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# Nursing Students' Perceptions about Perinatal Mental Health Issues

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The mental health of women in the perinatal period is the focus of attention around the world. Many studies emphasize the problems that women experience during pregnancy or after childbirth, also focusing on mental health problems. In this context, the attention towards the woman, both during pregnancy and after birth, should be very great, especially from the health professionals. The paper aims to explore the perception of students enrolled in the professional master's study program in Health Psychology at "Luigj Gurakuqi" University, Shkodër, Albania regarding their knowledge of perinatal mental health problems, and their ability to identify and managing these problems. Nursing students have high levels of awareness related to perinatal mental health issues. Their perceptions of their knowledge regarding perinatal mental health issues, as well as their confidence in identifying and in managing them, is positive. Students believe that they have the appropriate skills to assess and care for women with mental health problems, both during pregnancy and after, but, also, they need further training to improve their skills. It is necessary to carry out more extensive studies on this topic in our country to shed light on the Albanian reality. Also, it is necessary to revise the curricula, especially in general nursing education program, and to provide training for nurses on the problems of perinatal mental health issues.

*Keywords:* perinatal mental health, awareness issues, curricula revision

## Introduction

The perinatal period, including pregnancy through childbirth and the first year postpartum, is a time of high vulnerability for mental health (Bottemanne et al., 2022).

Many women experience changes in their mental health during pregnancy and during the year after the birth. 1 in 5 women will experience a mental health condition during pregnancy or in the year after the birth (WHO, 2022).

Worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. In developing countries this is even higher, i.e., 15.6% during pregnancy and 19.8% after child birth. In severe cases mothers' suffering might be so severe that they may even commit suicide (WHO, 2024).

High-quality perinatal mental health care ideally results in earlier detection of mental health problems, improved parent-child interaction, optimal treatment of perinatal mental illness and fewer hospital admissions, and also has clear economic benefits (HTA, 2022).

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As Howard and Khalifeh (2020) cited, there is a large evidence base on associations between perinatal mental disorders and childhood adverse mental health outcomes, particularly for perinatal depression and antenatal alcohol misuse.

Therefore, it is very important that mental health problems during the perinatal period to be managed properly and accurately. The perinatal health professionals as well as nurses have a great role.

Nursing is both an art and a science. It requires the understanding and the application in practice of specific nursing knowledge and skills, which, wherever possible, are research- and/or evidence-based. It draws on knowledge and techniques derived from the humanities, from the physical, biological and behavioural sciences, from management and leadership theories and from theories of education (WHO, 2001).

All women and newborns have a right to a quality of care that enables a positive childbirth experience that includes respect and dignity, a companion of choice, clear communication by maternity staff, pain relief strategies, mobility in labour and birth position of choice. Midwives are essential to the provision of quality of care, in all settings, globally (WHO, 2024).

Considering the literature data, the role of nurses caring for pregnant women holds special importance. Naturally, questions arise: Are our nurses prepared for this specialized care? How much do they know about mental health problems?

Strengthening midwifery education to international standards is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity (WHO, 2024).

## Theoretical Approach

Maternity and pregnancy involve significant biopsychosocial changes in the lives of women (Adalia et al., 2021).

During the perinatal period, women experience changes in body, selfimage, expectations and relationships. They are also faced with new challenges and responsibilities. It is a major life transition, which can be stressful and make mothers very vulnerable to mental illness. This is why pregnancy and childbirth can be very difficult times for women (Flisher, 2013).

Between 15% and 25% of women have a mental health problem during the perinatal period (Coates & Foureur, 2019). Depression is the most common psychiatric disorder associated with pregnancy. Pregnant women may also suffer from anxiety disorders, such as panic disorder, obsessive-compulsive disorder, and eating disorders (Carter & Kostaras, 2005).

Mental disorders in the perinatal period have some important specificities. The knowing process can be more complex due to the masking of symptoms, linked to the mother's difficulty in expressing moods of discomfort and emotional suffering for fear of stigma; relapses involve not only the woman but also the fetus/child, the partner and the family context. The impact of the disorder may require more urgent intervention due to the potential effect on the fetus/child, on the physical health of

the woman or on her ability to cope with family care functions (Guidomei et al., 2019).

As Martin, Jomeen, and Jarrett (2017) cited "PMHP are demonstrated to have a significant impact on women's well-being, long-term mental health, obstetric outcomes, partner, and quality of family relationships. It might also affect fetal health and child development in the short and long term".

High levels of childbirth fear impact birth preparation, obstetric outcomes and emotional wellbeing for around one in five women living in developed countries. Higher rates of obstetric intervention and caesarean section (CS) are experienced in fearful women (Fenwick et al., 2015).

If a mother is stressed while she is pregnant she may well be stressed postnatally and this could affect her parenting.

Good evidence shows that the emotional state of the mother during pregnancy, as well as in the postnatal period, can have long-term effects on her child, especially on neurodevelopmental outcomes (Glover, 2014).

Striebich, Mattern, and Ayerle (2018) arguments that in recent years the focus of research has increasingly been the analysis of midwifery care for women with high or severe FOC, initially in Scandinavian countries and concluded that midwife-led counselling for FOC is routinely offered in obstetric clinics in Sweden, but standards are lacking.

Pariante (2023) pointed out that women who suffer from a mental disorder, even if preceding pregnancy, have difficulties in the interaction with their infant in the first year of life, which then continues to be present 7-9 years later

The impact of maternal mental health problems goes further. The symptoms may lead to poor bonding with the baby and difficulties with breastfeeding (which can itself lead to distress, anxiety and low mood). Maternal depression can have far reaching consequences on the development of the baby, with problems extending into childhood and adolescence. Research has shown potential impacts on cognitive development, including language development, conduct and school performance (Chew-Graham, 2018).

Decades of epidemiological, clinical translational, and preclinical animal research have converged, demonstrating that maternal prenatal distress affects fetal brain–behavior development and influences children's neurobehavioral trajectory, often increasing their risk for psychopathology (Monk, Lugo-Candelas, & Trumpff, 2019).

Rondung, Thomtén, and Sundin (2016, pp. 84-85), based on several studies, have mentioned these physiological manifestations of childbirth fear: *sleep disturbances, tachycardia, tenseness, restlessness and nervousness, nightmares* and *stomach pains.* However, the potential role of these symptoms or experiences in the development and maintenance of fear has not been established. Among the cognitive aspects they singled out the ideas about cognitive beliefs and expectations relating to pregnancy and childbirth. These authors, too, examining the reported objects of fear in pregnant women, found information about two cognitive concepts, self-efficacy and pain catastrophizing and they obtained data from a study that identifies the lower sense of coherence as direct cause of childbirth fear.

Giving birth physiologically is an intense and transformative psychological experience that generates a sense of empowerment. The benefits of this process can be maximised through physical, emotional and social support for women, enhancing their belief in their ability to birth and not disturbing physiology unless it is necessary. Healthcare professionals need to take cognisance of the empowering effects of the psychological experience of physiological childbirth (Olza et al., 2018).

Midwives are integral to the success of maternal mental health assessment and screening during pregnancy due to their pivotal role in antenatal care (Mellor et al., 2019).

## Materials and Methods

### The Purpose of the Paper

The paper aims to explore the perception of students enrolled in the professional master's study program in Health Psychology at "Luigj Gurakuqi" University, Shkodër, Albania regarding perinatal mental health problems.

### Objectives

1. Obtaining students' opinions (future nurses) on their level of knowledge concerning perinatal mental health problems.
2. Obtaining students' opinions (future nurses) concerning their ability to identify these problems.
3. Obtaining students' opinions (future nurses) regarding their ability to manage perinatal mental health problems.
4. Exploring the relationship between students' perception and their age.
5. Exploring the relationship between students' perception and their bachelor study program.
6. Exploring the relationship between the perception of students and their residence.

### Various Studies

Numerous comparable studies have been conducted and a selection of them will be highlighted.

13 obstetric staff at a tertiary maternal hospital in Shenzhen in China, including two obstetricians, three midwives, and eight nurses participated at the study made by Xiao et al. (2023). The authors concluded that medical staff lacked sufficient knowledge and skills in perinatal psychological health and were not well prepared for the task of screening pregnant women for mental health disorders. The medical staff who were interviewed shared their skills in identifying women with mental health disorders. They would observe their behaviors and facial expressions. By communicating with the women, their intuition would tell them the ones they should pay attention to. Medical staff suggested that medical institutions systematically

train medical staff about pregnancy psychology, to improve their understanding of pregnancy psychology.

Hammond (2020) explored midwives' perspectives on perinatal mental health screening during pregnancy in maternity facilities in the Cape Metropole in South Africa. The findings reflected that midwives were able to identify women at risk of perinatal mental illnesses based on their experience and intuition. The midwives furthermore acknowledged the need for routine perinatal mental health screening. However, the participants felt that they lacked the relevant competencies to screen and counsel women. Numerous barriers which may compromise routine perinatal mental health screening efforts were identified in the study. As primary caregivers, midwives should receive ongoing training and clinical supervision in view of perinatal mental health screening.

Mellor et al. (2019) made a study with the participation of 27 Lead Maternity Care (LMC) midwives that worked in a variety of settings in the Auckland region in New Zealand. They concluded that the midwives acknowledged their pivotal role in the assessment of maternal mental health in the antenatal period. When having to plug the gap between women's maternal mental health needs and available services, many of the midwives felt ill-prepared to provide appropriate care.

The studies made by Noonan, Jomeen, Galvin, and Doody (2018), and Noonan, Galvin, Jomeen, and Owen (2019) resulted that the Irish public health nurses reported good levels of knowledge and confidence in recognising women experiencing stress, anxiety and depression. They indicated less confidence in caring for women (43.9%). Midwives desire education on the spectrum of perinatal mental health problems.

The results of the study made by Higgins et al. (2017) in Ireland indicated that midwives and primary care nurses encounter many organisational and practitioner related barriers that negatively impact on their ability to incorporate mental health care into their practice. Organisational barriers included lack of perinatal mental health services, absence of care pathways, heavy workload, lack of time, lack of privacy and not seeing women regularly enough to build a relationship. Practitioner related barriers included lack of knowledge on perinatal mental health and cultural issues; lack of skill, in particular, skill s to respond to a disclosure of a mental health issue; and fears of causing women offense and distress. Findings also indicated that the context of care and education influenced the degree to which participants perceived certain items as barriers.

According to the study made by McGookin et al. (2017) they conclude that "Although a small study, the results highlight the need for education to be improved in order to best prepare student midwives for cases of ANA (antenatal anxiety), with emphasis on integrating psychology and mental health information into teaching as well as time spent in clinical practice. Midwives are key in the screening of women for ANA and are in an ideal position to signpost for specialist care".

Carroll and her colleagues made a similar study in 2016 with a sample of 438 midwives in the Republic of Ireland. The findings of this study were "The majority of midwives cared for women with perinatal mental health problems in their clinical practice; however, beyond depression and anxiety, their knowledge of perinatal mental health problems was quite limited. Similarly, midwives reported a lack of skill in opening a discussion with women on sensitive issues, such as sexual abuse,

intimate partner violence and psychosis, and providing information to women's partners/families. The findings indicated that midwives adopted a selective approach to screening for perinatal mental health problems, with a tendency not to inquire about sensitive topics, or address them only with women deemed at-risk".

According to the study made by Hauck et al. (2015) made with 238 midwives employed in the only public tertiary maternity hospital in Western Australia from March to June 2013, Midwives accept it is their role to assess the mental health status of women but many feel ill-equipped to do so and express a strong desire for further knowledge and skills across a range of perinatal mental health topics.

Jarrett (2014) made a study with students of Bachelor of Science (BSc) in Midwifery programme in the UK. Most students reported being confident in asking women questions about their mental health and they reported feeling comfortable in defining a wide range of serious perinatal mental health problems that affect women.

McCauley, Elsom, Muir-Cochrane, and Lyneham (2011) made a study with the midwives in Australia, in which, among other findings, they found that "The majority of midwives (93%) surveyed in this study indicated they could be better prepared to provide mental health intervention for women. Their comments regarding this reflected a strong opinion about the need to improve their own, and other midwives', skills and knowledge regarding identification of mental health and illness in antenatal and postnatal women, and in specific care provision and mental health interventions.

## The Method Used

This study is quantitative research. It is based on the survey method. The researchers employed a descriptive approach. As Stockemer (2019) argues, quantitative methods not only allow us to numerically describe phenomena, but they also help us determine relationships between two or more variables.

Two questionnaires were distributed to the students participating in the study. The first is the Perinatal Mental Health Awareness (PMHA) scale.

The PMHA scale items were developed by an expert panel for initial use in a study exploring knowledge and confidence of health visitors about PMH. Its purpose was to represent, with brevity, key attributes of awareness related to perinatal mental health issues. The key attributes ascribed were (i) knowledge, (ii) confidence in identification and (iii) confidence in the management of more common PMH presentations such as stress, anxiety and depression (SAD), with one question per attribute scored on a 0-3 Likert scale, where a greater score endorsement indicated greater awareness (Martin, Jomeen, & Jarrett, 2017).

It was considered necessary to develop a second questionnaire, in order to obtain additional information regarding the opinion of the students about the quality of their university education in terms of recognizing and managing mental health problems of pregnant women. The second questionnaire was designed based on the study made by Jones (2009, pp. 216-217).

## Sampling

The population of the study comprises all the students of the professional master's study program in Health Psychology. This study program is offered to students who have successfully completed the first cycle of study in Nursing, specifically: a) general nursing; b) midwifery; c) physiotherapy. These three bachelor programs are offered at "Luigj Gurakuqi" University, Shkodër, Albania. The master's study program in Health Psychology has 60 ECTS and lasts 1 academic year.

Out of a total of 67 students, 46 participated in the study, resulting in a representation rate of approximately 67.6%. The criterion for the inclusion of students in the study was that they were students of the professional master's degree in health psychology. The students were free to participate in the study, and they were informed in advance about the purpose of the study and about the fact that the questionnaires are anonymous.

4 students (8.7%) are male, while 42 (91.3%) are female. The age of the participants in the study varies from 21 years (10 students or 21.7%) to 55 years (1 student or 2.2%). The average age of the participants in the study is 23.8 years. 24 (52.2%) participating students live in the city, while 22 students (47.8%) live in the village. 19 students (41.3% of the participants in the study) have completed their bachelor's studies in General Nursing, 18 students (39.1%) have completed the bachelor's degree in Midwifery, while 1 student (2.2%) has completed the bachelor's degree in Physiotherapy, 8 female students (17.4%) did not say which study program of the first cycle they finished, that is, they did not specify if they have bachelor degree in General Nursing, Physiotherapy or in Midwifery.

## Statistics

The questionnaires were administered in March 2022, during the second semester. The month of March was chosen, because this period coincides with the completion of studies in the auditorium for students, after which they begin their teaching practice in institutions. Currently, students have mastered the theoretical concepts throughout classroom instruction and can provide accurate opinions regarding their understanding and knowledge of mental health problems.

The data obtained from the questionnaire were analyzed with Statistical Package for the Social Sciences (SPSS), version 20.0. The data analysis has included descriptive and inferential statistics. The analysis of data, including relative and absolute frequencies, as well as measures such as mean, median, mode, standard deviation was employed to assess students' overall perception of perinatal mental health issues, their level of knowledge, and their confidence in identifying and managing of more common PMH presentations.

The piloting phase was carried out by professionals in the field of psychology. Three focus groups were conducted with students to gather their feedback on the translation of the items of the PMHA scale into Albanian. No problems were found in the translation process. The Cronbach's alpha is 0.733 for the PMHA scale.

It was used analysis of variance (ANOVA) to examine the relationship between students' residence and their general perception about the perinatal mental health issues, between students' residence and their perceptions regarding their level of knowledge, regarding their confidence in identification and their confidence in management of the perinatal mental health problems.

Analysis of variance (ANOVA) was used to examine the relationship between students' bachelor study program and their general perception of perinatal mental health issues, their level of knowledge, as well as regarding their confidence in identification and management of perinatal mental health problems.

The study employed correlation analysis to explore how students' age relates to their perceptions across various dimensions of perinatal mental health issues, including their overall understanding of the issues, perceived knowledge levels, and confidence in both identifying and managing perinatal mental health challenges.

The dependent variable is *students' perception* and the independent variables are: *students' residence, students' bachelor study program* and *students' age.*

## Results

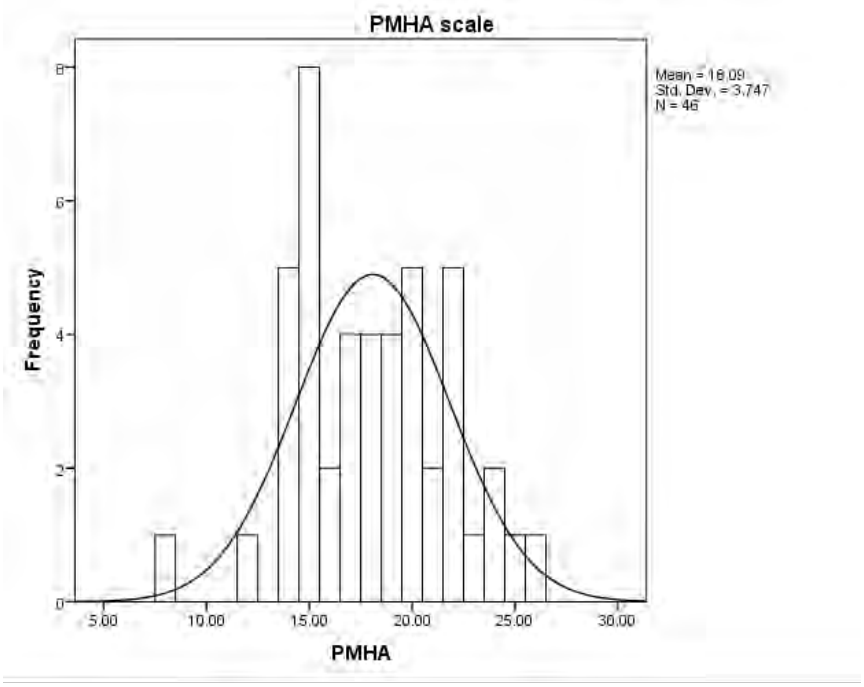
### Data Related to the Perinatal Mental Health Awareness (PMHA) Scale

*Table 1.* Data Related to the Perinatal Mental Health Awareness (PMHA) Scale

| Scale | N | Minimum | Maximum | Mean | Mode | Std. Deviation |
|---|---|---|---|---|---|---|
| PMHA | 46 | 8 | 26 | 18.08 | 15 | 3.74656 |
| Knowledge | 46 | 2.00 | 9.00 | 6.43 | 6 | 1.34416 |
| Confidence in identification | 46 | 3.00 | 9.00 | 5.93 | 6 | 1.55495 |
| Confidence in the management of more common PMH presentations | 46 | 3.00 | 9.00 | 5.7174 | 6 | 1.40891 |

The PMHA Scale comprised three sub-sections: a) Knowledge subscale; b) Confidence in identification subscale and c) Confidence in the management of more common PMH presentations. Each subscale contains three items. The items on the PMHA Scale are scored on a 0-3 Likert scale, where a higher score indicates greater awareness. As shown in Table 1 and Graph 1, the values for general perception range from 8 to 26, with a mean of 18.08 and a mode of 15. From these results, it can be concluded that students' perception of their knowledge regarding perinatal mental health issues is positive.

*Graph 1.* Data Related to the PMHA Scale




According to Table 1, students' perception of their knowledge about perinatal mental health issues ranges from 2 to 9, with a mean of 6.43 and a mode of 6. Overall, nursing students' perception of their knowledge in this area can be considered positive.

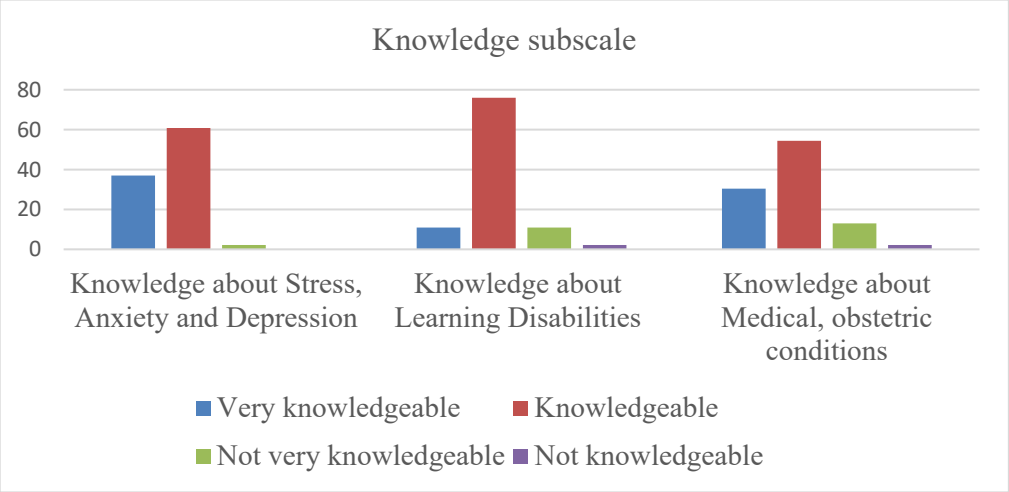
In terms of their confidence in identifying perinatal mental health issues, the values range from 3 to 9, with a mean of 5.93 and a mode of 6. Overall, Nursing students' perception of their confidence in identifying these issues can be considered positive. Similarly, regarding their confidence in managing more common perinatal mental health presentations, the values range from 3 to 9, with a mean of 5.71 and a mode of 6. Therefore, the perception of Nursing students regarding their confidence in managing these presentations is also positive.

## Knowledge Subscale

*Table 2.* Data Related to the Knowledge Subscale

| Knowledge subscale | N | Minimum | Maximum | Mean | Mode | Std. Deviation |
|---|---|---|---|---|---|---|
| Knowledge about Stress, Anxiety and Depression | 46 | 1 | 3 | 2 | 2 | 0.52 |
| Knowledge about Learning Disabilities | 46 | 0 | 3 | 2 | 2 | 0.55 |
| Knowledge about Medical, obstetric conditions | 46 | 0 | 3 | 2 | 2 | 0.71 |

*Graph 2.* Data Related to the Knowledge Subscale




The mean and the mode is 2 for each item of the Knowledge subscale (Table 2). Regarding their knowledge about Stress, Anxiety and Depression, most of the students affirm that they are Knowledgeable (60.8%), 37% affirm that they are Very knowledgeable and 2.2% affirm that are Not very knowledgeable.

Regarding their knowledge about Learning Disabilities, most of the students affirm that they are Knowledgeable (76%), 10.9% affirm that they are Very knowledgeable, a small part (10.9%) affirms that is Not very knowledgeable and 2.2% affirms that is Not knowledgeable.

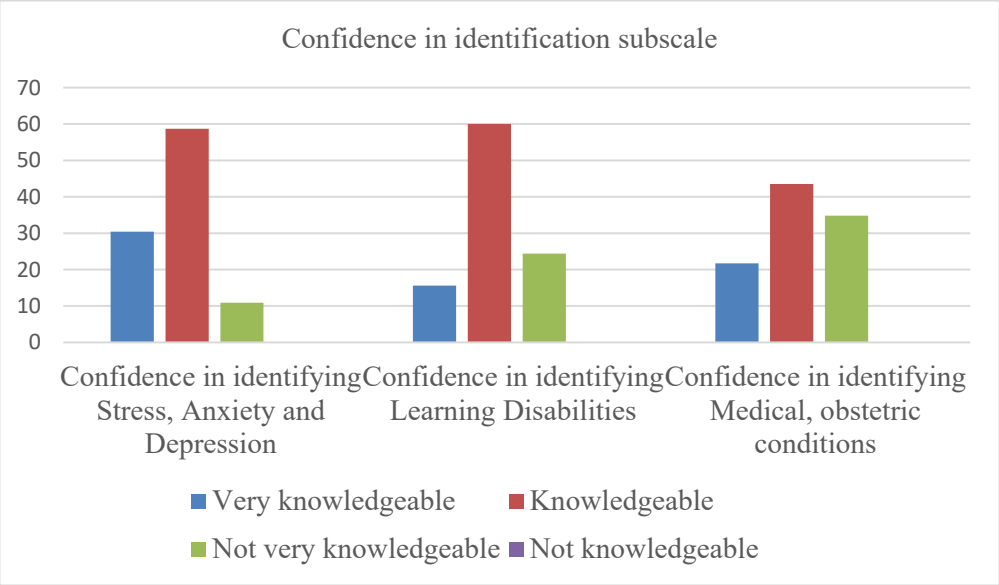
Regarding their knowledge about Medical, obstetric conditions, most of the students affirm that they are Knowledgeable (54.4%), 30.4% affirm that are Very knowledgeable, a small part (13%) affirms that is Not very Knowledgeable and 2.2% affirms that is Not knowledgeable (Graph 2).

**Confidence in Identification Subscale**

*Table 3.* Data Related to the Confidence in Identification Subscale

| | N | Missing | Minimum | Maximum | Mean | Mode | Std. Deviation |
|---|---|---|---|---|---|---|---|
| Confidence in identifying Stress, Anxiety and Depression | 46 | - | 1 | 3 | 2 | 2 | 0.61 |
| Confidence in identifying Learning Disabilities | 45 | 1 | 1 | 3 | 2 | 2 | 0.63 |
| Confidence in identifying Medical, obstetric conditions | 46 | - | 1 | 3 | 2 | 2 | 0.74 |

*Graph 3.* Data Related to the Confidence in Identification Subscale




The mean and the mode are 2 for each item of the Confidence in Identification subscale (Table 3). Regarding their confidence in identifying Stress, Anxiety and Depression, most of the students affirm that they are Knowledgeable (58.7%), 30.4% affirm that they are Very knowledgeable and 10.9% affirm that are Not very knowledgeable.

Regarding their confidence in identifying Learning Disabilities, most of the students affirm that they are Knowledgeable (60%), 15.6% affirm that they are Very knowledgeable and 24.4% affirm that they are Not very knowledgeable.

Regarding their confidence in identifying Medical, obstetric conditions, 43.5% affirm that they are Knowledgeable, 21.7% affirm that they are Very knowledgeable and 34.8% affirm that they are Not very knowledgeable (Graph 3).

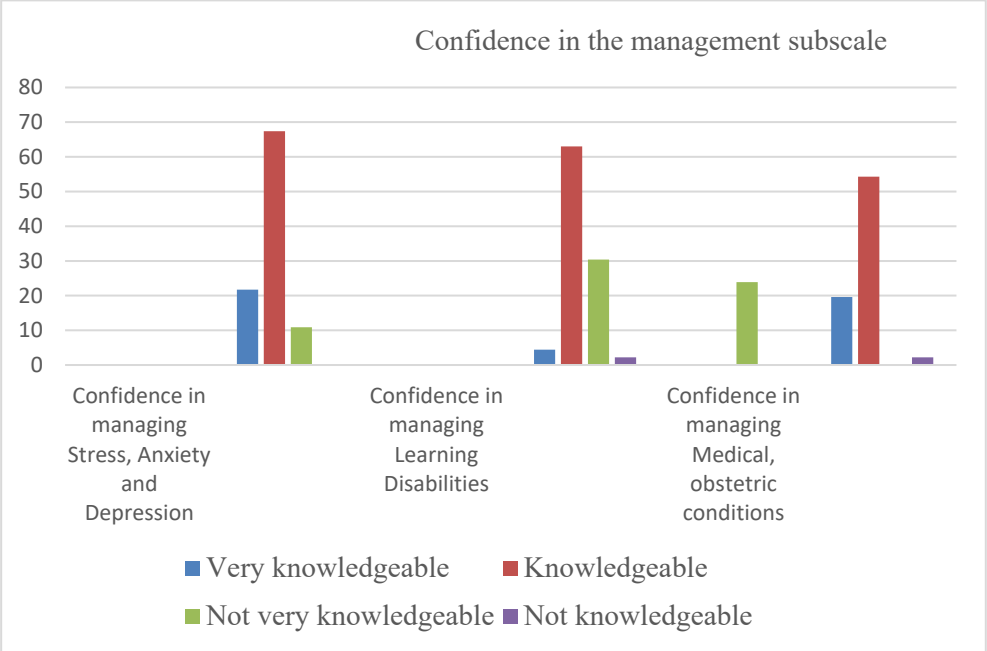
## Confidence in the Management of More Common PMH Presentations Subscale

*Table 4.* Data Related to the Confidence in the Management of More Common PMH Presentations Subscale

| | N | Minimum | Maximum | Mean | Mode | Std. Deviation |
|---|---|---|---|---|---|---|
| Confidence in managing Stress, Anxiety and Depression | 46 | 1 | 3 | 2 | 2 | 0.56 |
| Confidence in managing Learning Disabilities | 46 | 0 | 3 | 2 | 2 | 0.59 |
| Confidence in managing Medical, obstetric conditions | 46 | 0 | 3 | 2 | 2 | 0.72 |

The mean and the mode are 2 for each item of the Management of More Common PMH Presentations subscale (Table 4).

*Graph 4.* Data Related to the Confidence in the Management of More Common PMH Presentations Subscale




Regarding their confidence in managing Stress, Anxiety and Depression, most of the students affirm that they are Knowledgeable (67.4%), 21.7% affirm that they are Very knowledgeable and 10.9% affirm that are Not very knowledgeable, as we can see from the Graph 4.

Regarding their confidence in managing Learning Disabilities, most of the students affirm that they are Knowledgeable (63%), 4.4% affirm that are Very knowledgeable, 30.4% affirm that are Not very knowledgeable and 2.2% affirms that is Not knowledgeable.

Regarding their confidence in managing Medical, obstetric conditions, 54.3% affirms that are Knowledgeable, 19.6% affirm that are Very knowledgeable, 23.9% affirm that are Not very knowledgeable and 2.2% affirms that is Not knowledgeable, as we can see from the Graph 4.

## The Relationship between PMHA and Students' Residence

It was used analysis of variance (ANOVA) to examine the relationship between students' residence and their general perception about the perinatal mental health issues, as well as their perceptions regarding their level of knowledge, confidence in identification, and confidence in management of these problems (Table 5).

*Table 5.* The Relationship between PMHA and Students' Residence

| Residence | | PMHA scale | Knowledge subscale | Confidence in identification subscale | Confidence in the management subscale |
|---|---|---|---|---|---|
| City | Mean | 18.7917 | 6.6250 | 6.2083 | 5.9583 |
| | N | 24 | 24 | 24 | 24 |
| | Std. Deviation | 4.14917 | 1.46888 | 1.66757 | 1.42887 |
| | Minimum | 8.00 | 2.00 | 3.00 | 3.00 |
| | Maximum | 26.00 | 9.00 | 9.00 | 9.00 |
| Village | Mean | 17.3182 | 6.2273 | 5.6364 | 5.4545 |
| | N | 22 | 22 | 22 | 22 |
| | Std. Deviation | 3.16809 | 1.19251 | 1.39882 | 1.37069 |
| | Minimum | 14.00 | 3.00 | 3.00 | 3.00 |
| | Maximum | 24.00 | 8.00 | 8.00 | 8.00 |
| Total | Mean | 18.0870 | 6.4348 | 5.9348 | 5.7174 |
| | N | 46 | 46 | 46 | 46 |
| | Std. Deviation | 3.74656 | 1.34416 | 1.55495 | 1.40891 |
| | Minimum | 8.00 | 2.00 | 3.00 | 3.00 |
| | Maximum | 26.00 | 9.00 | 9.00 | 9.00 |

The students who live in the city have a more positive perception compared to the students who live in the village, but this relationship is not statistically significant (Sig=0.18).

The students who live in the city have a more positive perception compared to the students who live in the village regarding their level of knowledge, but this relationship is not statistically significant (Sig=0.32).

The students who live in the city have a more positive perception compared to the students who live in the village regarding their confidence in identification, but this relationship is not statistically significant (Sig=0.21).

The students who live in the city have a more positive perception compared to the students who live in the village regarding their confidence in management, but this relationship is not statistically significant (Sig=0.23).

## The Relationship between PMHA and Students' Bachelor Study Program

Analysis of variance (ANOVA) was utilized to investigate the relationship between students' bachelor study program and their general perception of perinatal mental health issues, as well as their perceptions regarding their level of knowledge, confidence in identification, and confidence in management of these problems. The results are given at the Table 6.

*Table 6.* The Relationship between PMHA and Students' Bachelor Study Program

| Bachelor study program | | PMHA scale | Knowledge subscale | Confidence in identification subscale | Confidence in the management subscale |
|---|---|---|---|---|---|
| General nursing | Mean | 17.7895 | 6.3684 | 5.7895 | 5.6316 |
| | N | 19 | 19 | 19 | 19 |
| | Std. Deviation | 3.73540 | 1.42246 | 1.43678 | 1.49854 |
| | Minimum | 12.00 | 3.00 | 3.00 | 3.00 |
| | Maximum | 25.00 | 9.00 | 8.00 | 8.00 |
| Midwifery | Mean | 18.8889 | 6.7222 | 6.2778 | 5.8889 |
| | N | 18 | 18 | 18 | 18 |
| | Std. Deviation | 4.33710 | 1.48742 | 1.84089 | 1.49071 |
| | Minimum | 8.00 | 2.00 | 3.00 | 3.00 |
| | Maximum | 26.00 | 8.00 | 9.00 | 9.00 |
| Physiotherapy | Mean | 20.0000 | 7.0000 | 6.0000 | 7.0000 |
| | N | 1 | 1 | 1 | 1 |
| | Std. Deviation | . | . | . | . |
| | Minimum | 20.00 | 7.00 | 6.00 | 7.00 |
| | Maximum | 20.00 | 7.00 | 6.00 | 7.00 |
| Total | Mean | 18.3684 | 6.5526 | 6.0263 | 5.7895 |
| | N | 38 | 38 | 38 | 38 |
| | Std. Deviation | 3.97574 | 1.42748 | 1.61892 | 1.47333 |
| | Minimum | 8.00 | 2.00 | 3.00 | 3.00 |
| | Maximum | 26.00 | 9.00 | 9.00 | 9.00 |

Midwifery students have a more positive perception compared to other students, but this relationship is not statistically significant (Sig=0.65).

Midwifery students have a more positive perception, compared to other students, regarding their level of knowledge about perinatal mental health issues, but this relationship is not statistically significant (Sig=0.72).

Regarding their Confidence in identification of perinatal mental health problems, the students that have completed the Midwifery bachelor study program have a more positive perception, compared to other students, but this relationship is not statistically significant (Sig=0.66).

Midwifery students have a more positive perception, compared to other students, regarding their Confidence in management of perinatal mental health issues, but this relationship is not statistically significant (Sig=0.62).

## The Relationship between PMHA and Students' Age

There is a negative correlation between the age of the students participating in the study and their perception of perinatal mental health issues (Pearson Correlation is -0.191).

There is a negative correlation between the age of the students participating in the study and their perception about their level of knowledge regarding perinatal mental health issues (Pearson Correlation is -0.197).

There is a negative correlation between the age of the students participating in the study and their perception about their confidence in identification of perinatal mental health issues (Pearson Correlation is -0.345).

There is a positive correlation between the age of the students participating in the study and their perception about their confidence in management of perinatal mental health issues (Pearson Correlation is 0.060).

## Data Related to the Second Questionnaire

> **Item 1.** How adequate did your nursing education program prepare you in the assessment and management of perinatal mental health issues?

37% of participants think that their education programs in nursing (bachelor and master's degree) prepare them *Somewhat adequate,* 58,7% of them think that their education programs in nursing prepare them *Adequate*, whereas 4.3% of them are *Unsure*.

> **Item 2.** During your nursing education, how much emphasis was placed on the assessment and management of women with mental health problems, both during pregnancy and after?

2.2% of students think that their nursing education placed *No emphasis*, 28.3% think that their nursing education placed *Too little emphasis,* 50% think that was placed *Adequate emphasis* and 19.5% think that was placed *Too much emphasis*.

> **Item 3.** Do you think you have the appropriate skills to assess and care for women with mental health problems, both during pregnancy and after?

41.3% of the participants think that they have appropriate skills and further training might be useful and beneficial and 58.7% of the participants think that they need further training to improve their skills.

> **Item 4.** How could your nursing education program have better prepared you for your role in the screening and management of women with mental health problems, both during pregnancy and after?

There were obtained some suggestions from the participants. They need: more practice in assessing mental health problems of both during pregnancy and after birth women (13%); more practice in managing mental health problems of both during pregnancy and after birth women; more practice in assessing mental health problems of both during pregnancy and after birth women, more knowledge in the treatment techniques and more practice in managing these problems (10.9%); more lecture time on mental health problems of both during pregnancy and after birth women (8.7%); more lecture time on mental health problems of both during pregnancy and after birth women and more practice in managing these problems (8.7%); more practice in assessing mental health problems of both during pregnancy and after birth women and more knowledge in the treatment techniques (8.7%); more practice in assessing mental health problems of both during pregnancy and after birth women and more practice in managing them (8.7%); more knowledge in the treatment techniques and more practice in managing mental health problems of

both during pregnancy and after birth women (8.7%); more knowledge in the treatment techniques (6.5%); more lecture time on mental health problems of both during pregnancy and after birth women and more practice in assessing them (6.5%); more lecture time on mental health problems of both during pregnancy and after birth women, more knowledge in the treatment techniques and more practice in managing these problems (4.3%); more lecture time on mental health problems of both during pregnancy and after birth women, more practice in assessing these problems, more knowledge in the treatment techniques and more practice in managing these problems (2.2%).

## Discussion

Many studies have been conducted worldwide to assess midwives' levels of knowledge and skills in managing mental health problems during pregnancy. In general, researchers have concluded that midwives generally do not have the necessary knowledge and skills in perinatal psychological health (Xiao et al., 2023); they lacked the relevant competencies to perinatal mental health screening and counsel women (Hammond, 2020); the midwives felt ill-prepared to provide appropriate care for women's maternal mental health needs (Mellor, Payne, & McAra-Couper, 2019); the Irish public health nurses reported good levels of knowledge and confidence in recognizing women experiencing stress, anxiety and depression, but they indicated less confidence in caring for women (Noonan, Galvin, Jomeen, & Owen, 2019) and the midwives and primary care nurses encounter many organizational and practitioner related barriers that negatively impact on their ability to incorporate mental health care into their practice Higgins et al., 2017); midwives reported a lack of skill in opening a discussion with women on sensitive issues, such as sexual abuse, intimate partner violence and psychosis, and providing information to women's partners/families (Caroll et al., 2016).

According to McGookin, Furber, and Smith (2017), it is essential to improve education to better prepare student midwives for cases of antenatal anxiety, emphasizing the integrating of psychology and mental health information into teaching, along with ample time dedicated to clinical practice. Most students in Midwifery programme in the UK reported being confident in asking women questions about their mental health and they reported feeling comfortable in defining a wide range of serious perinatal mental health problems that affect women (Jarret, 2014). The majority of midwives in Australia indicated they could be better prepared to provide mental health intervention for women (McCauley, Elsom, Muir-Cochrane, & Lyneham, 2011).

In our study, we can say that students perceive their knowledge of perinatal mental health issues to be good, their confidence in identifying these issues to be good and their confidence in managing common PMH presentations to be high.

Regarding their knowledge about Stress, Anxiety and Depression, Learning Disabilities and about Medical, obstetric conditions, most of the students affirm that they are Knowledgeable, but a small part of them affirms Not very Knowledgeable and Not knowledgeable.

Regarding their confidence in identifying Stress, Anxiety and Depression, Learning Disabilities and Medical, obstetric conditions, in general the students affirm that they are Knowledgeable, but a small part of them affirms Not very Knowledgeable and Not knowledgeable.

Regarding their confidence in managing Stress, Anxiety and Depression, Learning Disabilities and Medical, obstetric conditions the students affirm that they are Knowledgeable, but a small part of them affirms Not very Knowledgeable and Not knowledgeable.

The data obtained from our study show that, in general, Nursing students have knowledge about the PMH presentations and are able to identify and manage these problems, but not all of them think like this. There are also students who do not perceive themselves to be fully capable to identify and manage the PMH presentations. In this context, we can say that the findings of the study agree with the findings of similar studies conducted in the world.

Furthermore, it was found that the students need further training to improve their skills to assess and care for women with mental health problems. They need also more practice in assessing and managing mental health problems of both during pregnancy and after birth women, more lecture time on mental health problems of both during pregnancy and after birth women, more knowledge in the treatment techniques and more practice in managing these problems. Such suggestions and needs have also been shown by nurses in different countries of the world, with the aim of providing the most quality care and service to expectant mothers.

## Conclusions and Suggestions

Based on various studies, it is now accepted that perinatal mental health problems nowadays exist. Their management constitutes a challenge for health professionals, both in terms of early identification and in terms of their proper treatment. In this context, nurses also have an important role.

Nursing students have high levels of awareness related to perinatal mental health issues.

The perception of Nursing students related to their knowledge about perinatal mental health issues is good. In general, they are knowledgeable about Stress, Anxiety and Depression, about Learning Disabilities, and about Medical, obstetric conditions.

The perception of Nursing students related to their confidence in identifying perinatal mental health problems is positive. Most of the students think that they are confident in identifying Stress, Anxiety and Depression, Learning Disabilities, Medical, obstetric conditions.

The perception of Nursing students regarding their confidence in the management of more common PMH presentations is good. Most of them think that are confident in managing Stress, Anxiety and Depression, Learning Disabilities, Medical, obstetric conditions.

The students who live in the city have a higher awareness of perinatal mental health issues compared to those living in the village. Additionally, they have a more positive perception regarding their level of knowledge, regarding their confidence

in identification and regarding their confidence in management, but these relationships are not statistically significant.

Midwifery students have a higher awareness related to perinatal mental health issues compared to the others. They have also a more positive perception regarding their level of knowledge, and regarding their confidence in management of perinatal mental health problems. Regarding their Confidence in identification of perinatal mental health problems, the students that have completed the General Nursing Bachelor study program have a more positive perception, compared to other students. However, these relationships are not statistically significant.

There is a negative correlation between the age of the students participating in the study and their perception of perinatal mental health issues, between their age and their perception about their level of knowledge regarding these issues, and between their age and their perception about their confidence in identification of perinatal mental health issues. There is a positive correlation between the age of the students participating in the study and their perception about their confidence in management of perinatal mental health issues.

Students' opinion is that their nursing education programs prepares them in the adequate manner for the assessment and management of perinatal mental health issues and that adequate emphasis was placed on the assessment and management of them.

Students think that they have the appropriate skills to assess and care for women with mental health problems, both during pregnancy and after, but, also, they need further training to improve their skills.

Students' opinions about the amelioration of nursing education program in order to better prepare them for their role in the screening and management of women with mental health problems, both during pregnancy and after, are different. Mainly, they think that are needed more practice in assessing mental health problems, more practice in managing these problems, more lecture time on mental health problems, more knowledge in the treatment techniques.

In general, the findings of the study are similar to the findings of studies of this nature in other countries. It is necessary to carry out more extensive studies on this topic in our country to shed light on the Albanian reality. Also, it is necessary to revise the curricula, especially in general nursing education program, as well as carry out training for nurses related to the problems of perinatal mental health issues.

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