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## Understanding Maternal Mental Health - An Unexplored Area

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### ABSTRACT

*Perinatal period is one of the most crucial period in the field of Family Mental Health and Behavioral Sciences. During this period, women undergo changes which affects their biological and psychological functioning, the spouses have an increased responsibility affecting their social and psychological functioning. These cumulative changes may affect the entire family, thereby having an affect on the biological and psychosocial etiology which may affect the whole family. Psychosocial aspects may trigger the illness and act as risk and maintaining factors. Social workers need to intervene in this context for optimal functioning of women with perinatal mental health issues and her family. A biopsychosocial framework may be adopted for social work assessment and intervention. Individual, familial, group, and community level intervention is required to address this complex issue, along with other mental health clinicians.*

**KEYWORDS:** *Perinatal Mental Health, Mother-Baby, Subsystems, Family Therapy, Social Work Intervention.*

### INTRODUCTION

Perinatal mental health is a rapidly expanding field as it impacts upon the health and wellbeing of all members of families with infants and young children (Austin & Priest, 2005). Mothers may develop anxiety, mood, and psychotic disorders during the perinatal period, which have both biological and psychosocial etiologies (Kumar, 1994; O'Hara & Wisner, 2014). Perinatal psychiatric disorders impair a woman's function and are associated with the suboptimal development of children (O'Hara & Wisner, 2014). Fathers can also experience their partner's pregnancy and the birth of a new baby as a stressful time, filled with new challenges and adjustment (Condon, 2006). In short, mental health issues during the perinatal period have a direct impact on all family members. As perinatal mental illness has both biological and psychosocial etiologies, a team including psychiatrists, nurses, psychologists, and social workers are required to address this complex issue.

The first mother-baby unit in India was established in July 2009 at the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru. It is a five bed facility for the admission of mother-infant dyads, and is managed by a multidisciplinary team of psychiatrists, psychiatric social workers, psychologists, and nurses (Chandra, Desai, Reddy, Thippeswamy & Saraf, 2015). Perinatal social workers help individuals, families, and communities respond to psychosocial issues that emerge during the period from pre-pregnancy through an infant's first year of life (The National Association of Perinatal Social Workers, 2016). Social work in the perinatal mental health setting in India is in its infancy; thus, we discuss the context and scope of social work in a perinatal mental health setting in India, based on work experience in perinatal psychiatry at NIMHANS, Bangalore, India.

### MOTHER-BABY BONDING

Mothers and their children are generally said to bond in the first few hours after the birth. Bonding, or the development of trust between a mother and her child, begins from the moment the two are brought together. During this time mothers often breastfeed their children and hold them close, thus keeping the two in physical contact for the first precious hours and days of the infant's life (Kids' development , 2017). From the smile on the face of the mother which is seen in the face of the child, the mother and child bond is detrimental to the growth of the child affecting his/her psychological, cognitive and social growth and functioning.

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As a child explores, usually through trial and error, (s)he will come to realise that his/her mother's limits have been instated to keep him/her safe and so will again come to trust the mother. With this realisation and resulting trust the second stage of bonding is thus complete, but through the affection that they share for each other the mother and child will also have developed an attachment(Kids' development , 2017).

### **HUSBAND/FATHER**

Men's roles in safeguarding maternal health have gained increased interest in recent years (Carter, 2002);(Mullany, 2006). Men can affect pregnancy and childbirth through responding to complications, seeking medical help, paying for transport, and allocating household resources (Furuta & Salway, 2006); (Mullany, Becker, & Hindin, 2007). However, the role of husbands in maternal health is often overlooked and neglected. The effect of male involvement on the health of the newborn has also been recognised. In Alio et al's (2010) study of feto-infant health they acknowledge that paternal behaviours in the maternal period can have long-lasting effects on the child's health (Alio, Salihu, Kornosky, Richman, & Marty, 2010).

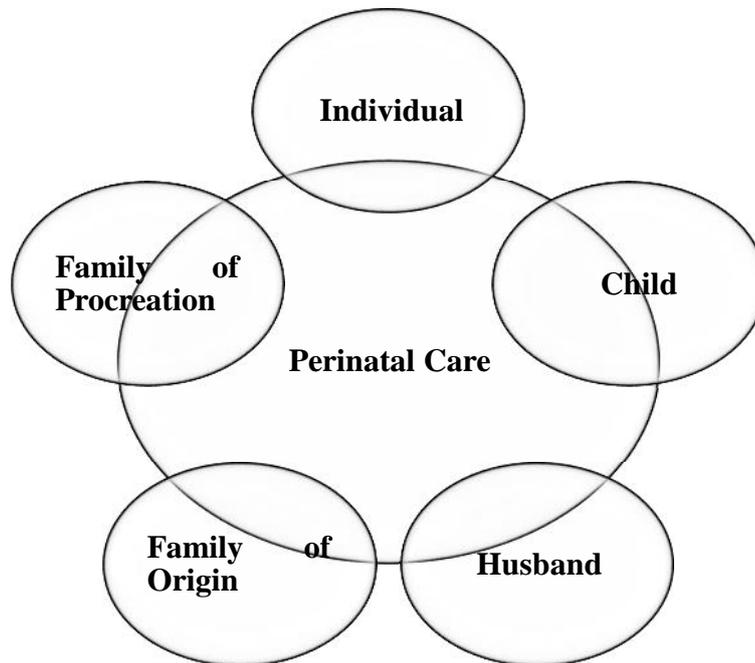
A husband in a relationship undergoes a change from a husband to a father cum caregiver. He holds a responsibility to take care of the mother and the child. It is important to understand that the mother undergoes a change in her biological changes (neurotransmitters), physical changes (bodily) and psychological changes (affected by living environment, communication patters and expressed emotions).

### **SUBSYSTEMS INVOLVED**

In case of a perinatal family, there are multiple subsystems involved namely couple subsystem, mother-child subsystem and parental subsystem. The couple subsystem involves the husband and the wife and handles issues that occur in between them which could be in the form of emotional, physical, verbal and/or sexual abuse. The mother and child subsystem involves the mother and her to-be-born/already born child and handles issues in terms of acceptance of the child, anxiety issues, bonding and attachment issues. The parental subsystem involves the family of origin and family of procreation. Family of origin involves the mother's family while family of procreation involves the husband's family. Issues involve non-cooperation, communication patterns, domestic violence, magico-religious beliefs and negative expressed emotions.

### **SOCIAL WORK INTERVENTION**

Preventive, promotive, curative and rehabilitative interventions can be carried out by social workers in perinatal mental health setting along with other mental health clinicians. Such intervention can take place at individual, group, marital, familial, and community level, and includes: preconception counseling; adoption counseling; psychoeducation; marital/family counseling or therapy; individual counseling/psychotherapy for women with perinatal psychiatric disorders and their spouses; group psychoeducation for mothers, family members, and spouses to enhance support; mother-baby bonding (e.g. video feedback sessions); developmental screening for babies; parenting education and skills training; rehabilitation services; contraception counseling; relapse prevention; child protection services; advocacy and networking to avail social welfare services; and community awareness (Chandra et al., 2015; Ragesh et al., 2015; Reddy et al., 2014). Psychiatric social workers are involved in every phase of their admission to address various issues which involve individual work with the mother, marital enrichment with the husband, bonding issues with the child, supportive psychotherapy with the family of origin and procreation, development assessment of the child and constant follow-ups with the entire system.



**Fig 1: Social Work Intervention**

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