Women's mental health: an overrated issue or unrecognised need?

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During the era of Margaret Thatcher, it seemed as if women had arrived at their place in the modern world. Here finally was a woman who was leader of a first world country, not just allocated to her place in the kitchen, running after brawling kids, to put it simply. And in her very own words, "Any woman who understands the problems of running a home will be nearer to understanding the problems of running a country." It would appear so easy to just do it.

And heartening too, is the increasing recognition of the need to address women's mental health needs as separate from men, as evidenced by the numerous centres specifically catering to women all round the world. The Massachusetts General Hospital's Centre for Women's Mental Health and Brigham & Women's Hospital's Women's Psychiatry Services are notable examples, as are the various Mother-and-Baby Units in the UK and Europe, and notably, at the Queen's Medical Centre, Nottingham, UK. Down under, there is the University of Melbourne's Key Centre for Women's Health in Society. And here on the pristine landscape of Singapore, we have the blossoming young lady – the Eating Disorders Unit at Singapore General Hospital, and a little infant growing slowly – the Women's Mental Wellness Service at KK Women's and Children's Hospital.

In research publication, there has also been a wealth of literature in the recent decades on the issue of women's mental health. Our current issue carries a timely and comprehensive review article entitled "Gender differences in mental health" written by Omani specialist, M Afifi,[1] which explores the literature from a wide variety of sources and cultures. This article highlights the need for addressing gender differences in planning effective strategies for prevention of mental disorder and reduction of risk factors, as the risk factors are indeed gender specific. It is hoped that with the advance in information now available, good clinical practice and allocation of resources will ensue, and well-planned coordination of services will provide optimal care to all sectors of the population.

When I was a young trainee starting out in psychiatry, we received good tutelage and supervision in all major fields of psychiatry. But at that time some ten years ago, little was thought about the importance of women's mental health, and the area of reproductive psychiatry was often seen as just encompassing three conditions – the now infamous postnatal blues, depression and psychosis. Even at the point when I set out for my overseas fellowship training, it was pointed out that this area was but "small".

But we now know quite differently. Women's mental health includes a wide spectrum of conditions, spanning not just the perinatal psychiatric disorders, but also affective and anxiety disorders, addictions, stress-related or trauma-related disorders, eating disorders, and even old age psychiatry.[2] More pertinent to the Singapore healthcare system is the changing mental healthcare infrastructure. From a largely institutional-based treatment for chronic mental illness in the past century, we are moving increasingly towards a community-based mental healthcare. Indeed when I started out training in 1995, the Institute of Mental Health was a 2,700-bed facility, and after a decade, the bed-complement has dropped to just over 2,000, with fewer long-stay beds. With women suffering from long-term mental illness, notably schizophrenia, moving out into the community, and therefore forming relationships, the fertility rate of this subpopulation is likely to increase over time. Another contributing factor is likely the increasing use of atypical antipsychotics, which tend to preserve the reproductive functioning – in part because of the lesser adverse effects of hyperprolactinaemia and improved effectiveness with negative symptoms. The concern is that women with schizophrenia, or other pre-existing mental illnesses, tend to have high-risk pregnancies or unwanted and unplanned pregnancies, as these often occur in the context of coerced sex, sexual risk behaviour, violence, substance abuse, poor psychosocial support, and inadequate antenatal care.[3,4]

This picture has been seen in countries like the UK and Australia, which moved towards deinstitutionalisation and community psychiatry decades before Singapore. There exists a comprehensive network of health services in the UK and Australia for women during their childbearing period, as this is a time of maximal contact with medical services for early detection. Beyondblue, the Australian national depression initiative, also includes a postnatal depression programme that specifically addresses this area of need. This is indeed crucial as the relative risk of suffering from a severe postnatal depressive illness is

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5, and of being admitted with mental illness in the three months following delivery is as high as 32.[5]

So there needs to be a concerted push for coordination of local resources in the area of women's mental health. Specific areas that need addressing include preconception planning and risk management, community support resources for mother-infant pairs as well as assessment of capacity to parent. Such services should be made available and accessible to all women.

But while we address the needs of women, let us not dismiss the needs of the male population. Indeed depression and other mental disorders in men have wide-ranging negative effects, spilling into their socio-occupational functioning, thereby translating to costs to the population. With the current focus on women's mental health issues gaining speed and credence, it is important to redirect some of our healthcare resources to initiatives and services dedicated to men. For example, although many men in the postnatal period experience a variety of mental health problems, those who have a partner with postnatal depression are themselves at increased risk for experiencing psychological symptoms and disturbances; more attention from health professionals to men's mental health in the postnatal period may be beneficial to the entire family system.[6]

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