Maternal Mental Health

Introduction

During pregnancy and the year following birth, women may be affected by a range of mental health problems, including anxiety and depression and postnatal psychotic disorders. These are collectively called perinatal mental illnesses.

Studies estimate that more than 1 in 10 women are affected by perinatal mental illness. Maternal mental illness also impacts on the wider family, particularly early chid development, infant mental health and future behaviour and learning; it is one of the key factors determining life chances for children. Fathers are more likely to become depressed if their partner is suffering from depression.

Early identification, support and treatment can prevent the onset and escalation of maternal mental illness and limit the impact on the family to improve the wellbeing, health and achievement of the child.

What do we know?

Facts, Figures, Trends

A recent report by the Centre for Mental Health (2015) found:

- Perinatal mental health problems affect between 10% and 20% of women at some point during pregnancy and for the first year after birth, with around 10-15% of women experiencing common mental health problems such as perinatal depression and anxiety (O'Hara & Swain, 1996; Heron et al., 2004; Bauer et al., 2014).
- Women with a history of severe perinatal illness have a 50% chance of it recurring in a subsequent pregnancy (Oates, 2001)
- Only around half of all mothers with perinatal depression and anxiety are identified (Ramsay, 1993: Hearn et al., 1998)

Parental mental health (including mothers and fathers) affects a significant amount of children each year. It is often linked to domestic violence and substance and alcohol misuse. Maternal depression is the strongest predictor of paternal depression during the perinatal period. Between 24-50% of new fathers with depressed partners were depressed themselves (Goodman, 2004).

There are around 2,100 live births in Bedford Borough each year. Based on this number of births the number of women affected by perinatal mental illnesses in Bedford each year can be estimated. According to the Office of National Statistics the number of projected births is estimated to increase to 2,200 from 2018.

Table 2: Rates of perinatal psychiatric disorder per thousand maternities – based

on a birth rate of 2,100

Rates of perinatal psychiatric disorder per thousand maternities		Estimate of number of women affected in Bedford Borough
Postpartum psychosis 2/1000	0.2%	<5
Chronic serious mental illness 2/1000	0.2%	<5
Severe depressive illness 30/1000	3%	63
Post-traumatic stress disorder 30/1000	3%	63
Mild-moderate depressive illness and anxiety states 100-150/1000	10-15%	210-315
Adjustment disorders and distress 150-300/1000	15-30%	315-630

Source: Guidance for commissioners of perinatal mental health services. JCPMH. http://www.jcpmh.info/wp-content/uploads/jcpmh-perinatal-guide.pdf. Accessed 10/11/16

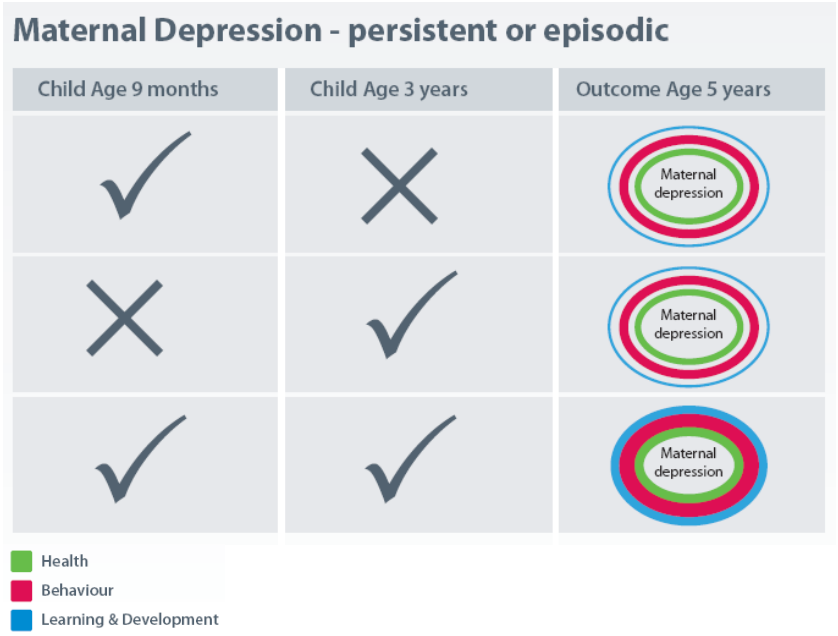
The impact of perinatal mental illness

- Mental illness is one of the leading causes of maternal deaths in the UK (Knight et al., 2014).
- If mental health problems are left untreated, women can continue to have symptoms detrimental to their wellbeing, sometimes for many years, which can also affect their children and other family members (NICE, 2016)
- Poor maternal mental health during pregnancy and the first year has important consequences for the impact on infant health. This is a critical time for brain development and forming a secure parent-child attachment in the early years is key to a baby's social and emotional development (DH, 2009). Maternal depression can be debilitating and impact on the mother's ability to nurture. Research shows that perinatal mental illness, most commonly depression, increases the likelihood that:
    - The baby will be premature or have a low birth weight
    - The baby may not develop a secure attachment relationship with the mother
    - The child will experience behavioural, social or learning difficulties
    - The child will develop depression in adolescence (CHIMAT)

Figure 1 shows the effect maternal depression can have on the outcome of the child at 5 years. Maternal depression increases the risk of mental illness in children to the extent that they are five times more likely to have a mental health problem, more than three

times more likely to have an emotional problem that persists for at least three years and almost seven times more likely to have conduct problems that persist for at least three years (DH, 2011).

Figure 1: Impact of maternal depression on infant health and wellbeing at age 5 years.



Source : Chimat (PREview: Visualisation diagrams)

Current activity & services

Bedfordshire currently does not have a specialist perinatal mental health service for women who are experiencing mental health problems during pregnancy or after giving birth. As a result of this lack of provision, Bedfordshire is currently rated red (indicating a score of 0 out of 5) by the Maternal Mental Health Alliance. http://maternalmentalhealthalliance.org//wp-content/uploads/UK-Specialist-Community-Perinatal-Mental-Health-Teams-current-provision_2015.pdf

The management and care of mothers with mental illness in the perinatal period is undertaken by a variety of primary and secondary care services. Since 2013 the commissioning of Maternity Services and Tiers 1-3 mental health services is the responsibility of the Bedfordshire Clinical Commissioning Group (BCCG). Health Visiting became the responsibility of Local Authorities in October 2015. NHS England is responsible for the commissioning of Tier 4 mental health services.

East London Foundation Trust (ELFT) are the current providers of mental health services in Bedfordshire and their services include:

- Assisted self-help
- IAPT
- Community Mental Health Services
- Crisis team

Midwives and Health Visitors receive training on the detection of mental illnesses. Women are asked about previous and current mental health issues at booking and during pregnancy and the postnatal period, using prediction questions and detection questions (based on the Whooley questions and GAD 2). If this is positive for mental health problems they can further assess using the PHQ-9 or GAD-7 assessment tools to determine severity and the most appropriate referral. Health Visitors can offer 4-6 listening visits for mild depression/anxiety where appropriate.

Children's Centres offer social support for new mothers and FACES is well-established local charity that offers practical and emotional support for new mothers.

Bedfordshire Clinical Commissioning Group (BCCG) identified parental mental health (including perinatal mental health) as a commissioning intention priority for 2017/18.

In response to the Future in Mind report (DH,2015) the Bedfordshire and Luton Local Transformation Plan 2015-2020 set out the strategic priorities and service transformation plans for improving the emotional wellbeing and mental health for children and young people in Bedfordshire and Luton over the five year period. This included a focus on perinatal mental health. Work to develop and enhance the perinatal mental health provision is underway. This will include additional specialist support within maternity units and a new CAMHS parent/infant psychotherapist. Midwives, health visitors and other professionals working in the wider early years workforce will be trained in perinatal and infant mental health. This will assist with effective identification of mothers and infants; whilst Health Visitors will be trained to deliver effective low level interventions.

National & Local Strategies (Best Practices)

National

- Future in Mind. Promoting, protecting and improving our children and young people's mental health and wellbeing (DH, 2015)
- Antenatal and postnatal mental health (NICE, 2016)
- Guidance for commissioners of perinatal mental health services, (JCPMH, 2012)
- No Health Without Mental Health (DH, 2011)
- Management of women with mental health issues during pregnancy and the postnatal period (RCOG, 2011)
- The Healthy Child Programme pregnancy and the first five years, (DH, 2009)

Local

- Bedford Borough Health and Wellbeing Strategy (2014)
- Bedford Borough Public Health Strategy 2013/14
- Bedford Borough Partnership Framework for Bedford Borough's Children, Young People and Families 2014-2017.
- Bedford Borough Early Years Strategy – Securing Firm Foundations 2015-18

- Bedford Borough Early Help Strategy 2015-18

What is this telling us

Perinatal mental illness affects a significant number of women and has impacts on both the mother and child's mental and physical health, and impacts on the wider family. Early identification of mothers at risk of postnatal mental illness is key and a robust pathway should ensure that the treatment is appropriate and effective depending on need.

As a large proportion of women who suffer from mild to moderate depression are either not identified or do not seek help, routine antenatal and postnatal care should include regular opportunities to discuss and assess mental health. Prompt access to services to treat women suffering with mental health issues during pregnancy and the year after is crucial.
The need for a specialist perinatal mental health service is recognised but would require additional funding.

What are the key inequalities?

Risk factors associated with increased risk of perinatal mental illnesses

- History of mental illness
- Family history of mental illness
- Antenatal psychological disturbance – e.g. anxiety or depression
- Lone parent or poor couple relationships
- Low levels of social support
- Stressful life events
- Low social status
- Teenage parenthood
- Early emotional trauma/childhood abuse
- Unwanted pregnancy

(Hogg, 2013)

What are the unmet needs/ service gaps?

In response to the Future in Mind report (DH, 2015) stakeholder workshops were held to discuss services for perinatal mental illness and identified the following gaps in provision:

- A specialist perinatal team
- Women "in the middle"/struggling with low mood and attachment are often missed or there is little support
- Evidence based training in perinatal mental health for all staff involved in the pathway (e.g. midwives, mental health staff, health visitors, GPs and primary care staff)
- An integrated pathway across primary and secondary care

- Waiting times for IAPT are assumed to be longer than 2 weeks (NICE guidance) so health professionals are not always confident in making referrals
- A care pathway to identify mother-baby attachment issues and lack of known services available to provide parent-infant interventions (Infant Mental Health Pathway)
- Inconsistent or no routine collection of data relating to women accessing mental health services in the perinatal period
- Referral links to other relevant services including Early Help and services to support issues including domestic violence and drugs and alcohol
- A family approach to involve partners and address their needs as appropriate
- Ongoing running of a CBT focused group (Mums' Matters) which has addressed the service gap for moderately depressed mothers and their partners

What should we be doing next?

Continue to explore funding opportunities for a specialist perinatal mental health service.

Continue to develop local perinatal mental health services as part of an integrated care pathway that will:

- Identify women with poor mental health through consistent antenatal and postnatal maternal mood assessments
- Enable prompt access to appropriate services for women during the perinatal period
- Support infant mental health

Ensure staff involved in the pathway at all levels are trained in perinatal and infant mental health appropriate to their level of intervention,

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