

Healthcare Providers' Perspectives on Barriers and Needs in Delivering Perinatal Mental Health Services

Dewi Anggraini Padmaningtyas¹, Asri Hidayat¹, Mamnuah¹

¹Faculty of Health Science, Universitas 'Aisyiyah Yogyakarta, Yogyakarta, Indonesia

Correspondence: **Dewi Anggraini Padmaningtyas**: Jl. Ring Road Barat 63, Gamping, Sleman, Indonesia; dewianggrainip@gmail.com

ABSTRACT

Healthcare providers' perspectives on barriers and needs in delivering perinatal mental health services are crucial, as they play a central role in identifying and managing perinatal mental health problems and are often the first point of contact for women experiencing such conditions. This review aimed to describe healthcare providers' views on the challenges and requirements in providing perinatal mental health services. A scoping review design was employed, drawing data from PubMed, ScienceDirect, EBSCO, and Google Scholar. The included articles were original research studies published in English or Indonesian within the last five years (2019–2024). The search terms included healthcare worker, healthcare professional, healthcare provider, barrier, need, challenge, perinatal mental, health service, and maternal mental health care. The findings from 15 relevant articles indicated that barriers to perinatal mental health services include limited awareness, insufficient knowledge and skills, cultural beliefs and stigma, inadequate resources and infrastructure, and poor communication. Identified needs encompassed enhanced training and resource allocation, public awareness campaigns, and the development of clear policies and guidelines. In conclusion, perinatal mental health services across various countries highlight substantial barriers and needs from the perspective of healthcare providers. Integrating mental health into routine maternal care and strengthening interdisciplinary collaboration may improve outcomes for both mothers and infants.

Keywords: barriers; needs; healthcare providers; mental health; perinatal

INTRODUCTION

Mental health refers to a state of psychological well-being that enables individuals to cope with life's challenges, recognize their potential, learn effectively, achieve optimal performance, and engage meaningfully within their communities. As a fundamental component of overall health and well-being, mental health supports a person's capacity to make informed decisions, build relationships, and influence their surrounding environment. It is a basic human right and plays a crucial role in personal growth, community development, and socio-economic progress [1].

In the context of perinatal mental health, this term specifically refers to mental health problems that arise during pregnancy and within the first year postpartum, including conditions such as depression and anxiety [2]. Perinatal mental health extends beyond the individual, as it significantly affects mother–infant attachment, child development, and family relationships [3].

The magnitude of this issue is considerable. Global prevalence data indicate that approximately 11.9% of women experience perinatal depression [4]. These findings are consistent across various regions; for example, certain populations in South Africa have reported rates as high as 50% [5]. In Indonesia, research has shown that mothers who do not attend antenatal care are 2.4 times more likely to experience depression, underscoring the importance of access to mental health services [6]. The consequences of untreated perinatal mental health disorders are extensive, including short-term effects such as impaired mother–infant bonding and increased risk of adverse birth outcomes, as well as long-term impacts such as developmental delays in children and persistent mental health challenges in mothers [7,8].

Health services play a pivotal role in addressing perinatal mental health. Early identification and management of these conditions during the perinatal period can significantly reduce associated risks. Evidence suggests that early intervention may decrease the substantial social costs of untreated perinatal mental health problems, which amount to billions of dollars annually due to their impact on child development and maternal well-being [9]. Furthermore, integrating mental health support into routine prenatal and postnatal care can strengthen mother–infant bonding and enhance overall family dynamics [10].

Understanding healthcare providers' perspectives on barriers and facilitators in delivering perinatal mental health services is essential for several reasons. Healthcare providers are central to the identification and management of perinatal mental health conditions and are often the first point of contact for women experiencing psychological distress during this period. Their ability to recognize symptoms and provide appropriate referrals is critical. Research indicates that healthcare professionals, particularly nurses and midwives, are well positioned to deliver effective mental health care due to their frequent interactions with perinatal women [11].

This review aims to describe healthcare providers' perspectives on the barriers and needs in delivering perinatal mental health services. By synthesizing existing literature, this review identifies service gaps and priority areas for further research, contributing to the development of effective mental health interventions tailored to perinatal populations. The findings are expected to provide valuable insights for policymakers and healthcare providers, enabling the design of strategies that address the specific challenges faced by mothers during this critical period.

METHODS

This study employed a scoping review method, a form of knowledge synthesis that systematically and iteratively identifies and synthesizes existing or emerging literature on a particular topic [12]. A scoping review is considered an “exploratory project” that systematically maps the available literature within a specific field. It identifies key concepts, theories, sources of evidence, and research gaps [13]. The methodological framework was adapted from Arksey and O'Malley, further developed by Levac and colleagues, and subsequent refinements [14–16]. The stages included identifying the research question, identifying relevant studies, selecting studies, charting the data, and collating, summarizing, and reporting the results [14–16].

The guiding question for this scoping review was: “What are the barriers and needs in delivering perinatal mental health services from the perspective of healthcare providers?” The formulation of this question was based on the PCC (Population, Concept, Context) framework. The population of interest was healthcare providers. The concept examined was healthcare providers' perspectives on barriers and enabling factors in delivering perinatal mental health services. The context of this review was perinatal mental health services.

The literature search was conducted using combinations of keywords across multiple databases (ScienceDirect, PubMed, and EBSCO) and through manual searching via Google Scholar. The keywords included: healthcare worker, healthcare professional, healthcare provider, barrier, need, challenge, perinatal mental, health service, and maternal mental health care. The inclusion criteria were: 1) studies published in English; 2)

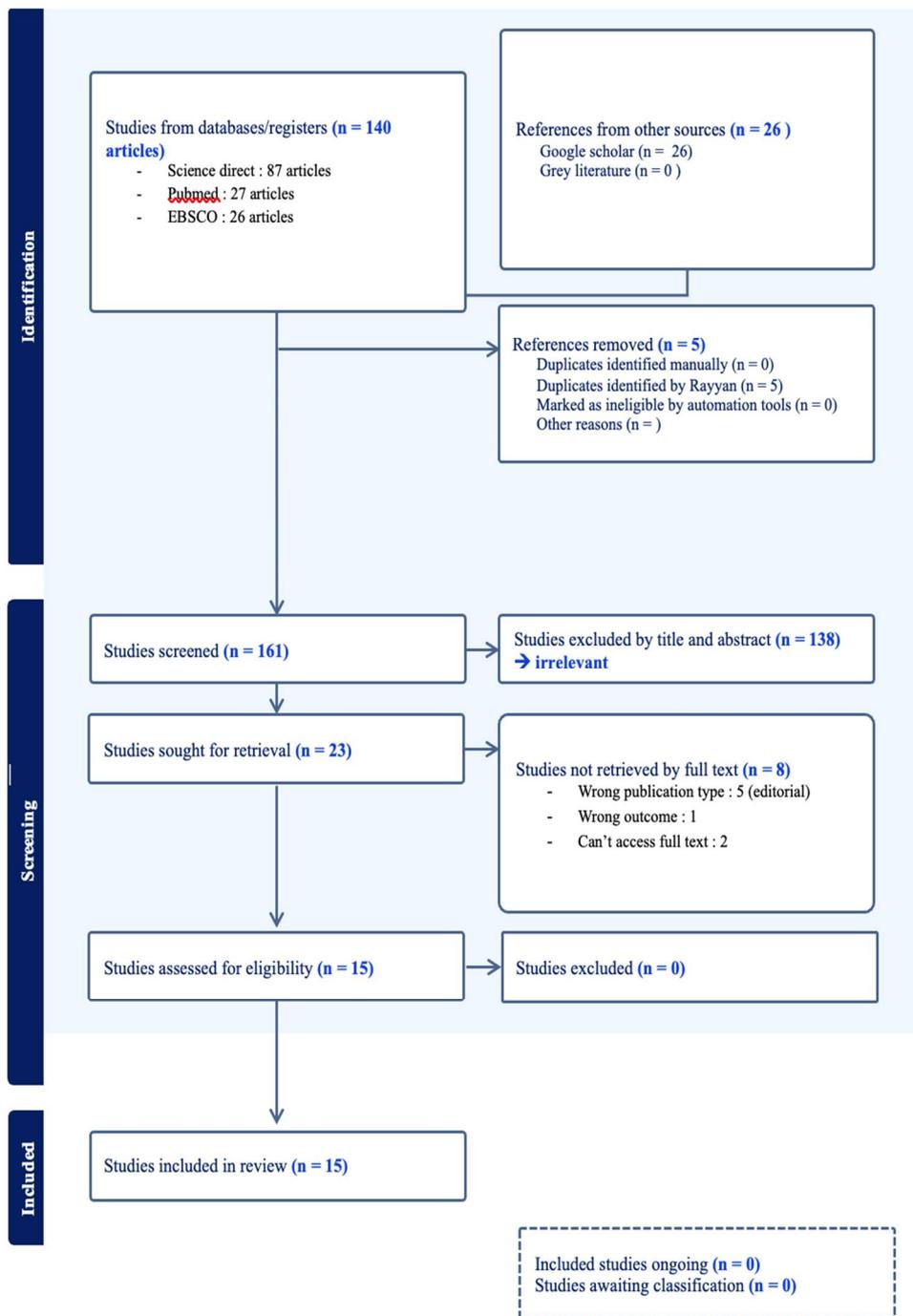


Figure 1. Flow diagram of article search and selection

Table 1. JBI quality appraisal for cross-sectional studies

Rating Level	Scale
A = Very good (19–24)	0 = No
B = Good (9–18)	1 = Not applicable
C = Poor (0–8)	2 = Unclear
	3 = Yes

Table 2. JBI quality appraisal for qualitative studies

Rating level	Scale
A = Very good (21–30)	0 = No
B = Good (11–20)	1 = Not applicable
C = Poor (0–10)	2 = Unclear
	3 = Yes

RESULTS

Based on the literature search and review process, a total of 15 relevant articles were identified. Two studies originated from the United Kingdom, two from Canada, and one each from Iran, Ireland, Poland, Vietnam, Malawi, Scotland, China, South Africa, Indonesia, the United States, and Ethiopia. Of the included studies, thirteen employed qualitative methods, while two used quantitative approaches (Table 4).

studies focusing on perinatal mental health services; 3) studies examining healthcare providers' perspectives on barriers and facilitators in delivering perinatal mental health services; 4) articles addressing accessibility, quality of care, and healthcare providers' perceptions; and 5) publications from 2019–2024. The exclusion criteria were: 1) review articles; 2) meta-analyses; 3) research protocols; and 4) editorials, opinions, proceedings.

The initial search identified 166 articles across databases. After removing duplicates, title and abstract screening reduced the number of eligible articles. Several articles were excluded due to irrelevant publication types, outcomes not aligned with the study objective, or unavailability of full text. A total of 15 articles met the inclusion criteria and were evaluated for alignment with the study objective, namely to explore and map healthcare providers' perspectives on barriers and needs in delivering perinatal mental health services.

The selected articles were appraised using the Joanna Briggs Institute (JBI) Critical Appraisal Tools. Different checklists were applied according to study design: eight items for cross-sectional studies and ten items for qualitative studies. The assessment criteria are presented in Table 1 and Table 2, while the results of the quality appraisal are shown in Table 3. Based on the appraisal results, most articles were rated as very good quality, while a smaller proportion were rated as good quality.

Data extraction was conducted manually for all included articles. Core elements extracted from each study included author name, country, study objectives, methods, and findings. The findings were subsequently synthesized and categorized into the main domains of the review: barriers and needs in delivering perinatal mental health services from the perspective of healthcare providers.

Table 3. Article quality assessment

No	Author, year	JBI critical appraisal checklist	Rating
1	[17]	21	Very good
2	[18]	23	Very good
3	[19]	23	Very good
4	[20]	18	Good
5	[21]	26	Very good
6	[22]	26	Very good
7	[23]	27	Very good
8	[24]	18	Good
9	[25]	21	Very good
10	[26]	20	Good
11	[27]	23	Very good
12	[28]	27	Very good
13	[29]	26	Very good
14	[30]	27	Very good
15	[31]	19	Very good

Table 4. Description of literature review findings

No	Citation, country	Research objective	Data collection method	Research findings
1	[17] Iran	To identify healthcare professionals' experiences in providing mental health services to women affected by postpartum depression.	Qualitative study using semi-structured interviews with 15 healthcare professionals from 14 urban centers in Kerman, Iran (April–September 2019). Data were analyzed using content analysis.	Key barriers included limited provider knowledge, social stigma, financial constraints, and systemic healthcare challenges. The study emphasized the need for integrated mental health services, public education, provider training, and policy reform.
2	[18] United Kingdom	To explore challenges faced by pharmacists and propose strategies to strengthen their role in perinatal mental health care.	Qualitative study using three focus groups with 11 community pharmacists in London (October 2021). Data were analyzed thematically.	Barriers included limited training, heavy workload, lack of referral pathways, and limited awareness of resources. Collaborative programs and mental health first aid training were recommended.
3	[19] Ireland	To explore healthcare professionals' experiences in supporting perinatal mental health during COVID-19.	Qualitative semi-structured interviews with 18 healthcare professionals (August 2020–May 2021). Thematic analysis was used.	Barriers included limited training, high caseloads, resource gaps, and unequal access. Increased staffing, specialist services, and training were needed.
4	[20] Poland	To evaluate midwives' knowledge of perinatal mental health disorders during implementation of new care standards.	Survey using the Test of Antenatal and Postpartum Depression Knowledge and case studies; analyzed with SPSS 25.	Barriers included inadequate training, limited resources, stigma, and lack of standardized screening tools. Improved training and standardized screening were recommended.
5	[21] Vietnam	To analyze barriers to maternal mental health care at the primary care level.	In-depth interviews and focus group discussions with 22 primary healthcare workers (April–May 2022). Realist evaluation approach used.	Barriers included knowledge gaps, staff shortages, lack of policy, and cultural stigma. Increased literacy and policy development were recommended.
6	[22] Malawi	To explore challenges in accessing maternal mental health care among adolescent mothers.	Qualitative interviews and focus groups with healthcare workers and community practitioners. Thematic analysis applied.	Barriers included lack of mental health assessment skills, absence of culturally appropriate screening tools, limited resources, and poor infrastructure.
7	[23] United Kingdom	To understand healthcare professionals' views on barriers and facilitators for Black and South Asian women.	Semi-structured interviews with 24 professionals; Framework Analysis used.	Barriers included lack of awareness, cultural beliefs, and communication challenges. Culturally tailored and flexible services were recommended.
8	[24] Scotland	To gather stakeholder input for designing community perinatal mental health services.	Anonymous online survey with professionals and service users.	Barriers included stigma, limited access to Mother and Baby Units, resource shortages, limited communication, and long waiting times.
9	[25] China	To explore medical staff perceptions of perinatal mental health screening.	Semi-structured interviews with 13 obstetric staff; inductive content analysis used.	Barriers included knowledge gaps, heavy workload, fragmented care, and stigma. Multidisciplinary care and staff training were needed.
10	[26] South Africa	To explore healthcare providers' views on barriers to early detection of mental illness.	In-depth interviews with 24 providers; thematic analysis conducted.	Barriers included unclear policies, resource shortages, sociocultural factors, organizational overload, and limited provider training.
11	[27] Indonesia	To describe perinatal mental health services based on provider and patient experiences.	Qualitative in-depth interviews; thematic analysis following Colaizzi protocol.	Findings emphasized maternal vulnerability, lack of family support, and the need for comprehensive antenatal mental health assessment.
12	[28] United States	To triangulate themes regarding knowledge and barriers to perinatal mental health services.	Structured interviews with 33 participants; grounded theory applied.	Barriers included financial costs, transportation, limited knowledge, childcare challenges, social support limitations, policy constraints, and provider stigma.
13	[29] Canada	To examine gaps in perinatal mental health care through provider perspectives.	Qualitative survey analyzed using thematic network analysis.	Barriers included knowledge gaps, cost, stigma, long waiting lists, limited providers, systemic referral issues, and rural access challenges.
14	[30] Ethiopia	To explore barriers and facilitators in perinatal mental health service provision.	Qualitative interviews analyzed using thematic framework analysis.	Barriers included low literacy, cultural norms, inadequate government support, lack of resources, and unclear care pathways.
15	[31] Canada	To evaluate Canadian perinatal mental health services focusing on training and accessibility.	Cross-sectional online survey analyzed with descriptive statistics and t-tests.	Barriers included long waiting times, limited specialized providers, financial and cultural barriers, language issues, and inadequate local resources.

From the 15 reviewed articles, two overarching themes emerged from healthcare providers' perspectives regarding barriers and needs in perinatal mental health services, as presented in Table 5.

Table 5. Thematic analysis and mapping of research articles

No	Theme	Subtheme	References
1	Barriers in perinatal mental health services	Lack of awareness, knowledge, and skills Cultural beliefs and stigma Limited resources and infrastructure Lack of communication	A1, A2, A3, A4, A5, A6, A7, A9, A10, A11, A13, A14 A1, A4, A5, A8, A10, A12, A13, A14, A15 A1, A2, A3, A4, A5, A8, A9, A10, A12, A13, A14, A15 A7, A8
2	Needs in perinatal mental health services	Enhanced training and resources Awareness campaigns Policies and standards/guidelines	A1, A2, A3, A4, A5, A6, A9 A7, A9 A1, A4, A5, A9, A13

DISCUSSION

Discussion regarding healthcare providers' perspectives on barriers and needs in delivering perinatal mental health services is essential for several reasons. Healthcare providers play a pivotal role in identifying and managing perinatal mental health conditions, which significantly influence maternal and infant health outcomes. Evidence highlights that a coordinated multidisciplinary approach is crucial for effective care, ensuring that providers are adequately equipped to recognize and address the complexity of perinatal mental health conditions [32]. Understanding providers' perspectives is fundamental for designing effective interventions tailored to diverse service contexts, ultimately improving the quality of care delivery. However, although this review contributes valuable insights, it is limited by insufficient consideration of local contexts, such as the Indonesian healthcare system, which may affect the practical implementation of these findings.

Barriers in perinatal mental health services (healthcare providers' perspectives)

Lack of awareness, knowledge, and skills

Exploring barriers in perinatal mental health services from healthcare providers' perspectives is critical for improving service quality during this vulnerable period. A major barrier identified across studies is the lack of awareness, knowledge, and skills among providers regarding perinatal mental

health issues [17–23,25–27,29,30]. Insufficient understanding may result in inaccurate screening and inadequate management of perinatal mental health conditions, which are essential for ensuring positive maternal and infant outcomes. Several studies report that many healthcare providers feel unprepared to manage perinatal mental health concerns due to inadequate education and training. For instance, research in Ethiopia found that providers experienced challenges in identifying and managing perinatal depression, underscoring the urgent need for enhanced training initiatives [30]. Limited competencies may lead to misdiagnosis and suboptimal care [33]. Training gaps significantly affect screening processes, contributing to inaccurate identification of conditions such as postpartum depression [34].

Cultural beliefs and stigma

Cultural beliefs and stigma surrounding mental health further compound the challenges posed by limited provider awareness [17,20,21,24,26,28–30,35]. Healthcare professionals may hold implicit biases or misconceptions about mental illness, influencing patient interactions and their willingness to initiate mental health discussions [23,36]. Women often report feelings of shame and fear of being labeled as “bad mothers” if they disclose psychological distress [36]. Such stigma perpetuates silence and discourages both patients and providers from addressing perinatal mental health concerns openly. Women from Black and Minority Ethnic backgrounds, for example, may encounter dismissive attitudes toward mental health, where symptoms are trivialized or perceived as exaggerated [33,37]. These perceptions not only discourage help-seeking behavior but also limit providers’ engagement in meaningful mental health dialogue.

Limited resources and infrastructure

Resource and infrastructure constraints represent another major barrier. Healthcare providers frequently highlight shortages of specialized professionals and limited training opportunities for general healthcare staff [18–21,29,35]. The scarcity of adequately trained personnel is consistently reported as a key obstacle in delivering effective perinatal mental health care [38]. Heavy workloads and high caseloads further hinder service delivery [18,19,39]. Overburdened providers struggle to allocate sufficient time for mental health screening and intervention during routine antenatal and postnatal visits. Prolonged strain may contribute to burnout and reduced quality of care [38,40]. Financial limitations also restrict service provision, as insufficient funding affects screening programs, training initiatives, and intervention availability [17,31,41]. Time constraints, particularly in busy clinical settings, limit comprehensive mental health assessments [18,24,29,35,40]. Infrastructure-related challenges include the absence of standardized screening tools, unclear referral pathways, and lack of cohesive policies [18,20–22,42]. In rural areas, logistical barriers and inadequate public services further restrict access [29,41]. Fragmented integration between mental health and maternal health services often results in discontinuity of care, preventing women from receiving comprehensive support throughout the perinatal journey [21,27,42].

Lack of communication

Effective communication is fundamental to high-quality perinatal mental health care, yet providers face significant communication barriers [24,43]. Limited interdisciplinary collaboration among obstetricians, midwives, and mental health specialists reduces coordinated care [44]. The absence of clear referral pathways and shared care protocols further complicates service delivery [29]. Additionally, inadequate training in culturally sensitive and trauma-informed communication hinders provider–patient interactions. Providers must be equipped to discuss perinatal mental health concerns confidently and competently [45]. Culturally responsive care has been shown to enhance patient engagement and service utilization [46]. However, stigma often discourages women from disclosing their concerns, further impeding effective communication [47].

Needs in perinatal mental health services (healthcare providers’ perspectives)

Enhanced training and resources

The need for improved training and resources is consistently emphasized in the literature [17–21,25]. Strengthening healthcare providers’ education enhances their confidence and competence in addressing perinatal mental health needs [47,48]. Providers lacking adequate training are less likely to engage in screening or initiate mental health discussions with patients [26,47]. Investment in continuous professional development is therefore essential for improving care quality and maternal outcomes. Integrating non-specialist providers into perinatal mental health interventions has demonstrated effectiveness in expanding service access. Singla et al. highlighted that non-specialist providers can successfully deliver preventive and therapeutic interventions for perinatal depression and anxiety, addressing critical service gaps even in high-income countries [49]. This approach optimizes resource allocation and reduces pressure on specialized professionals.

Awareness Campaigns

Healthcare providers also emphasize the importance of public awareness campaigns to improve perinatal mental health service utilization [23,25]. Limited awareness perpetuates stigma and restricts help-seeking behavior. Increasing mental health literacy at the community level promotes early recognition and intervention [50]. Awareness initiatives have been shown to foster open dialogue, reduce stigma, and encourage support-seeking behaviors [51,52]. Engaging families in awareness efforts may reduce marginalization and promote inclusive mental health care approaches [27,53]. Family integration into perinatal mental health services enhances treatment effectiveness and strengthens support systems [54,55]. Moreover, awareness initiatives positively influence providers’ attitudes and practices, enabling more effective screening and support strategies [25,32,56].

Policies and Standards/Guidelines

The review underscores the urgent need for robust policies, standards, and guidelines governing perinatal mental health services [17,20,21,25,29]. Systemic barriers, including inadequate funding and limited provider awareness, hinder effective implementation. Without strong policy support, service delivery remains fragmented and insufficient, exacerbating maternal mental health challenges [37]. Minas et al. highlighted the gap between written regulations and actual practice, emphasizing the need for reforms that provide not only guidelines but also adequate resources and training [57]. Comprehensive and interactive educational strategies, particularly multi-session programs, have been shown to enhance professional confidence in delivering perinatal mental health care [48]. Low levels of knowledge regarding perinatal depression among healthcare professionals remain a major obstacle, reinforcing the need for standardized guidelines and comprehensive training [30]. Economic considerations further strengthen the case for policy reform. Bauer et al. demonstrated the rising costs associated with untreated perinatal mental health problems, particularly during the COVID-19 pandemic, highlighting the necessity for sustainable funding strategies and national policies [5]. Integrating mental health into routine maternal care has shown potential for significant cost savings and improved health outcomes. Prom et al. advocate for systematic evaluation of integrated interventions to ensure effectiveness [58]. Qualitative evidence also contributes to policy development by incorporating the perspectives of both providers and patients, reinforcing the need for evidence-based and community-responsive policies [27]. Integrating mental health into obstetric care is not only a clinical necessity but also a moral imperative. Addressing inequities in perinatal mental health care is essential to improving maternal and infant outcomes, supporting the development of comprehensive guidelines that ensure equitable support for all women during the perinatal period [59].

CONCLUSION

Perinatal mental health services across countries highlight substantial barriers and unmet needs from the perspective of healthcare providers. Key challenges include limited awareness, inadequate training, cultural stigma, and resource constraints, all of which hinder effective identification and management of perinatal mental health conditions. Addressing these issues requires strengthening training programs, expanding public awareness initiatives, and developing comprehensive policies and clinical guidelines. Integrating mental health services into routine maternal care and fostering interdisciplinary collaboration are essential strategies to improve outcomes for mothers and infants. This review serves as an advocacy call for policymakers and healthcare providers to prioritize and enhance perinatal mental health interventions, ensuring equitable and effective support for women during this critical period.

Ethical consideration, competing interest and source of funding

-Ethical approval was not required for this study because it was based solely on a review of previously published literature and did not involve direct interaction with human participants or the use of identifiable personal data.

-There is no conflict of interest related to this study.

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