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Commentary

Postpartum Depression: An Invisible Distress in the United Kingdom

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This opinion piece explores the complexities of Postpartum Depression (PPD), its impact on the mother and child's mental health, and the societal challenges it presents. PPD extends beyond the commonly experienced "baby blues" and can significantly impact a mother's functionality due to its potential to evolve into a long-term depressive disorder if not properly addressed. The piece highlights the inadequacy of current maternal mental health support structures within the National Health Service (NHS), pointing out the lack of specialised treatment options tailored to new mothers' unique needs.

It discusses the compound effects of social stigma and cultural barriers that limit access to necessary support, underscoring the urgent need for enhanced support systems and policy reforms. The piece highlights the serious long-term effects of PPD on children, such as developmental delays and emotional and behavioural challenges, advocating for early intervention and comprehensive support systems that address the needs of both mothers and their families. It calls for the adoption of thorough PPD management strategies, including the use of effective screening tools such as the Edinburgh Postnatal Depression Scale, and extensive educational campaigns to identify early PPD symptoms. The piece further urges for policy changes to provide new mothers with tailored resources and support, promoting a more inclusive and supportive healthcare environment for affected families.

Introduction

Early research underscored a problematic trend: new mothers are twice as likely to be hospitalised for mental health or psychiatric conditions compared to their non-parent peers[1]. This insight gains new relevance today in light of Saba Mughal et al.'s 2022 study, which posits a link between the aetiology of postpartum depression (PPD) and mothers[2]. PPD presents a significant and enduring challenge that goes beyond the temporary "baby blues"[3], with the potential to severely affect a mother's functionality, extending beyond the hormonal fluctuations of the immediate postpartum period. Unlike the rare but severe condition of postpartum psychosis, which requires urgent medical care[4], PPD can persist without proper recognition or treatment, impacting at least one in ten new mothers in the UK[5],[6].

Despite some basic maternal mental health support from the National Health Service (NHS)[7], there is a glaring need for more specialised treatments tailored to new mothers' unique needs. This need is compounded by insufficient postnatal mental health resources, inconsistent screening practices, and the added burden of social stigma and cultural barriers around mental health[8]. These factors not only

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exacerbate mothers' isolation but also significantly hinder their access to necessary support, underscoring the urgent need for enhanced support systems and policy reforms to address these challenges comprehensively.

Mothers with PPD often experience a significant decline in their ability to perform daily tasks, engage in maternal-infant bonding, and the potential escalation to chronic depression or anxiety[9], affecting maternal well-being and family dynamics for a long period. Children that experience this sense of estrangement may have long-term developmental problems, including delayed cognitive development and emotional and behavioural problems later in life[10],[11]. These cascading effects underscore the need for early intervention and holistic support systems that cater to both the health and the overall well-being of the mother and the family at large. Young mothers, especially those under 25, face even steeper challenges. With less life experience, fewer support systems, and often unstable finances, balancing personal and professional goals with the demands of new parenthood becomes a monumental task [12],[13],[14]. The stigma associated with mental health and parenthood further isolates them, hindering their access to the necessary support needed[15].

UK healthcare policies, including the NHS Long Term Plan, Maternity and Paternity Leave rules, along with the Equality Act 2010[16], have laid the groundwork for enhancing maternal mental health[17]. However, these policies, though well-intentioned, frequently overlook the nuanced needs of new mothers. While the NHS Plan seeks to improve maternal mental health services, it falls short in addressing the unique challenges faced by new mothers. Policy revisions are needed to ensure that new mothers have access to the required resources and support tailored to their unique needs.

Where Do We Go From Here?

Significant progress has been made in combating the stigma associated with PPD and improving its treatment, yet much work remains. A comprehensive strategy that emphasises evidence-based practices, including the integration of Universal Screening of PPD with reliable tools like the Edinburgh Postnatal Depression Scale (EPDS) or the Patient Health Questionnaire (PHQ-9)[18] should be integrated into maternity frameworks to create a continuous care pathway from pregnancy through to the postpartum period, minimising the risk of mothers falling through the gaps in the healthcare system.

Access to effective treatments, such as cognitive behavioural therapy and antidepressants[19], should be provided for new mothers [20], alongside widespread education for new parents, healthcare providers, and the public to recognize the signs of PPD early and understand its seriousness. This forms the pillars of a strategy aimed not just at treatment but at prevention and empowerment.

Lastly, specialised programs designed to meet the needs of young or at-risk mothers should be provided, acknowledging that these groups may face additional challenges that require bespoke support. These programs should offer both psychological support and practical assistance, recognizing the complex interplay of factors that contribute to PPD.

While evidence-based approaches have shown effectiveness in treating PPD, there remains a critical need to expand research efforts to fully understand the long-term impacts on the family unit and on maternal health. By building upon the foundation of what we know to be effective, we can develop more nuanced, universally applicable treatments and support mechanisms. This approach will not only be crucial for mitigating the effects of PPD on mothers and families, but also for ensuring that interventions can be tailored to meet the diverse needs of all affected individuals, supporting them in their journey to recovery.

These are pivotal steps towards nurturing a more inclusive and supportive environment. In this regard, the role of policymakers becomes paramount. They are tasked with integrating PPD into broader maternal and child health policies, ensuring that support and resources are not just available but are also accessible to those in dire need.

About the Authors

Michelle Owusua Appiah-Agyekum — A public health professional with expertise in communicable and non-communicable diseases, disease control, health economics, health information systems, epidemiology and health policy analysis, including an interest in maternal and child health. As a Fellow of the Royal Society of Public Health and a contributor to both academic and policy-driven publications, her work bridges the gap between research and practical health solutions in the UK and internationally.

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