

STUDENT NAME : UZMA MEHTAB
STUDENT NUMBER: 2330366
MODULE: BMHP6029
LECTURER: NEIL HADDON
ASSIGNMENT: COMPONENT ONE (POTER PRESENTATION)



POSTNATAL DEPRESSION

HISTORICAL AND CONTEMPORARY TREATMENT, CARE AND INEQUALITY

ICD-11 DEFINITION AND OVERVIEW

AFTER YOU GIVE BIRTH YOU MAY FEEL DOWN, LOSE INTEREST, FEEL WEARY, FEEL GUILTY, WORRY, HAVE A HARD TIME CONCENTRATING, HAVE SLEEP PROBLEMS AND HAVE A HARD TIME ACCOMPLISHING ORDINARY TASKS. THIS IS CALLED POSTPARTUM DEPRESSION. POSTPARTUM DEPRESSION (ICD-11: 6E20) PREGNANCY, BIRTH OR THE POSTPARTUM PERIOD WHICH ARE NOT INSANE MENTAL OR PHYSICAL CHALLENGES 6A70 SINGLE EPISODE DEPRESSIVE DISORDER WORLD HEALTH ORGANIZATION (2024) MAY BE USED IF ALL SIGNS OF A DEPRESSED CONDITION ARE PRESENT. THE ICD-11 DEFINES MENTAL ILLNESS AFTER CHILDBIRTH AS A MEDICAL PROBLEM, NOT ONLY AN EMOTIONAL ONE.

HISTORICAL UNDERSTANDING AND TREATMENT

IN THE PAST, WOMEN WHO WERE MENTALLY ILL AFTER GIVING BIRTH WERE TYPICALLY MISUNDERSTOOD, MISTREATED OR HIDDEN AWAY. EARLIER WORDS SUCH AS "PUERPERAL INSANITY" EXPRESSED A MEDICAL AND SOCIETAL UNDERSTANDING OF MATERNAL MENTAL ILLNESS AS DEVIANT, HUMILIATING AND HARMFUL (BROCKINGTON, 2004; COX, 2004). PREVIOUSLY, THERAPY WAS MORE LIKELY TO CONSIST OF INSTITUTIONAL CARE, ISOLATION FROM THE INFANT AND SOCIETAL JUDGEMENT RATHER THAN EARLY COMMUNITY ASSISTANCE. THIS ILLUSTRATES HOW THE MANAGEMENT OF HISTORY WAS INFLUENCED NOT JUST BY MEDICINE BUT ALSO BY GENDER NORMS, STIGMA AND A POOR KNOWLEDGE OF WOMEN'S MENTAL HEALTH (BROCKINGTON, 2004; HOWARD ET AL., 2014).

CONTEMPORARY TREATMENT AND CARE

CONTEMPORARY TREATMENT IS MORE REHABILITATION CENTRED AND INDIVIDUAL CENTRIC. NICE GUIDANCE RECOMMENDS THAT PROFESSIONALS IDENTIFY MENTAL HEALTH PROBLEMS DURING PREGNANCY AND AFTER BIRTH, ASSESS RISK, CONSIDER THE MOTHER'S PREFERENCES AND OFFER PSYCHOLOGICAL THERAPIES, MEDICATION WHERE APPROPRIATE AND SPECIALIST PERINATAL MENTAL HEALTH SUPPORT FOR MORE COMPLEX CASES (NICE, 2014). POSTNATAL DEPRESSION IS COMMON AND CURABLE AND ASSISTANCE IS AVAILABLE FROM YOUR GP, MIDWIFE OR HEALTH VISITOR. YOU CAN ALSO GET TALKING THERAPIES AND MEDICATION IF YOU NEED IT (NHS, 2025). SCREENING METHODS SUCH AS THE EDINBURGH POSTNATAL DEPRESSION SCALE ARE ALSO USED TO ASSIST DETECT SYMPTOMS EARLY (COX, HOLDEN AND SAGOVSKY, 1987).

SOCIAL AND CULTURAL CONTEXT

SOCIAL EXPECTATIONS OF PARENTHOOD HAVE A BIG ROLE IN POSTNATAL DEPRESSION. MANY LADIES WANT TO SEEM NICE, APPRECIATIVE AND NATURAL-LOOKING AFTER DELIVERING A KID. THIS MAY PROVIDE A SHAMEFUL TONE TO GRIEVING (SAMBROOK SMITH ET AL., 2019). THE STIGMA LINKED TO THIS MAY DISSUADE WOMEN FROM SHARING THEIR THOUGHTS WITH PROFESSIONALS FOR FEAR OF BEING SEEN AS A 'BAD MOTHER' OR THAT SERVICES WOULD DOUBT THEIR COMPETENCE TO CARE FOR THE INFANT (LAW ET AL., 2021). WOMEN MAY NOT REPORT SYMPTOMS OWING TO CULTURAL EXPECTATIONS, PARTICULARLY IN SETTINGS WHERE MENTAL ILLNESS IS STIGMATISED OR WHERE FAMILY HONOUR, MOTHERHOOD AND WOMEN'S RESPONSIBILITIES ARE CLOSELY LINKED (PILAV ET AL., 2022; CONNEELY ET AL., 2023).

POLITICAL CONTEXT AND NHS PROVISION

IT COULD HAVE SOMETHING TO DO WITH POLITICS AND SERVICE DELIVERY IN RESPECT OF POSTPARTUM SADNESS. POOR MATERNAL MENTAL HEALTH IS A KEY ISSUE IN THE PERINATAL PERIOD, WITH NHS POLICY RECOGNISING THAT IT ADVERSELY AFFECTS WOMEN, BABIES, PARTNERS AND EXTENDED FAMILIES (NHS ENGLAND, 2019; NHS ENGLAND, 2023). SERVICE, HOWEVER, MAY BE DEPENDENT ON LOCATION, INCOME AND NUMBER OF WORKERS. THE IMPORTANCE OF LOOKING AFTER MOTHERS' MENTAL HEALTH IS HIGHLIGHTED BY THE FACT THAT SUICIDE IS THE LEADING CAUSE OF DEATH IN WOMEN SIX WEEKS TO ONE YEAR AFTER GIVING BIRTH (MBRRACE-UK, 2025). POSTPARTUM SADNESS IS NOT A PRIVATE MATTER, IT IS A PUBLIC HEALTH ISSUE.



STIGMA, DISCRIMINATION AND INEQUALITY

THERE IS ALWAYS GRIEF FOLLOWING BIRTH BUT WHO GETS CARE AND WHEN IS DOWN TO INJUSTICE. IN THE UK, DIFFICULTIES TO RECEIVE MATERNAL MENTAL HEALTH CARE FOR BLACK AND SOUTH ASIAN WOMEN MAY BE ENHANCED OWING TO RACISM, CULTURAL SHAME, LANGUAGE CHALLENGES, FEAR OF BEING JUDGED AND INADEQUATE CONFIDENCE IN PROVIDERS (PILAV ET AL. 2022; CONNEELY ET AL. 2023). CONNEELY ET AL (2023) EVALUATED WOMEN FROM DIFFERENT ETHNIC GROUPS AND FOUND THAT WHITE BRITISH WOMEN WERE MORE LIKELY TO USE MENTAL HEALTH SERVICES IN PREGNANCY. OTHER VARIABLES THAT MIGHT MAKE IT MORE DIFFICULT AND INCREASE THE LIKELIHOOD OF RETURN INCLUDE POVERTY, SPOUSAL VIOLENCE, LONELINESS, INSECURE HOUSING AND LACK OF APPROPRIATE SOCIAL SUPPORT (HOWARD ET AL., 2014; SOCKOL, EPPERSON, & BARBER, 2011).

RECOMMENDATIONS FOR FUTURE PRACTICE

FUTURE THERAPY NEEDS TO INCLUDE EARLY DIAGNOSIS, CULTURALLY SENSITIVE ASSESSMENT, MORE ACCESS TO TALKING THERAPIES, ENHANCED HEALTH VISITOR SUPPORT AND SPECIALIST PERINATAL MENTAL HEALTH SERVICES FOR WOMEN WITH COMPLEX NEEDS (NICE, 2014; NHS ENGLAND, 2023). PRACTITIONERS ARE RECOMMENDED TO COMMUNICATE IN A TRAUMA-INFORMED AND NON-JUDGEMENTAL WAY TO ENABLE WOMEN TO FEEL SAFE TO DISCLOSE SYMPTOMS (SAMBROOK SMITH ET AL., 2019). SERVICES SHOULD ALSO INCLUDE PARTNERS AND FAMILIES WHEN APPROPRIATE AND RESPECT CONFIDENTIALITY AND THE MOTHER'S DECISIONS. INEQUALITY HAS TO BE ADDRESSED BY POLICY VIA INCREASING ACCESS FOR MINORITY ETHNIC WOMEN, WOMEN IN POVERTY, YOUNG MOMS, MIGRANTS AND WOMEN AFFECTED BY DOMESTIC VIOLENCE (CONNEELY ET AL., 2023; DEPARTMENT OF HEALTH AND SOCIAL CARE, 2022).

CONCLUSION

POSTNATAL DEPRESSION HAS GONE FROM BEING MISUNDERSTOOD AND CONCEALED, TO BEING IDENTIFIED AS A SIGNIFICANT BUT CURABLE MENTAL HEALTH ILLNESS. BUT WOMEN'S EXPERIENCES OF CARE ARE STILL SHAPED BY STIGMA, GENDER NORMS, RACISM, POVERTY AND ACCESS TO SERVICES. THE FUTURE APPROACH SHOULD BE STRONGER BY COMBINING MEDICAL THERAPY WITH EMOTIONAL SUPPORT, FAMILY ASSISTANCE, CULTURAL AWARENESS AND SOCIAL JUSTICE.

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