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Viewpoint

Gill Thomson



Maternal mental health: whose business?

The Maternal Mental Health Alliance's (MMHA) 'everyone's business' campaign is timely and crucial to highlight the 'shocking gaps' in UK maternal mental health services (MMHA 2014). Up to 20 per cent of women develop a mental illness in the perinatal period, which means that more than 70,000 families a year in the UK experience the potentially devastating impact of mental illness on maternal, infant and family wellbeing and functioning. Inequalities in care provision are also evidenced through fewer than half of these women being able to access specialist mental health services (MMHA 2014). The MMHA campaign calls for national accountability, specialist community services to be available for all women and their families and training for professionals providing perinatal care.

Education

A recent study reports that almost a quarter of maternity professionals received no education on perinatal mental health (Boots Family Trust Alliance (BFTA) 2013). Midwives have also been identified as not wanting to uncover mental health issues due to a lack of confidence in responding to these issues, or no evidence of care pathways. A 'general discussion' with women at booking or early postnatal contact to elicit mental health issues is recommended within NICE guidance. However, midwives report on how a lack of continuity of care, high caseloads and women's associated reluctance to disclose mental health issues are key barriers

to timely support. Furthermore, while specialist mental health midwives are advocated in recent guidance (MMHA et al 2014), a review of specialist midwifery services in north-west UK identified how many of these posts were funded from non-dedicated or insecure resources, with limited job security and high attrition rates (Downe et al 2009).

The midwife's' role

Midwives play a central role in promoting the emotional well being of women, babies and families. However, these services have to have the necessary resources to enable consistent and meaningful woman-centred care to be provided. Caseload teams and one-to-one midwifery models of care provided by midwives suitably educated in mental health issues can provide continuity of care and enable trust-based relationships to be formed, and through which maternal mental health concerns may be observed and/or disclosed. Furthermore, as mental health interventions delivered by supervised non-specialists (such as midwives) can reduce the burden of common perinatal mental disorders (Rahman et al 2013), these findings emphasise the need for well-resourced provision within a perinatal context.

Cost

A costing analysis undertaken as part of the 'Everyone's business' campaign identified that the NHS would need to spend only £337 million a year (compared to the £8+ billion of

economic/social costs associated with perinatal mental health) to ensure that recommended national guidance for perinatal mental health is achieved (MMHA 2014). A proactive stance to address this issue therefore makes political, economic and humanitarian 'sense'. However, while the call for bureaucratic approaches to change, such as through accountability and education are required, care needs to be taken to ensure these do not become 'sticking plasters' rather than the co-ordinated, integrated, targeted and well-resourced approach that is required. [tpm](#)

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