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Improving postpartum outcomes of severe mental illnesses in ethnically diverse mothers

Submission date	Recruitment status	[X] Prospectively registered
11/06/2026	Not yet recruiting	[ ] Protocol
Registration date	Overall study status	[ ] Statistical analysis plan
19/06/2026	Ongoing	[ ] Results
Last Edited	Condition category	[ ] Individual participant data
19/06/2026	Mental and Behavioural Disorders	[X] Record updated in last year

Plain English summary of protocol

Background and study aims
People from ethnic minority backgrounds experience poorer outcomes in perinatal mental health care, including higher rates of severe mental illness after childbirth and poorer access to appropriate support. These inequalities can have serious consequences for mothers, babies, and families.
This study aims to understand why these inequalities occur and how care can be improved. The study focuses on severe mental illnesses that occur during the first year after birth, such as postpartum psychosis, bipolar disorder, severe depression, and other serious mental health conditions.
This stage of the study focuses on Work Package 2 (WP2) and Work Package 3 (WP3):
WP2 aims to understand the experiences of people who have received care for postpartum severe mental illness by using a creative research method called Photovoice, where participants share photographs, drawings, and stories about their experiences.
WP3 aims to bring together people with lived experience, carers, and professionals to use the findings from WP2 and co-design a culturally safe care pathway that could improve future services and reduce inequalities in care.

Who can participate?
WP2:
1. Adults aged 18 years or over.
2. People who have experienced postpartum severe mental illness and received care within the last five years from a range of ethnic and social backgrounds.
WP3:
1. People who have experienced postpartum severe mental illness.
2. Family members, carers, or supporters of someone who has experienced postpartum severe mental illness.
3. Health and social care professionals, voluntary sector staff, policy makers, and other stakeholders involved in perinatal mental health care.

What does the study involve?
WP2 involves photovoice workshops where participants will share their experiences of postpartum severe mental illness using photographs. WP3 will review findings from earlier parts

of the study and discuss the experiences of care to co-design a novel culturally safe care pathway to be implemented in NHS sites nationally.

What are the possible benefits and risks of participating?
Participants will have the opportunity to share their experiences and help improve future mental health services. The study may contribute to more equitable, culturally safe, and effective care for people affected by postpartum severe mental illness. Some participants may find it rewarding to contribute to research and service improvement. However, it can be upsetting or emotionally difficult to discuss experiences of mental illness and complete confidentiality in group settings cannot be guaranteed.

Where is the study run from?
The study is coordinated by the University of Oxford, Department of Psychiatry, and is being conducted in collaboration with NHS organisations, universities, charities, and community partners across England (UK)

When is the study starting and how long is it expected to run for?
September 2025 to November 2028

Who is funding the study?
The study is funded by the National Institute for Health and Care Research (NIHR) through its Health and Social Care Delivery Research (HSDR) Programme (UK)

Who is the main contact?
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Additional identifiers

Integrated Research Application System (IRAS)
342441

Central Portfolio Management System (CPMS)
61810

National Institute for Health and Care Research (NIHR)
167329

Study information

Scientific Title
Improving Postpartum Outcomes of Severe mental Illnesses in Ethnically diverse mothers (POSIE)

Acronym
POSIE

Study objectives
WP2: To gather and understand the lived experience of mothers who have experienced postpartum SMI through photovoice
WP3: To co-design a postpartum SMI care pathway system using insight to improve care experiences

Ethics approval required
Ethics approval required

Ethics approval(s)

Approved 01/06/2026, Bromley REC (-, -, -, United Kingdom; -; bromley.rec@hra.nhs.uk), ref: 26/LO/0304

Primary study design
Interventional

Study design
Non-randomized study

Study type(s)
Other

Health condition(s) or problem(s) studied
Perinatal severe mental illness

Interventions
WP2: Exploring patient priorities for postpartum SMI treatment and outcomes
Sample size: 60 mothers with experience of postpartum SMI
Recruitment: via NHS Trusts and community organisations
Procedure: In each site, we will arrange for three consecutive photovoice workshops to be held in a hybrid model of online and carefully chosen creative environments for accessibility and comfort to facilitate discussion. Patients may bring a carer, a family member, friend, or confidante for support. This accompanying person may wish to remain during the workshops, as preferred by the participant, and so we will gather carer views also within the interpretive narratives.

The first workshop of between 2 and 3 hours will introduce the research and explain that we are interested in understanding:
1. Experiences and perceptions around postpartum severe mental illness.
2. The causes and complexities of care.
3. Their experiences of care and recommendations.
We will provide support and arrange comfort breaks and tailor the process to individual needs. Participants will be given disposable cameras, notebooks and asked to drop them in a central location local to them a week after the workshop. If they choose the online option they may prefer to use their phones and send the images to a project email address, or they can use their own phone even for face to face workshops. In some instances, participants may wish to use existing photographs which they feel reflect their care experiences. As set out, other creative materials will all be considered within the overall process.

In the second and third workshops, participants will be presented with their digitised images and guided through reflections to generate narratives and captions for a minimum of 3-5 chosen images (total of 180-300 items). The second workshop will be a session of at least 2 hours, any time within a 6-8 hour time window, and will occur 2 weeks after the first workshop, and a third workshop will be held a week after the second. These times are flexible and can be adjusted around each participant. Prompt questions will be used to elicit their experiences (adapted from Hergenrather, 2009): Describe what you see in this photo and how it makes you feel. Why did you take a photo of this? What does this photo tell us about you? How can it provide opportunities to improve understanding about your illness and life experiences? Do you have suggestions for improving your care? In your care experiences, what helped and what did not work? How can inequalities arise and be reduced?

The third workshop will be a group discussion; there will be no topic guide, but the conversation will be generated by which of their images participants wish to share with the rest of the group. The discussion will be facilitated by the research team, and participants will be encouraged to consider two questions: 1. What made a positive difference to your experience? 2. What could have been done differently? All workshops will be co-facilitated with a peer researcher.

WP3: Co-design a care pathway to address inequalities in postpartum SMI treatment
Sample size: 16 key stakeholders for priority-setting meetings, 80 key stakeholders for co-design days.
Recruitment: via NHS Trusts and WP2 contacts and community settings
Procedure: The richly contextualised narrative accounts of life-worlds and care experiences of participants from WP2 and WP1 data (CPRD data analysis) will be summarised, using visual and textual materials, to inform co-production of a culturally inclusive care pathway.
In a series of priority-setting meetings (3-6 of these) with small groups (3-6 per group), we will review the photovoice outputs to conceptualise 'touch points' that characterise positive and negative experiences of patients with a view to generating consensus about the priorities for service improvement (participants).
We understand that trust and relationship building are important for a successful co-design process, so we hope to involve the same core participants throughout the events and activities which comprise both of these key co-design phases. For this core group, we will seek to recruit people with lived experience of postpartum severe mental illness, in addition to those involved in priority setting. We aim to ensure there are at least 10 and up to 20 patients, 10 carers, and 25 professional stakeholders. The purpose is to represent multiple intersectional experiences by identity (age, gender, sexuality, neurodivergence) and place characteristics (rural, semi-rural, urban).
We will pay these core participants for their time in attending events and participating in co-design activities. Our research staff, including peer researchers, will prioritise relationship building and attending to different needs and preferences of those attending workshops in order to make them a success and a good experience for participants. We will discuss and agree ground rules at the outset of the process, drawn from existing principles of good practice for co-design and user involvement. We will base the process around a series of group meetings. Depending on the composition and preferences of the group, we will consider face-to-face and online as alternatives.

WP4: Evaluate the implementation of a postpartum SMI care pathway
Sample size: via NHS Trust
Recruitment: 5 professionals from each site and 40 mothers who received the intervention at each site.
Procedure: The local teams will implement the newly developed care pathways from WP3 with around 40 mothers over 6-9 months at each study site, as well as two additional sites not involved in co-development, to learn about the role of co-design in the adoption of interventions. We will conduct the NoMAD survey before and after implementation and supplement this with interviews at each site to better understand barriers and facilitators to implementation and explore intervention fidelity.

WP5: Developing guidance, dissemination and impact
Sample size: 40 key stakeholders
Recruitment: via NHS Trusts and Community Organisations
Procedure: Key stakeholders (people with lived experience, charitable organisations, NHS leaders, healthcare professionals and policymakers) will be convened for a consensus workshop. They will be provided with the culturally inclusive care pathway for postpartum SMI, a proposed

implementation strategy and a summary of the implementation evaluation. The workshop will aim to identify the following: 1. Key changes required to existing pathways; 2. the additional resources and expertise used to support the development and revision of existing pathways; 3. the training of staff to support and iterate the pathway over time whilst retaining the ethos and values base; 4. the type and nature of resources required.

Intervention Type
Behavioural

Primary outcome(s)
1. Lived experiences, barriers, facilitators, vulnerabilities, and opportunities for improving care for people with postpartum severe mental illness (PP-SMI), measured using thematic analysis of three photovoice workshops over 3 weeks at the four study sites (Oxford, London, Sheffield and Lancashire)

2. WP3: positive and negative experiences of the resources from WP1&2, measured using priority setting meetings of 4–6 people at the four study sites

3. Development of a culturally safe co-designed postpartum severe mental illness care pathway and implementation plan, measured using two in-person half-day co-design workshops over 2 months at each of the four study sites

Key secondary outcome(s)
There are no secondary outcomes

Completion date
30/11/2028

Eligibility

Key inclusion criteria
1. Aged 18 years or older
2. Able to communicate sufficiently in English or via approved interpretation support to participate meaningfully
3. Willing to take part in the relevant study activities for the work package
4. Have lived experience of receiving care for perinatal severe mental illness (SMI) within the preceding 5 years (from 12 weeks pregnant to up to a year after pregnancy)
5. Willing and able to participate in photovoice workshops (online or in person), including taking or selecting photographs and engaging in group discussion

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit

100 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Individuals who do not have the capacity to provide informed consent

Date of first enrolment
01/09/2026

Date of final enrolment
30/11/2028

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Oxford Health NHS Foundation Trust
Littlemore Mental Health Centre
Sandford Road
Littlemore
Oxford
England
OX4 4XN

Study participating centre
South London and Maudsley NHS Foundation Trust
Bethlem Royal Hospital
Monks Orchard Road
Beckenham
England
BR3 3BX

Study participating centre
Sheffield Health Social Care NHS Foundation Trust
Centre Court
Atlas Way

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Study participating centre
Lancashire and South Cumbria NHS Foundation Trust
Sceptre Point
Sceptre Way
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Sponsor information

Organisation
University of Oxford

ROR
https://ror.org/052gg0110

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Data sharing statement to be made available at a later date