

# The Obstetrician and Gynecologist and Unmet Mental Health Needs

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Globally depression is among major causes of disability related to disease among women. Women are twice as likely to suffer from major depression as compared to men. The highest prevalence of depression occurs during the reproductive years and around menopause. The puberty followed by pregnancy especially the puerperium is the time of highest risk of new onset or recurrent depression. Most of the women from poorer segments of society seek care from the Government referral level facilities in Pakistan, as free of cost care is available. Lack of functional and properly staffed primary care centers in the public-sector results in the overburden of tertiary care obstetrics and gynecology facilities. Here too significant barriers to screening of depression include inadequate training and lack of resources for the overworked residents in the referral level hospitals.<sup>1</sup>

In the developed countries like the USA, among poor, uninsured, young women accessing public-sector gynecologic settings, one-fifth of them were found to have current major depression.<sup>2</sup> This highlights the mental health issues of such populations. A current literature review also confirms the high burden of mental health disorders among women in the low and middle-income countries during the perinatal period. The most significant among these conditions is postpartum depression predisposing to chronic as well recurrent depression. Such mothers were less likely to breastfeed, their children were at higher risk of malnutrition, stunting as well as adverse psychological outcomes up to 10 years of age in the low resource settings.<sup>3</sup> With increasing trend towards nuclear families in the

urban areas, lack of social support adds to the rising prevalence of postpartum depression.<sup>4</sup>

Pakistan economy, with a population of more than 210 million is still mainly dependent on agriculture and Islam is our state religion. Majority of mental ailments are stigmatized and misperceived as related to supernatural forces.<sup>5</sup> Women from disadvantaged communities have a higher prevalence of depression and anxiety. They often present with somatization of psychological symptoms with vague complaints like a backache, pelvic pain and vaginal discharge to the female doctors practicing as family physicians or gynecologists. Due to the dearth of trained professionals for assessing mental illness, the traditional healers mismanage them. Lack of data on the prevalence of various mental illnesses and monetary constraints are the major hurdles in the development of mental health services. Numerous mainly hospital-based studies on mental health, more specifically into postpartum depression are available yet there is limited national data on the prevalence of mental illnesses.

Most of the practicing obstetricians and gynecologists, recognize depression as a major association in their clients, yet they find a screening of depression difficult in everyday practice. Moreover, a major concern remains as to whether depression screening in this population improve outcomes. The health policy planners and international partners have prioritized mental health as an issue yet scarce mental health resource remains a barrier to its implementation. Poor women seeking care in public sector gynecology and

obstetrics outpatients should have their psychosocial needs assessed.

With improving access to emergency obstetric maternal and newborn care in Pakistan and further continued reduction in maternal mortality ratio, maternal mental health care is the next challenge facing health planners and providers for continued improvement of reproductive health in Pakistan.

## References

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