

Nothing but happiness?

Peter Haddad reviews the programme 'Baby Blues', *Panorama*, BBC 1, 17th July 1995

Despite a misleading title ('Baby Blues') this programme dealt with postnatal mental illness. It consisted of interviews with sufferers, family members and medical experts in Britain and the United States. It exploded the myth that new born babies 'bring nothing but happiness', emphasising that one in ten mothers develop a postnatal mental illness, usually a postnatal depression (PND) but occasionally a puerperal psychosis. Viewers were left in no doubt that these illnesses cause much suffering and require medical treatment. The potential for adverse effects on the infant's behavioural and cognitive development were discussed, additional reasons why early treatment is important.

Early on there was an effective sequence of cuts between mothers and babies as portrayed in glossy television adverts for baby products and sufferers of PND talking about their feelings towards their babies. These ranged from a lack of affection to anger and thoughts of violence. The contrast with the idealised world of the mother and baby could not have been more marked. This clash, together with the general taboo of mental illness, accounts for the marked stigma associated with postnatal mental illness. Several mothers were interviewed incognito due to the shame they felt. Stigma results in these illnesses being omitted from the agenda of many antenatal classes and causes many sufferers to avoid seeking support from family and friends or help from health professionals.

A large part of the programme dealt with the 'game of chance' that determines what help sufferers receive. Many are not diagnosed, partly due to failure to consult, but also due to failure by general practitioners and health visitors to inquire about relevant symptoms. At least half of all sufferers receive no treatment. If psychiatric admission is required, it is often to a general psychiatric ward due to an insufficient number of mother and baby units throughout the country. 'Julie' described how she developed a severe PND and was admitted to a general psychiatric ward which she found

intolerable due to the mixed admission policy, having the only baby on the ward and the disturbed behaviour of some patients. Ironically the stigma of psychiatric illness was shown when she commented that the ward did not contain 'bad cases or schizophrenics or anything like that...no violent people'. After discharge she relapsed and was offered admission to a second general unit but without her baby. Fortunately a place at a mother and baby unit was found where she made a full recovery. The programme pointed out that the College regards dedicated mother and baby units as the most appropriate facility for treating women who require admission.

Unfortunately the programme's discussion of treatment was limited. The *Panorama* reporter told us that experts knew exactly how to treat PND, that effective treatments existed and that we would be shown how 'it should be done'. This was followed by clips of a support group for sufferers, a class where mothers were taught to massage their babies and a nurse teaching a mother how to play with her baby before the reporter reminded us that this was the 'nuts and bolts' of treatment on a mother and baby unit. Although these therapies are important, medication, including antidepressants, was not mentioned at all. I wondered what viewers who had been treated for PND with antidepressants would make of this. Would they worry they had been treated incorrectly? What would future patients think if they were offered medication after seeing a selection of purely psychosocial treatments?

The programme also failed to make it clear that the majority of women diagnosed with a postnatal mental illness are treated by their general practitioners and of those referred to psychiatrists only a minority require in-patient care. Although several experts emphasised that most illnesses were mild or moderate and self limiting, the choice of women interviewed was biased towards those with severe illnesses; three of the four women whose cases were discussed in depth received in-patient psychiatric treatment, of whom two had psychotic illnesses including one mother who committed suicide.

Despite these criticisms this programme had much to commend it. It dealt with a common group of disorders that often go undetected, explaining the main symptoms and the benefits of early treatment. It highlighted the problems of stigma and inadequate services, particularly as regards in-patient provisions.

Rectifying these is a major challenge for psychiatrists.

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States of mind

Mike Shooter receives a letter about the BBC's Mental Health Season

Dear Dad,

You know I am a secret addict of medical programmes – well, watching *States of Mind* was like an overdose. Remember when you caught me with your cigars and made me smoke one as a punishment? It put me off for years. Now, have I got a few questions for you . . .

1) Whoever agreed to those awful debates? Anthony Clare kicked off with one on the radio that deteriorated into the usual, sterile, nature v. nurture argument. That philosopher, Jonathan Glover, gave up trying to point out that they were all on the same side. Only Edna Conlon kept plugging away at the 'quality of life'. It seems to me that such splits are an inevitable result of studio dynamics, only interesting when the 'facilitator' is so biased, like Olivia O'Leary on *The Big Picture*, that she manages to drive both patient and psychiatrist into the same camp.

2) I liked *Enemy Within*, but was it accessible? It was a neat idea to offer the confessions of the great and good for us to identify with. But when the interviewee is as gruffly unapproachable as Ludovic Kennedy, as intelligently eloquent as Adam Faith, has the ego-strength of Imogen Stubbs or the apparently limitless recourse to help of Stephanie Cole, isn't that impossible to live up to? Incidentally, I cherish the memory of Anthony Clare and Michaela Strachan – it was difficult to work out who was charmed by whom, the piper or the snake.

3) Can you spare us the personal odysseys? Marjorie Wallace had important things to say about facilities for the seriously disturbed, among all that trendy community stuff. Yet *Circles of Madness* did seem like a middle-class crusade on behalf of the masses. I wasn't at all sure about taking someone back to the doorway from whence they were rescued, with full camera and crew. The curses of the drunken Scotsman, whose home this still was, seemed amply justified. And what on earth was Jo Brand up to in the bowels of a deserted mental hospital? Nothing either funny or informative.

4) Surely the trouble with 'factual drama', as BBC North called *Go Back Out*, is that it's just too good? The portrait of a young man raging against his own disintegration amidst the paralysis of everyone around him was superb. And was it the same actor playing the psychiatrist who had played the schizophrenic in an earlier episode of *Peak Practice*? What a role reversal! Or perhaps not – patients and doctors seemed equally impotent. In the circumstances, the young man's self-destruction in the zoo, with its disturbing echoes of Ben Silcock, was at least an attempt to do something.

5) Yet perhaps we underestimate the input of your own, real-life dramas? As an account of the day-to-day torment of practice (not all on the patients' side), *Minders* was magnificent. But with images of such power, it's crucial that they are set in appropriate argument. And here, of course, is the crux of the question: editing. The whole series was depthcharged by the sight of the black schizophrenic, John,