Correspondence

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Ethnic density and risk of postnatal depression and personality dysfunction

The subtle relationship between depression, gender and life events
(such as motherhood) creates a global challenge to the United
Nations' sustainable development goals.[1] Du Preez and colleagues
make a fascinating contribution to the epidemiology of postnatal
depression.[2] However, as someone interested in family and
household effects on mental health[3] I wonder if they missed a
key 'protective' aspect of having 'higher own ethnic density' in
a mother's locality?[2] My own observation on British White
mothers in a mixed community with marked deprivation and
high levels of postnatal depression[4] was that having close relatives
(like the baby's grandmother) living nearby made for a healthier
new mum. Close relatives tend to belong to the same ethnic group,
as do those 'good neighbours' who maintain frequent visits. The
local risk of developing depression seems to be influenced by very
short-range social networks of close relatives and neighbours.[5] In
that poor community with so much postnatal depression,[4] it tran-
spired that many mothers had no relatives in the area and did not
see any friends among their neighbours.

1 Caan W. The global crisis of depression: the low of the 21st century?
Perspect Public Health 2015; **135**: 62.

2 Du Preez A, Conroy S, Pawlby S, Moran P, Pariante CM. Differential effects
of ethnic density on the risk of postnatal depression and personality
dysfunction. *Br J Psychiatry* 2016; **208**: 49–55.

3 Caan W. How family friendly is the UK? *BMJ* 2011; **343**: 331–2.

4 Northrop M, Pittam G, Caan W. The expectations of families and patterns of
participation in a trailblazer sure start. *Community Pract* 2008; **81**: 24–8.

5 Christakis NA, Fowler JH. Social contagion theory: examining dynamic social
networks and human behaviour. *Stat Med* 2013; **32**: 556–7.

Woody Caan, Editor, *Journal of Public Mental Health*, Royal Society for Public
Health, John Snow House, 59 Mansell Street, London E1 8AN, UK. Email:
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Authors' reply: We thank Professor Caan for his interesting
correspondence on our paper and for providing some further
insight into how ethnic density may impact on the risk of
postnatal depression in our sample. The protective effect of ethnic
density is thought to operate predominantly through either (a)
reducing exposure to racism, or (b) improved social support
and social networks,[1,2] and indeed, the latter is highly important
in this context, given that poor social support is a strong predictor
of postnatal depression.[3]

We agree that family and household effects can have profound
consequences on mental health,[4] and that the proximity and ease
of access to close friends and relatives is highly beneficial,
especially for new mothers. Although our article refers to the
importance of social support, and how this may be driving the
protective effects of high ethnic density in our sample, we failed
to dissect fully the mechanisms underpinning the associations
between ethnic density and postnatal depression. This area would
certainly benefit from further research, by enquiring about the
locality of close family friends and relatives, so we may begin to
understand more fully how high ethnic density may be exerting
its protective effects.

1 Bécares L, Nazroo J, Stafford M. The buffering effects of ethnic density on
experienced racism and health. *Health Place* 2009; **15**: 670–8.

2 Bhugra D, Becker M. Migration, cultural bereavement and cultural identity.
World Psychiatry 2005; **4**: 18–24.

3 Lancaster CA, Gold KJ, Flynn HA, Yoo H, Marcus SM, Davis MM. Risk factors
for depressive symptoms during pregnancy: a systematic review. *Am J
Obstet Gynecol* 2010; **202**: 5–14.

4 Caan W. How family friendly is the UK? *BMJ* 2011; **343**: 331–2.

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Stigma and architecture of mental health facilities

Stigma associated with mental illness is very common. Patients
face prejudices, stereotypes, misunderstanding, discrimination,
and self-stigma. They are afraid of being labelled. Another fear
is the fear of mental health services, which makes patients avoid
taking up treatment.[1] Apprehension of treatment increases when
a patient has to be treated in a psychiatric hospital. Fear of stigma
associated with a facility appears. For many patients, hospitals
become their home for weeks or months. Despite all
improvements introduced to mental health facilities, they are still
labelled and stigmatised. Psychiatric hospitals are often associated
with a penitentiary, an asylum, or a substitute of a panopticon.
The stereotypical image of a psychiatric hospital is inseparably
linked with this object.

The architecture of psychiatric hospitals is sometimes referred
to as the architecture of madness. That applies to both the
architectural form and the quality of the built environment. Very
often, architecture not only fails to guarantee appropriate
conditions of stay, but it is also inadequate for its function.
Some psychiatric hospitals were not adapted to the changing
requirements for healthcare facilities, and in some cases they were
not designed to accommodate people. That creates inappropriate
spatial and functional connections and results in inability to
introduce required changes, provide particular technical conditions,
and create a suitable environment for patients.

The popular perception of mental health architecture,
considering all local issues, is closely related to the mental illness
label. Existing technical and functional problems and the low
quality of buildings arise from popular attitudes both to people
with mental illness and to mental healthcare. Poorly financed
and organised, the system cannot provide adequate conditions
for in-patients.[2] That may lead to further discrimination of people
with mental illness through the quality of the mental healthcare
setting. Moreover, extrapolating a Western approach that is
irrelevant to local determinants may fail to respond to patients'
needs and further increase stigma.[3] When cultural and local issues
are not implemented in the design process, the outcome often falls
short of the required mental health facility standards.