, codes were combined into themes across topics. At this point the analysis was inductive, drawing from participants' ideas and moving away from the PV topics. This was an iterative process carried out with a second researcher to increase credibility. Each theme was systematically checked for differences between services (i.e. MBUs, CRTs and acute wards) to capture variation. The analysis was carried out from a subtle realist position (Hammersley, 1992) and aimed to capture the diversity of interpretations offered by the research participants. We were guided by Ritchie, Lewis, Nicholls & Ormston (2013) whilst acknowledging that the analysis of feedback comments does not allow the same depth of analysis as, for example, interview transcripts.

Findings

267 women completed the Perinatal VOICE. Some used more than one service, therefore 361 questionnaires were completed. Of these, 166 had written feedback comments from 139 individual women. Socio-demographics of mothers that completed the Perinatal VOICE are shown in Table 1. Of note, over half of feedback comments related to the topic of 'care', with the rest of the comments fairly evenly distributed across the remaining topics.

[Insert Table 1 here]

Thematic Analysis

Two overarching themes were identified: 'Support Network' and 'Staff Authority'. The theme 'Support Network' included relationships between mothers and others involved in their care. The concept of relationships was developed in the second theme, 'Staff

Authority', which incorporated mothers' views on staff authority and perceptions of abuse of authority. See Figure 1 for a map of themes and subthemes. All of the themes contributed to whether mothers felt safe in these services.

[Insert Figure 1 here]

Theme 1: Support network

This theme incorporated mothers' interactions and relationships with staff, peers and families. The first subtheme, 'family involvement', considered relationships with family members, whilst the second, 'feeling understood by staff/peers' focused on the quality of relationships. 'Staff communication' is a subtheme that links the two main themes owing to its relationship to both support and authority.

Family involvement: Family relationships were described as crucial during treatment in acute services. Women emphasised wanting partner and family involvement in their care, including receiving updates of care plans. Furthermore women stated that support for partners and families should be available, such as one-to-one consultations and advice on coping with distressed family members. A perceived lack of support was salient for MBU and acute ward women; one mother reported there was: 'No support for him [partner] or support as a family' (S29acute_ward).

By contrast, CRT mothers appreciated their family support at home, although some mothers felt staff and their families were not connected: '[Partner] felt pushed out and unsupported' (S53CRT). However, other mothers felt family members had too much input, particularly those in inpatient settings. Mothers expressed frustration that their partners were making decisions about their medication, with one extreme example when a mother was refused contact with her baby: 'I wanted contact with my baby but [this was] refused by

partner' (B82acute_ward). This mother stated that she had no support in 'learning to cope' with the 'unbearable' separation from her child (B82acute_ward).

Separation from children was a prevalent topic among women admitted to acute wards. Mothers missed their children and expressed a desire to be in an MBU. They reported feeling low and one mother said this affected her ability to interact with others and participate in ward activities: 'They had lots of things going on, but I couldn't make it because I felt lonely without my kid' (C88acute_ward). Unsurprisingly, separation from children seemed to affect recovery for some mothers, one mother described separation as 'detrimental and very hard' (E103inpatient), whilst others described increased distress (e.g. E91inpatient, E106inpatient).

In a similar vein, mothers wanted easy access to their partners and family members. For women in acute wards and MBUs, this was often impossible due to inflexible visiting hours and a full-time working partner: 'There was sometimes 15mins left after which he would be asked to leave' (E0MBU). Inflexible visiting hours limited mothers' support networks and reduced their contact with people they trusted. Moreover, a lack of family rooms or their limited availability contributed to mothers being unable to see their families. An acute ward mother commented on the one family room and how she 'did not feel I was in the right place to get well' (B109acute_ward) because she could not see her family enough. Overall, mothers felt the appropriate level of family involvement and support around separation from their babies was important for their recovery.

Feeling understood by staff and peers: This subtheme incorporated women's comments on the nature of relationships in acute settings with staff and other women. Where women felt understood, this was reported as a positive part of their mental health care. One mother commented that: 'The staff were very astute at reading my struggling signals' (S10MBU).

For other mothers a combination of negative interactions and lack of communication with staff meant they reported forming few or poor relationships. This contributed to mothers feeling misunderstood by staff. For CRT mothers, in particular, this was exacerbated by inconsistent staffing. Mothers commented that they spoke to: 'someone new every day' (C68CRT) and reported frustration at repeating themselves and updating a different professional each day. One mother felt constant repetition meant CRT was: 'A hindrance because it took up more of my time having to answer the same questions.' (B85CRT).

The lack of understanding between some mothers and staff meant staff were unable to understand or address mothers' main concerns. A common complaint from CRT mothers was that staff 'had no interest in my baby' (B27CRT). No support was offered with baby care, the focus was solely on maternal mental health. Many mothers found this insufficient as their primary concern was their baby.

Whilst rare, the mothers who reported feeling understood tended to have positive staff interactions and overall a better experience in their healthcare setting. For example, the mother who commented that 'some staff made an effort to really understand me', was also positive about staff skills in baby care and the therapy offered on the MBU (E03MBU). This experience extended to more positive peer relationships. Mothers, particularly those with similar experiences, seemed to support and help each other. They appreciated the non-judgemental nature of peer relationships and having someone to relate to. As one mother explained: 'Other mothers [were] vital in my recovery' (E31MBU). CRT mothers described how local children's centres offered similar helpful peer support experiences. However, several mothers, particularly in MBUs, reported that staff discouraged them from talking to other mothers. Mothers found this limited supportive relationships and possibly further damaged relationships with staff.

While acute ward and MBU mothers had the benefit of peer support, a few mothers within these services felt the environment was unsafe: ‘Others on the ward were violent – I didn’t feel safe’ (E40Acute_ward). On MBUs there were concerns that other mothers might harm their babies without staff being present to prevent it. Some mothers, however, did feel that the inpatient environment was ‘incredibly safe and that meant everything to me.’ (E16MBU).

While safety was primarily an issue for MBU and acute ward mothers, one CRT mother explained to staff that she wanted to harm her baby, but they were unable to offer her additional support: ‘'I wanted more help, but they could only offer me mindfulness even when talking about serious issues with my baby (wanting to drown her)’ (C39CRT). Feeling understood, and by extension feeling safe, often related to communication.

Staff and communication: This was a dominant theme and included staff interactions with mothers. Mothers across all settings reported a lack of contact with staff members. This led to mothers feeling ‘isolated’ (C28Acute_ward) and ‘lonely’ (C50MBU). Mothers spoke of having nobody to talk to and wanting more one-to-one time with staff. Interactions with staff were focused on medication rather than support: ‘They still didn’t listen to me – just drugged me up and made me into a zombie’ (M52Acute_ ward).

In general, mothers felt services were understaffed, which had an impact on communication and thus reduced necessary support and care: ‘I was suicidal…left in a room alone for an hour’ (C25CRT – mother talking about her hospital experience). Feedback was mixed when mothers commented on interactions with staff. While some thought staff were compassionate and helpful, others experienced a lack of empathy, as one mother described: ‘they made me feel stupid’ (S32CRT). Some mothers found staff judgemental, and were

unlikely to confide in them. These comments on staff communication and the impact on staff relationships lead into the second key theme.

Theme 2: Staff authority

Mother-staff relationships were a key component of mothers' support networks, and this theme explores the perceived impact of that staff authority on these relationships. The first subtheme, 'Patient autonomy' was developed from comments relating to staff abuse of authority, which in turn reduced mothers' ability to make choices and decisions related to their care. The second subtheme, 'lack of confidence in staff' was constructed from mothers' expressions of frustration that staff did not have the skills to care for them effectively.

Patient autonomy: Throughout MBUs, CRTs and acute wards, mothers felt their wishes were not respected. A lack of autonomy was mentioned with regards to breastfeeding, parenting methods and medication. Mothers who wanted to continue breastfeeding felt they were not always supported. One mother said she was put on medication incompatible with breastfeeding despite having 'made my wish to breastfeed very clear' (M59CRT). Another felt her worker 'subtly discouraged me from breastfeeding' (B74MBU) because staff brought her formula and made her breast pump difficult to access. Mothers commented on the lack of choice with regards to parenting methods, for example dummy use. They reported being put under 'a lot of pressure' (B73MBU) which made them 'feel worse.' (B73MBU).

In relation to medication, mothers had diverse views on staff behaviour. Some felt their 'opinions were taken into consideration and respected' (M2CRT), others said they were not given a choice or informed about side effects. One MBU mother felt 'forced' (M10MBU) by staff because they knew she wanted to go home and used this to encourage her to take medication. Another commented on a 'traumatic' (M61acute_ward) incident where: 'The

staff pinned me down and injected me' (M61acute_ward). Disagreement about medications could lead to situations where mothers felt unsafe and scared, further harming mother-staff relationships.

Sometimes, mothers' autonomy was not respected in relation to their care. One woman said she felt 'coerced' (M55CRT) into an admission due to threats of involuntary admission. This reveals how mothers can be forced to make apparently voluntary decisions – a further problematic use of staff authority. Mothers explained how a lack of autonomy impacted them emotionally: 'Had no option in my care – a terrible and scary experience.' (C84acute_ward). Mothers are unlikely to feel supported by staff members who intimidate them and make them feel unsafe. Alongside comments related to individual autonomy or ability to choose, mothers reported their views of the abilities of the staff caring for them in the following subtheme.

Lack of confidence in staff: In MBUs, staff were reported to give inconsistent advice about baby care, for example bottle preparation, which mothers found frustrating. For some mothers, it meant they queried the service's priorities: '[The] session [was] based on staff ability and availability instead of mother needs' (C63acute_ward). This illustrates how both understaffing and staff lack of skills limited the available activities and therapeutic sessions. In MBUs and acute wards the lack of stimulation reduced both the appraisal of the quality of care provided and mothers' well-being. Many described wards as 'boring' (e.g. A97MBU, A11MBU, A16MBU) or felt activities were not helpful: 'They only did things like baking. No sessions or activities to help bond with baby, or to reduce stress/anxiety/depression' (A67MBU). Another mother explained that they 'needed more activities or interaction from staff – it was easy to become isolated' (A28inpatient).

In addition to a lack of confidence in psychiatric staff across all services, mothers had limited confidence in social services. Mothers seemed suspicious of their intentions and were keen for them not to be involved. One commented that their intervention 'would've been the end of my world.' (S36CRT). Another said they were 'intimidating and frightening' (S56CRT). Very few mothers saw social services as a support system; the majority worried that a social worker would remove their baby.

Discussion

This qualitative analysis explored women's feedback about acute perinatal mental health services. It highlights differences and similarities between services and provides suggestions for improvement. The key themes (support networks and staff authority) highlight the crucial role of relationships and how these can be compromised by understaffing and the use of coercion in psychiatric settings.

The importance of staff relationships is consistent with research both specific to perinatal mental health services and general psychiatric services. A recent systematic review of inpatient mental health services identified four dimensions that service users see as key to recovery-focused care: positive relationships with staff; avoidance of coercive experiences; safe physical and social environments; and 'mother-centred' care (Staniszewska et al., 2019). These findings are similar to qualitative research into UK psychiatric hospital admissions by service user researchers (Gilburt et al., 2008), suggesting that perinatal mental health services suffer from similar challenges to general psychiatric services.

Previous research carried out in MBUs (Antonysamy et al., 2009; Wright et al., 2018), and a review of perinatal mental health provision in maternity services (Jones et al., 2014) have highlighted the strain on staff-service user relationships when services are under-staffed. Mothers in our study reported not having adequate time with staff and thus were unable to

build meaningful relationships with them. However increased staff provision might not necessarily lead to improved communication with health professionals about mental health difficulties, as demonstrated by a survey of experiences of maternity care (Henderson et al., 2018). This was clear from our thematic analysis as both positive and negative aspects of interpersonal communication with staff were highlighted by mothers in addition to comments about staffing levels. The findings about communication resonate with a study on MBUs in New Zealand (Wright et al., 2018), and specialist community perinatal mental health services in Australia (Myors et al., 2014), which highlighted the importance of trusting relationships with staff and the necessary relational qualities to forge these relationships. The importance of relationships with staff is emphasised as key across psychiatric care (Johansson & Eklund, 2003), so it is unsurprising this was such a prominent theme.

Coercion, as a feature of staff relationships with mothers, which we captured in our theme of 'service user autonomy', is well documented in the psychiatric literature, both qualitative (Gilburt et al., 2008) and quantitative (McLaughlin et al., 2016). Whilst coercive practices are understood differently by staff and service users (Diana Rose et al., 2017), they are present in psychiatric services worldwide and associated with longer hospital stays (McLaughlin et al., 2016), service user distress (Strout, 2010), and psychological harm (Frueh et al., 2005; Theodoridou et al., 2012). Experiences of coercion were reported across the three service types in this study, however the more negative comments tended to be from acute ward service users. MBU service users were more likely to report lack of choice around parenting or breast feeding, and CRT service users about medication. The importance of maternal choice is highlighted in the relevant NICE guidelines (NICE, 2014), however this lack of choice and the specific experiences of coercion in perinatal mental health services warrant further investigation to understand how these can be ameliorated.

In terms of relationships beyond those with staff, women valued peer relationships and wanted partners and other family members to be more involved in their care. Family inclusion has been highlighted as crucial in studies of MBU feedback (Wright et al., 2018), and even though partners' views were not analysed in this study, the mothers' perception of family exclusion from services do resonate with partner research in perinatal mental health (Lever Taylor et al., 2018). However our research did highlight that some women wanted less involvement from their partners, and as with relationships with staff, this relates to maternal autonomy. If services take a more family-oriented approach this needs to do be done sensitively and according to mothers' wishes. Given the high rates of experiences of domestic violence amongst psychiatric inpatient service users (Howard et al., 2009), a mother's wish not to have her partner involved might be an indicator of more serious problems which would need additional, specialised support.

Separation from children was a key concern for mothers from all acute services, particularly in terms of social services. Previous research has shown that mothers might downplay their problems to professionals due to fear of child removal (Antonysamy et al., 2009). Mothers expressed a wish for both mental health care and support with their baby in this study, given their frustrations with services that focused only one. It seems as if MBUs are currently best placed to provide this, although there is no reason why CRT teams could not provide both. However one study highlighted some of the challenges of the baby's role in mental health recovery, for example mothers may sacrifice their own wellbeing to care for their baby (Plunkett et al., 2017). Thus, whilst avoiding separation from children is the wish for most mothers, the service offered needs to be fully integrated so that mothers' mental health needs are not overlooked in the focus on the babies' wellbeing.

Limitations

Whilst this study incorporated the views of a large number of women, this is a thematic analysis of feedback comments rather than semi-structured interviews. Mothers chose whether to respond and there was no interviewer to probe further. Responses might be biased towards service users who felt strongly (and possibly negatively) about their experiences. However, comments were both positive and negative; the advantage of an anonymous questionnaire is that respondents perhaps felt freer to comment openly (c.f. Antonysamy et al., 2009; Wright et al., 2018). Also, although this measure was service-user designed, neither the data collection nor the analysis was carried out by service-user researchers, which would have brought insights and depth to the findings (Sweeney et al., 2009). Finally, although a strength of the analysis is its breadth in terms of number of mothers who used different types of acute service across England, this inevitably means the depth of understanding specific contexts is lost. Nevertheless the consistency of the findings within and across services, and within the wider literature, does suggest they are valid as a broad evaluation of women's experiences.

Conclusion

This study presented key findings from a large sample of women's feedback about three types of acute services, which leads to both general and specific implications. See Table 2 for a summary. The main implications for service improvement are the same as those for general psychiatric care: improved staff relationships, reduced coercion (Rose, Evans, Laker, & Wykes, 2015; Woodward, Berry, & Bucci, 2017), and support for mother-directed family involvement (Landeweer et al., 2017). There are three specific implications for women accessing perinatal mental health services, in relation to their babies. Mothers want services to offer integrated mental health care and support with their babies. Mothers in acute ward services need support with separation from their babies because of the negative impact on

their recovery. Finally, women's relationships with social services need improvement across all services.

[Insert Table 2 here]

REFERENCES

Antonysamy, A., Wieck, A., & Wittkowski, A. (2009). Service satisfaction on discharge from a psychiatric mother and baby unit: A representative patient survey. *Archives of Women's Mental Health*, *12*(5), 359–362. https://doi.org/10.1007/s00737-009-0085-2

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2014). What can "thematic analysis" offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-Being*, *9*. https://doi.org/10.3402/qhw.v9.26152

Evans, J., Rose, D., Flach, C., Csipke, E., Glossop, H., Mccrone, P., Craig, T., & Wykes, T. (2012). VOICE: Developing a new measure of service users' perceptions of inpatient care, using a participatory methodology. *Journal of Mental Health*, *21*(1), 57–71. https://doi.org/10.3109/09638237.2011.629240

Frueh, B. C., Knapp, R. G., Cusack, K. J., Grubaugh, A. L., Sauvageot, J. A., Cousins, V. C., Yim, E., Robins, C. S., Monnier, J., & Hiers, T. G. (2005). Special Section on Seclusion and Restraint: Patients' Reports of Traumatic or Harmful Experiences Within the Psychiatric Setting. *Psychiatric Services*, *56*(9), 1123–1133. https://doi.org/10.1176/appi.ps.56.9.1123

Gilburt, H., Rose, D., & Slade, M. (2008). The importance of relationships in mental health care: A qualitative study of service users' experiences of psychiatric hospital admission in the UK. *BMC Health Services Research*, *8*(1), 92. https://doi.org/10.1186/1472-6963-8-92

Glangeaud-Freudenthal, N. M.-C., Sutter, A.-L., Thieulin, A.-C., Dagens-Lafont, V., Zimmermann, M.-A., Debourg, A., Massari, B., Cazas, O., Cammas, R., Rainelli, C., Poinso, F., Maron, M., Nezelof, S., Ancel, P.-Y., & Khoshnood, B. (2011). Inpatient mother-and-child postpartum psychiatric care: Factors associated with improvement in maternal mental health. *European Psychiatry*, *26*(4), 215–223. https://doi.org/10.1016/j.eurpsy.2010.03.006

Green, D. J., Hofberg, K., Carr, C., Fanneran, T., & Sumathipala, A. (2016). A 10-year history of perinatal care at the Brockington Mother and Baby Unit Stafford. *Archives of Women's Mental Health*, *19*(3), 507–513. https://doi.org/10.1007/s00737-015-0583-3

Hammersley, M. (2013). *What's Wrong With Ethnography?* Routledge.

Henderson, J., Jomeen, J., & Redshaw, M. (2018). Care and self-reported outcomes of care experienced by women with mental health problems in pregnancy: Findings from a national survey. *Midwifery*, *56*, 171–178. https://doi.org/10.1016/j.midw.2017.10.020

Johansson, H., & Eklund, M. (2003). Patients' opinion on what constitutes good psychiatric care. *Scandinavian Journal of Caring Sciences*, *17*(4), 339–346. https://doi.org/10.1046/j.0283-9318.2003.00233.x

Jones, I., Chandra, P., Dazzan, P., & Howard, L. (2014). Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. *The Lancet*, *384*(9956), 1789–1799. https://doi.org/10.1016/S0140-6736(14)61278-2

Khalifeh, H., Hunt, I. M., Appleby, L., & Howard, L. M. (2016). Suicide in perinatal and non-perinatal women in contact with psychiatric services: 15 year findings from a UK national inquiry. *The Lancet Psychiatry*, *3*(3), 233–242. https://doi.org/10.1016/S2215-0366(16)00003-1

Landeweer, E., Molewijk, B., Hem, M. H., & Pedersen, R. (2017). Worlds apart? A scoping review addressing different stakeholder perspectives on barriers to family involvement in the care for persons with severe mental illness. *BMC Health Services Research*, *17*(1), 349. https://doi.org/10.1186/s12913-017-2213-4

Lever Taylor, 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. https://doi.org/10.1002/cpp.2133

McLaughlin, P., Giacco, D., & Priebe, S. (2016). Use of Coercive Measures during Involuntary Psychiatric Admission and Treatment Outcomes: Data from a Prospective

Study across 10 European Countries. *PLOS ONE*, *11*(12), e0168720. https://doi.org/10.1371/journal.pone.0168720

Myors, K. A., Schmied, V., Johnson, M., & Cleary, M. (2014). 'My special time': Australian women's experiences of accessing a specialist perinatal and infant mental health service. *Health & Social Care in the Community*, *22*(3), 268–277. https://doi.org/10.1111/hsc.12079

Plunkett, C., Peters, S., Wieck, A., & Wittkowski, A. (2017). A qualitative investigation in the role of the baby in recovery from postpartum psychosis. *Clinical Psychology & Psychotherapy*, *24*(5), 1099–1108. https://doi.org/10.1002/cpp.2074

Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds) (2013). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. SAGE.

Rose, D., Evans, J., Laker, C., & Wykes, T. (2015). Life in acute mental health settings: Experiences and perceptions of service users and nurses. *Epidemiology and Psychiatric Sciences*, *24*(1), 90–96. https://doi.org/10.1017/S2045796013000693

Rose, Diana, Perry, E., Rae, S., & Good, N. (2017). Service user perspectives on coercion and restraint in mental health. *BJPsych International*, *14*(3), 59–61. https://doi.org/10.1192/S2056474000001914

Shipley, K., Hilborn, B., Hansell, A., Tyrer, J., & Tyrer, P. (2000). Patient satisfaction: A valid index of quality of care in a psychiatric service. *Acta Psychiatrica Scandinavica*, *101*(4), 330–333. https://doi.org/10.1034/j.1600-0447.2000.101004330.x

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), e024803. https://doi.org/10.1136/bmjopen-2018-024803

Staniszewska, S., Mockford, C., Chadburn, G., Fenton, S.-J., Bhui, K., Larkin, M., Newton, E., Crepaz-Keay, D., Griffiths, F., & Weich, S. (2019). Experiences of in-patient mental health services: Systematic review. *The British Journal of Psychiatry: The Journal of Mental Science*, *214*(6), 329–338. https://doi.org/10.1192/bjp.2019.22

Stein, A., Pearson, R., Goodman, S. H., Rapa, E., Rahman, A., McCallum, M., Howard, L. M., & Pariante, C. M. (2014). Effects of perinatal mental disorders on the fetus and child. *The Lancet*, *384*(9956), 1800–1819. https://doi.org/10.1016/S0140-6736(14)61277-0

Stephenson, L. A., Macdonald, A. J. D., Seneviratne, G., Waites, F., & Pawlby, S. (2018). Mother and Baby Units matter: Improved outcomes for both. *BJPsych Open*, *4*(3), 119–125. https://doi.org/10.1192/bjo.2018.7

Strout, T. D. (2010). Perspectives on the experience of being physically restrained: An integrative review of the qualitative literature—Strout—2010—International Journal of Mental Health Nursing—Wiley Online Library. *International Journal of Mental Health Nursing*, *19*(6), 416–427.

Sweeney, A., Beresford, P., Faulkner, A., Nettle, M., & Rose, D. (2009). *This Is Survivor Research* (A. Sweeney, P. Beresford, A. Faulkner, M. Nettle, & D. Rose, Eds.). PCCS Books. http://discovery.ucl.ac.uk/1304960/

Theodoridou, A., Schlatter, F., Ajdacic, V., Rossler, W., & Jager, M. (2012). Therapeutic relationship in the context of perceived coercion in a psychiatric population. *Psychiatry Research*, *200*(2–3), 939–944. https://doi.org/10.1016/j.psychres.2012.04.012

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Trevillion, K., Shallcross, R., Ryan, E., Heslin, M., Pickles, A., Byford, S., ... & Rose, D. (2019). Protocol for a quasi-experimental study of the effectiveness and cost-effectiveness of mother and baby units compared with general psychiatric inpatient wards and crisis resolution team services (The ESMI study) in the provision of care for women in the postpartum period. *BMJ Open*, *9*(3), e025906.

Woodward, S., Berry, K., & Bucci, S. (2017). A systematic review of factors associated with service user satisfaction with psychiatric inpatient services. *Journal of Psychiatric Research*, *92*, 81–93. https://doi.org/10.1016/j.jpsychires.2017.03.020

Wright, T., Jowsey, T., Stanton, J., Elder, H., Stevens, S., & Wouldes, T. A. (2018). Patient experience of a psychiatric Mother Baby Unit. *PLOS ONE*, *13*(5), e0198241. https://doi.org/10.1371/journal.pone.0198241