

Task 1

To : Councillor Nosheen Khalid

Subject : Addressing the shortage of Community Mental Health Services In Birmingham

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I am writing to address the shortage of Mental Health Services that we are experiencing here in Birmingham as a community and as you Nosheen Khalid hold the position as a Cabinet Member for Health and Social Care, I believe that to have such discussions are vital and that you would understand the criticality of such topics.

Firstly, I would like to start by mentioning the absolute significance of Mental Health Services and the impact it has on the community we are responsible for;

Now mental health disorders, through time, have negatively affected a significant portion of the overall population and if we take into consideration that virtually everyone has experienced mental difficulties, varying from :anxieties,depressive moments in their own personal lives to traumatic and neurodivergent conditions.With Evidential Scientific research (Scienceinsight,2026), from a landmark study there was found that 86% of individuals have experienced mental health disorders severe enough to meet clinical diagnostic criteria however that percentage does not include that remaining 14% of the population who have experienced significant stresses,emotional intensity,grief and further emotional complexities specific and unique to these individuals.

With the concerning significant numbers of more than a third of young people who had accessed crisis care reported that they did not receive the help they needed and in more than a third of instances,no support was given to their family or carers during this crisis. This follows the point that along with insufficient support, this leads to the result of people feeling unheard and uncared for, giving rise to the cases of reported mental deterioration due to long waiting times and not receiving support in times of critical need. There is also a continually reported struggle when it comes to accessing care whether that consists of not knowing how to or what to do, which means that for already struggling individuals this lack of accessibility only exacerbates the overall issues being faced here (Care Quality Commission ,2024).

To say,with increasingly high numbers and negative impacts,we have already demonstrated as a community that this is not a minor issue and should be given due consideration.

This matter falls squarely within the council's remit for local Health and social care provisions and within the legislation of the Care Act 2014, Part 1 - is it the general duty of a local authority to promote individuals wellbeing, such as; promotion and protection of mental health and emotional wellbeing to prevent abuse and neglect.Therefore, when community services such as essential Mental health services are disregarded. The absence of engaging

to create an environment and the neglect of such discussions leaves the gaps of risk to widen and can transform an administrative shortfall into a systematic failure from protecting residents from the very neglect the act seems to work to prevent.

Due to this issue, I would like to introduce to the Council a proposal. This can provide a starting blueprint in order to expand benefits while addressing the subject with due respect. We could start by promoting education and accessibility where as a council you hold the responsibility and power of duty to exercise 'Devolution', this process gives you legal power and funding to make decisions and move forward with plans made closer to the people of the community, their needs, the issues. With this devolution deal, this also means that you can not only build stronger partnership with local organisations such as; businesses, universities and the NHS however you as a council are providing your community with valuable networks, strengthening the bond and awareness.

Therefore, through Public Health awareness, this is the 'Preventative Awareness' used to bridge the gap, by organising educational resources of mental health issues through professional recommendations from NHS not only delivers accurate information however it builds networks and teamwork through multidisciplinary care-bridging gaps between organisations as well.

Mapping guidance for the local community means the people can help themselves and each other which can be done by delivering local messages, digitally through ;SMS, emails or even letters. This would be serving as reminders and contact information to the community, making them feel more secure in how they go about their own personal issues because now they know they have easily accessible resources with all helpful information, right away.

Now, I would like to conclude that this recommendation, though it sounds simple at first, is not just to show how much easier we can make life. Yet, what may seem simple at the start creates a great big step ahead, a chain reaction. I believe that as a society, as a community, that we have not tended to such issues with enough measures, that we have hardly progressed as we should have by now and that many problems faced by the community can be very preventable if there was at least better public awareness, accessibility. We must stand together and look out for each other.

As Councillor, especially of Health and Social care- Do you not believe that this is the aim of looking out for your community ? Making a diverse community, with all their complex lives, feel seen and represented ?

Because if we can not give out help, a safe space through even basic resources, then a community is a lot more likely to fall apart and feel unseen.

I hope that you receive this respectfully and read thoroughly through my report.

What the next steps a councillor, who cares about their community, would do next?

TASK 2

Community Antenatal Midwifery Services

Community Antenatal Midwifery Services are delivered by healthcare professionals whose role is to provide the essential maternity care such as, monitoring babies growth and measuring 'bumps' along with monitoring babies heartbeat and the mothers health with blood and urine samples, outside of the hospital settings. These are usually based in GP surgeries, children centres and local clinics and are the primary point of contact from the moment of first positive pregnancy test results continuing through to the early weeks of parenthood and the post-natal care can look like; helping mothers transition into life with their newborn(s) from first home visits, health checks, specialised advice and neonatal screening. (MyHSN, 2026).

If we look at history however we will see that, Midwifery is an ancient tradition where women assisted and supported each other during the care and process of childbirth and this can be dated back to the Palaeolithic, Egyptian and even the Greco-Roman eras where pregnancy and childbirth required women to give birth in not only challenging, but life threatening environments and conditions. (International Confederation of Midwives, 2022)

The development of 'Community antenatal midwifery care' can also be traced back to the sixteenth century where female friends, relatives and local women came together as a community to help other women in delivering children. It was generally the senior woman in the community who most likely herself had already experienced childbirth who had then helped other women through the same process. Allowing personal, practical and psychological support as they themselves had also personally experienced and understood what it was like to carry and deliver babies. This was women-dominated and this community created by women for women, pre-dated men's involvement.

No word existed to signify the males attendance, even before the modern word 'obstetrician' came into use. This Latin word, used from the seventeenth century and onwards, was as a metaphor following the male encroachment- 'obstetrical' referring to "men delivering ideas, texts or lectures". (Valence House, n.d)

The practice of midwifery had greatly evolved over time, continuing to do so now. Progressing with scientific developmental knowledge and advocacy from women, even when midwives faced marginalisation and prosecution by men and as "male-supervised medicine" began to dominate childbirth and dictate the process on how women from around the world performed such procedures (International Confederation Of Midwives, 2022).

Yet, women like; Sarah Stone, active from 1701 was a valiant woman whose education and skills were traded down to her from generations of women in her family. This was the beginning of her journey where she had first learned and developed her educational skills and awareness of the subject. Sarah was one of the great women whose impact on midwifery is why we now have such developments in terms of treatment and care for women in their stages of pregnancy as well as birth. From the dealing of difficult deliveries, her study and attendance and even of female autopsies to improve her practical knowledge, through many forms of educational practice and experience, this led her to within a few years attend

300 births annually. Sarah Stoner, moved to Bristol where she further championed female midwives even in the face of the growing influence of man-midwives. She had also published her own book and was outspoken. Protesting for women- expressing the absolute capability, of women-midwives being able to manage their own difficult cases and she had feared female midwives losing their hard earned work and credit with statements such as 'the young men command all the praise' (Valence House, n.d).

Even as fights continued through the centuries between women and the "male-supervised" take on how midwifery would go through; The 'Midwives Act 1902', was then developed making midwifery legally recognised in Britain meaning that midwives would become subservient to doctors. Midwives would now have to go through approved training courses and were bound through strict codes of practice, including summoning a doctor for wide varieties of issues at birth and were not allowed to use instruments, whereas the doctors who followed different regimes were.

However, through gradual growth and regulations, the involvement of doctors in these cases reduced and the dominance of midwives in delivery rooms became more presiding, which is what we see more of today. What once started with the introduction of formal education and stations that came into practice with this act, midwives again became more recognised in their voice and skills in newly stationed delivery rooms. (Alice Reid, 2025)

In addition, considering the awareness of history's impact and improvements delivered by women (starting centuries ago), to the public acts being passed, as this development overtime had continued to pass into the early 20th century; Antenatal classes, Postnatal check-up clinics and Infant Welfare clinics were introduced to women as well as visits to homes. Women would now be able to visit antenatal and postnatal clinics set up by local authorities during this time. These clinics would have provided tests, checks as well as health advice and many efforts were included to help encourage, guide and support women in care such as breastfeeding. As a result, during the later part of the twentieth century mortality, stillbirth and neonatal death continued to fall across the United Kingdom due to medical advances, improved economic circumstances of families and the changing as well as courageous efforts of women campaigning from the Midwives Institute to practising midwives including 'Sarah Stone'. Every woman was part of the positive development and education and their work has forever significantly impacted the improvements we experience today (Valence, n.d).

Though much improvement has been made, it is sadly a fact that as we speak, there is still a need for much improvement. Considering the numerous challenges being faced in the healthcare system where midwives are being faced with staffing shortages, burnout and limited autonomy as well as continued systematic barriers. According to the 'Royal College Of Midwives (RCM)' there is a widespread burnout as a result of an estimated 100,000 hours of unpaid overtime, weekly. In places where there are clear issues, on the other hand- Thankfully, there are working improvements being introduced such as the 'Women's Health Strategy for 2024' where in the UK, a £50 million investment in research to tackle maternity disparities and improvement of care for mothers who suffer from birth trauma. (Global Compassion Coalition, 2026).

Ultimately, we have discussed what 'Community Antenatal Midwifery Care' consists of. From how the community started from women and what history has to say on its originations and developments through time crediting women who helped improve its service. The problems that we continue to face today while also considering that there are problems which are being worked on in current time and just how history has taught us about change. This brings hope on just how much the problems we face now, will in the future be faced and be benefited for the Women by the Women.

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