**Appendix 7**

**Non-attendance and attendance in perinatal mental health care**

Conclusions

It is apparent from this analysis that there are some significant differences between attenders and non-attenders, as well as between women from Hull and women from the East Riding.

To summarise, women are significantly more likely not to attend the first appointment if:

* they are from Hull (especially some areas, e.g. HU9),
* they are younger,
* their relationship status is not known or they are not married,
* they are not employed (or their employment status is not known),
* they are affected by ‘low mood’, current or previous depression,
* they have a history of self-harm and/or suicide attempts,
* they have responded positively to the Whooley questions (in so far as they have been recorded).
* In addition, women are significantly more likely to attend if:
* they are currently suffering from psychosis or psychotic symptoms
* they have experienced a traumatic birth,
* they have bonding and attachment difficulties,
* they have a personality disorder,
* they are currently receive counselling.

Almost half of all women who missed the first appointment were seen eventually by a member of the specialist team. There were some significant differences between women who were and were not seen eventually.

Women are more likely not to be seen eventually if:

* they self-referred,
* they have been offered a home visit (women in Hull only),
* they are younger,
* they had current or previous depression.
* Women were more likely to be seen eventually if:
* they had current psychosis or psychotic symptoms,
* they had bonding or attachment issues.

The reasons for non-attendance are likely to be complex and multifaceted. While some women may feel that they do not need to see the specialist team, others may not attend for other reasons – even though they may benefit from the involvement. These complex reasons are reflected in the data. Further analysis is required to explore possible interactions between variables. We will discuss these findings with members of the specialist perinatal mental health team with the aim of interpreting results and drawing up a plan for further actions and research.