# Community Practitioners' and Health Visitors' (CPHVA) response to Department of Health consultation on: Women's Mental Health: Into the Mainstream, Strategic Development of Mental Health Care for Women

The CPHVA welcomes this document and its recommendations for the NHS to develop women centred services which acknowledge the gender differences between men and women.

**Specific comments:**

We welcome the discussion of risk and protective factors for developing mental illness. It is very important to highlight antecedents to mental illness are usually developed in childhood. A useful reference for research in this area is 'Bright Futures' produced by the Mental Health Foundation in 1999

Physiological factors: Despite much research in the area there is virtually no evidence of a link between hormones and maternal depression although it has long been presumed. In the light of recent research we would suggest that this link to depression, usually postnatal, is no longer helpful. It suggests that the depression is inevitable rather than, as is normally the case, a response to adverse circumstances in the mother's life, including the major life change of becoming a mother. It is an understanding of these circumstances which is most likely to lead to an effective treatment programme.

It may be helpful to point out that children of depressed mothers who are also socially disadvantaged are much more likely to have long term consequences from their mother's depression. These mothers should receive extra attention. Lynne Murray at Reading University is one of the main researchers in this area and has conducted a cohort study of the effects of their mothers' depression on babies over the subsequent 16 years.

The CPHVA welcomes the focus on Domestic Violence and Abuse, this is an area where health professionals need additional training and support to work with the victims.

The CPHVA has a Special Interest Group for Looked After Children. The members are experts in the field and as such would be happy to be consulted for developments in this area.

It would be helpful to survey women not keeping appointments to discover the reason.

Dissemination could be via the Beacon award scheme.

The CPHVA supports the acknowledgement of the importance of developing gender sensitive services where women feel safe.

We are delighted that the Department has prioritised feedback from women themselves in developing the Strategy and recognised the particular needs of hard to reach women.

Multidisciplinary training, bringing together mental health professionals and those working in a public health model of service delivery can be helpful. Eg CPNs, GPs, Health Visitors, School Nurses, Substance Abuse nurses.
A case study approach is helpful for such training.

We would recommend that attention is given to physical health in the context of a holistic assessment of physical, mental and social health as it is only by understanding the positive and negative forces on an individual in a holistic context that intervention is likely to be effective.

The Strategy might consider the advantage to women of providing good childcare/creche facilities so they can comply with treatment programmes and appointments.

Attention should be given to the interior decoration of mental health facilities. Research has demonstrated the benefits of pleasant surroundings to mental health.

Domestic violence: multiprofessional training on its detection and management should be compulsory for all primary care professionals – GPs, HVs, SWs, DNs in particular.

School nurses could play an important role in discussion of self esteem issues in schools and already do in some areas.

Correction to last line, 'high' should read 'how'

Should the difficulties of detecting puerperal psychosis be highlighted as a training need as when it is missed it can result in very distressing outcomes for the mother, her baby and the rest of the family. As it is relatively rare those mothers presenting late may be missed.

More research is required to understand the mental health needs of women from black and minority ethnic groups and which interventions can be effective in helping them.

*Prevention:* World wide research attention is now directed at the early detection of vulnerability to and depression during the antenatal period. Very soon it seems likely that Midwives will have a key role in screening women at booking, should this be mentioned? It is appropriately alluded to under service development.
*Screening*: In the light of the outcome of the National Screening Committee examination of the EPDS as a Universal screening tool its use should now be recommended as part of a mood assessment which includes professional judgement and a clinical interview rather than being used in isolation. If this recommendation was made in the Strategy it would support the advice of the CPHVA as well as the recommendation of the NSC and could have a real impact on improving detection rates for PND and equity in service delivery for mothers by health visitors.
*Antidepressants*: Women will welcome the fact that antidepressants are not being recommended in any but severe cases of PND. Attention should rather be given to improving the quality of psychological interventions which will be those of choice for most mothers. Should some mention be made of the dangers of using drugs in breast feeding mothers.

Suggest first paragraph reads ‘early identification of *risk for* PND. Amongst professionals working in this field it is now agreed that attention must be given to detecting risk factors in the antenatal period.

We fully support the excellent recommendations for service development and training.

We would suggest that there is a need for statutory training for Midwives, Health Visitors and General Practitioners in the identification of risk, detection and management of PND, to raise current practice standards. Ideally it should be available during the immediate post registration/qualification period. This would benefit from being multi-professional.

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