

Every mother must get the help they need

The report of the analysis of comments left at Lucie Holland's Change.org petition about the urgent need for better awareness and care for those affected by maternal mental health problems



Thank you

Sincerest thanks to Lucie Holland and all the mothers, fathers, daughters, sons, grandparents and friends and families who shared their heartfelt concerns and urged us to do things better or differently. Their lived experiences and concerns must be the driving force behind how we organise and provide services, so that we meet the needs of women requiring care for mental health problems in the perinatal period. This includes funding and resources, training of staff, clear referral pathways and signposting women to sources of help and support and crucially, encouraging women to speak about their mental health and wellbeing to ensure we can prevent tragedies like this occurring.

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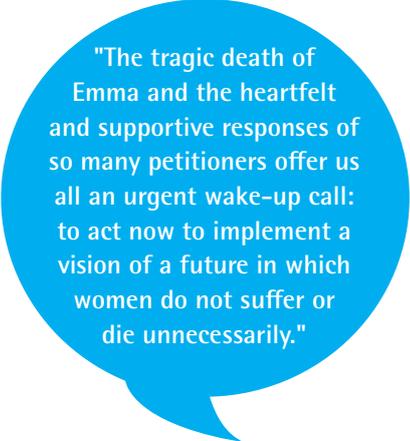
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Foreword



"The tragic death of Emma and the heartfelt and supportive responses of so many petitioners offer us all an urgent wake-up call: to act now to implement a vision of a future in which women do not suffer or die unnecessarily."

Emma Cadywould suffered and died as a result of a severe maternal mental health illness from which she could have completely recovered. Mental health problems in pregnancy and postnatally are the most common serious health problems suffered by women, and one of the main causes of death at this time, a time which society and health care services acknowledge as one of the most important in our lives. These conditions are not always predictable or avoidable, but if recognised and if the right specialist maternal mental health services are available, complete recovery should be expected.

Some experiences captured in this report confirm the good news: good support and care for women and families are achievable, and these conditions can be effectively recognised and treated. However, Emma's story, as well as others vividly described by petitioners in this report show that unacknowledged and neglected suffering and despair are common experiences for women in the UK.

Why is this shocking situation allowed to continue, despite a NHS which is meant to provide free and equitable access to evidence-based care, based on need? The results of this analysis suggest some answers: stigma and discrimination associated with mental health generally and specifically in the perinatal context is not only felt by women themselves, but seems to spread to those providing care and making decisions about resources – this is in part fuelled, and the effects on women made worse, by misunderstanding and ignorance amongst professionals. The ultimate result is patchy or non-existent provision of specialist services (as highlighted in the Maternal Mental Health Alliance's campaign – Everyone's Business – maps) and all too often poor or even unsafe individual care.

The tragic death of Emma and the heartfelt and supportive responses of so many petitioners offer us all an urgent wake-up call: to act now to implement a vision of a future in which women do not suffer or die unnecessarily, and their families do not go through anguish or loss, as a result of inadequate care for their mental health during this crucial period of their lives. Rather, they and their families must be valued, supported, and nurtured. Their health, physical and mental equally, must be the highest priority of health services, for we know that this will govern the long term health and wellbeing of this generation and the next.

Dr Alain Gregoire

Chair, Maternal Mental Health Alliance (MMHA)

Statement by Lucie Holland



In February 2015, I was sat amongst a circle of other expectant mums at our weekly NCT group meeting.

Our group leader knew what had happened to my sister, Emma (pictured left). We had agreed that I would not mention it to the group for two reasons. I did not want these potentially lifelong new friends to think I was different – a weirdo – and somehow be outcast from the group. I was worried about what people would think of me. The second reason was that I was concerned it would scare them.

Up until now the biggest dilemma we had faced was which pram to buy. But this was a real life issue that could face anyone in that room. An issue that no one wants to think about. "Things like that don't happen to us.." My decision to not speak of my family's experience – of my dear sister Emma – reflected the general attitude and ignorance that I strongly believe surrounds postnatal depression (PND).

No one wishes to believe or admit PND could even happen after the birth of a baby. The very idea of it contradicts everything we are told to expect – the happy beginnings and positive emotions. PND is a social taboo, discussed quietly amongst groups of women with trepidation – if at all – behind closed doors and away from men.

Emma gave birth to Harrison James Cadywould on 1 June 2011. Harrison was the first grandchild for my parents, and I was an aunty. The reality of having a baby in the family was sinking in as I bought a few bits and pieces that Emma needed for him. I held Harrison in the nursing chair as Emma clearly cooed over him and watched me like a mother hen, giving me the blunt direction of how to hold him in the way that only Emma could get away with! It is hard to describe Emma's illness and how utterly devastating it was without explaining what the real Emma was like. She was one of the strongest women I have ever known. She was also hilariously funny, with a wicked sense of humour, yet she was always the first person I called in an emergency. But within weeks of giving birth, Emma was showing very out of character behaviours. She had become extremely anxious and unable to make simple decisions, becoming forgetful and clumsy.

Over the next three months, there was a gradual decline in Emma's mental health. It was explained away to the untrained eye; "She's tired", or, "she's a new mum". Yet Emma remained as perfectly turned out as ever; her hair done and clothes pristine... So of course she was fine, wasn't she?

But Emma was not fine. She was silently battling with the pressures of being a new mum and with the accompanying sleep deprivation, but also with the all-encompassing illness that is postnatal depression. I say silently, because even within the family Emma kept this to herself for quite some time, until things hit a point of no return and she suffered a breakdown. She was plagued with thoughts of harming herself and Harrison; she talked openly about these to the home Crisis Team who came to support her. Despite being so brutally honest about how she was feeling, and against the recommendation from her GP, Emma remained at home and received support from the Swindon Crisis team.

The Emma gripped by severe PND was withdrawn and subdued, unable to deal with things that normally would not have bothered her in the slightest.

"Emma was not fine. She was silently battling with the pressures of being a new mum and with the accompanying sleep deprivation, but also with the all-encompassing illness that is postnatal depression."

She hated being left on her own in a room. And through all this, Emma battled on – forcing herself to get up and dressed every morning to drop Harrison off at nursery (she was too sick to look after him herself). Her deterioration was fast, and not helped by medication changes, the impending pressures of the Christmas season, and the feeling of being utterly helpless. Our family did everything we could do as laymen with no experience, expertise or training on how to cope. She had made endless cries for help. Yet we were advised that she was “OK” and that she was better off at home. Her notes state that she “made good eye contact”, and was “well presented”. Perhaps if Emma had been walking around in her night clothes in a dishevelled state, we may have had a different outcome? But even in Emma’s devastatingly ill state of mind she tried to keep up appearances. The preconceptions we have of those suffering from a severe mental illness are so frustratingly ingrained – even down to how they should look. Emma’s death on December 16th 2011 has shaped my family forever; it is the narrative that we now live by. Emma’s illness, her suffering and final minutes on this earth were the ugliest, most horrendous days of all our lives, and totally defy what should happen to anyone, let alone a new mum with a young baby.



"We were your typical happy family; we had a nice house and good jobs. This was not something that we had ever been associated with, yet suddenly we were faced with these huge, unacceptable social taboos."

We were your typical happy family; we had a nice house and good jobs. This was not something that we had ever been associated with, yet suddenly we were faced with these huge, unacceptable social taboos. For the months and years that have passed since losing Emma, our family have kept their heads low; wary of the stigma that surrounds mental illness and the nature of Emma’s death. The whispering and the comments that I have overheard are disgusting and ignorant; “It’s so selfish”, “how could she do this to her family?” But perhaps if I had been an outsider looking in, I would have thought the same. I had never experienced or met anyone who had been depressed, let alone someone who had become depressed after having a baby. The prevailing social stigmas and preconceptions remained, even amongst many of our friends and wider family. The ‘S’ word (suicide) was used to describe how Emma died, a word we will never use. She died as a result of a devastating mental illness, and nor did the coroner rule or prove this was what Emma had intended.

After years of worrying what people thought of me, I knew we had to fight for change; to avoid anyone else suffering in the inhumane way Emma had suffered; to make PND (and mental health in general) an open topic to be discussed; to break down taboos; to ensure no one else experiences life and grief the way we now do. I remember the day I started my petition – it was a balmy July day close to Emma’s birthday. I wanted Harrison to know we had fought for his loss, and if anything good could come from losing Emma, it was change for the better. We wanted him to know his mummy did not die in vain.

We need to be honest: not everyone feels that instant euphoria straight after birth. This myth – the rush of love that comes with meeting your child for the first time, that will erase all the pain, doubt and insecurities – is one of the biggest lies mothers are told. No doubt many women experience this instant connection, but we need better support and understanding for those who do not. I firmly believe the incredible, honest, support I received following the birth of my own baby son Jasper helped give me the confidence to relax and become a mum in my own time. Birth and new motherhood is possibly the most unsettling time for any woman – physically and emotionally. What we need is an overhaul of antenatal education to strike a balance between preparing

parents for the physical aspect of giving birth with the emotional and practical reality of life with a baby – the fourth trimester.

My petition received overwhelming support, with over 55,000 signatures to-date. On top of that, the comments posted along with the signatures give a fascinating insight into the thoughts and feelings of the general public, and in particular those who have been impacted both directly and indirectly by PND. The comments received, and highlighted in this report, show that there is a voice behind PND that needs to be heard. The comments show that PND is real; it has devastating long term effects across generations and communities; the stigma surrounding PND is strong and pernicious; and healthcare across this country is inconsistently provided. These things need to stop. For Emma, for Harrison, and for every woman, child and family that has been affected by this terrible illness.

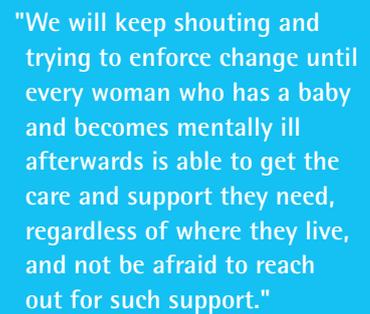
I was asked by the Royal College of Midwives; "If three things could come from this petition, what would they be?" Of course, my true wish is not possible – unless we can turn back time and Emma is given the care she needed. In the regrettable absence of that, I would wish for the following:

- For the continuing stigma and taboo that surrounds maternal mental health to be broken down in society.
- For there to be clear, honest, mandatory information and advice given to a key member of the family (new dads, birth partners, significant others etc.), before any woman leaves their place of giving birth.
- That we can continue to commemorate Emma's life and enable her spirit and fierce determination to drive and support change in perinatal mental health.

We will keep shouting and trying to enforce change until every woman who has a baby and becomes mentally ill afterwards is able to get the care and support they need, regardless of where they live, and not be afraid to reach out for such support. I hope this report will open people's eyes to the reality of PND and what we all can do to support mothers and families – we can start by listening to them.

This is for Emma, my sister who I will never see again, for Jasper & our new daughter Gwyneth Emma – who will never meet their Aunty Emma, but most importantly for Harrison.

With all my Love, Aunty Lucie xxx



"We will keep shouting and trying to enforce change until every woman who has a baby and becomes mentally ill afterwards is able to get the care and support they need, regardless of where they live, and not be afraid to reach out for such support."

Introduction: Background to the analysis



"The aim of this petition was to raise awareness about the threat that perinatal mental health issues impose on mothers, their children and their family."

Research by the National Childbirth Trust (NCT), based on a Freedom of Information (FOI) request¹, showed that only 50 out of the 193 responsive NHS trusts in England provide a specialist maternal mental health service to women. It is known that maternal suicide is a leading cause of death in the first year after childbirth² and that up to one in five mothers suffer from maternal mental health problems related to their pregnancy³. In spite of these facts, more than half of the trusts told the NCT that they do not offer any formal help for issues related to maternal mental health⁴.

Lucie Holland from Surrey (UK) lost her sister in tragic circumstances as a result of a devastating mental illness in 2011. Only 6 months after giving birth to her first son, despite having been under NHS-lead mental health care, Emma took her own life. NHS England has since admitted a legal breach of duty of care for failing to provide timely specialist maternal mental health support.

Marking the third anniversary of this tragic event, Lucie started a Change.org petition urging NHS England to review the current health care provision for people struggling with maternal mental health problems. The aim of this petition was to raise awareness about the threat that maternal mental health problems impose on mothers, their children and their family and to urge the NHS to improve the current offer of maternal mental health provisions across England so no other mother would have to face Emma's fate. After it opened, the petition was signed 55,169 times and of those who signed 6989 left a personal comment.

The current research has focused on those thousands of comments left by people who were inspired by Lucie's story and expressed their support for this urgent cause. The RCM commissioned an independent researcher to perform an analysis on this qualitative dataset.

¹ NCT (2014). *New FOI data finds huge gaps in provision of care for perinatal mental health*. Press release. www.nct.org.uk/press-release/new-foi-data-finds-huge-gaps-provision-care-perinatal-mental-health

² MBRRACE-UK (2015). *Saving Lives, Improving Mothers' Care*. www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202015.pdf

³ Royal College of Obstetricians and Gynaecologists (2017). *Maternal Mental Health – Women's Voices*. www.rcog.org.uk/globalassets/documents/patients/information/maternalmental-healthwomens-voices.pdf

⁴ *The Observer* (6 July 2014). 'New mothers at risk as NHS "fails to provide depression care"' by Denis Campbell. www.theguardian.com/society/2014/jul/06/mothers-at-risk-as-nhs-fails-to-provide-postnatal-depression-care on 02-11-2015

Aim of the analysis

Respondents to the petition were free to choose whether or not they wanted to leave a comment and if they did, what would this comment be about. The dataset is therefore highly varied in nature. Given that it consists of a large number (n=6989) of unique, individual expressions, the main aim of the performed analysis was harvesting as much information as possible in a systematic and thematically organised way. Research objectives were set before the analysis commenced and the intended content analysis was expected to result in:

- a detailed thematic overview of the content of the comments overall.
- categorisation of the comments according to emerging content-based categories allowing for a quantitative overview of the thematic content of the data.
- a selected sample of highly typical and/or uniquely informative comments to illustrate the research.

While Lucie's petition commented specifically on postnatal depression (PND), the comments referred to much broader maternal mental health issues which describes a wide range of conditions, including PND that can affect a woman during pregnancy and/or within the first year following the birth. Within the general population PND can often be used generically to refer to mental illness within this period. For a description of the range of conditions that can manifest within this period of the life course, please visit www.everyonesbusiness.org.uk.

Method

Respondents

Comments were downloaded from Change.org into a spread sheet. The raw data-file consisted of 6989 named entries. Due to the haphazard way in which the data were acquired, no reasonable criteria for exclusion could be generated and therefore no entries were excluded from the data-set (n=6989). In addition to their actual comments, respondents' name, home town, zip/post code, country of residence and the date of signing the petition was also downloaded in the same spread sheet. All but home town was deleted immediately. These personal data were not intended for use in the content-analysis which was focused on the comments only, and therefore this analysis made no connection between comments and other personal data captured by Change.org.

Procedure

To eliminate the influence of temporal order, all entries were randomised at the start of the analysis and dealt with in this order subsequently.

A random sample (n=608) of comments was drawn from the complete data-set and these comments were individually subjected to close reading to discover and describe all generic themes and patterns across comments. In addition, highly typical and/or uniquely informative comments were flagged. After analysing half of the sample, twelve different patterns were identified (see Tables 1a, 1b and 1c). Since no new patterns were added after this point, the other half of the sample effectively served as a validation for these twelve identified patterns.

The identified content-based patterns show considerable qualitative overlap. To allow for the quantification of comments with different content, this wider collection of patterns was therefore combined into 6 core categories (see Table 2.). Based on the random sample analysis, each core category was assigned uniquely typical linguistic content (words; short phrases). An excel word-search formula was then used to automatically count comments with category specific linguistic content. Importantly, it allowed for comments addressing various different points (content-rich) to be counted into more than one core category. This procedure was successful at categorising into at least one core category, just under two thirds of all comments (n=4061).

The remaining share of the comments (n=2928) was categorised by hand by an independent research-assistant trained on the content-related characteristics of the core categories. Again, highly typical and/or uniquely informative comments were flagged. Comments that could not be categorised in any of the core categories were assigned to a default category labelled 'other'. Comments in this category tended to have no content relevant to and/or informative on the topic of maternal mental health. The number of comments was then summed per core category (see Table 3.).

A final set of telling comments has been selected from those that had been flagged in previous analyses.

Limitations

The data under investigation were acquired based on voluntary self-report and hence the truthfulness of the content of the comments cannot be guaranteed. Though it seems likely that the overall themes addressed by the roughly 7000 respondents who left a comment reflect the underlying motivation of the majority of the total number of people who signed the petition (55,169), the current research does not allow for any such extrapolation.

Furthermore, the set-up of the petition allowed for multiple entries using the same personal data, meaning that the same person could sign twice. However only a few cases of identical comments were encountered during the analysis, so the influence of this practical flaw is likely to have had limited influence on the outcomes of the research.

Results

Thematic overview of the content of the comments overall

Twelve patterns were identified within the data which fell within three key themes: respondent with direct experience of maternal mental health problems; respondent addressing specific problems relating to maternal mental health care and respondent gives reasons for why maternal mental health provision matters.

Table 1a: Systematic overview of the content of the comments

Themes	Patterns	Generic description
Respondent has direct experience with maternal mental health	Sufferer of a perinatal mental illness	I know how difficult and lonely it can be to struggle with postnatal depression/a maternal mental health, because I suffered in the past/I am suffering now.
	Witness to a perinatal mental illness	Someone close to me* suffered from postnatal depression/a maternal mental health so, I have first-hand experience of how invasive and destructive it can be.
	Personal loss as the result of a maternal mental health	Someone close to me* died from suicide as a result of a maternal mental health. I'm still struggling with this tragic loss. Depression can kill people.
	Healthcare professional encountering maternal mental health	I am a healthcare professional working in maternity services and based on my professional experience, I know that maternal mental health can be very damaging to mothers and their families.

*mother, wife, partner, sister, sister-in-law, daughter, grand-daughter, friend, cousin, niece, neighbour, colleague.

"I have suffered post natal depression twice out of having borne 4 children. I had no help, **I suffered on my own**. Women need help, not live in fear of being hospitalized or the threat of being called an unfit mother and losing their children, so this is an urgent matter to attend to, as this will save lives, keep mothers and their babies and families together and benefit society."
—Elaine from Woodbridge

"Having suffered through the misery of post-natal depression **myself**, I can understand what a dark place it is to be. Only proper professional care is able to help mothers to find a way through, and it is essential for the welfare of both mother and child that appropriate help is received quickly."
—Elena from Kelty

"**My lovely daughter in law committed suicide** when her baby twins were only 3 months old. Nothing seemed to help her and again there was no mother and baby unit available in Sheffield. A tragic loss. Happy to help you move this forward in any way."
—Pam from Dunnington

"**My wife** suffered from antenatal psychosis, and then postnatal depression. She attempted to commit suicide following the birth of our daughter. Luckily she survived but the event ruined our lives. I've started supporting perinatal services as much as I can, but they are so underfunded. More needs to be done to help mothers in need."
—Arran from Reading

"Women need help, not live in fear of being hospitalized or the threat of being called an unfit mother and losing their children, so this is an urgent matter to attend to, as this will save lives, keep mothers and their babies and families together and benefit society."

"I am a mental health nurse working in maternal mental health and can see the hugely positive impact that our service has on the mothers we meet."

"Despite knowing **my daughter** needed urgent care she was kicked out of a mental hospital in Oxford to make way for geriatric patients who were causing bed blocking in the John Radcliffe. As a result she was dead within a matter of days."

–Graham from Swindon

"**I am a midwife** and feel helpless when trying to access services for my clients."

–Julie from Bolton

"**I am a GP**, frustrated by the lack of services that I can offer to keep this incredibly vulnerable subset of patients safe. The repercussions of lack of care are devastating. Not only to the family but to the motherless child. Even when a mother makes it through an episode of post-partum depressions (or any maternal mental health diagnosis), they need ongoing specialist care for themselves and their dependencies. The postcode lottery is shameful. Simon Stevens has an opportunity to correct this iniquitous position."

–Katie from Hertford

"I am a **mental health nurse** working in maternal mental health and can see the hugely positive impact that our service has on the mothers we meet. I am proud of my service and hope that all women experiencing these difficulties can access the help they need."

–Stephanie from Portsmouth

"My professional experience in **perinatal psychiatry** has shown me the benefits women gain from being treated by a specialist service."

–Hind from London

Table 1b: Systematic overview of the content of the comments

Themes	Patterns	Generic description
Respondent addresses specific problems related to mental health(care) in England	Lack of awareness about perinatal mental illnesses	Maternal mental health problems are much more common than people think. Too many people are unaware of the prevalence, severity and danger of maternal mental health issues.
	Misunderstandings about maternal mental health	There is a social stigma attached to the acknowledgement of low mood/depression around childbirth. Lack of respect on the part of healthcare providers deters women struggling with maternal mental health problems from reaching out. Women fear that their children might be taken away from them when they report any problems.
	Lack of specialist care for maternal mental health	Access to specialist maternal mental healthcare provisions (e.g. MBU's**) across England is patchy and insufficient. Too many women cannot and do not receive the support they need.
	Precarious outlook of NHS mental healthcare	I am unhappy/outraged about the current state of the of NHS mental healthcare. It is time for change for the better, not more budget cuts.

** MBU = Mother and Baby Unit.

"**PND is often unrecognised by healthcare workers.** The ladies suffering often don't want to admit that they have a problem, as you feel as though by doing so that you are not a good mum and something is wrong with you. Greater acknowledgement and support will help new mums realise they are not bad, wrong or different, and that they are in fact normal with the same feelings every other new mum has."

—Cheryl from Felixstowe

"There is so much **pressure on women to enjoy motherhood** that it can be very hard for them to admit negative feelings. It would be great if the NHS could provide more support, as well as educating expectant parents and the public about how tough birth and motherhood can be."

—Barbara from Hove

"PND is so common yet so **little acknowledged or understood.** Mothers should have local access to specialist mental health care at this crucial time in their lives. In addition, publicity campaigns should address the ambivalence and guilt that mothers with PND experience. They need to know that they are not alone and that with help and support they WILL recover. New mothers should be at the top of society's priorities and certainly those of the NHS ...Not near the bottom."

—Kate from London

"I have been in the same situation and did not receive suitable support from the NHS. Luckily for me, my family came up with alternative treatments which did work. My heart goes out to Emma as I know too well what she must have been feeling. **The NHS needs to take ownership** of the women let down, and worse lost because of the lack of care provided. It's hard to reach out for help and when one does call out, it's worse to be let down. It is time the current system is changed for the better."

—Simran from Wolverhampton

"It's something very serious and difficult that affects not only 10% of women but 10% of children and 10% of partners. That means that **6 million UK citizens affected by a condition** for which care is either inadequate or non-existent. Not good for the health of this nation! (National Health)"

—Philip from Huddersfield

"I was diagnosed with postnatal depression and told that **my local authority didn't fund it**, so I would have to sort myself out. Disgraceful 'care!'"

—Sheila from London

"I'm part of a mental health specialist midwifery team which is very overstretched. I cannot believe there isn't even the equivalent of our **vastly oversubscribed service** in every borough, nor appropriate perinatal psychiatry and adult mental health services. Countless women will continue to suffer and some take their own lives without these support networks."

—Ayla from London



"It would be great if the NHS could provide more support, as well as educating expectant parents and the public about how tough birth and motherhood can be."

Table 1c: Systematic overview of the content of the comments

Themes	Patterns	Generic description
Respondent gives reason(s) for why maternal mental health provisions are important	Long-term impact of maternal mental health problems	Maternal mental health problems can sometimes have a damaging effect on the relationship between parents, their new-born and people close to them. Postnatal depression can sometimes harm bonding between woman and child. Having to stop breastfeeding their child when taking anti-depressants makes women harbour long-term feelings of guilt.
	Reference to a hypothetical situation	I would want to know the support is there if I myself, or someone close to me ever needed it. What happened to Emma could have happened to me and therefore NHS England should review its services.
	Successful ways of tackling maternal mental health	Examples from well-serviced areas show that specialist care that includes the partner and other relatives in the treatment process can and does help women get through a depressive episode.
	Necessity of protection	New-borns deserve to be protected from losing their mother, because every child needs a mum. All mothers in the UK should be able to receive any support they might need.

"Because my mother suffered with untreated postnatal depression and abandoned me at six months old. **This has affected her life and mine.**"
 –Michelle from Bournemouth

"I have a beautiful sister called Emma who is pregnant with her first child and I'd like to think that if she displayed any signs of PND there would be the support available to **prevent something like this happening to her.**"
 –Kelly from Leek

"I am grateful every single day that I survived postnatal depression. I know that I could have slipped through the cracks at various points in the crisis time that started within just days of our first daughter being born. So fortunate that my GP, midwife, A+E psychiatrist and mental health crisis team worker were switched on and committed to my care and most importantly that **I was able to get specialist treatment in the Mother & Baby Unit** in our area. It is essential that every mother and therefore their baby and whole family have access to a specialist unit! The lives of many mums can be saved and wellbeing of their children and families secured."
 –Sarah from Dunstable

"I possibly **owe my life** to the Leeds maternal mental health team and certainly owe them so much with regards my recovery from PND. Every woman suffering from this evil disease deserves the same chance I got."
 –Georgina from Leeds

"No child should ever be without a mother as a direct result from lack of care from local services who have a duty of care. The heartbreak it leaves behind is quite probably **unrepairable.**"
 –Tracey from Redcar

"I possibly owe my life to the Leeds maternal mental health team and certainly owe them so much with regards my recovery from PND. Every woman suffering from this evil disease deserves the same chance I got."

"It's important to take postnatal depression seriously and to give mothers the chance and support to get help for this debilitating condition. It not only protects the mothers but also **protects the children and families** who are also victims of this illness."

–Marjorie from London

Quantitative overview of the thematic content of the data

To allow for the quantification of comments with different content, the twelve patterns are grouped into 6 core categories based on the following questions:

- Why does the respondent have direct experience with maternal mental health?
 - » **Self, Someone close, Professional.**
- What are currently the problems relating to maternal mental health?
 - » **Awareness, Accessibility.**
- Why are maternal mental health provisions important?
 - » **Importance.**



Table 2: Grouping of the identified patterns into core categories

Patterns	Core category
– Sufferer of a maternal mental health problem	Self
– Witness to a maternal mental health problem – Personal loss as the result of a maternal mental health problem	Someone close
– Healthcare professional encountering maternal mental health problems	Professional
– Lack of awareness about maternal mental health – Misunderstandings about maternal mental health	Awareness
– Lack of specialist care for maternal mental health illnesses – Precarious outlook of NHS mental healthcare	Accessibility
– Long-term impact of maternal mental health problems – Reference to a hypothetical situation – Successful ways of tackling maternal mental health problems – Necessity of protection	Importance

"No child should ever be without a mother as a direct result from lack of care from local services who have a duty of care. The heartbreak it leaves behind is quite probably unrepairable."

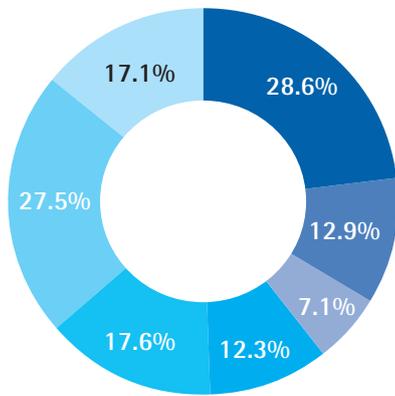
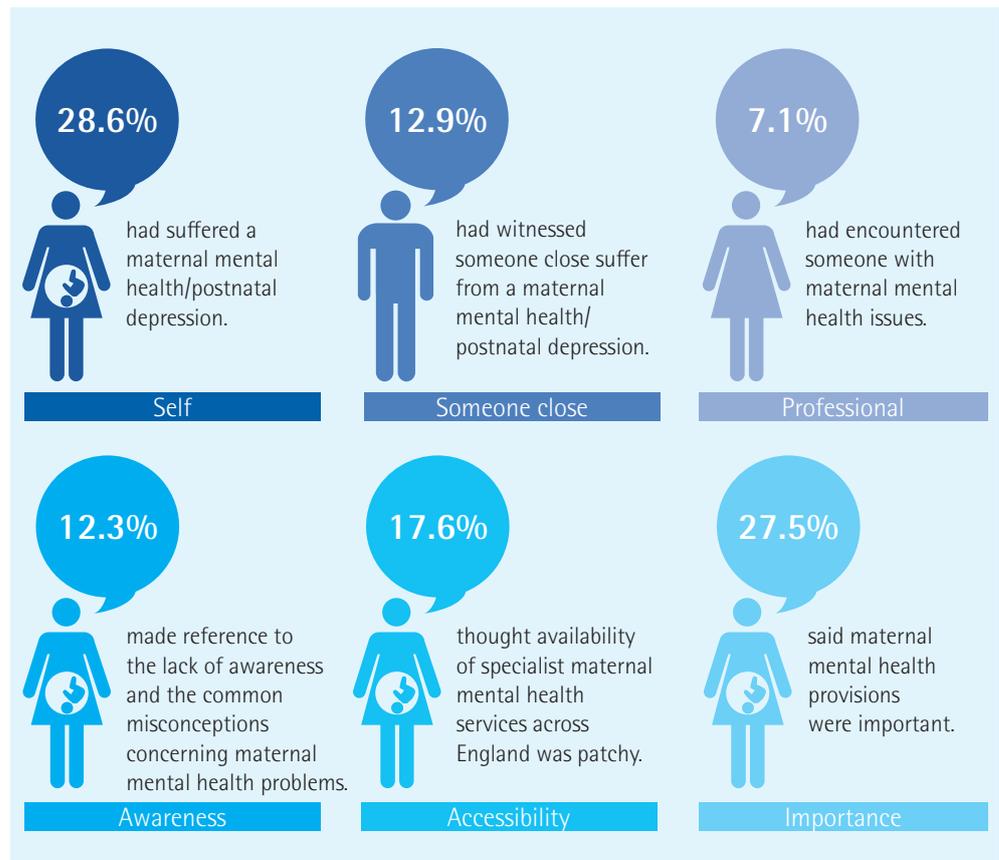


Table 3: Quantitative overview of comments per core category

Core category	# of comments assigned to this category	% of total amount of comments (n=6898)*
Self	1976	28.6
Someone close	888	12.9
Professional	489	7.1
Awareness	849	12.3
Accessibility	1216	17.6
Importance	1894	27.5
Other	1178	17.1

Note: * these percentages do not sum up to one hundred per cent since, depending on its content, a comment could have been counted into more than one core category.

Interpretative statements derived from Table 3:



Discussion

These findings add to the body of evidence that maternal mental health is under resourced in terms of awareness and funding of services across the UK.

42% of respondents to the Change.org petition had either directly suffered or witnessed someone close suffering from maternal mental illness. Clear differences in care were reported.

MBRRACE-UK⁵ reported that around a quarter of maternal deaths in the UK are related to mental health problems. The London School of Economics⁶ has demonstrated that taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK, and the cost to the public purse of perinatal mental health problems is 5 times the cost of improving services.

Mental ill health during pregnancy and after childbirth is devastating for new mothers and their families, yet only recently has it begun to receive attention. This is due in part to the stigma attached to mental illness.

The transition to motherhood for women ranges from the wonderful and joyous to traumatic and difficult, depending on their existing mental health status, the experience of pregnancy and childbirth itself, and/or the emergence of mental illness. Gradually, as a society we are beginning to acknowledge it is not simply about the "baby blues" and women needing to "pull themselves together". We still have a way to go: the terms postnatal depression and antenatal depression are sometimes used inappropriately to describe the mental illnesses women suffer. However, what is slowly being recognised is that behind closed doors, tens of thousands of women in the UK are silently suffering from mental health illnesses relating to the birth of a child.

In the preparation of this report there have been improvements in England to the funding of services, with maternal mental health becoming a Government priority.

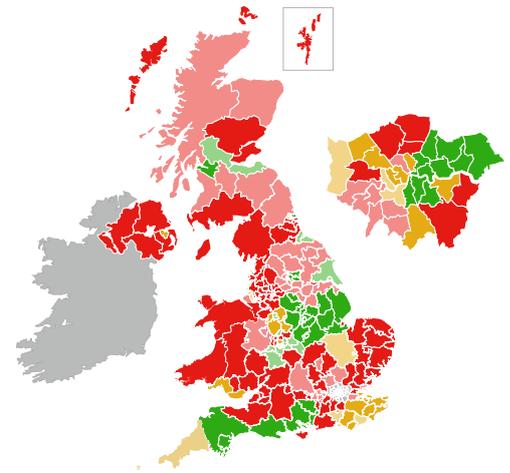
- The maternal mental health community services development fund was launched in Summer 2016. 20 areas of England have received funding to improve local specialist services. Another tranche of funding will be released in late Summer 2017.
- NHS England has guaranteed funding for four new Mother and Baby units.
- The Maternity Transformation Programme and Mental Health Transformation Board both have explicit reference to the improvement of maternal mental health pathways and services.

The Welsh government also pledged £1.5m in 2016 for improving maternal mental health, and each Health Board in Wales has established a maternal mental health community specialist service. The Scottish Government's 2017 Mental Health Strategy includes a pledge to fund the introduction of a Managed Clinical Network to improve the recognition and treatment of maternal mental health problems. It remains to be seen how many of these much needed specialist maternal mental health community services will actually be funded.

⁵ MBRRACE-UK (2015). *Saving Lives, Improving Mothers' Care*.

⁶ London School of Economics and Centre for Mental Health (2014). *The costs of perinatal mental health problems*. www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=07afd94b-92cb-4e47-8439-94cbf43548d8

⁷ Maternal Mental Health Alliance (2015). *UK Specialist community perinatal mental health teams (provision in 2015)*. http://everyonesbusiness.org.uk/?page_id=349



UK Specialist Community Perinatal Mental Health Teams (Provision in 2015)⁷

- No provision.
- Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only.
- Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist maternal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours.
- Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time.
- Specialised perinatal community team that meets Joint Commissioning Panel criteria.
- Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1.



UK Mother & Baby Units⁷

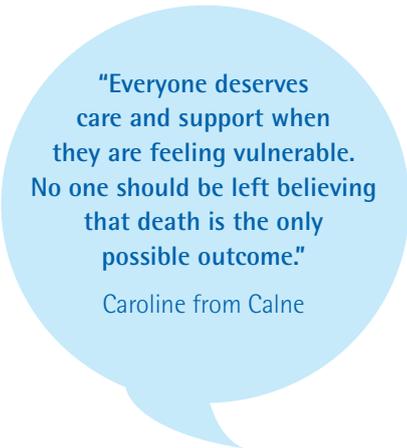
http://everyonesbusiness.org.uk/?page_id=349 for detailed list of locations.

Disclaimer: Levels of provision in these maps have been assessed using the best information available from local experts but have not been independently verified.

In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) has identified eleven recommendations to improve the provision of specialist community maternal mental health services. For this to be delivered the Public Health Agency needs to source vital funds.

Although local and personal benefits will be realised in the coming months from these initiatives, we need additional MBUs throughout the UK and we cannot be complacent. These improvements need to be meaningful to the mother, baby and family, therefore funding for maternal mental health services should be consistent across the UK. The Maternal Mental Health Alliance's campaign – Everyone's Business – continues to map specialist maternal mental health care provision and there is still a way to go in turning the map green – see page 17.

Conclusion



"Everyone deserves care and support when they are feeling vulnerable. No one should be left believing that death is the only possible outcome."

Caroline from Calne

This analysis is based on the individual comments (n=6989) left at Lucie Holland's Change.org petition urging NHS England to review its maternal mental health provision. A thorough content-analysis consisting of close reading, algorithmic language-based categorisation and one-by-one coding resulted in a detailed thematic overview of the content of the comments; a quantitative overview of this thematic content and a selection of highly typical and/or uniquely informative comments. The report reflects the concerns that motivated Lucie Holland to start her petition and thus support her claim that maternal mental health care in England is in urgent need of attention.

The petition and its subsequent analysis have highlighted the impact that poor identification of maternal mental illness, acknowledgement, care and service provision has, not only on the women themselves, but also their children and the wider family. As well as bringing to the fore the countless families affected so negatively by this lack of provision, those families who did receive the right care have spoken out about how care and recovery can and should be.

Since the petition, the Royal College of Obstetricians and Gynaecologists surveyed over 2,200 women on maternal mental health⁸, with the results showing that raising awareness and reducing the stigma of maternal mental health within the general population and within healthcare services still needs work.

There are examples of good practice and committed health professionals who want to see appropriate and sustainable care be provided for all women. This should not be a request; it should be an expectation and a right for all women who experience maternal mental health problems. We must continue to advocate for improved services, dispel myths and raise awareness of the suffering that afflicts many women and their families in the perinatal period.

We must remember that with the right access to treatment, recovery from maternal mental illness is possible and this is a key message of hope for all mothers. A mother who feels unwell during the perinatal period must be confident that if she tells a health professional – e.g. her midwife, health visitor or family doctor – about her illness she will receive the help she needs.

⁸ Royal College of Obstetricians and Gynaecologists (2017). *Maternal Mental Health – Women's Voices*.

Every

mother

must get
the help

they need

"My daughter suffered with this and again no mother and baby unit place was available so she was admitted to a mixed sex secure unit. This was not where she needed to be, without her baby. She refused to stay and we had to nurse her at home. She is now well but has very bad memories of that time in her life."

Ann from Rainworth

"I actually worked for Crossreach's Postnatal Depression Services here in Edinburgh and have come to realise how little there is on offer in England."

Sandra from Edinburgh

"It could happen to any new mother!"

Joelle from Cophthorne

"My daughter died because she wasn't assessed properly. I think everyone should get the right treatment they need."

Yvonne from Bexley

"PND clouded my first 18 months as a mum and without help I would never have got through it."

Wendy from Dormansland

"My wife suffered from post natal psychosis and we are living with the consequences 30 years on."

Clive from Teddington

"I recently had a son and here in Australia there is lots of specialist midwives and much peri-natal mental health care to prevent such things as far as possible... It's tragic there isn't in the UK. Come on guys!"

Niki from Australia

"My mum was in a mother and baby unit for a good part of a year, without this unit I don't know if my mum would have come as far as she is today."

Struan from Edinburgh



"I was lucky enough to get a place in the nearest mother and baby unit when I became seriously ill postnatally. I also have had 'appalling' care from the crisis team and totally see how women are being failed terribly if they don't get the right treatment postnatally. Women are losing their lives unnecessarily. It has to change."

Debi from Bramcote

"My wife suffered severe post natal depression (and puerperal psychosis) after the birth of both our children and I saw the devastating effect this had on her and the family. Without an excellent psychiatrist I doubt we would have come through it. However, it would have been so much easier if we had a dedicated mother and baby unit – this had been closed some months before our first child. I am 100% supportive of this petition and the demand for greater support and understanding of mental health issues post birth."

John from Keighley

"My marriage to the mother of my first child ended with her leaving me and our 3-year-old daughter. We later discovered she'd been suffering from post-natal depression for years but it had gone undiagnosed. If health professionals had acted sooner at the time, I'm sure we would still be together and my daughter's life wouldn't have been so disrupted."

Aiden from London

"As a baby sleep expert I work with sleep deprived parents, a lot of these mums have PND. Things need to change! Mums need more support. Sleep deprivation is linked to PND, so let's get these mums more sleep!"

Jo from Nottingham

"My daughter-in-law suffered with this with both her babies. It almost cost them their marriage but they hung on in there and now have a strong family unit. We were the lucky ones."

Valerie from Weymouth

"Because my daughter-in-law suffered terribly with late onset of postnatal depression and tried to kill herself several times. She was referred to the local Mental health services but she attended day care services but felt it wasn't appropriate for her particular needs as it was generic. In the end she accessed MIND services. She is on the mend now but it has taken its toll on the family, luckily my son was in a job that allowed him to take extended paid leave to look after her and the children."

Marilyn from Oxford

"I have seen post-natal depression first hand and have seen how powerful it can be. Thankfully the situation was not as horrifically severe as Emma's but seeing how devastating its effects can be has shown me that more research and treatment is needed to help sufferers."

Jonathon from Great Sankey

"Having had first-hand experience of a family member affected in this way, I am more than aware of the seriousness facing sufferers and their families. The risk of the consequences of inadequate support is too great for this issue to be ignored by society/government."

Barbara from Bridgwater

"Every new mother should have the help they need, when they need it!"

Ava from East Kilbride

"My grandmother also died as a result of post-natal depression."

Sally from Birmingham

"No baby should be without their mother. It is treatable and it is about time mental health was not pushed to the background all the time. Depression kills."

Susan from Manchester

"My 15yr old daughter is a sufferer and there is no help for 15/17yr olds, they can't be medicated and have the highest suicide rate."

Tracey from Tonbridge

"A neighbour killed herself after the birth of her third child. She was suffering from postnatal depression."

Anne from Alnwick



"Planning on having child soon so hope my wife receives the right post natal care should she suffer from PND."

Mark from Sutton

"My daughter is 13 months old and I am still experiencing problems regarding postnatal depression. I am on antidepressants and am receiving counselling. I am also awaiting CBT. When I was assessed for CBT, I was told I would only have to wait 7 weeks for an appointment. That was in May and I am still waiting for my first CBT session 3 months on. While I think the NHS is doing well, especially in recognition of the cuts to funding, I do believe that there could be improvements, i.e. giving more medical staff and GPs specialist training in post-natal depression."

Nicola from Liverpool

"I also nearly died through inadequate maternal mental healthcare in my area. Fortunately, my family pushed for me to be referred to an alternative area and eventually provided funding for private treatment when on discharge, once again our area could offer nothing."

Jenny from Swavesey

"My friend died when her daughter was 3 months old. She should have been in treatment but it was all too easy for her to lie about the fact that she was postnatally depressed to her incompetent health visitor. A week after starting medication, she committed suicide by hanging herself. Had she been properly diagnosed and supported, then this brilliant funny woman would have had the chance to be a wonderful mum."

Lucy from Glasgow

"My mother died 40yrs ago as a result of severe post-natal depression and my sister in-law 10 years ago, so this is a subject close to my heart. So sorry to hear that 40 years later there is inadequate care and beds in mother and baby units. The ripples of distress to those close to the person who dies are difficult to measure but significant in their impact on future relationships."

Joanna from Northampton

"I have received inpatient care for PND following the birth of both my children. After the birth of my first, it wasn't until I took an overdose that I received any proper treatment, even then I spent 4 weeks on an acute mental health ward before being admitted to a mother and baby unit 1.5 hours away."

Anna from Gloucester

"All mothers should be checked for the signs of depression after giving birth. It can't be so difficult to detect when a mother is depressed, even family and friends should be made aware of what signs to watch out for. A public campaign to help people with the signs to look out for with a new mother would help."

Jacqueline from Maidstone

"My daughter suffered with postnatal depression; I found doctors were totally ignorant of the condition. Something has to change; let's hope it's not in vain for poor Emma."

Emma from Swanscombe

"My mother suffered post-natal depression and attempted suicide. I am glad she was unsuccessful but she badly needed help that was not available at the time."

Dorothy from Cambridge

"As a happy mother of two young boys I didn't ever really think about postnatal depression until it happened to me. I cannot express enough thanks to the NHS for the amazing help and support I have received in my area. There needs to be set standards of care across the board and not just a post code lottery as to what services are offered to you. There also needs to be more family and professional involvement in treatment as it takes away your ability to make the choices you need to. There should be less stigma attached to this life changing mental health problem for women to feel able to recognise and come forward to get the help they need. It is awful and so sad that to loose so may good lives of people who could have felt well again so easily with the right support for this to be recognised."

Polly from Bath

"I worked for many years as a psychiatric Nurse, and cared for patients suffering from severe Post Natal Depression, I agree that more specialist care needs to be given in this area. I hope this petition brings awareness of this terrible illness."

Lesley from Helmsley

"Mental illness needs to be treated as seriously as physical illnesses, by the NHS, so that sufferers receive prompt treatment, appropriate to their needs."

Grace from Croydon

"Our beautiful daughter Sarah died after suffering severe depression following the birth of her second son in 2007, she also was in a mental health unit when she died. She was so let down and we are still devastated by our loss. Something needs to change."

Sue from Swindon

"I am a midwife and recognise the debilitating parenting effects of PND. I am fortunate to live and work in area where specialist PNMH care is available and can see how stretched this service is, but at least we have a service. Such a service should be a 'must' for all women to have access to."

Sheila from Eastleigh

"My daughter died because she wasn't assessed properly. I think everyone should get the right treatment they need."

Yvonne from Bexley

"I am a trainee within the psychiatric field and rarely within my training have we touched upon this area. It is a lost cause that needs bringing to light."

Jade from Chesterfield

"Post-natal depression is an illness that isn't given the consideration it needs. I have lost a friend due to this hideous disease."

Ellie from Ormskirk

"This is important to me not only because of the devastating effect postnatal depression has on women but of equal importance is the impact of perinatal maternal mental health on babies. Postnatal depression is known to health professionals but what is less well recognised and supported is acute anxiety during the perinatal period. There are pockets of excellent maternal mental health care but like so much in the NHS the quality of services is a post code lottery. This has to change."

Lydia from Sunninghill

"As a psychotherapist I know now important it is to provide immediate care and treatment for postnatal depression in a facility where mother and baby can be cared for together."

Jean from London

"I was lucky enough to get a bed in a small specialist mother and baby unit with dedicated teams in a range of sometimes complex mental health illnesses triggered post pregnancy. It quite simply saved my life and kept my family together. The team were fantastic and dedicated to seeing every mother and baby alive and happy at home together. Soon after being discharged, I was told the unit was closing due to a lack of funding. Those who would have been admitted were told to go to their local hospital where they were not receiving anywhere near the specialist care that I had. This is not just an issue about depression, it's a mental health and social wellbeing concern. I cannot believe that due to lack of funding and specialist education or availability, the NHS are willing to effectively demote the safety and wellbeing of these women and new babies."

Katrina from Portsmouth

"I work as a health visitor, and therefore understand the risks to mothers and their babies from post-natal depression. I am well aware of the inequalities of services, and the anxieties this raises in both facilities and those professionals who work with children and families."

Mary from Amble

"Having suffered myself after my own children and each time becoming more acute, I know the services are not adequate to deal with this. My heart goes out to Emma's family. This type of care is desperately needed."

Jennifer from Darlington

"As a retired midwife, I experienced many women suffering the agonies of ante and post-natal depression, with very poor specialist care available to them. The issue has been highlighted in Confidential enquiries of maternal deaths. Please give more funding to support this petition."

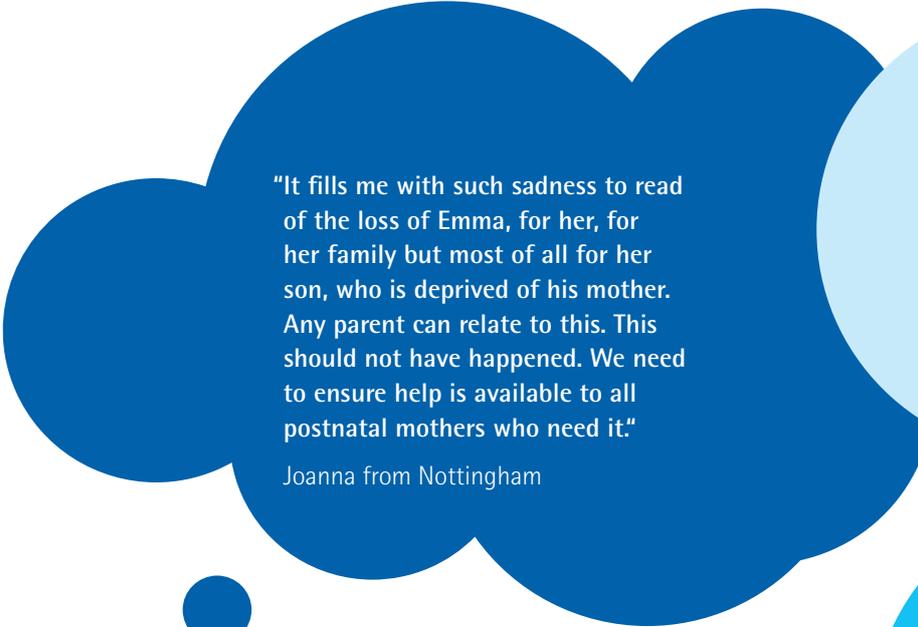
Nicky from Derby

"Postnatal depression affects the bonding of mother and child and can have a long term impact on the family."

Linda from Lidlington

"Do not want any child to be born deprived of the love and care of their mother (most valuable asset), and any mother to die deprived of the love and joy in bringing up the child she so lovingly carried and looked forward to for nine months."

Thomas from Manchester



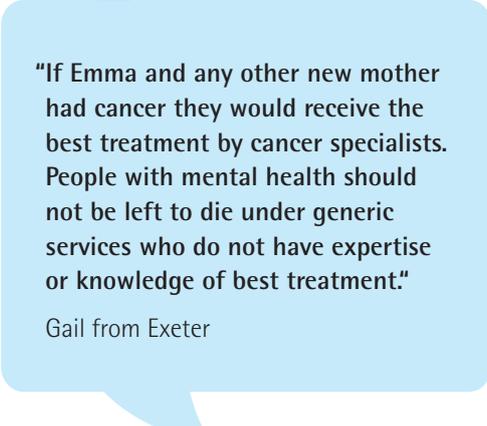
"It fills me with such sadness to read of the loss of Emma, for her, for her family but most of all for her son, who is deprived of his mother. Any parent can relate to this. This should not have happened. We need to ensure help is available to all postnatal mothers who need it."

Joanna from Nottingham



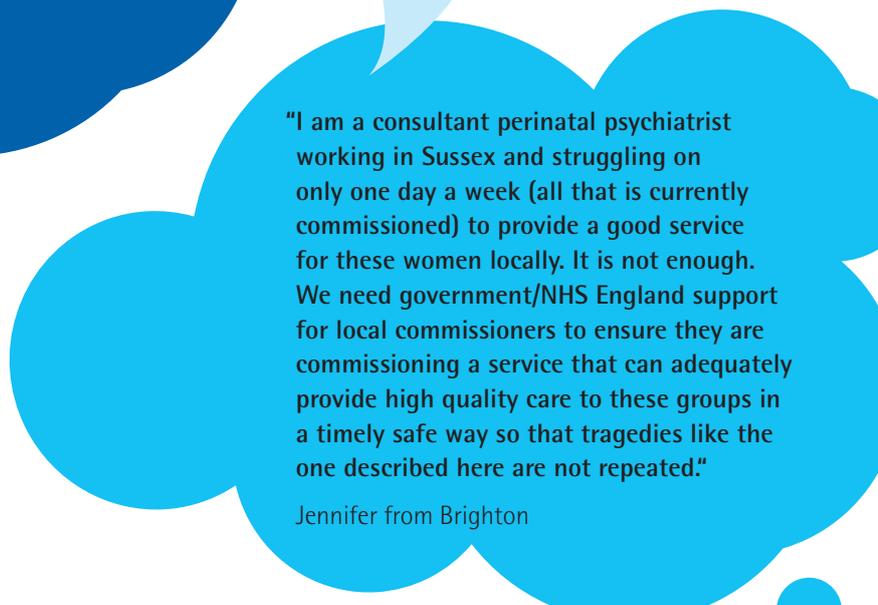
"I have lost a friend to perinatal mental illness and the NHS were proven negligent... It's time to give sufferers an alternative option to suicide."

Tina from Kent



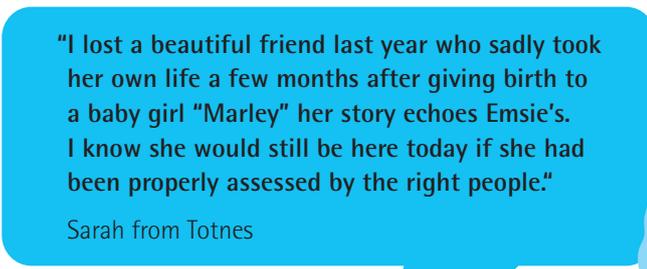
"If Emma and any other new mother had cancer they would receive the best treatment by cancer specialists. People with mental health should not be left to die under generic services who do not have expertise or knowledge of best treatment."

Gail from Exeter



"I am a consultant perinatal psychiatrist working in Sussex and struggling on only one day a week (all that is currently commissioned) to provide a good service for these women locally. It is not enough. We need government/NHS England support for local commissioners to ensure they are commissioning a service that can adequately provide high quality care to these groups in a timely safe way so that tragedies like the one described here are not repeated."

Jennifer from Brighton



"I lost a beautiful friend last year who sadly took her own life a few months after giving birth to a baby girl "Marley" her story echoes Emsie's. I know she would still be here today if she had been properly assessed by the right people."

Sarah from Totnes



"I'm signing this because I'm a mother and a doctor and am very moved by this terrible case. We owe it to women, their babies and their families to recognise, take seriously and treat PND and to ensure we have the training, structure and resources to do this effectively."

Georgina from Hitchin

"I suffered severe PND 13 yrs ago and sad to see we are no further on now as a nation to having the right support available. We know the impact mental illness can have on a developing foetus and new baby – if we don't get services in place nationwide we will never reduce this detrimental long term impact on children and families. ACT NOW."

Julie from Nottingham

"The lack of funding for mental health services is a disgrace. As someone afflicted with a mental health condition who has spent time under services both as an inpatient and outpatient, I have known several fellow sufferers die due to inadequate care. Thank you for fighting for your sister Lucie and, in effect, for all the others who have died needlessly."

Carly from Shaw

"I am a cranial Osteopath and see mothers and young babies. I have seen what a devastating affliction PND can be, and have also seen how effective intervention and care can turn around situations that seem intractable. I feel passionately that early care for babies should be given top priority because it is setting up children for life. If they don't get off to a good start it can blight their lives physically and emotionally."

Clare from Stroud

"I am 22 weeks pregnant and would like to know that if I suffer from postnatal depression the care I would expect to receive is available."

Helen from London

"So important to recognise the symptoms as in this case a family is without a mother. Mental health continues to be the Cinderella service – as stated by the new Chief, this would be intolerable if it were cancer and huge numbers were not receiving treatment."

Jennifer Lockley

"I have been told by my consultant that I am likely to suffer from this if I have a baby, but from my own experience on a different health issue with my mental health team. I am reluctant to risk having a baby until there is sufficient support available for my potential needs. So many people 'slip through the net', and it is imperative that the 'system' is changed with immediate effect to prevent lives being taken because of the lack of care and attention new mothers need."

Laura from Swindon

"Mothers raise the future generation. If we want healthy, happy, good citizens, they need their mothers to bring them up and to take care of them. Emma won't be able to raise her child because she did not get help."

Maud from London

"I suffered post-natal depression myself, there was no support and I was told that as I was managing to look nice and baby was thriving – I was therefore FINE. I was not fine and my first child had many mental health problems, some of which I am sure were caused by our bonding problems and the way I failed to interact with him."

Jacqueline from Manston

"As a widower, this is important to me."

Graham from Wareham

"This is an important issue affecting mental health care for women and their children, at a time when the NHS are trying to intervene with children's mental health in order to prevent mental illness. Surely ensuring that children have a mother to care for them in the first place should be a top priority."

Pauline from Marston

"I had PND 3 out of 4 times. For my last pregnancy, a specialist post-natal team of health visitors came to visit me before the birth twice, and once following. That's all it took. Amazing considering the first two PNDs overlapped each other totalling 3 years and then developed into a clinical depression... I am now 52 and have had a life filled with antidepressants, I feel because of this... I have attempted suicide twice, have self-harmed and been alcoholic, which I entered a program for, and managed to iron out some of my issues. I have now been through two husbands, have fibromyalgia and have had to retire from nursing sick and premature babies on a neonatal unit."

Clare from Sale

"Anyone can suffer postnatal depression, mothers often only talk about it years later (due to shame) and it can dramatically affect a child's early years, sometimes devastatingly."

Emma from Stantford

"I suffered from PND and attempted suicide after the birth of my first child. I was lucky. It shouldn't be down to 'luck' - we should have a health service that recognises and can give proper support to women suffering from any kind of maternal mental health."

Sarah from Sevenoaks

"As an ex mental health nurse I am extremely concerned about the way mental health services are being driven into the ground on the back of 'moving services into the community' - we are forgetting that 'asylum' can be a very positive approach to the treatment of some mental health problems - especially perinatal issues where a good motherhood and mental health inpatient unit is available."

Andrew from Nottingham

"As a neonatologist I am acutely aware of the challenges of identifying and appropriately treating post-natal depression and other maternal mental health. This is an area of practice that requires high awareness in a wide range of health professionals to be detected and at the more severe end requires highly specialised services to treat appropriately. As such women affected by maternal mental health require services that are well integrated/have clear pathways across the spectrum of health care services. This has always been a challenge to provide, and potentially further complicated by tendering/commissioning processes if there is no national oversight as to how best provide access to the most specialist end of the service to all."

Birgit from Invergowrie

"Understanding and specialist treatment for postnatal mental health difficulties will result in far fewer crisis level outcomes. Increasing mother and baby care facilities will benefit mothers and children alike."

Alice

"I am expecting with my first child, and have suffered with depression since my teens. Postnatal depression is a real worry for me, and I have never felt that there is enough mental health provision within the UK."

Chantelle from Gloucestershire

"The mother is the most important person between a mother and a baby. Make sure the mother is doing well then the baby comes second. If you have a healthy mum you have a wonderful baby."

Elisabeth from Bristol

"I have seen the effects of pre and post-natal depression first hand. It is a debilitating illness (not only affecting the patient but their family and friends) and getting diagnosis and treatment was so hard at a really vulnerable time fighting for support was not easy. In our case, the "fix" came via access to private medical care – there was no other realistic alternative for us. It is appalling that access to medical care is so restricted when really needed. Please don't bury depression or other mental illness, with the correct treatment and care people can and will get better."

Martin from London

"Both my daughter and daughter in law have given birth to first babies this year. We are lucky to have excellent postnatal mental health support in our area, this should be a right to all new mothers, not a post code lottery."

Deb from Bristol

"This is SUCH a vital issue for the mother but also the child. The evidence and correlation between healthy early attachment development and future mental health is indisputable. This is not only a humane and emotional issue but a matter of public health, and is a political and economic matter short term and longitudinally."

Liz from Chester

"Those early months of life are so important and precious to mother and baby to form strong attachments which is fundamental to the child's future development. Mothers should be able to enjoy this time, not be struggling with such a debilitating condition as PND. Mums, regardless of their postcode, should be able to access mental health services specifically targeted to PND."

Yvonne from Alcester

"Because everyone should have the right to proper care, and especially someone who has just bought a new life into the world."

Deb from Nottingham

Amongst the many responses, there were some which were very positive and give us hope for the future.

"I am trying hard to set up a specialised perinatal mental health service within our trust as we are another area facing lack of provisions. This story is another powerful example of why things need to improve NOW."

Kate from Basingstoke

"I would not be the functioning mother I am today without PND care."

Rebecca from South Croydon

"I did get help when I was suicidal and considering infanticide; the MBU admission saved my life (and potentially my child's). Everyone should have the fabulous access that I had."

Ceri from London

"My daughter was hospitalized 3 weeks after the birth of her first baby with postpartum psychosis. Fortunately we have a fantastic mother and baby unit in Bristol. She has made a complete recovery."

Evelyn from Bristol

"My daughter had PND and our local health service was fantastic, they took it very seriously and reacted immediately. All mothers should be able to receive this help."

Vivienne from Whitchurch

"My sister-in-law was lucky enough to have a specialist mother and baby post natal depression unit and has made a full recovery. These services are vital to save lives."

Louisa from Bristol

"I suffered dreadfully in 2010/11 with PND after my first child. It is a debilitating illness and more needs to be done to treat and support new mothers with this. Thankfully 4 years later and baby number 2 is here... The support I have received antenatally and postnatally from Blackpool Victoria Hospital has been OUT OF THIS WORLD. However due to costs, I can foresee this valuable service being dissolved. More needs to be done to help support these women!"

Emma from Kirkham

"I suffered with postpartum psychosis and postnatal depression and I know what a positive difference it made to me when I received specialist maternal mental healthcare as opposed to general mental health care."

Tracey from Sittingbourne

"As a psychologist who has been fortunate enough to work in a mother and baby unit I have seen the amazing care offered by a range of staff and the strength of the women who come there to recover and get better. I am passionate about supporting women during pregnancy and postnatal period as this can be hugely stressful."

Anita from Lewes

" I suffered from PND after the birth of my third child. It was the hardest period of my life but I had a great midwife who just got 'it'. I owe her my life."

Nicola from Norwich

"I have suffered from post-natal psychosis and received outstanding support, which should be accessed by others."

Hannah from Cowling

"I work for the mental health mother and baby unit in East London and it's one of the best MBUs in England which I have seen over the years to help mothers with severe depression etc. There should be a lot more out there and more compassion for people with postnatal depression."

Elizabeth from London

"I too suffered with severe post-natal depression after the birth of both of my much wanted sons. It was devastating; I was unsafe but I was lucky. I was admitted to a MBU and given the care and safety I required. No women (or baby) should die as a result of this illness."

Sharon from Brentford

"I had severe post-natal depression after the birth of my second child. If it hadn't been for my admission to the Mother and Baby unit in Nottingham I would not be here today. No question. Thank goodness I live in Nottingham. The resources are good but still could be better."

Nichola from Nottingham

"I was lucky enough to be "picked out the river" by a good health visitor who admitted she had neither the time nor resource to do her job properly."

Alison from London

"I'm signing this petition because I was lucky not to have post-natal depression when I had my twins, but I could get it with my next child. I want the right support and care available to me (and others) so that I and other mothers can continue to be there for their children. This has made me think how lucky I am to see my little girls grow up and I hope the NHS listens to all mothers, parents etc, out there asking for the right support. It's not easy having a child and it can mean so much for just one person to talk to you, and tell you how well you are doing and to listen to you. Please make this change NHS."

Suminder from Stevenage

"I was lucky! I was treated in a specialist mother and baby unit and I am alive, well and if I say so myself a great mother to a fab little boy."

Claire from Derbyshire

"I was lucky enough to get a place in the nearest mother and baby unit when I became seriously ill postnatally. I also have had 'appalling' care from the crisis team and totally see how women are being failed terribly if they don't get the right treatment postnatally. Women are losing their lives unnecessarily. It has to change."

Debi from Bramcote

"I am fortunate enough to live close to a specialist maternal mental health unit, which provided care for me following the birth of my daughter, throughout my second pregnancy until I felt well again (just after my sons first birthday). The majority of women are not so fortunate, and that needs to change."

Sarah from Birmingham

"I'm the head of operations for a city wide charity providing support for families suffering the effects of pre and post-natal depression in Birmingham – Acacia Family support. I suffered this illness myself 11 years ago and I consider myself to be very blessed having recovered, when I was so poorly that I felt I was clinging to life by my finger nails. The support in Birmingham for women in this client group is much improved, however I am still amazed at the lack of understanding of this illness amongst GPs and Mental Health workers. We need resources in order to raise the awareness of this dreadful illness, and reduce the stigma so women will ask for the help they so desperately need."

Rachel from Sutton

"I received specialist help from a perinatal team after having my first son and it saved me. I was lucky to live near a team. Everyone should have access the same expert help I had."

Fran from Worcester





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