



## A good start in life

### Improving perinatal and maternal mental health provision

#### Key points

- Around one in ten women experience mental health problems during pregnancy and the first year after childbirth.
- Perinatal mental health problems make a significant contribution to both maternal and infant morbidity and mortality.
- Suicide is one of the leading causes of maternal death in the UK.
- Women who need inpatient care for a mental health problem within 12 months of childbirth should normally be admitted to a specialist mother and baby unit.
- Expert early identification and management of perinatal mental health problems should prevent women reaching the point where they need inpatient care.
- There is commissioning challenge to ensure equity of access for specialist perinatal mental health services.

#### Introduction

Mental health problems affect more than one in ten women during pregnancy and the first year after childbirth, and can have a devastating impact on them and their families.<sup>1</sup> In extreme cases, perinatal mental health problems can be life-threatening – suicide is one of the leading causes of maternal death in the UK.<sup>2</sup> Early detection and timely intervention, however, can significantly reduce or prevent the lasting effects of perinatal mental health problems.

This briefing highlights the prevalence of maternal mental health problems, the services that vulnerable women and their families need, and the contribution mental health organisations can make to improve perinatal provision in England.

# Prevalence of perinatal mental health problems

Perinatal\* mental health problems include existing mental health problems and those that arise during pregnancy and the first year after birth. Depression is the most prevalent mental health problem in the perinatal period, with 10 to 14 per cent of mothers affected during pregnancy or after the birth of a baby.<sup>3</sup> Anxiety is also common during pregnancy and following delivery.

Postpartum† psychosis (also known as puerperal psychosis) affects around two in 1,000 new mothers.<sup>4</sup> Psychosis is more likely to occur after childbirth; women are 20 times more likely to be admitted to a psychiatric hospital in the two weeks after delivery than at any other time.<sup>3</sup> There is a 50 per cent chance of severe depression and postpartum psychosis recurring in a subsequent pregnancy.<sup>2</sup>

Post-traumatic stress disorder and mental health problems which result from childhood trauma can recur or worsen both during pregnancy and after childbirth. Post-traumatic stress disorder can also be triggered by childbirth, and is estimated to occur in approximately 3 per cent of women after birth.<sup>1</sup> Women are particularly at risk if they have an emergency caesarean, are admitted to high dependency or intensive care units, or if their baby dies.<sup>1</sup>

## Risk factors

Pregnant women and new mothers do not have an elevated risk of developing a mental health problem, although the effects of these conditions are likely to be more significant at this critical period in their lives.<sup>1</sup> Childbirth does, however, increase the risk of developing or experiencing a recurrence of certain serious problems, including postpartum psychosis, severe depressive illness, schizophrenia and bipolar disorder.<sup>1</sup>

Rates of perinatal depression are higher amongst women experiencing disadvantages such as poverty or social exclusion.<sup>5</sup> The risk of depression is also twice as high amongst teenage mothers.<sup>6</sup> The stress caused by issues such as poor housing, domestic violence and poverty can also exacerbate symptoms of anxiety and depression.<sup>7</sup>

However, all parts of society can be affected by mental health problems: over half of the women who committed suicide during pregnancy or shortly after birth in the UK between 2006 and 2008 were white, married, employed, living in comfortable circumstances and aged 30 years or older.<sup>2</sup>

## Improving maternal mental health: Recommendations

- Health Education England should ensure there is a specially trained workforce in perinatal mental health.
- NHS England should improve equity of access to specialist perinatal care.
- Professional groups and local education training authorities (LETBs) need to ensure staff are up-skilled and that continuing professional development is maintained in this area to ensure competency in detecting, discussing and dealing with perinatal mental health problems.
- Local Joint Strategic Needs Assessments should inform commissioners, health and wellbeing boards, public health and local authorities about gaps in provision.
- Providers should implement the 2007 NICE guidelines on antenatal and postnatal care.

\* The period starting a few weeks before birth until a few weeks after birth.

† The period immediately after birth.

## Impact

Perinatal mental health problems significantly contribute to both maternal and infant morbidity and mortality. As the Joint Commissioning Panel (JCP) for Mental Health has highlighted:

- if untreated, mental health problems can have a devastating impact on families and affect the ability of a mother to properly bond with her baby
- if poorly managed, perinatal mental health problems can have lasting effects on maternal self-esteem, partner and family relationships as well as the mental health and social adjustment of children
- depression and anxiety, particularly if untreated or chronic and associated with social adversity, can affect an infant's mental health and have longstanding effects on a child's emotional, social and cognitive development
- psychotic illness in pregnancy is associated with poorer pregnancy outcomes and an increased risk of pre-term delivery, stillbirth, perinatal death and neurodevelopmental disorder
- in extreme cases, perinatal mental health problems can lead to suicide. The suicide rate in pregnancy and the first six months postpartum is not decreasing
- parental mental ill health is a risk factor for conduct disorder, the most common childhood mental health condition<sup>8</sup>
- in serious cases, parental mental health problems increase the risk that children will be abused or neglected<sup>7</sup>.

Identifying women who are at risk, and ensuring they get timely and appropriate support, is crucial. The abuse, neglect and death of children whose mothers have perinatal mental health problems should be preventable through early detection, prompt action to treat it, and assessing and managing the risks to her family.<sup>7</sup>

## Perinatal services

Perinatal mental health problems are diverse and complex, present in a variety of health settings and currently managed by many different services. The majority of women (over 90 per cent) with perinatal mental health problems are treated in primary care.<sup>4</sup> The remainder receive care from specialist mental health services, including general adult services, liaison services and specialist perinatal services.

### Universal services

Midwives, GPs, nurses and health visitors are a crucial part of local care pathways as they have regular contact with nearly all families during pregnancy and the postnatal period.<sup>7</sup> They have a key role in identifying mothers who are at risk or are suffering from any mental health problem, and ensuring that these women get the support or care they need at the earliest opportunity.<sup>7</sup> To reduce the harm caused by perinatal mental health problems, universal services need to be competent in detecting, discussing and dealing with mental health problems.

### Specialist services

Women with serious mental health problems in pregnancy and postnatally need specialised knowledge and professional support. Specialist perinatal services need to be able to respond to the maternity context, the timeframes of pregnancy, the differing thresholds and response times to presenting problems, the special needs and risks presented by mother, foetus and baby, and develop the relationships with the other services involved in their care.<sup>4</sup>

## Current provision

Specialist perinatal services are not equally distributed across England. Survey findings from women and professionals highlight that many mothers with perinatal mental health problems do not get the expert care and support they need:

- 29 per cent of midwives had not received mental health training in their pre-registration training<sup>7</sup>
- 40 per cent of women say they saw a different midwife at every appointment during pregnancy<sup>7</sup>
- 41 per cent of pregnant women said their health visitor or midwife never asked about depression<sup>7</sup>
- 34 per cent of those who admitted they had hidden their feelings said they had done so because they were concerned their baby might be taken away<sup>9</sup>
- adequately trained health professionals and confident in their skills said they do not have sufficient time to explore mental wellbeing<sup>9</sup>
- 73 per cent of maternity services do not have a specialist mental health midwife<sup>7</sup>
- there is no specialist training on perinatal mental health for Improving Access to Psychological Therapies (IAPT)<sup>1</sup>
- there is a shortage of 50 mother and baby beds in England<sup>1</sup>
- 50 per cent of mental health trusts do not have a perinatal mental health service with a specialist psychiatrist.<sup>1</sup>

Parts of the country have no specialist perinatal mental health services at all (see map on page 5), resulting in some women with acute severe mental illness travelling very considerable distances from their home or being separated from their babies through admission to an adult ward, so disrupting early bonding.<sup>7</sup>

## Improving maternal mental health

### A national agenda

Good maternal mental health, providing a good start for infants and children, supports the aims of the Government's No Health without Mental Health strategy<sup>10</sup> (which promotes the need for early intervention, equality of access and a 'whole-family' approach) and is a priority in *Closing the gap: priorities for essential change in mental health*.<sup>11</sup>

*Closing the gap* highlights:

- NHS England will work to improve the quality of care and promote equity of access to specialist perinatal care
- Health Education England, as the national training body, will ensure there is enough training in perinatal mental health so there are specialist staff available for every birthing unit by 2017
- updated training will be given to all health visitors around mental health, to improve identification of mothers who are at risk and support them in a more targeted and effective way
- the Government has committed to an extra 4,200 health visitors by 2015
- the Government is investing in 5,000 midwives, who are currently in training, so that every woman can have continuity of care during pregnancy and the immediate postnatal period.<sup>12</sup>

Significantly, the NHS Mandate<sup>13</sup> for 2014/15 tasks NHS England with an objective to "work with partner organisations to ensure that the NHS... reduces the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support".

Further recognition is shown by Health Education England's announcement in their Mandate<sup>14</sup> to work with the medical royal colleges to incorporate specific perinatal mental health training in the core curriculum for doctors in postgraduate training.

Maternal mental health will be a priority for Public Health England within its early years programme, and will include the development of commissioning tools for local authorities.

## What do providers need to do?

### Maternal Mental Health Alliance

The Maternal Mental Health Alliance (MMHA) – a coalition of over fifty UK organisations – is running a three-year campaign: Maternal Mental Health – Everyone’s Business, funded by Comic Relief. Key objectives are to raise the profile of perinatal mental health problems, improve commissioning and delivery of services and showcase best practice. A website will be launched in July with the results of a mapping exercise of specialist perinatal mental health services across the UK.

As part of the campaign, the London School of Economics and the Centre for Mental Health will publish a report in the autumn to outline the economic case for perinatal mental health services.

### Distribution of mother and baby units in England



Source: NSPCC

### Key recommendations from NICE<sup>4</sup>

- Women with perinatal mental health problems should be able to access specialist perinatal mental health services.
- Regional clinical networks should be established to meet local need and integrated care.
- Women who need inpatient care within 12 months of birth should normally be admitted to a specialist mother and baby unit.
- Women requiring psychological treatment should be seen for treatment within one month of initial assessment.

### Work with commissioners

There is clearly a commissioning challenge to improve equity of access to specialist perinatal mental healthcare. However, providers have an important role in improving commissioners’ understanding about the importance of perinatal mental health and what good quality services look like at all levels.<sup>1</sup>

Accurate information about levels of need are required to ensure sufficient services are in place. In addition to the delivered population being the denominator for service planning and provision, providers’ adult mental health services, including Improving Access to Psychological Therapies (IAPT), could routinely collect data on whether patients are pregnant, parents and the ages of children.<sup>1</sup>

Providers and commissioners should collaborate to develop a perinatal mental health strategy which could include a commissioning framework and service design for populations large enough to provide critical mass for all services required across a clinical pathway.<sup>1</sup>

### Facilitate development of perinatal clinical networks

As the structure of services will vary in different parts of the country, based on local factors, NICE recommends that services establish regional perinatal mental health clinical networks. These should be composed of healthcare professionals, commissioners, managers and service users and carers from primary, secondary and tertiary care organisations, and should work in a coordinated way. The networks could advise commissioners and providers, maintain integration across care pathways and promote clinical excellence. These might sensibly sit under the emerging 12 strategic clinical networks across England.

The regional perinatal mental health clinical networks can support and inform:

- a specialist multi-disciplinary perinatal service in each locality, which provides direct services, consultation and advice to maternity services, other mental health services and community services

- access to specialist expert advice on the use of psychotropic medication during pregnancy and the postpartum period
- clear referral and management protocols for services across all levels of the existing stepped-care frameworks for mental disorders, to ensure effective transfer of information and continuity of care
- pathways of care for service users, with defined roles and competencies for all professional groups involved.

### Specialist inpatient services

Women who need inpatient care within 12 months of birth normally should be admitted to a specialist mother and baby unit, unless there are specific reasons not to do so. As well as providing specialist perinatal inpatient facilities with specially trained staff, effective liaison with general medical and mental health services is essential. Therapeutic services should also be closely integrated with community-based mental health services to ensure continuity of care and minimum length of stay.

Many specialist perinatal community teams and mother and baby units are accredited by the Perinatal Quality Network (operated by the Royal College of Psychiatrists). They have developed consensus standards of care which all members adhere to and are subject to annual peer appraisal visits.<sup>17</sup>

**“Providers have an important role in improving commissioners’ understanding about the importance of perinatal mental health and what good quality services look like.”**

### Case study: Southern Health Mental Health Service

Southern Health NHS Foundation Trust provides community health, specialist mental health and learning disability services for people across the south of England. Around 10,000 staff work across 225 sites, including community hospitals, health centres, inpatient units and social care services.

Southern Health’s Perinatal (Mother and Baby) Mental Health Service in Hampshire provides prediction, prevention, treatment and support for women with severe mental health problems and their babies in the community, and in a specialist Mother and Baby Inpatient Unit. The team is multi-disciplinary and comprises specialist perinatal psychiatrists, psychologists, nurses and nursery nurses. A paediatrician and health visitor are also linked to the team. The service works with women pre-conception, during pregnancy and up to a baby’s first birthday. The support offered to women in the community includes:

- advice and support over the telephone
- outpatient consultations in clinics, GP surgeries or at home
- support and guidance for families
- medication (if appropriate)
- psychological (‘talking’) therapies
- group and individual therapy sessions.

The team prevent relapse and provide early treatment, thereby reducing suffering of women and their families, and avoiding admissions to inpatient care. This team won the UK Psychiatry Team of the Year Award in 2004 and again in 2013 for its commitment to quality and innovation.

# Opportunities for integrated mental health and community providers

In May 2013 the Mental Health Network surveyed its 64 members and found that two thirds of survey respondents reported providing non mental health services,<sup>17</sup> many of which were community services. We highlighted that organisations delivering both mental and physical health had the opportunity to improve access and treatment for vulnerable groups, with some promising opportunities and good practice emerging in combined trusts. Integrated trusts delivering perinatal mental health services and community and children's services could be ideally placed to:

- break down stigma in mental health to improve early access to services
- develop perinatal mental healthcare pathways to support continuity of care
- prevent escalation of mental health problems during the perinatal period
- offer mental health advice, training and support to health visitors and other universal services caring for women with perinatal mental health problems.

## Mental Health Network viewpoint

Pregnancy and early motherhood are often times of unparalleled contact with health services and professionals. This routine contact should provide the opportunity to easily identify those at increased risk of developing perinatal conditions, ensure early detection of mental health problems, timely intervention and prompt treatment. Expert early identification and intervention provide a strong platform to prevent the significant and long term adverse effects perinatal mental health problems can have on mothers, infants and wider family life.

However, for all women to have equal access to the right support and care in a timely fashion requires a range of services and interventions to be in place. The Government's commitments to increase the health visiting and midwifery workforce and provide them with specialist mental health training is welcome. But more needs to be done to ensure that women with more severe mental health problems can access specialist inpatient and community care.

The Mental Health Network recognises the importance of improving maternal mental healthcare, which presents a unique opportunity to reduce and prevent morbidity and mortality. We are keen to see the sentiments of the whole-family approach, reflected in many Government policy documents, promoted and implemented across services. These are services that can make a real difference to shape future lives.

### Further reading

Mental Health Network factsheet: *Key facts and trends in mental health, 2014 update.*



Mental Health Network briefing issue 269 *Mental health and community services.*



Available at [www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn)

### Join the discussion

Let us know what you think about the issues and ideas in this briefing. You can email us at [Claire.Mallett@nhsconfed.org](mailto:Claire.Mallett@nhsconfed.org) or join the discussion on twitter [@nhsconfed\\_mhn](https://twitter.com/nhsconfed_mhn)

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16. [www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/perinatal/perinatalqualitynetwork.aspx](http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/perinatal/perinatalqualitynetwork.aspx)
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## The Mental Health Network

The NHS Confederation's Mental Health Network (MHN) is the voice for mental health and learning disability service providers to the NHS in England. It represents providers from across the statutory, for-profit and voluntary sectors.

The MHN works with Government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of its members and to influence policy on their behalf.

For further details about the work of the MHN, visit [www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn) or email [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)

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NHS Confederation

50 Broadway London SW1H 0DB

Tel 020 7799 6666

Email [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)

[www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn)

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