



Interprofessional collaboration on mothers with perinatal mental health problems and disorders: A scoping review

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ABSTRACT

Perinatal mental health problem and disorder often occurs in women during pregnancy and two year postpartum. Types of perinatal mental health problems and disorders include perinatal depression, post-traumatic stress disorder, postpartum psychosis, postpartum blues, and postpartum depression. Treatment and care for mothers with perinatal mental health problems need to be well-coordinated by skilled interprofessional teams that work collaboratively. This study aims to mapping out scientific evidence based on published articles on interprofessional collaboration among mothers with perinatal mental health issues and disorders. This study used PRISMA-ScR with the PEO framework, three databases, and one grey literature. Articles were selected through Prisma Flowchart and Critical Appraisal using *Joanna Briggs Institute (JBI)* and Mixed Method Appraisal Tool (MMAT). The literature search identified 10 out of 2441 articles, data charting was carried out on the ten selected articles to insert several points such as the aim of the research, authors, methodology, location, number of articles, and results of the research. Research which focus on interprofessional collaboration in managing perinatal mental health problems is very limited. The authors suggest future studies undergo a more comprehensive assessment and continued with integrated management of perinatal mental health problems and disorders. Collaborative practice skills are crucial in the future to support perinatal women who suffer from psychosocial pressures.

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Kata kunci:

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ABSTRAK

Kesehatan mental perinatal adalah gangguan kejiwaan yang lazim terjadi pada wanita selama masa kehamilan dan selama 1 tahun setelah melahirkan. Jenis masalah Kesehatan mental perinatal seperti depresi kehamilan, post traumatic stress disorder, postpartum psikosis, postpartum blues, postpartum depression. Perawatan dan pelayanan ibu dengan gangguan kesehatan mental perinatal perlu dikoordinasikan dengan baik oleh tim interprofesional yang terampil dalam bekerja secara kolaboratif. Penelitian ini bertujuan untuk memetakan bukti ilmiah berdasarkan artikel yang telah diterbitkan terkait Interprofessional collaboration pada ibu dengan masalah dan gangguan mental perinatal. Penelitian ini menggunakan PRISMA-ScR dengan frame work PEO, 3 data base dan 1 grey literatur, artikel diseleksi melalui Prisma Flowchart dan Critical Appraisal menggunakan *Joanna Briggs Institute (JBI)* dan Mixed Method Appraisal Tool (MMAT). Ditemukan 10 dari 2441 artikel, kemudian dilakukan charting data untuk memasukkan beberapa poin seperti tujuan penelitian, penulis, metodologi, lokasi, jumlah sampel dan hasil penemuan dari penelitian. Penelitian yang berfokus pada kolaborasi interprofesional dalam mengelola masalah kesehatan mental perinatal sangat terbatas. Penulis merekomendasikan agar studi penelitian selanjutnya melakukan

penilaian dan tatalaksana yang lebih komprehensif serta holistik. Keterampilan praktik kolaboratif sangat diperlukan dimasa depan guna mendukung wanita perinatal yang mengalami tekanan psikososial.

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INTRODUCTION

Perinatal depression is defined as a type of depression that occurs during pregnancy up to twenty four months after giving birth (Howard & Khalifeh, 2020). The prevalence during pregnancy is estimated to be between 9,2% and 19,2% and between 9,5% and 19,7% during the postpartum period (Navarrete et al., 2022). Perinatal mental health issue is mental disorders that often occur in women during pregnancy and one year after giving birth (Michael et al., 2020). Mental health disorder is one of the main causes of a mother's disease and suffering particularly in developed countries. Anxiety and depression disorders are the most general complications during the perinatal period (from the pregnancy until the first year after giving birth) which affect 10–15% of women (Metz et al., 2017).

The medical treatment of women with mental health issues during pregnancy creates a challenging job for mental health professionals (Pratiwi, 2019). Studies have shown that depression is estimated to occur in 25%-30% of women with bipolar disorder during pregnancy and managing relapses is a challenging job. There is no approach without risk as doctors are faced with difficult choices at every opportunity. The pregnancy of women with mental disorders is a holistic, multidisciplinary, and continual treatment, where treatment plans involve taking a joint decision between the healthcare team, patients, and patient's families (Jain et al., 2019) (Hidayah & Pratiwi, 2022). However, for various reasons including stigma, limited access to health services, and the lack of patient knowledge of the symptoms, the actual rate of clinical and subclinical perinatal mental health issues may actually be higher (Law et al., 2021).

This scoping Review aims to describe information based on published articles on interprofessional collaboration among mothers with perinatal mental health issues and disorders. By conducting this scoping review, the involvement of particular parties in women who suffer from perinatal anxiety and depression will be understood. Furthermore, it is expected that collaborative treatment strategy that is centered on patients and their families can be investigated.

METHODS

This literature review applied the Scoping Review method. Scoping Review was used to describe the literature and identify the disparities in the research area where the research was carried out. The framework used as a foundation in arranging the scoping review was PRISMA-ScR (Tricco et al., 2018). PRISMA-ScR checklist was a method to increase the quality guarantee of the scoping review's completeness of arrangement and processes. PRISMA-ScR was chosen because its preparation allows the creation of a detailed scoping review. The Scoping Review research design used the PRISMA-ScR Checklist with the PEO. It used the ScienceDirect, Pubmed, Wiley Online Library dan grey

literature Research rabbit databases. The articles were selected using Prisma Flowchart and Critical. It used the *Joanna Briggs Institute (JBI)* (Peters et al., 2015) and Mixed Method Appraisal Tool (MMAT) (Hong et al., 2018)

This review encompassed several steps, i.e., identifying the research results of articles, choosing articles based on the titles and abstract, assessing the appropriateness of the articles from the full texts, undergoing critical assessment, combining data, as well as summarizing and presenting the results.

Identification of the Research Problems

Question identification in review literature is a crucial step that determines the method in seeking inclusion and exclusion criteria as well as data extraction. This review used the Population, Exposure, Outcome (PEO) Framework that helped identify the key concepts in the scoping review. The PEO Framework is presented in Table 1

Table 1
PEO Framework

P (Population)	E (Exposure)	O (Outcome)
Pregnant Women	Mental disorder	Interprofessional collaboration
Pregnancy	Depression	Management
Antenatal	Anxiety disorders	Outcomes
Postpartum	Baby blues	challenges
Postnatal	Postpartum blues	
Perinatal		

Identification of Relevant Articles

After identifying the scoping review questions, the next step is identifying relevant articles. This is carried out to determine the key parameters, namely:

1. Criteria of the articles sought and used as scoping review sources were arranged in the form of (article) inclusion and exclusion criteria. With the research questions in the scoping review above, the inclusion criteria include:
 - 1.1 Published in English and Indonesian languages
 - 1.2 Published from 2013 to 2023
 - 1.3 Original articles
 - 1.4 Articles that discuss the administration of health workers' role in facing perinatal mental issues and disorders
 - 1.5 Articles that discuss obstacles in facing perinatal mental issues and disorders
 - 1.6 Articles that discuss challenges in facing perinatal mental issues and disorders
2. Exclusion criteria:
 - 2.1 Opinion articles
 - 2.2 Review/commentary articles
 - 2.3 Report documents/policy drafts/certain organizations

1.4 Articles with populations of perinatal women

The articles were browsed from three main databases, namely Wiley, Pubmed, ScienceDirect, and grey literature which was Research Rabbit. Additional databases were used as there was a lack of articles associated with this Scoping

Review's title and objective. The articles were browsed from December 20th, 2022 to January 6th, 2023. The keyword determination was focused based on the framework, and extended using the determination of synonyms using Mesh, Boolean, and truncation (see Table 2).

Table 2
Keyword Search of Articles

Database	Keywords Search
PubMed	(pregnant*) OR (postnatal) OR (perinatal) AND (postpartum blues)) OR (anxiety disorder)) AND (management) OR (professional collaboration)
ScienceDirect	(pregna#) OR (postnatal)) OR (perinatal) AND (postpartum blues) OR (anxiety disorder) AND (professional collaboration)
Wiley Online Library	(pregna*) OR (perinatal) OR (postnatal) AND (mental health problem) OR (psychological depression) OR (anxiety disorder) OR (postpartum blues) OR (baby blues) AND (professional collaboration)
Research Rabbit	Management barrier health care professional challenges perinatal mental health problems antenatal postpartum

Selection of Articles

From the browsing process using databases and grey literature, 2441 articles were found. Then, the authors carried out a manual selection to find articles that are according to the title and abstract. After the selection, 15 articles were found. Next, the authors selected the articles based on the article output, population, as well as research study, where ten articles were obtained. Critical Appraisal was conducted to show the quality of articles, including

finding the advantages and limitations of each article. Article appraisal was carried out by two reviewers to determine associated articles, to determine the theme, and to undergo individual review. After that, a joint review was conducted to determine the end value of the co-author's article appraisal (SCP). This has the role to increase the quality of these articles, especially during the screening process. The article selection process and the number of articles found are written in the PRISMA Flowchart in Figure 1.

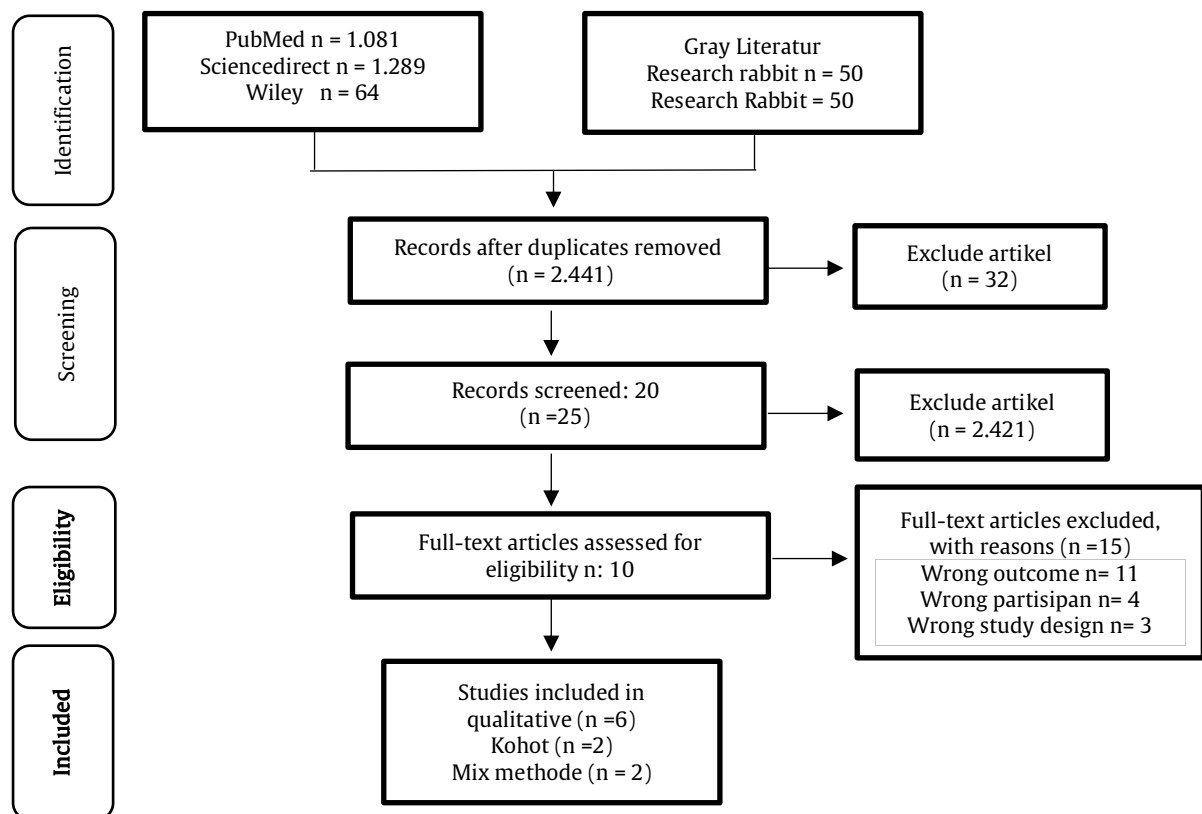


Figure 1. Prisma Flowchart

Data Charting

Data charting was conducted on the ten chosen articles, where several key points were inserted, such as the aim of

the research, authors, methodology, location, total samples, and results obtained from the conducted research. The data charting can be seen in Table 3 below.

Table 3
Data Charting

No.	Title/Authors/Year	Country	Research objectives	Partici-pants	Method	Results
1.	Psychosocial interprofessional perinatal education: Design and evaluation of an interprofessional learning experience to improve students' collaboration skills in perinatal mental health (Keedle et al., 2023).	Australia	To describe and evaluate innovative interprofession al education in collaboratively treating women with psychosocial issues during the perinatal period.	62	Mixed methods	A pre- and post-survey comparison showed that students of all disciplines of knowledge reported feeling more confident when undergoing interprofessional work during a workshop. This category was obtained from the analysis of survey data.
2.	Does midwifery continuity of care make a difference to women with perinatal mental health conditions: A cohort study, from Australia (Cummins et al., 2022)	Australia	To compare the perinatal output of women with a history of mental health issues between MCP and the standard model of maternity treatment.	17.567	Cohort	Supported MCP for women with PMH. Future RCT in the treatment model for this group of women is required to build a causal effect.
3.	Perinatal mental health in China: views of the health system professionals in Shanghai (Schwank et al., 2019)	China	To explore the perception of Chinese professionals on perinatal mental health in China.	15	Qualitative	Knowledge obtained from this research may facilitate training for health and social work professionals by making sure that policymakers and administrators from the university hospital are more aware of perinatal mental health problems. Results are divided into three main themes, namely: (1) perinatal mental health problems are influenced by tradition, (2) the changes in society that contribute towards the perinatal mental health problems, and (3) existing and required resources.
4.	Applying Mindfulness Techniques to the Management of Depressive Tendencies in Women in Taiwan in the Perinatal Period: A Qualitative Study. (Pan et al., 2022)	Taiwan	Perinatal distress, especially depression, commonly occurs during pregnancy and the first year of postpartum. But this medical condition is often left undiagnosed and untreated.	16	Qualitative	This study was conducted to analyze women's experience with perinatal depression during and after the mindfulness program. This study shows that mindfulness-based childbirth and parenting (MBCP) may become a new facility to help women increase their awareness of issues that influence them, strengthen their relationships with other people, and handle challenges; thus increasing the management of depression symptoms.

5.	Collaborative care for mental health: a qualitative study of the experiences of patients and health professionals (Rugkåsa et al., 2020)	Norway	Untuk menguji model perawatan kolaborasi yang melibatkan psikolog dan psikiater dari puskesmas disetiap praktik dokter. Dokter umum dapat meminta saran atau masukan dari mereka bila diperlukan, dan merujuk pasien kepada mereka untuk penilaian (termasuk penilaian kebutuhan akan layanan eksternal dan pengobatan)	24	Qualitative	Participants identified various benefits of collaborative treatment for patients and services. First, co-location allows doctors and community mental health center (CMHC) specialists to access each other and facilitate collaboration as well as detailed case studies. Thus, treatment can be carried out from the start. Second, having mental health specialists that are experienced in teams. Thus, early symptoms and the type of treatment required can be obtained by patients. But the funding system essentially makes it difficult to establish collaborative work, which causes economic losses both for general and CMHC practitioners.
6.	Challenges of Perinatal Depression Care in Mexico. (Navarrete et al., 2022)	Mexico	To explore the perception and knowledge of perinatal depression to health professionals and analyze the treatment obstacles in the primary treatment center in Mexico City.	20	Qualitative	Most health workers in the primary treatment center do not know the recommended official standard for treating a mother's mental health during the perinatal period. There is no initiative to insert it into routine care.
7.	Mental health service use among pregnant and early postpartum women (Lee-Carbon et al., 2022)	UK	To know the proportions and characteristics of women with mental health disorders that intersect with mental health treatment during pregnancy and the post-partum period in the birthing services in London.	200	Cohort	This study shows that among women diagnosed with perinatal mental health issues, those showing medium to severe depression symptoms to Edinburgh Postnatal Depression Scale (EPDS) have a greater chance of contacting mental health facilities during pregnancy and up to three months postpartum.
8.	Antenatal depression in Sri Lanka: a qualitative study of public health midwives' views and practices (Wyatt et al., 2022)	Sri Lanka	To analyze current clinical guidelines and experiences on how public health midwives diagnose and treat antenatal depression.	12	Qualitative	Midwives have a variable understanding of the prevalence and symptoms of antenatal depression, which part of them is caused by limited clinical guidelines to detect and manage mental health issues during the antenatal period. In this research, midwives report that they are satisfied with the current system, and most provide some suggestions for improvement, such as

					integrating depression screening. Midwives suggest that changing psychiatrists' roles to be more involved in antenatal treatment will increase patients' experiences and diagnoses.	
9.	Co-creation and collaboration: A promising approach towards successful implementation. Experience from an integrated communication and mental health skills training programme for Japanese General Practice. (Weel-Baumgarten et al., 2021)	Japan	Describes the co-creation and delivery of an integrated training programme in communication and depression assessment & management for Japanese GPs.	6	Qualitative	The method of co-creation is promising. More than two years after training, general practitioners still often use elements of training in their daily practices and teach communication as well as skills on depression management. It seems to show that the transfer of communication and the contents of depression management from the teaching skills have occurred.
10.	Interprofessional simulation training for perinatal mental health: A mixed methods study. (Camerlynck, n.d.)	UK	To determine the interprofessional effectiveness of high loyalty on the simulation in increasing the self-efficacy of health staff in treating individuals with perinatal mental health (PNMH) issues.	240	Mixed methods	This study shows that training on interprofessional simulation results in a significant increase in skills, knowledge, and confidence in perinatal mental health treatment, including identification and management of general perinatal mental health (PNMH) disorders. It uses Interprofessional Education (IPE) to increase interprofessional collaboration and train various professionals in skills and knowledge needed to confidently and effectively identify and manage mental health issues.

RESULTS AND DISCUSSION

Characteristic of Article

The articles used in this review were those that were published from 2013 to 2023. The authors found 2441 relevant articles from the database and grey literature. Then, the manual selection was conducted to find articles based on their titles and abstracts. Thus, data were obtained after a screening was conducted on 20 articles. Then, the articles were selected based on the article output, population, or research study, where ten articles were obtained. The findings of the number of articles and the article selection process were obtained in PRISMA.

This article consisted of six articles from developed countries and four articles from developing countries. From the ten articles reviewed, six articles used the qualitative method, two articles used the cohort method, and the rest used mixed methods.

Thematic Analysis

Based on the review of ten articles, three main themes were obtained from the results of the scoping review on interprofessional collaboration among pregnant women with perinatal mental health issues and disorders. These three themes were described into several sub-themes as shown in Table 4.

Table 4
Thematic Analysis

Themes	Sub-Themes	References
1. Approaches of managing perinatal mental health problems	a. Continuity of Care b. Non-pharmacology, mindfulness	[2, 3, 7] [4]
2. Challenges of managing perinatal mental health problems	a. midwives felt ill-prepared	[6, 8]
3. Preparing IPC in managing perinatal mental health problems	a. training, simulations	[1, 5, 9, 10]

Theme 1: Approaches of managing perinatal mental health problems

Sub Theme a: Approaches of Continuity of Care (CoC) in managing perinatal mental health problems [2,3,7]

Perinatal mental health (PMH) conditions such as anxiety and depression often happen. Women with PMH conditions tend to give birth to premature babies. Women with such conditions that obtained follow-up midwifery treatment are less likely to experience premature birth and risks of disadvantaged neonatal results similar to women who obtain standard treatment. Findings from this research added to evidence that supports the extension of sustainable midwifery treatment models for all women, not only for women with low-risk pregnancies (Article 2).

This research describes a discourse on perinatal mental health in Shanghai, China, by investigating individual perceptions and attitudes towards subjects. The Ministry of Health has started to reconsider the approach to mental health. Mental health still lacks attention as outpatient clinics are rare and there is a lack of staff. Knowledge obtained from this research may facilitate training for health professionals and social workers by making sure that policymakers and administrators of the university hospital are more aware of perinatal MHP. Community health officers may provide low-cost psychosocial support for mothers suffering from depression. The theme that emerges from reports of informants is that mental health is influenced by tradition. It shows that tradition influences the perception of mental health both at the societal and individual levels. Social change that contributes to perinatal mental health issues that refer to quickly changing sociocultural backgrounds is a source of stress that direct to mental health issues. Concerning existing and required resources, it is shown that there is a lack of professional training, a lack of staff, and inadequate resources to provide required mental health treatments (Article 3).

This study shows that only 34% of women with mental health issues that were diagnosed during the first trimester contacted mental health facilities from antenatal to three months postpartum. Concerning the factors related to the usage of mental health services, this research shows that self-reported medium or severe depression symptoms that are reported by the EDPS are a prediction of contact with mental health providers. This variable stay significant in the multiple regression. It was also proven in this research that anxiety symptoms that are reported to increase, low social support, or a history of psychiatric acceptance have a direct and positive relationship with contacting mental health providers, even though it is merely in the univariate analysis. This finding shows that women who experience greater social support are less likely to contact mental health providers. Findings emphasize the importance of universal mental health screening during the perinatal period to help detect those who suffer from or those with the highest risk of developing mental health disorders as well as to detect a clear referral path to promote service usage when required. There were three measurements used in this research, i.e., measurements on perinatal mental disorders, measurements on service usage, and measurements on independent variables (Article 7).

Sub Theme b: Non-pharmacological technique in managing perinatal depression [4]

This study was conducted to analyze the experiences of women with perinatal depression during and after participating in a mindfulness program. This study shows that mindfulness-based childbirth and parenting (MBCP) can become a new facility to help women increase their awareness of issues that influence them, strengthen their relationships with others, and handle challenges, thus increasing the management of depression symptoms. This mindfulness program also gives other choices for childbirth educators to help perinatal women improve their mental health condition. This research was conducted by health workers and it has been approved by the Institutional Monitoring Assembly of the Advent Hospital, Taiwan. The mindfulness childbirth class for pregnant women helps them prepare for labor and birth. It also increases mothers' level of attachment and competencies in motherhood. Results of this research showed that the MBCP curriculum helps women strengthen their process of attention, awareness, non-reaction, and non-mental assessment towards their children through daily interactions of care. Apart from increasing mothers' mental health, mindfulness also helps mothers become competent in their role as caregivers. After participating in the class, some women stated that they learned to fully focus on their babies to see their current caregiving experience to their babies. One of the participants used this technique to bond with her baby even though the gender of the baby did not fulfill the hopes of her mother-in-law (Article 4).

Theme 2: Challenges of managing perinatal mental health problems [6,8]

Twenty health professionals (including four doctors, four nurses, and four social workers) that were tasked with mother and child activities during that period were interviewed. A significant challenge for its implementation was a biased perception of health professionals and stereotypes on perinatal depression, motherhood, and mothers' roles. Other challenges include the work burden of health professionals, the treatment division between professionals, and a lack of communication. The results of this research provide an illustration of knowledge, perceptions, challenges, and required actions of health and administrative staff in community health centers that provide pregnancy treatment. Results showed the readiness to detect and prevent perinatal depression (PD). First, most health professionals were found to not know the clinical guidelines in the protocol to detect and prevent PD. Because of that, they do not feel obliged to determine programs or actions that allow PD to be detected or reported. Health workers perceive depression as an impact of hormonal changes. Similar results were found among primary healthcare staff who conceptualize postpartum depression as a biochemical issue produced from hormonal adaptation due to the birth of a baby. The lack of protocol to detect and treat depression during pregnancy and postpartum sometimes causes doctors and nurses to ignore symptoms of depression or fail to associate it with their perinatal condition. In consequence, they follow a route determined to treat clinical depression. Emotional management for women and participation of mental health workers may help treat some obstacles mentioned by women to seek help, such as not knowing that this service is available in their clinic and what they are looking for. The staff that treat pregnant and

postpartum women do not realize the issue and they lack the knowledge, training, time, and organization to detect and prevent PD. The lack of women's compliance with medical treatment during pregnancy and postpartum periods also inhibits detection and further action (Article 6).

During the data collection process, the Bope-Poddala division established four field clinics every fortnight to provide health treatment for mothers and children in society. Each clinic accommodates one medical doctor (from the Department of Health) and four to five public health midwives that are responsible for the antenatal treatment. Midwives regard it as an important part of their job to serve as educators to help families further understand antenatal depression and help them obtain support for the healing process. Midwives help during the treatment and communication processes with psychiatrists. They also monitor pregnant women. They act as the main stakeholder in follow-up treatments. They continue house visits after treatment initiation to examine the development of mothers in their care. Midwives suggest that psychiatrists' roles should be changed to have more involvement in antenatal treatment clinics which is less than the treatment in regency hospitals. This change will increase patients' experience as well as the diagnosis. Generally, aside from this issue, midwives believe that the current system is functional and further change must aim to perfect its current practice. During this process, midwives also face additional challenges in the form of frustration due to their increasing workload, unpleasant communication with psychiatrists, mothers' noncompliance due to stigma on mental health, as well as bad hospital conditions. Midwives report that they are satisfied with the current system. Most provide some suggestions for improvement, such as integrating depression screening. The role of public health midwives (PHM) in this community encompasses many roles apart from diagnosis, as they function as the main stakeholder that connects mothers, families, and specialist doctors (Article 8).

Theme 3: Preparing IPC in managing perinatal mental health problems [1, 5, 9, 10]

The Psychosocial Interprofessional Perinatal Education Workshop was designed for midwifery, psychology, social work, and medical students. It provides a learning experience that is simulated with a case study based on the situation in real life. Students conduct pre- and post-surveys to measure students' changes in their perceptions of interprofessional collaboration and their experience in participating in an interprofessional simulation-based learning activity. The comparison of the pre- and post-surveys show that students from all knowledge disciplines were reported to be more confident when undergoing interprofessional work after participating in the workshop. The following categories have resulted from an open analysis of survey data, namely: greater understanding of one another, realizing the benefits of interprofessional collaboration, developing the feeling of professional identity, and mutual respect and creating an equal playfield, as well as filling the pedagogue gap. Through this innovative and simulated interprofessional education workshop, students develop important skills for collaborative practice in the future to support women and families facing psychosocial pressures (Article 1).

Participants report positive experiences on how models increase accessibility. First, co-location allows CMHC general practitioners and specialist doctors to access each other and facilitate collaboration and detailed and patient-oriented

case studies by completing each other's skills. The threshold for patients' access to specialist treatment is lowered. Treatment may start earlier and results may increase. Second, having mental health specialists that are experienced in teams and the front line allows initial assessment of the symptoms and types of treatment and service required that become the rights of patients and who can be treated in the practice of general practitioners. This increases healthcare treatment track and referral practice. Patients identify various benefits of collaborative treatment for patients and services. But the funding system basically punishes collaborative work. It is difficult to see how policies that aim for a successful and sustainable collaboration may be achieved without the government changing the funding structure. This finding shows that having mental health specialists on the front line may eliminate some references to secondary treatment but also identify more needs (Article 5).

Communication and depression experts from International Association for Communication in Healthcare (EACH) and World Organisation of Family Doctors (WONCA) developed a job framework and fill it with contents. Through repetitive discussions with participants and Japanese experts during the delivery, the next training is adapted to local needs, including the method of didactic training and experience with emphasis on training and feedback. There is an evaluation of the training's contents, methods of learning, and positive participative approach. The co-creation method is applied to help the implementation process. Participants obtain online monitoring on depression management and teaching between two modules. After the second module, research is required to confirm that it is effective in the transfer to clinical practice. Facts show that two years after the training, general practitioners still often use elements of training in their daily practices and teach communication as well as skills on depression management. It seems to show that the transfer of communication and contents of depression management from the teaching skills has occurred (Article 9).

This study found that interprofessional simulation training results in a significant increase in skills and confidence in perinatal mental health treatment, including identification and management of general perinatal mental health (PNMH) disorders. The results of this positive learning provide support for the use of simulation practices in PNMH to increase clinical treatment and patients' experience. The increase in skills for interprofessional collaboration is the main learning result of this course. Participants state its benefit as they can observe and learn from other health professionals during that course, resulting in the increase of their capabilities in communicating with all services. It also results in an increase in their understanding of the importance of collaboration. This research examines the effects of simulation training for PNMH on self-efficacy and knowledge in interprofessional groups of health staff that are involved with treating women with PNMH issues. Two hundred and forty doctors, general nurses, mental health nurses, psychiatrists, midwives, and health professionals participate in the course so long as it is organized. This research used an exemplary pre-post intervention quasi-experimental design where participants complete steps before and after undergoing interprofessional simulation training. Participants show that there is a statistically significant increase in self-efficacy and knowledge when working in multidisciplinary collaboration in various simulation regulations. Qualitative data shows that there is an increase in clinical skills such as interprofessional

collaboration, emotional awareness, reflection, communication, and attitude. Findings provide support based on the evidence behind the use of IPE and simulation training. Qualitative results show an increase in the overall score in measuring self-efficacy and knowledge in PNMH treatment (Article 10).

DISCUSSION

From the results of all articles, strong evidence of the importance of the family's role in the treatment process of a mother with a mental disorder was found. The lack of husbands' participation in antenatal care and their attitude towards mothers' mental health were both influenced by the parent's generation (Monk et al., 2022). A mother that was initially the queen of the family experienced a lack of attention as the focus shifts to the baby. Mothers also experienced fatigue and lack of sleep. All this influenced mental health (Burton et al., 2022). Collaboration is crucial for mothers that suffer from depression. This collaboration may come from families or health workers.

Program and resource development were some examples of advantages in societal learning in preparing health workers to be more disciplined and to collaboratively work in handling perinatal mental disorders in areas that may socially require more support, with public services supported by health professionals (Wetherell et al., 2013).

The involvement of patients and families can be seen as a core component that contributes to the treatment of patients and families that center on their treatment (Kiepora & Kmita, 2020). For a patient-oriented collaborative treatment, patients must be deemed as respected partners in care. Patients must obtain access to information. This is to provide them with encouragement and support to become active participants in planning treatments, making decisions, and being independent. Collaborative treatment must also be family-centered, as families can have a great role in treatment along with the patients. Family members are crucial in the collaborative treatment team (Menear et al., 2020). Collaboration with patients and families is not only crucial at the level of direct treatment administration, but also in planning, increasing, and evaluating programs and policies and in professional education in the collaborative treatment team (Branquinho et al., 2022).

The knowledge obtained in this research may become a challenge to further expand the types of treatments for mothers experiencing mental disorders. Integrating mothers' perspectives and experiences with perinatal mental health disorders and issues into the development of services may help handle the challenges of treatment (Pettersson et al., 2023). Experiences that women have gone through may show their resilience. There needs to be an increase in awareness of the acceptance and treatment of women with perinatal mental health issues (Motrico et al., 2021).

This literature review research has several advantages. First, it studied qualitative, cohort, and mixed-method studies, thus providing a complete evidence synthesis. Second, it followed the PRISMA guidelines and was conducted using strict browsing processes and methodologies. Third, this review encompassed studies carried out all over the world in different countries. Apart from that, most of the research was assessed to have strong quality, while the rest had medium quality.

LIMITATION OF THE STUDY

The limitations in undergoing this literature review were that there were difficulties in finding literature or sources relevant to the available guidelines. For instance, articles and journals were limited to those published in the last ten years. Relevant studies may be missed, considering the various designs of studies that were included.

CONCLUSION AND SUGGESTION

The involvement of patients and families is still crucial for perinatal women with depression or anxiety. This research identified a great number of strategies that may be applied by health workers or families. Further research is required to obtain women's perspectives on potential obstacles in accessing mental health treatment. It is crucial to provide education and long-term follow-up to determine how to handle perinatal mental health issues and the impacts that happen to those women.

Based on the results of this literature review, researchers found suggestions for health workers so that health services may provide greater attention to mothers experiencing perinatal mental health issues and disorders. This is so that the quality of perinatal women's lives may keep on increasing. It is to create a meaningful life for them. Then, for future researchers, the results of this research may be used to support a literature review for further research. But authors suggest that the issue can be made more profound by inserting analysis on therapies that may effectively ease the depression of mothers with perinatal mental health issues and disorders. Apart from that, future researchers may use other databases to obtain more accurate and complete information.

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This review is not an ethical review.

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CONFLICT OF INTEREST

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