1001 Critical Days

Perinatal Mental Health Challenges

- Evidence has shown that between 10 and 20% of women develop a mental illness either during pregnancy or within the first year after having a baby. Women who experience disadvantages such as social exclusion or poverty are at a higher risk of developing perinatal depression. The risk of depression is twice as high for teenage mothers.

- Research by the National Childbirth Trust (NCT) found that nearly half of new mothers' mental health problems are not picked up by a health professional[i].

- Whilst traditionally much focus has been placed on Postnatal Depression, recent advances in neuroscience[ii] have demonstrated that mental health problems occur during the antenatal period and that problems go beyond depression, to include anxiety, psychosis, post-traumatic stress disorder and other conditions.

- The mental health of mothers has a significant impact on the emotional wellbeing and development of their child(ren) within the critical 1000 days period. Some 28 per cent of mothers with mental health problems report having difficulties bonding with their child[iii]. The report, *Postnatal Depression and Emotion: The misfortune of mother-infant interactions*, notes that '*mothers suffering from depression find it difficult to respond to their babies' needs and to communicate with them'*[iv]. Research suggests that this initial dysfunctioning of mother-baby relationships affects children's development by impairing babies' psychomotor and socio-emotional development[v].

- As well as the direct impact on the child, it can have longer term adverse effects on the parents and wider family. The onset of a maternal mental health condition can precipitate relapse or recurrence of previous mental illness, has the potential to herald the onset of long-term mental health problems, and is associated with an increased risk of maternal suicide[vi].

- Postnatal depression has also been linked with depression in fathers and with high rates of family breakdown[vii]. In addition, depression in mothers appears to increase the risk of poor birth and child outcomes. These include higher rates of spontaneous abortion, low birth weight babies, developmental delay, retarded physical growth, and physical illnesses such as chronic diarrhoeal illness.

- There is a body of evidence to show that children born to depressed mothers do less well educationally, experience higher levels of behavioural problems[viii] and are more likely to develop psychological problems in later life[ix]. This leads to a higher risk of poor emotional, intellectual, social and physical development leading to anxiety, depression, ADHD, slower learning, doing worse at school and a higher risk of criminal behaviour.

The role of counselling and other psychological therapies

Evidence demonstrates that psychological therapies are a key intervention in helping to reduce the adverse effects of maternal mental health conditions and in reducing depressive

symptoms in mothers. Nice guidelines state that self-help strategies (guided self-help, computerised cognitive behavioural therapy or exercise), non-directive counselling delivered at home (listening visits) or brief cognitive behavioural therapy and interpersonal psychotherapy can be effective psychological interventions for postnatal depression.

Timely psychological support is essential in order to effectively support expectant and new mothers with mild or moderate mental illness. Pregnant women and new mothers who have been identified as experiencing mental ill health should be given priority access to psychological therapies, including counselling. Women who have a recorded history of mild to moderate mental health issues should be offered access to counselling or other psychological therapies once they indicate their desire to become pregnant or once they become aware of a pregnancy.

The case for stronger Government intervention

BACP welcomes the Government's ambition to achieve parity of esteem between mental and physical health and the £365million currently being invested in specialist perinatal mental health services. Building on this, we now need to address the "**hidden half**" of maternal mental health problems that are not identified and treated.

Analysis by the Centre for Mental Health and London School of Economics recently highlighted the real cost in budgetary terms of managing maternal mental health and its wider impact. Their analysis found that perinatal depression, anxiety and psychosis **together carry a total long-term cost to society of about £8.1 billion** for each one-year cohort of births in the UK. This is equivalent to a cost of just under £10,000 for every single birth in the country[x].

Their report concluded that whilst perinatal mental illnesses cost the NHS around £1.2 billion for each annual cohort of births, it would cost only an extra £280 million a year to bring the whole pathway of perinatal mental health care up to the level and standards recommended in national guidance and alleviate many of the challenges. This therefore demonstrates that the **cost to the public sector of perinatal mental health problems is five times greater than the cost of providing the services that are needed to address them.**

Recommendations

1. Research by the National Childbirth Trust (NCT) found that nearly half of new mothers' mental health problems are not picked up by a health professional. BACP supports their call to add into the GMS contract a requirement for GP practices to give every new mother a separate appointment for the maternal six-week check, including a **supportive discussion about her emotional and mental wellbeing**. It is estimated this would require the modest investment of some £30m per annum.

2. BACP calls for improved access to counselling for all expectant mothers as a matter of course, with those mothers currently experiencing mental ill health to be given priority access.

3. Alongside the NCT's recommendation for improved training in relation to maternal mental health, BACP would like to see GP's have an increased awareness of counselling and psychotherapy and how to access these services.

The British Association for Counselling and Psychotherapy

The British Association for Counselling and Psychotherapy (BACP) is delighted that this debate is being held. BACP is the leading professional body for counselling and psychotherapy in the UK, with over 49,000 practitioner members. BACP recognises the critical role that counselling and psychotherapy can play in helping to manage the adverse effects of maternal mental illness - our evidence therefore focuses primarily on the role and impact of talking therapies. BACP are proud members of the Maternal Mental Health Alliance (MMHA), a coalition committed to improving the mental health and wellbeing of women and their children in pregnancy and within the first postnatal year. We also support the work of the Parent Infant Partnership (PIP), calling for parent and infant partnership teams to be available to all families who need additional support at such a crucial time.

All BACP members are bound by the Ethical Framework for the Counselling Professions and within this, the Professional Conduct Procedure.

For further information, please contact: publicaffairs@bacp.co.uk

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[i] Hemming, L (2018) (For NCT) What is the evidence of direct impact from a GP maternal six-week postnatal check on mental health outcomes?'

[ii] BPS Journal Vol 28, *What has neuroscience ever done for us?,* Roiser, J, April 2015

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[v] Glavin, K. Smith, L. Sorum, R. and Ellefsen, B. (2010) *Redesigned Community Postpartum Care to Prevent and Treat Postpartum Depression in Women – a one-year follow up study*. Journal of Clinical Nursing, Vol 19 (21-22): pp 3051-62

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viii Weissman M, Feder A, Pilowsky D, Olfson M, Fuentes M, Blanco C, Lantigua R, Gameroff M, Shea S. Journal of Affective Disorders 2004; 78: 93-100(8)

ix Lees M. Gender, ethnicity and vulnerability in young women in local authority care. British Journal of Social Work 2002; 32: 907-922

[x] LSE and Centre for Mental Health, 2014, *The costs of perinatal mental health problems*