The Role of Community Groups in Supporting Women with Maternal Distress

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Background
Mild to moderate Perinatal Mental Health Problems (PMHP) are common with up to 30 percent of women affected. PMHP have an adverse effect on women, children and families² despite the seriousness of PMHP women often fail to access help from mainstream services. Women report feeling “judged”, believe GPs and midwives are “out of their depth” with mental health issues, and are disillusioned with the treatment options available to them. Women often believe disclosure of PMHP will result in removal of their child. Women’s community groups often provide an alternative service that may be more acceptable for women with mild to moderate PMHP.

Aims
To explore the support provided by community groups to those women experiencing mild to moderate PMHP.

Findings
Pregnant women and new mothers who access community groups in North London, often have a number of complex and interdependent needs which render them particularly vulnerable to PMHP. Community groups offer a “niche” service to women based on their cultural background, religious beliefs, immigration and health status and socio-economic background. Community groups offer women an intimate and personalised service based on support, trust and respect. Community groups were believed to provide a service to vulnerable women experiencing emotional and mental distress, not provided by mainstream services.

Implications for practice
This small project aimed to understand the support provided by community support groups in the provision of care to women with mild to moderate PMHP. The ethos of community groups differ fundamentally from those of mainstream services. Community groups are believed to be essential in “fillings the gaps” in NHS maternity care especially regarding care of women with complex and interdependent needs.

References

Ethos of Women’s Community Groups

Women do need reaching out to.

We listen, we really, really listen.

We take them as we find them.

Talking to them, giving of yourself.

We know what it is like – women respond to that.

Somebody there for them, not paid, but (special).

Suggested improvements to mainstream services

“Mainstream services don’t work for vulnerable women”

“Need service culturally sensitive to needs”

“Heart-sink patient – GPs heart sinks when he sees them coming through the door”

“GPs don’t explain and don’t understand the complexity of the problems women present with”

“PND is the result of complex needs and complex problems”

“People who are most needy don’t access the services they need”

“Children centers are intimidating, middle class environment, they tend to shy away from them...”