PERINATAL MENTAL HEALTH POLICY: YOUNG WOMEN'S MENTAL HEALTH SUPPORT DURING PREGNANCY

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Abstract

A woman's reproductive period is when she is most likely to suffer mental ill-health with this risk increased for young women. Mental ill-health in the perinatal period is identified as common but with significant implications for the young women and her family (Dearman et al., 2007; Petrillo et al., 2005; Riecher-Rössler & Steiner, 2005). From as early as a few weeks post conception, the foetal brain is found to be affected by maternal stress and mental ill-health. This continues to affect the infant postnatally and is exacerbated if maternal mental ill-health is not treated. Young women are more likely to experience impediments to their wellbeing in the perinatal period. Thus, introduction of suitable formal support perinatally can have a prophylactic effect on maternal and infant mental illness.

Through feminist research methods, utilising semi-structured qualitative interviews, four pregnant women thirty years and under in the perinatal stage of pregnancy and four health professionals working in the field of maternal mental health explore with the researcher their experiences of mental health support and education during pregnancy. This research demonstrates how services are currently unable to appropriately meet the needs of young pregnant women due to lack of attention to gender and youth issues and the dominance of a medical model understanding that has allowed this negation through minimising holistic, contextual treatment. The gendered construction of health services and recent market principles in state provisions are evidenced by the compartmentalisation of services, lack of collaboration between these services, competition for resources, and rigidly defined roles of health professionals that present access barriers for young pregnant women. A need to enhance formal supports and create policy frameworks and practice guidelines to direct this support is identified alongside recommendations for increased service provision, education, and screening at the primary healthcare level.

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It could not be truer, based on all of the support I have received that helped me to complete this work that; "Human beings of all ages are happiest and able to deploy their talents to best advantage when they are confident that, standing behind them there are one or more trusted persons who will come to their aid should difficulties arise." John Bowlby (1970).

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Glossary

'At risk' or 'high risk': These terms have been used interchangeably to identify an individual's potential for development of poor mental and physical outcomes. Risk factors are characteristics that increase the probability of the occurrence, severity, duration or frequency of later disorder (Lewis, 2005; Magyary, 2002, p. 335; Zeanah, 2000, p.439). Due to the limiting and stigmatising nature of this terminology, as well as the culturally bound construction of such terms, 'increased vulnerability', 'vulnerable', or 'pre-disposed' is utilised as this reflects better the complexity of environmental interactions that may cause young mothers and their children to be more susceptible to poor outcomes.

Constructionism: View that knowledge is created by human beings who invent concepts, models and schemes to make sense of experience as opposed to discovering knowledge (as in a positivist understanding). A perspective that considers facts, descriptions and other features of 'objective reality' to be inescapably contingent and rhetorical. Follows the traditional view of **social constructionism,** a strand of **constructivism** where people are seen as produced (constructed) through social interaction rather than through genetic programming and biological maturation (Hepburn, 2006, p. 38). A constructionist view is argued for in feminist theory that sees gender issues and categorisation as constructed rather than as an essential nature. **Social Constructivism** stands that our constructions are also mental (as with constructivism) but created in our social relations and conversations similarly to how constructivism states understandings are created in relation to objects.

District Health Boards (DHB): Democratically elected boards of governance for secondary (hospital based) and some tertiary (specialist) health care services.

Epidemiology: The quantitative study of the causes, distribution, prevention and control of disease in populations (Swann, Bowe, McCormick & Kosmin, 2003; p., 60).

Evidence Based Research: The best current research information available

based on a systematic analysis of the effectiveness of a treatment, service, or any other intervention and its use, in order to produce the best outcome, result or effect (Swann et al., 2003, p. 60).

Evidence Based Practice: An approach to service provision that is focused upon ensuring consumers are given the most effective and appropriate provision as indicated by current research findings (Swann et al., 2003, p. 60).

Incidence rate: Rate at which new disease events occur in a population for a particular disorder.

Infancy: The period of life from birth to five years.

Lead Maternity Carer (LMC): Health professional (usually a midwife) that takes responsibility for a woman's care throughout her pregnancy and postpartum period including the management of labour and birth (Health Funding Authority, 2000).

Mental health and maternal mental health: Specific mental health disorders are described as per the Diagnostic and Statistical Manual Volume 4 (American Psychiatric Association, 2004); however, where they are referred to as occurring during pregnancy this specifier will be added. For example, 'Adjustment disorder in pregnancy' or 'depression during pregnancy'.

The DSM IV uses the specifier "Postpartum onset" for diagnosis of current mental disorder if the individual is displaying the criteria for that disorder and onset occurs within four weeks of childbirth. For example, Postpartum Depression (also referred to as Postnatal Depression) or Postpartum Psychosis. The DSMIV differentiates the former from 'baby-blues' as this is not seen as impairing the individuals functioning. The term 'baby-blues', is felt to invalidate Mothers' experiences and is not used in this thesis. Instead specific disorders are identified and, where the criterion for such disorders is not met, yet mood or psychiatric difficulties are noted, the terms 'emotional difficulties' or 'psychological difficulties' or 'problems' are utilised. The absence of a mental disorder in mothers or children does not alone imply optimal emotional or psychosocial development, thus both mental and emotional/psychological health promotion is referred to (Jenkins, 2003, p. 189; Magyary, 2002, p. 346).

Morbidity: Assessment of the burden of disease.

Mortality: Rates of death amongst populations. Eg: Infant Mortality - death rates in the first year of life.

Obstetrics: The branch of medicine dealing with pregnancy, labour, and the puerperium (Saunders, 2001).

Parturition: Childbirth

Perinatal: Relating to the period shortly before and after birth: from the 20th to the 29th weeks of gestation to 1-4 weeks after birth (Saunders, 2001).

NOTE: when referencing 'perinatally' this spelling will be used. However, within the literature *perinataly* and *perinatally* is used interchangeably. For the purposes of this research spelling of *perinatally* is used to concur with the typical spelling of *postnatally*.

Perinatology: The branch of medicine (Obstetrics and Pediatrics) concerned with the perinatal period (Saunders, 2001).

Policy Practice: The effort to influence the development, enactment, implementation, or assessment of social policies (Chaplin, 2007).

Postnatal: Occurring after birth with reference to the newborn (Saunders, 2001).

Postpartum: Occurring after birth with reference to the mother (Saunders, 2001).

Prenatal: Preceding birth

Prevalence Rate: The amount of cases currently known for a particular disorder.

Preventative or early intervention: Process whereby family conditions, parenting behaviour, and/or individual's behaviour are altered to increase the probability of normal developmental trajectories and to decrease potential for later disorders (Zeanah, p. 439).

Primiparous: Adjective. Women who have had one pregnancy resulting in one or more viable young (Saunders, 2001).

Public Health Organisation (PHO): Not-for-profit organisations made up of health clinics and groups with an interest in primary (non-hospital or specialist) healthcare (Rose, 2004). PHOs are contracted to provide services to District Health Boards.

Puerperium: The period or state of confinement after childbirth (Saunders, 2001).

Social Justice: The means by which societies allocate their resources such as material goods and social benefits, rights, and protections to ensure a fair distribution of societal resources to all people.

Social Psychology: The broad description attributed to the study of various post-structuralist phenomenologies (see **Constructivist/Social Constructivist** as one of these).

Teenage: 13-19 years. In some studies teenage is operationalised as being from 12 years.

List of Abbreviations

CEDAW – Convention on the Elimination of all Discrimination against Women.

CBT – Cognitive Behavioural Therapy

DHB – District Health Board

DSM – Diagnostic and Statistical Manual

GP- General Practitioner

ICCPR - International Covenant on Civil and Political Rights

ICD 10 – International Classification of disorders

IPT – Interpersonal Therapy

LMC – Lead Maternity Carer

MMH – Maternal Mental Health

OCD – Obsessive Compulsive Disorder

OECD – Organisation of Economic and Cultural Development

PND – Post Natal Depression

PHO – Primary Health Organisation

PPD – Post Partum Depression

PTSD – Post-Traumatic Stress Disorder

UNCROC - United Nations Convention on the Rights of the Child

WHO – World Health Organisation