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*Original research paper*

# USING A DIGITAL MENTAL HEALTH INTERVENTION IN PERINATAL MENTAL HEALTH CARE – QUALITATIVE STUDY OF WOMEN AND STAFF EXPERIENCES

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**Abstract**

**Background:** Psychiatric disorders in the perinatal period can have long-term implications for the wellbeing of the woman, the baby, and her family. The lack of specialist services may prevent pregnant women from getting the help they need. As a potential solution, mental health services could make routine clinical meetings more effective by adapting and implementing an evidence-based intervention called DIALOG+.
**Objective:** To explore perinatal patient and staff experiences of a one-off session of DIALOG+
**Methods:** The study included 22 mental health patients and three staff members in Albania and North Macedonia. After trained staff members had administered DIALOG+ to patients, all were asked about their experience of the intervention. Data were analysed using thematic analysis.
**Results:** All patients and staff completed the test session without major difficulties. Regarding their experiences, three main themes were identified: "Benefits of using DIALOG+", "Challenges", and "Suggestions for adaptation". Most participants reported positive experiences, but some found engaging with the intervention exhausting. Participants suggested adapting the intervention by adding a 'mother's self-confidence' domain and separating 'partner' and 'family' into two domains.
**Conclusion:** The intervention seems to be acceptable for women in the perinatal period, however it needs to be adapted to meet their specific needs.

*Key words:* mental health services, perinatal care; digital technology, qualitative research, Albania, North Macedonia

## INTRODUCTION

Pregnancy and childbirth are special life experiences for many women and their families. Globally 20% of women in the perinatal period - pregnant women and women who have just given birth - will experience a mental health disorder, either as newly onset or relapse of a pre-existing disorder [1]. Women with perinatal mental health disorders struggle to attend antenatal sessions, they are prone to substance misuse during pregnancy, have more birth complications and preterm births, and struggle to emotionally bond with their baby [2]. Women from ethnic minority groups seem to be particularly vulnerable and may struggle with assessing and utilising mental health services [3]. Untreated perinatal mental health disorders can have devastating effects on the health of the mother, her partner and children, in addition to generating huge societal and economic costs [4, 5].

In the recent years, developed countries such as the UK have been investing money into providing specialist perinatal mental health services such as specialised mother-baby units, pre-conception counselling, parent-infant psychotherapy, etc. [6].

Healthcare services in South-Eastern Europe (SEE) may not have enough financial resources nor sufficient qualified staff to provide such specialised services. This study was conducted in two SEE counties, namely Albania and North Macedonia. Albania has one of the youngest populations in Europe, the highest birth-rate among LMICs in Europe, and a rise in child marriage and adolescent pregnancies [7]. The Republic of North Macedonia has been seeing an increase in perinatal deaths since 2016 [8]. Although health services in these countries do not provide specialist perinatal services, they do offer routine appointments for women in the perinatal period. We were interested in the potential of making routine clinical meetings structured, comprehensive and therapeutically effective by implementing an already existing digital mental health intervention called DIALOG+.

DIALOG+ is the first intervention that has been specifically designed to make routine meetings between clinicians and patients in mental health care therapeutically effective. It is based on patient-centred communication, quality

of life research and solution focused therapy [9]. The intervention is supported by an app and makes use of a tablet computer within routine clinical meetings [10]. Each session begins with the patient using the tablet to rate their satisfaction with 11 areas, i.e. eight domains of life (e.g. mental health, physical health, job situation, etc.) and three treatment aspects (e.g. medication). The ratings are displayed on a screen, allowing for comparisons with previous ratings. Each concern of the patient is then addressed in a four-step solution-focused approach, aiming to identify and utilise the patient's existing resources. In the UK, DIALOG+ has been shown effective in long-term patients with psychosis in the community. It led to reduced clinical symptoms, better quality of life and lower treatment costs [9]. Since this is a generic intervention, it has been used across diagnoses (e.g., patients with psychosis, chronic depression, diabetes) and in different settings (e.g., primary care, community services, forensic services). So far, it has been tentatively used, but it has never been systematically evaluated in perinatal medicine.

DIALOG+ uses the existing clinical relationships and does not require establishment of new services or referral to other clinicians, so the intervention is well suited for healthcare systems with limited resources. With only minimal training (3 hours), a range of clinical staff (e.g., midwifes, psychologists, nurses, psychiatrists, obstetricians) can successfully implement the intervention in routine practice [9]. As a cost-saving intervention that does not rely on any specific professional group, it allows for an affordable management and for expanding patients' access to care. DIALOG+ provides a comprehensive screening of mental, physical, and social problems and leads to plans for actions in all these areas, thus avoiding an inefficient fragmentation of care planning. The intervention has been used in different settings, including low- and middle-income countries [11, 12, 13].

This study aims to explore patient and staff experiences of using a one-off session of the DIALOG+ intervention with patients with mental disorders during perinatal period in Albania and North Macedonia.

## METHODS

### Participants

In total 25 participants (22 patients and three staff members) took part in the study. Out of 25 participants, 19 participants were from North Macedonia, and 6 participants were from Albania. Mean age of the patients was 32 years (SD= 3.94). In total, 10 patients were pregnant, while others were in the post-natal period (N=12). The majority of patients were diagnosed with common mental health disorders such as depression or anxiety (N=16). Out of three staff members in the study, two staff members were female, and one staff member was male. The mean age of the staff members was 42.33 years (SD = 7.59). Two staff members were psychiatrists, and one staff member from the Macedonian sample was a psychiatric trainee. The mean number of years of working in healthcare was 16 (SD =7.79). Please see Table 1 for more details.

*Table 1. Study sample*

| | All<br>N= 25 | North Macedonia<br>N= 19 | Albania<br>N = 6 |
|---|---|---|---|
| *WOMEN* | *22* | *17* | *6* |
| Age in years, mean (SD) | 32 (3.94) | 32.41 (4.08) | 33 (6.06) |
| *ICD-10 psychiatric diagnosis, N* | | | |
| Psychotic spectrum disorders (F20-F29) | 6 | 4 | 2 |
| Affective disorders (F30-39) | 8 | 6 | 2 |
| Anxiety disorders (F40-48) | 8 | 7 | 1 |
| Other | 2 | 2 | 0 |
| *Perinatal status, N* | | | |
| Pregnant | 10 | 8 | 2 |
| Postnatal | 12 | 9 | 3 |
| *STAFF* | *7* | *2* | *1* |

| | | | |
|---|---|---|---|
| Age in years, mean (SD) | 43.86 (5.55) | 41 (12.73) | 45 (0) |
| Gender (female), N | 6 | 1 | 1 |
| *Professional status, N* | | | |
| Psychiatrist/trainee | 7 | 2 | 1 |
| Nurse | 0 | 0 | 0 |
| Researcher | 0 | 0 | 0 |
| Years of working in healthcare, mean (SD) | 15.43 (5.53) | 16.50 (13.43) | 15 (0) |

## Procedure

The study was conducted over a six-month period (August 2019 – February 2020). The data from Macedonian sample had been collected at an outpatient mental health service, and the data from Albanian sample had been collected at a psychiatric clinic. The eligibility criteria for patients included: being pregnant or up to one year after delivery; age above 18; primary ICD-10 diagnosis of any newly onset mental health disorder (e.g., antenatal depression) or relapse of a pre-existing disorder (e.g., psychosis). The eligibility criteria for staff included: healthcare professionals working in mental health care or obstetrics trained in delivering DIALOG+ or using DIALOG scale. Staff members in North Macedonia and Albania who had been formally trained in delivering DIALOG+ delivered one DIALOG+ session to their patients using a tablet computer. After the DIALOG+ session had ended, staff members and patients were interviewed about their experience with DIALOG+ (see Appendix 1).

## Data Analysis

The patient characteristics were reported using descriptive statistics. The qualitative data had been analysed using thematic analysis [14]. The analysis was data-driven, meaning that the themes were exclusively identified from the data and were not ‘driven by the researcher’s theoretical interest in the topic’ [14]. Participants’ words had been taken as an accurate representation of their real experiences of using DIALOG+, hence realist epistemological approach

was taken when analysing the data [14] Analysis was conducted by two researchers (NJ, perinatal psychiatrist, and TT, psychology student). First step of analysing the data was familiarisation with the data by reading the patients' and staff members' comments. Following the familiarisation with the data, initial codes had been established. Consequently, the semantic themes were identified. Semantic themes are themes that are established by looking at the exact words produced by the participants on a surface level, without looking for any deeper meanings behind those words [14]. The themes had been established based on the frequency of codes (i.e. the codes that were similar had been grouped into a theme). After reviewing the themes to identify the most important ones, the themes were given appropriate names.

## RESULTS

### Experiences of using the DIALOG+ intervention

All patients and staff completed the test session without major difficulties. Three main themes had been identified from the data: 'Benefits of using DIALOG+', 'Challenges of using DIALOG+', and 'Suggestions for adaptation'. Please see Table 2 for summary of identified themes and subthemes.

*Table 2. Summary of themes and subthemes*

| | *Theme* | *Subthemes* |
|---|---|---|
| 1 | Benefits of using DIALOG+ | Positive general impressions |
| | | Empowerment |
| 2 | Challenges of using DIALOG+ | Exhausting tasks |
| | | Lack of trust due to paranoid symptoms |
| 3 | Suggestions for adaptation | Maternal confidence |
| | | Separating satisfaction with 'partner' and 'family' into two domains |
| | | Regularly offered intervention |

*Theme 1: Benefits of using DIALOG+*

Patients and staff members from both samples reported largely positive experience of using DIALOG+.

Patients found DIALOG+ different from their usual clinical sessions with psychiatrists in a positive way. The intervention was described using words such as well structured, comprehensive, and easy to engage with. Some patients felt empowered by the intervention in a way that it allowed them to talk freely, and others reported feeling equal to clinicians. Patients also felt that the 'agreed actions' was a very beneficial aspect of DIALOG+, some of them saw this part as a homework focused on self-improvement and they found the actions achievable. The following quotes are used to illustrate the findings mentioned above:

*I am satisfied with this session. I had the feeling that I was digging in my mind for some issues that always concerned me.* (Patient, 32, 1 month postnatal, Albania)

*… good connection with the clinician [was achieved], I felt equal, and this helped me to think how I can improve overall…* (Patient, 27, pregnant, North Macedonia)

*I had enough time to discuss all relevant topics that are bothering me, I got some really good advice, I liked that the agreed homework is achievable.* (Patient, 33, 11 months postpartum, North Macedonia)

*It [DIALOG+] is comprehensive, and with the agreed actions you have homework to work on improving yourself.* (Patient, 26, 28 weeks pregnant, North Macedonia)

Clinicians felt confident in delivering the intervention and their overall impression was that with this intervention they can help patients to improve, which was illustrated by the following quotes:

*All of the sessions were good, I felt confident in delivering DIALOG+, I felt positive and happy that I can help these ladies improve the not so good areas of life.* (Clinician, 32, male, North Macedonia)

*The experience was positive, the patient had gained insight, she came with her baby girl who was 4 months old. She showed improvements in caring for her daughter. It*

*was a good talk on that day. My impression was that she felt ok talking on such issues even without help from her mother.* (Clinician, 45, female, Albania)

*Theme 2: Challenges of using DIALOG+*

While many had reported having a positive experience with using DIALOG+, some participants had reported some challenges. The main challenge for patients was to rate all 11 domains covered within the intervention, this seemed like a tiring and exhausting task. These findings are illustrated by the following quotes:

*It is not a good nor bad experience. I feel tired and cannot answer easily for the questions.* (Patient, 30, 32 weeks pregnant, Albania)

*It is difficult to answer all the questions, but it was okay.* (Patient, 34, three months postnatal, Albania)

The clinicians' perspective revealed that patients' paranoid symptoms could have prevented them from answering some questions or from fully engaging with the intervention:

*She [the patient] had difficulties being attentive, easily distracted and mostly suspicious on the purpose of asking some of the questions.* (Clinician, 45, female, Albania)

*I found difficult to have an answer on satisfaction scale without assuring her many times on privacy and ethics matters.* (Clinician, 45, female, Albania)

*Theme 3: Suggestions for adaptation of the DIALOG+ intervention*

The participants made suggestions in two main areas. One area was related to specifics of the perinatal period and here the participants suggested adding a separate item focused on the relationship between the mother and the baby. Similarly, self-confidence of mothers had been identified as a domain that could be included in the intervention as most (expectant) mothers need help with this. Patients felt this intervention should be provided on regular basis to help them improve anxiety management during pregnancy. The following quotes represent the findings from this paragraph:

*Maybe subdomain 'Self-confidence' can be included within 'Mental Health' as it is really important for expecting mothers.* (Patient, 32, 5 months postpartum, North Macedonia)

*For many of the patients there is a problem with their self-confidence so a new question might be of help.* (Clinician, 50, female, North Macedonia)

*I feel I have to do this on regular basis now. I am expecting my child and my fears are growing so I think I would need more of this.* (Patient, 32, pregnant, North Macedonia)

The other area included more general suggestions such as separating satisfaction with 'partner' and 'family' into two domains, including discussion about satisfaction with sexual life when discussing relationship with partners, and removing domain 'personal safety'. This theme emerged from interviews with both patients and clinicians, as it is clear from the quotes below:

*Separate domains for 'Partner' and 'Family', maybe a separate question for how good is the support from partner and family with the new situation.* (Patient, 27, 11 weeks pregnant, North Macedonia)

*Sexual life is important part, so maybe it should have a separate question about that.* (Patient, 33, 10 weeks pregnant, North Macedonia)

*…also sexual life should be covered here. (Clinician, 32, male, North Macedonia)*

*Partner' should be separate domain. Here we would ask about the support partners give to the patients…* (Clinician, 32, male, North Macedonia)

Additionally, some patients felt the intervention should be offered to all patients on regular basis:

*I want my psychiatrist to organize such sessions with me in the future.* (Patient, 21, one month postpartum, Albania)

*This [DIALOG+] should be offered regularly to all patients.* (Patient, 33, 10 weeks pregnant, North Macedonia)

## DISCUSSION

This study showed that a one-off session of the DIALOG+ intervention seems to be feasible and acceptable to staff and patients. However, the intervention would need to be adapted to address specific needs of women and families in the perinatal period.

In this study participants saw this digital mental health intervention as helpful, holistic and empowering. We were particularly interested in the aspect of patient empowerment as people with mental health problems and their families have not been involved as equal partners in decision-making processes related to mental health care [15]. This may be particularly relevant in health care systems with a tradition of more paternalistic patient-clinician relationships such as in SEE countries [16]. WHO defines empowerment as "a process through which people gain greater control over decisions and actions affecting their health" [17]. Patients in this study felt they were supported to discuss all relevant aspects of their care (with some additions specific to perinatal care), they felt they could talk freely about topics that matter to them and some emphasised they felt equal to clinicians. Participants emphasised that appointments in which DIALOG+ was implemented were different form their routine psychiatric appointments, thus indicating that they do not always feel as partners in discussions with clinicians.

In regards to digital aspect of the intervention, no direct concerns were raised about the use of digital technology by patients or staff. This is important because of previous reports of mental health patients' disengagement from digital mental health technologies [18]. The DIALOG+ intervention does not require patients to use technology by themselves or outside appointments and during appointments they are well supported by staff trained in dealing with any technical issues. However, some of the consulted individuals found the intervention tiring and exhausting which might reflect the severity of their mental health problems including compromised cognitive performance. This might also be true for women who are not getting enough sleep either due to caring for a new-born or due to being pregnant. Similarly, individuals with more pronounced psychotic symptoms such as lack of trust and paranoid delusions reported issues with engaging with the intervention. They required

reassurance and additional support from staff. It seems that these groups of patients could still benefit from the DIALOG+ intervention; however, they require additional support to fully engage with this intervention as they would with any type of mental health intervention. More research is needed to clarify what would be the best ways to facilitate their engagement with a digital mental health intervention. We need to emphasise that the intervention has never been intended to be used only once, such as in this study, and typically it gets much easier – and faster – after the second or third time.

Study participants saw a need to adapt the DALOG+ intervention to the specific context of perinatal period, particularly by adding domains to address the mother-baby relationship, mother's confidence, and the role of the father and wider family. By including these domains as per patients and staff suggestions, the intervention could be conceptualised as a family intervention which actually makes sense for the perinatal period when clinicians need to hold the whole family in mind, not just an adult sitting in front of them. This has been described as 'perinatal state of mind' by a London-based consultant perinatal psychiatrist [19]. Our participants emphasised the importance of maternal confidence in the perinatal period. High maternal confidence has been shown to be associated with higher maternal sensitivity, which can be characterised as being alert, attentive and responsive to the infant's small cues in the parenting role [20]. Existing tools to improve maternal confidence aim to increase awareness of their newborn's health, subsequently reducing maternal anxiety [21]. By including maternal confidence as a domain in the DIALOG+ intervention, patients would probably get a unique opportunity to discuss this probably difficult to talk about and stigmatised topic. More research is needed to understand how this could translate into mother and baby's benefits. In regards to adapting the intervention, future attempts to systematically develop and test DIALOG+ for patients with mental disorders during the perinatal period may explore whether an additional item may be helpful and how it should be worded. Future research could therefore explore if concerns for patients in the perinatal period can still be raised with the existing items.

The study has several strengths and limitations. This is the first even application of the DIALOG+ intervention in the perinatal period. The study

includes perspectives from perinatal women and clinicians in two countries. Albania and North Macedonia have high birth rates compared to most European countries; however, they do not have specialist perinatal services. Clinicians working in these countries (and involved in this study) have recognised the need for additional support to this vulnerable population and for additional training of clinicians. This is the first step towards changing services and improving care of perinatal women and this study builds on that positive energy and enthusiasm. The main limitation of this study is offering just one-off session of the DIALOG+ intervention which may prevent patients and clinicians to get in-depth understanding of the intervention. The nature of this work is exploratory and therefore provides some insights and directions for future research but certainly cannot offer definitive answers.

## CONCLUSION

This study collected data on patients' and clinicians' experience of the use of DIALOG+ in the perinatal period. Findings suggest that this digital mental health intervention is acceptable to patients and staff, however further specification may be considered before it will be more widely tested and applied in this population. These findings may be used to guide future research in this field.

## CONFLICT OF INTEREST

Professor Stefan Priebe has been involved in developing the DIALOG+ intervention. Other authors have no conflicts of interest to declare.

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# KORIŠĆENJE DIGITALNE INTERVENCIJE IZ OBLASTI MENTALNOG ZDRAVLJA U SLUŽBI PERINATALNOG MENTALNOG ZDRAVLJA – KVALITATIVNA STUDIJA ISKUSTAVA ŽENA I OSOBLJA

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## Sažetak

**Uvod:** Psihijatrijski poremećaji u perinatalnom periodu mogu imati dugoročne posledice po psihičko stanje žene, bebe, kao i njene porodice. Postoji mogućnost da nedostatak specijalističkih službi sprečava trudnice da potraže pomoć koja im je neophodna. Kao potencijalno rešenje ovog

problema, službe koje se bave poboljšanjem mentalnog zdravlja mogu učiniti rutinske kontrole efektivnijim koristeći oblik intervencije zasnovane na dokazima koja se zove DIALOG+.
**Cilj:** Istraživanje iskustva pacijentkinja i osoblja sa korišćenjem DIALOG+ u trajanju od jedne konsultacije.
**Metode:** Studija je obuhvatala 22 pacijentkinje i tri člana osoblja koji se bave lečenjem psihičkih poremećaja u Albaniji i Severnoj Makedoniji. Nakon što su trenirani članovi osoblja administrirali DIALOG+ svojim pacijentkinjama i osoblju, postavljena su pitanja koja su se ticala njihovog iskustva sa korišćenjem intervencije. Za analizu podataka, korišćena je tematska analiza.
**Rezultati:** Sve pacijentkinje i članovi osoblja su odgovorili na pitanja bez većih poteškoća. Što se tiče njihovog iskustva, identifikovane su tri glavne teme: « Prednosti korišćenja DIALOG+ intervencije », « Izazovi », i « Predlozi za adaptaciju ». Većina pacijentkinja je prijavila pozitivna iskustva, ali je bilo pacijentkinja koje su prijavile osećaj umora izazvanog intervencijom. Pacijentkinje su predložile adaptacije kao što su dodavanje domena « majčinsko samopouzdanje », kao i odvajanje « partnera » i « porodice » u dve različite oblasti.
**Zaključak:** Čini se da je intervencija prihvatljiva za žene u perinatalnom periodu, ali bi morala biti adaptirana kako bi ispunila specifične potrebe pacijentkinja.

*Ključne reči*: službe za mentalno zdravlje, perinatalna nega, digitalna tehnologija, kvalitativne metode istraživanja, Albanija, Severna Makedonija