Physical and mental healthcare under one roof: inequalities and opportunities

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In April 2021, NHS England announced that 26 mental health hubs will be set up for new, expectant or bereaved mothers for joint physical and mental healthcare under one roof in the community. This is welcome news in terms of providing more capacity for holistic and continuous care during and outside of pregnancy. According to the 2020 MBRRACE-UK report, 13% of maternal deaths were caused by mental health conditions; most of them attributed to suicide (Knight et al 2020). The statistics reveal that women with mental health problems account for 39% of the 566 women who died in the UK and Ireland, during or up to a year after their pregnancy. Linking up physical and mental healthcare services via the hubs brings greater potential to identify support and treat the cohort of women using maternity services that are living with mental illness.

This is of particular significance to women of ethnic minority backgrounds. The recent report from the commission on race and ethnic disparities whilst causing much controversy, did acknowledge the well recognised disturbing discrepancy in maternal mortality with increased rates seen in Black and Asian women (Sewell et al, 2021). The MBRRACE-UK report quoted a doubling statistic of mortality for Asian women in pregnancy; tripling in mixed ethnicity women and a staggeringly quadrupling in Black women (34 per 100,000). A breakdown on cause of death by ethnicity is not readily available, though other research has revealed health inequalities in the area of maternal mental health (Watson et al, PLoS One. 2019;14(1). This is reflected in higher rates of mental illness in women from ethnic minority backgrounds, and particular barriers in accessing treatment; including ‘double stigma’, the cumulative effect of experiencing prejudice within services as well as the public and internal stigma of living with mental illness. We know that on a population level looking at the most recent Adult Psychiatric Morbidity Survey, Black people in particular, are less likely to be in receipt of treatment for mental illness (McManus et al 2016). The reasons for this treatment gap are still not fully understood but are likely to involve fears that mental health provision is discriminatory, as a barrier to seeking help.

Visibly joined-up care comes with the hope that women attending a hub for physical health reasons will feel less resistant to taking up mental health support in the same place. Therefore, it may improve opportunities to identify and engage new, expectant or bereaved mothers with mental illness in treatment; especially vulnerable groups such as women from ethnic minority backgrounds. Being community-based also has the potential to bridge the level of care provided between the antenatal and postnatal period; as it is generally noted that antenatal care has a significantly higher component of multidisciplinary involvement. Hopefully, by offering more joined-up care, the hubs will make some progress in evening out healthcare inequalities in this difficult area where two sectors overlap.