Perinatal mental health experiences of women and health professionals

Tommy’s
PERINATAL MENTAL HEALTH
EXPERIENCES OF WOMEN AND HEALTH PROFESSIONALS

October 2013
Terminology

- Antenatal Depression
- Maternal OCD
- Postnatal Depression
- Puerperal Psychosis
- Bipolar disorder
- Anxiety
- PTSD
- OCD
- PTSD
Who did we speak to?

Mothers

- N =1,547
- Online so self-selected
- Representative sample from across the UK
- 46% had one child
- All those completing it suffered with depression or anxiety at some point within the perinatal period
- Autumn 2012

Health professionals

- N =2,093 including:
  - 360 midwives
  - 1,300 health visitors
  - 100 Family nurse practitioners
  - Spring 2013
What is it like to be unwell?

81% of people experience:

- Sad
- Tearful
- Low-mood
- Low-sex-drive
- Can’t-concentrate
- Can’t-leave-the-house
- Jittery
- Slow
- Worthless
- Angry
- Not-bonding
- Suicidal
- Over-eating
- Confused
- No-appetite
- Sleep-problems
- Panic-attacks
- Anxious-energy

81%
Causes...according to women

- Pressure to do things ‘right’ (22%)
- Lack of support (21%)
- Personality – bit prone to this (15%)
- External pressures (e.g. work /money) (12%)
- Hormonal changes (12%)
- Resurfaced memories (5%)
- Genetics (family history) (3%)

Exacerbating factors

- Isolation (41%)
- Traumatic birth (41%)
- Relationship problems (34%)
- Money / debt (34%)
- Unsettled baby (31%)
- Postnatal health problems (21%)
- Baby’s health problem (19%)
How honest are people?

- Always honest (18%)
- Not completely honest (46%)
- Hid illness (28%)
- Not asked (9%)

Worries about speaking up...

- Too embarrassed (34%)
- Not ready to admit (28%)
- Might take baby (34%)
- Not able to help (18%)
- Unfriendly (12%)
Road to Recovery

- Time 36%
- Medication 24%
- Talking to MW/HV/GP 13%
- Exercise 13%
- Healthy eating 8%
- Recognition 26%
- Partner/loved ones 24%
- Peer support 17%
- Self help 19%
- Reduction of stress 17%
- Counselling 13%
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Difficulties identified by health professionals

• Lack of time
• Lack of continuity with mother
• Lack of info sharing between professionals
• Lack of materials
• Women’s attitudes
• Lack of contact with fathers
• Lack of training
• Lack of specialist support for referral
Summary

- Around half thought the main cause was isolation.
- 40% had suffered a traumatic birth.
- 14% considered that a history of mental health problems was the primary cause of their perinatal illness.
- Many women are reluctant to discuss the type and depth of their feelings. 30% never tell a health professional.
- 22% said they had suicidal thoughts.
- 28% of mothers with mental health problems admit to having trouble bonding with their child.
- 34% of those who admitted they had hidden their feelings said they had done so because they were concerned their baby might be taken away.
Recommendations

- Use of a wellbeing plan to help discussions
- Better information and communication about emotional as well as physical health during pregnancy and postnatally
- Minimum standard of training for health professionals
- Awareness that continuity of carer and trust is often necessary to facilitate difficult discussions
- Exploration of issues affecting mum-to-be/mum i.e. worries, expectations, traumatic birth, social/financial issues
- Partners important in the discussions
- Maternity & postnatal care configured around woman to increase continuity of carer, promote willingness to talk, allow sufficient contact time for talking
- Public awareness needed to reduce stigma, normalise the discussion and promote early recognition
- Treatment/support may involve formal services but also voluntary/community based support and self help.
Recommendations for you...

- Consider the structuring of services to maximise continuity of carer
- Review staffing levels to ensure community midwifery and health visiting services have sufficient appropriately trained staff
- Increase movement towards parity of investment in care for physical and mental illness
- Ensure appropriate perinatal mental health care pathway is in place at a local level to support women at all levels of severity
Supporting women and health professionals going forward

- MMHA mapping of services
- Training and networking of midwives, HVs and GPs
- Development of resources for parents to be
- Wellbeing Plan rollout – Encouraging discussion
Tommy’s supports over 200,000 women across the UK with our free information service

“There are times when I can become very anxious about my pregnancy. Having a number to call and speak to a specialist midwife always puts my mind at rest and I feel able to cope. Thank you for such a wonderful, essential service.”
Tommy’s contacts:

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