

Gap in perinatal mental health services needs urgent attention

Professionals refer to pregnancy-related psychotic illnesses as 'a bit of post-natal depression' and women sometimes die as a result

Three thousand women a year develop postpartum psychosis, with a further 40,000 suffering depression and post traumatic stress disorder related to their pregnancy.

"I had some sleeping tablets, and went to two different chemists to buy paracetamol. Then I ran to an area of the city which was really secluded," recalls Hannah. "I got a bottle of vodka and one of gin too: at that moment I felt this was the most loving thing I could do – I was no good to my baby, so it would be better like this. And I discovered that I could sit, very calmly, peacefully, and take the paracetamol and sleeping tablets, and wash them down with the alcohol."

Hannah, then 29, had given birth to her son Elijah in London three months previously. She was staying with him at her parents' house in the north of England when she made her suicide attempt.

She'd experienced periods of anxiety requiring counselling at her GP practice before her pregnancy, she explains, but had successfully held down several professional jobs after graduating from university, and becoming pregnant was a planned and joyous event for her and her long-term partner.

Hannah was only discovered after she had lain at the bottom of a steep bank, close to death, for two nights and three days. Her partner and parents were frantic. A police search had been underway. As she was taken to hospital, it was clear to everyone that a twelve-week old baby had nearly lost his mother.

The most shocking part of Hannah's story is that her desperate mental state was very well known to a phalanx of health professionals who had been involved in her care at home in London, both antenatally and in the weeks and months after she gave birth.

Yet no-one had the specialist expertise in perinatal [mental health](#) that allowed them to diagnose this young mother as having developed a serious, pregnancy-related psychotic illness. Several weeks earlier, while still in London, she had agreed to be admitted to a general mental health ward. But her baby could not accompany her, and her repeated pleas to be referred to a mother and baby unit (MBU) with expertise in perinatal mental healthcare – available in her neighbouring borough, but not her own – had been fobbed off on the grounds that it cost £600 a day and was unlikely to be passed by the funding panel.

"A recurring theme is that professionals such as midwives sometimes refer to very serious illnesses as 'a bit of post-natal depression,' and women sometimes die as a result," says Dr

Alain Gregoire, the consultant who heads up the mother and baby unit in Winchester, and chairs the Maternal Mental Health Alliance. "The general services do not understand these risks. Psychotic illnesses become extremely severe extremely quickly. The suffering is so gruesome that women want their lives to end. And that is extremely rare, even in cancer or other life threatening illnesses. There are people killing themselves every day and among them are mothers of young children."

The three-yearly confidential review of maternal deaths backs this up: mental ill-health has been consistently at or near the top of the list of factors leading to maternal death in the last four that have been published.

Perinatal mental illnesses affect at least 10% of women, says [a recent report from the NSPCC's Prevention in Mind – Spotlight on Perinatal Mental Health](#), "and if untreated, can have a devastating impact on them and their families. When mothers suffer from these illnesses it increases the likelihood that children will experience behavioural, social or learning difficulties and fail to fulfil their potential."

The charity estimates that there are 3,000 women a year who develop postpartum psychosis, with a further 40,000 suffering serious depression and post traumatic stress disorder related to their pregnancy. But despite the numbers needing specialist care, half the health trusts in the UK have no perinatal mental health services. And three quarters of maternity services have no specialist mental health midwife. This is something of an irony, given that the UK has led research in this area, Gregoire says: where specialist services do exist here, they are among the best in the world.

The NSPCC is now seriously concerned about the detrimental impact of poor maternal mental health for the young babies who are trying to form attachments to the person who should be closest to them – their mothers. "There's a lot of evidence that even fairly mild perinatal mental illness can affect how women interact with their babies," says the charity's development manager Sally Hogg, who authored the NSPCC's report. "Women can withdraw or be hostile to their babies: how they interact in those early months is really lasting effect on the babies' emotional and social development."

This means that a mother might recover her mental health, but her inability to respond to her baby in the critical early weeks and months of life, before the correct treatment reaches her, can have far reaching effects, because the baby's poor attachment to its mother won't always automatically get fixed. This, says Hogg, "is solvable, but it needs someone to come in and work with the mum and baby to help [nurture] that bond."

NICE, meanwhile, states that all women with a child under one year who need psychiatric admission should be offered a place in a specialist mother and baby unit.

The UK's current capacity of 12 mother and baby units, where this kind of expertise is available alongside psychiatry services, simply isn't enough however, believes the NSPCC. And indeed, it's estimated by the joint commissioning panel for mental health that the country is 50 beds short.

It's not just more beds that are needed, says Hogg, but "a strategic mapping of where those beds need to be."

This is because there is enormous strain for a family where a new mother is being treated far from home. Hannah was finally sent as a crisis admission to a mother and baby unit 200 miles from London. It meant that for the five months she was an inpatient, her partner was only able to visit her and their child at weekends. This type of scenario creates exhaustion, stress and expense for families who have already been through a lot. And it happens all too often, because even if a woman's health authority is willing to pay for the bed, there may be no provision near home.

There was, however, huge relief for Hannah and her family when she finally was admitted to the MBU.

"When I met the perinatal psychiatrist that first day, she said 'you have a severe post natal depression: you will go home: you won't be on any of these drugs – and you won't believe a word I'm saying,'" laughs Hannah. "And I didn't. But it was true."

For Hannah, the road to recovery was a long one because she was, by the time she was finally admitted, gravely ill. Given the transformative effects of specialist care, her situation could, she knows now, have been very different. "There is very good evidence that we can prevent women becoming ill at all, reverse the anxiety of women who are fearful of it, nip in the bud when it starts to manifest, and relieve the suffering of women who do become ill," says Gregoire. "And there is also evidence that the non-specialist services do not do it."

The costs of poor treatment are significant: Hannah suffered from post traumatic shock and she and her partner have since decided that they will never be able to take the risk of having another child. This makes her both sad, and angry. She's angry, too, that nothing has changed for women in her part of north London.

"I came back from the MBU thinking they'd redo all their policies – after all they almost had someone die on them," she says. "But no. When I last saw the commissioners, a year ago, they hadn't changed anything. And I know that our borough still has no contract with the neighbouring mother and baby unit."

Many opportunities were missed, she says, despite her repeatedly asking for specialist support. "And I know that many women don't speak out – I was one who told everybody," she remembers. "So even if you're shouting from the rooftops, you don't get listened to. I only got help when I nearly died, so clearly something is not working. And if I'd died, Elijah wouldn't have had a mum. His dad loves him to bits, but he's not his mum. He'd have had a completely different life."

If you have been affected by the issues raised in this article, for information and support visit the [Samaritans](#) website or call 08457 909090