

Mental Health and Contraception- Are we doing enough?

A Study Exploring the Current Practice of Providing Contraceptive Advice by Mental Health Professionals



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INTRODUCTION

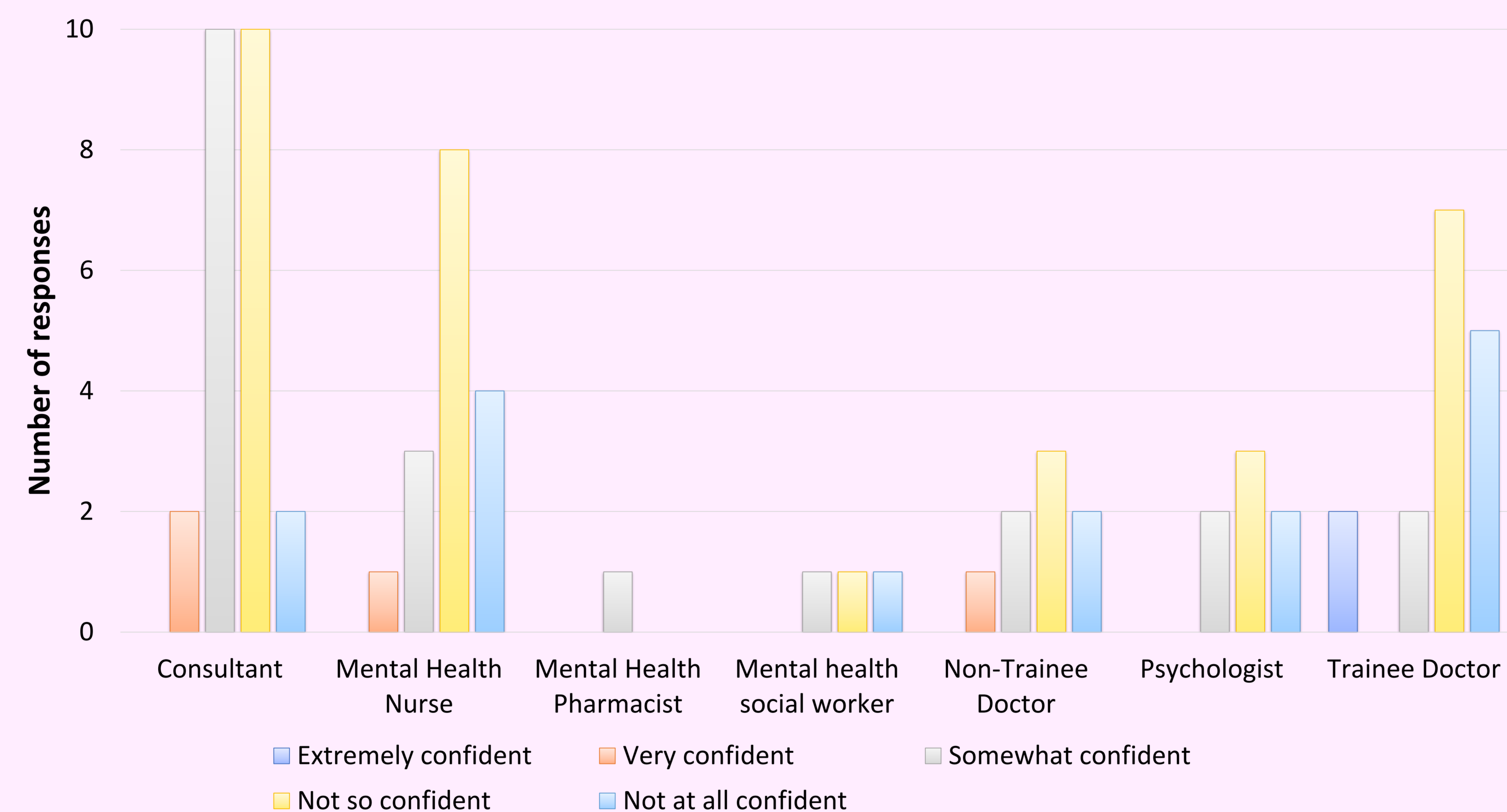
- Contraception is of increased importance for women with mental health conditions.
- These women are more likely to experience unplanned pregnancy and are at a higher risk of sexually transmitted diseases.
- NICE (National Institute for Health and Care Excellence) (1) guidelines recommend discussing the use of contraception with women of childbearing potential with mental health problems.
- It recommends that professionals discuss how pregnancy and childbirth can impact a mental health problem and how a mental health problem and its treatment might affect the women, the foetus or baby.
- It is therefore important for professionals to feel confident when advising these women.
- For women with mental health conditions who want to avoid unintended pregnancy, effective contraceptive use can be an important strategy to maintain and even improve health and wellbeing (5).
- Mental health professionals are poor at collecting information regarding the parenting status of their patients and tend not to enquire about children's welfare and needs (2).
- Barriers in the provision of appropriate reproductive advice includes difficulties in determining the patient's interests, feeling ill-equipped to discuss sexual and reproductive health due to perceived boundaries and embarrassment, and ethical challenges.
- Mental health professionals report patients' lack of insight and the impact of mental illness on children, in addition to concerns that discussing parenting and child-related issues might impair the relationship they have with their patient (3).
- Laraine et al. (2007) (4) found that 16% of childbearing age women were prescribed teratogens.

AIM

To examine the knowledge, practices and attitudes of mental health professionals in providing contraceptive advice to service users of childbearing potential.

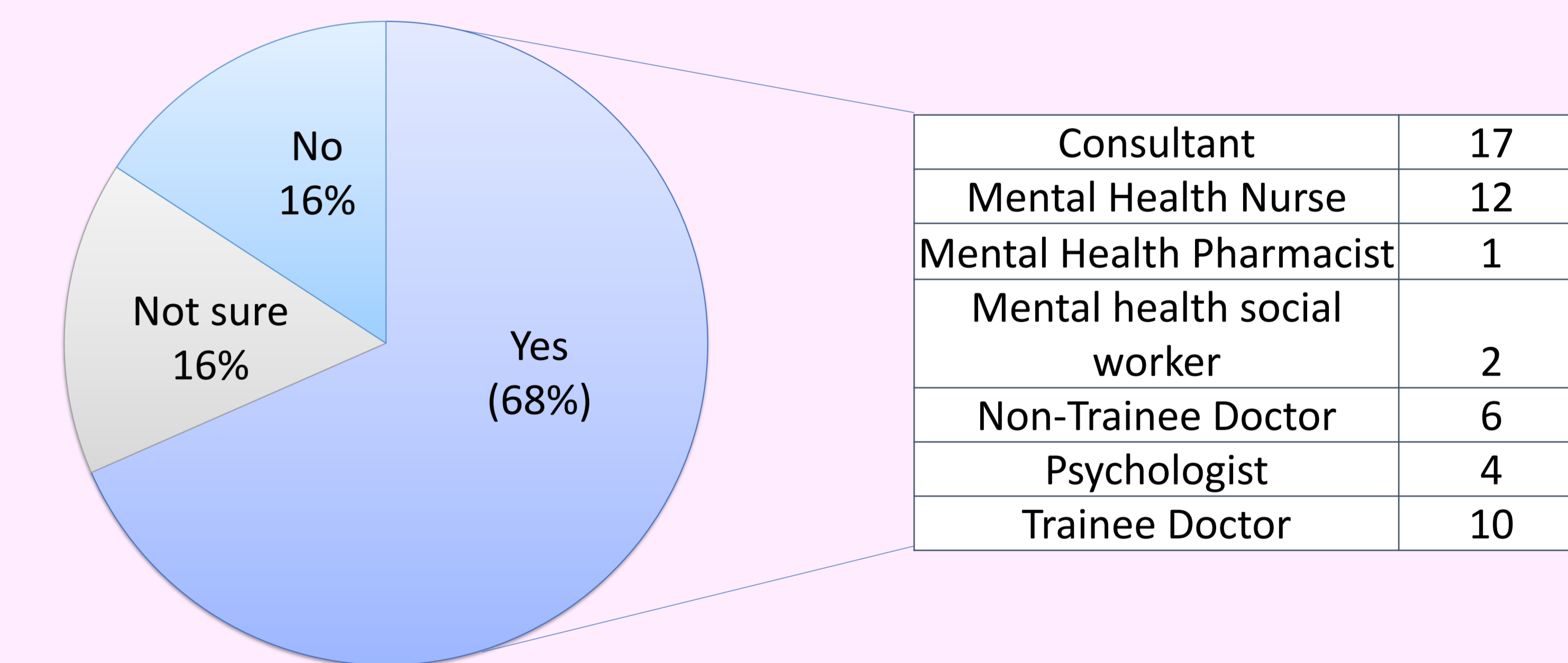
RESULTS

How confident do you feel in offering counselling around contraception, planning and spacing pregnancies?



- The survey received a total of 76 professionals.
- The respondents included 24 consultants, 17 trainee doctors, 16 nurses, 8 non-trainee doctors, 7 psychologists, 3 social workers, and 1 pharmacist.
- When asked about their familiarity with the NICE guidelines, 31% of the respondents stated they were extremely or very familiar, 38% reported being somewhat familiar, and 30% indicated that they were not so familiar or not at all familiar.
- In terms of confidence in discussing contraception and family planning, 8% responded they were extremely or very confident, 28% said they were somewhat confident, and a significant majority of 64% reported they were not so confident or not at all confident.
- 68% of the respondents expressed their interest in receiving further training

Would you be interested in attending a training to improve your confidence in helping women to plan and space pregnancies?



METHOD

We developed a 12-item survey questionnaire, which generated anonymous data on professionals current practices in the provision of contraceptive advice to female service users of reproductive potential with mental health conditions.

An observational quantitative cross-sectional design study was utilised. The investigators did not intervene in any way but simply recorded the answers to questionnaire of the study participants. This was considered the most suitable method for this study as it minimises loss to follow up, obtrusiveness and response bias and will allow for future replicability and comparisons across other NHS Trusts. The content and face validity of the professional surveys were tested by professionals from the field independent of the research team. Data capture was done on Qualtrics. The study design was reviewed and approved by the Ethics Committee.

Inclusion criteria: Doctors, nursing staff Band 6 or above, non-medical prescribers and care-coordinators employed by SABP in a working age adult service. Exclusion criteria: Staff employed by specialist services.

DISCUSSION

We received a fairly good number of responses to the survey. A majority were consultants or trainee psychiatry doctors. This may be due to perceptions that providing family planning advice comes under the role of a doctor. Although a high proportion of senior professionals took part in the survey, this did not affect the desire for further training.

This data will allow for monitoring of the effectiveness of training after it has been delivered. The study needs to be repeated in other trusts and nationwide to bring about a change in attitude and practice if the results are consistent with our study.

CONCLUSIONS

- The survey showed a lack of confidence in offering reproductive advice and the need for training to improve knowledge.
- We aim to develop training in contraception advice to improve care provided for female service users.
- The results of the study will be utilised to improve future patient care and translated into better practice.

KEY POINTS

- Contraception is of increased importance for women with mental health conditions.
- NICE recommend discussing contraception for women of childbearing age with mental health problems.
- A third of professionals surveyed said they were not familiar with the NICE guidance.
- Two thirds of respondents do not feel confident offering counselling around contraception, planning and spacing pregnancies.
- Over two thirds would like further training.

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