Maternal Mental Health Alliance Submission to the Health and Social Care Select Committee's 1001 Days Inquiry

The Maternal Mental Health Alliance is a coalition of over 80 national charities and Royal Colleges working together to ensure that all women get consistent, accessible and quality care and support for their mental health during pregnancy and in the year after birth.

We welcome the Select Committee's recognition of the importance of the critical first 1001 days of life, and your scrutiny of national and local activity on this issue in England.

As an Alliance, our focus is on perinatal mental health (the mental health of mothers between conception and their babies' first birthday). The evidence shows us that a child's brain development is shaped by their environment in the womb and then by early experiences. When a mother has poor mental health in pregnancy, this can affect fetal development.[i] After birth, relationships and interactions with caregivers are critically important, and when mothers suffer from perinatal mental health problems, it can be harder for them to provide children with the sensitive and responsive early care that is so key to brain development.[ii] It is clear that adequate action to prevent, detect and treat perinatal mental health problems, including addressing its impact on the child, is a necessary part of any strategy ensure children have the best start in life.

Perinatal mental health and the first 1001 days

Antenatal and postnatal mental health problems affect more than 1 in 10 mothers. The impact of these perinatal mental health problems on women and their families – and on wider society - can be devastating, yet most of these problems still go unrecognised, undiagnosed and untreated, leading to avoidable suffering for women and their families.[iii, iv]

Although it is not inevitable, perinatal maternal mental illness substantially increases the risk of a child experiencing a range of poor health, educational and social outcomes across their life course. For example, several robust studies have shown relationships between moderate to severe maternal perinatal anxiety and depression, and subsequent doubling of the risk of emotional and conduct problems in children in their teens and beyond.[v] In 2014, a report by LSE showed that, as a result, the costs of perinatal mental illness are currently £8.1bn for every annual cohort of births. 72% of these cost relate to the impact on the child.[vi]

National Strategy and Leadership

Whilst there is some good work underway in a few specific policy areas, there is no overarching strategy in Whitehall to ensure that all children have the best start in life. Neither is there clear Ministerial responsibility or leadership of a system-wide response for this important life stage. Both are urgently needed.

The Government's recent Children and Young People's Mental Health Green Paper[vii], and consultation response described "an ambition for early intervention and prevention" in children's mental health, but in "putting schools and colleges at heart of our efforts to intervene early and prevent problems escalate" it dramatically failed to recognise the critical importance of, and opportunity provided by, intervention in the earliest years of life.

The more recent announcement of Andrea Leadsom's cross-government Working Group on the first 1001 days is welcome. This group must consider how Government can deliver sustained, evidence-based, joined-up work to support families in early life. A one-off working group is helpful but to drive real change, accountability for the first 1001 days must be embedded within Ministerial roles and committees, and become part of 'business as usual'.

Many factors influence early childhood development, and many services can work with families during this period. Joint working is difficult given that the system is fragmented, with different structures and priorities. Commissioning sits with different agencies, and delivery of services falls to a number of providers, which are rarely co-terminus, and

which have different cultures, goals and funding regimes. Without clear vision, leadership and accountability at a national and local level, supported by strong partnership working, there cannot be a joined-up strategic approach to the first 1001 days and families will fall through the gaps.

National Strategy for Perinatal Mental Health

Prevention, detection and treatment of perinatal mental health, and work to mitigate its impact on children, is a necessary – although not sufficient – element of ensuring that all children have the best start in life.

As an Alliance, we welcome Government's investment in specialist community perinatal mental health teams and mother and baby units. These services are incredibly important. However, tackling perinatal mental health problems requires more than the development of specialist services. These services see women with the most severe problems and play an important leadership role across the sector, but the majority of women with perinatal mental health problems will not reach the thresholds for their care.

Alongside work to develop specialist services, we would welcome a national perinatal mental health strategy from Government, supported by whole-system leadership and covering prevention, detection, treatment and recovery to reduce the incidence of perinatal mental health problems and their impact on women and families. Such a strategy would include:

- System-wide, public health approaches to understand and address drivers of perinatal mental illness (recognising, for example, how poverty and adverse childhood experiences can increase the incidence and impact of perinatal mental illness.)
- Strengthening training and resourcing of universal services, so that they can play their role in prevention, detection and treatment and/or referral of women with perinatal mental health problems.
- Continuation of the current programme of work to development of specialist community and inpatient services, improving the quality and reach of these services, including ensuring that services meet the recommended response times found in the Royal College of Psychiatrist service specifications.[viii]
- Drivers to encourage local leadership and joint strategic working in order to develop integrated local perinatal mental health care pathways to ensure that women receive the right care at the right time.
- Support for high quality, evidence-based interventions to support the mother-infant relationship in families where this is required.
- Work to improve the support that primary and secondary mental health services provide for families pre-conception and during the perinatal period. In particular, ensuring the provision of high-quality, timely psychological therapies which meet the specific needs of mothers and father in the perinatal period.
- Holistic approaches that recognise the relationships between women's physical and mental health (for example the impact of fertility problems, miscarriage, premature birth, birth injury and feeding challenges on women's mental health.)
- Monitoring, support and challenge to the system to ensure that services are accessible and effective for all women, including those from traditionally marginalised and underrepresented communities, such as women in the criminal justice system, asylum seeking women, and those who have had children removed.

- A recognition of the importance of fathers - not only as parents and partners who can support women affected by perinatal mental illness and provide important care to babies, but also as people who may have their own mental health problems and need support.
- Strengthening the role and integration of the other services in the system (eg. children's services and the voluntary sector) so that they also support families affected by perinatal mental illness.

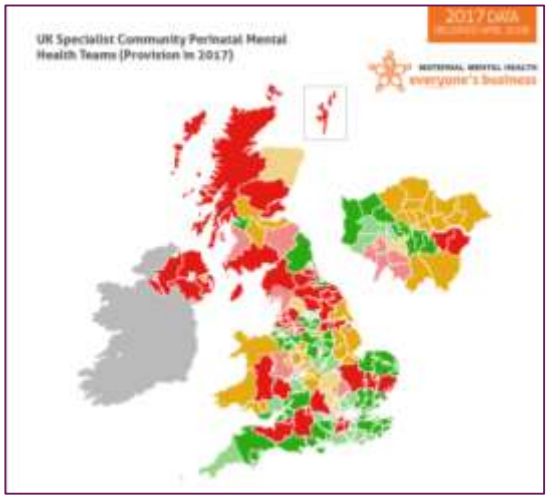
Current Spending and Investment

We welcome the new funding that Government has invested in specialist perinatal mental health provision, and the work led by NHS England to support the development of new specialist community perinatal mental health teams and mother and baby units. Funding for specialist services – which will enter CCG baselines in April 2019 – must continue to be used to deliver well-planned and coordinated, high quality services that are NICE compliant and meet the Royal College of Psychiatrists CCQI quality standards. We are calling on NHS England to publish national standards about what should be spent on specialist services, and data about throughput of services and spending in each CCG area. This must be publically available to enable all stakeholders to scrutinise spending and hold CCGs to account for the proper provision of services.

However, as described above, specialist services are only part of the response required to tackle perinatal mental illness and to give every child the best start in life. And, across the wider system, spending cuts have undoubtedly had a significant impact on other services and therefore on the experiences and outcomes of children and families. For example, cuts to services such as children's centres and health visiting will make it much harder to prevent and detect perinatal mental health problems and to support families who are struggling. In recent years, local authorities and CCGs have not had the resources, nor the incentives, to focus on high quality prevention and early intervention work which are so critical in the first 100 days of life. In fact, reductions in public health funding by local authorities have often fallen most heavily on those services aimed at improving children and young people's health.[ix]

It can be difficult for local commissioners to make the case for investing in early intervention and prevention, particularly in a tight fiscal climate. Whilst there is clear evidence that investment in early life generates future savings, these can often feel intangible. It is hard to quantify what we prevent from happening. The providers and commissioners who are required to invest in early life are often not those who will benefit from later savings. And savings are made in the future –often far beyond the budget cycles and political terms that guide most public sector decisions. National government must provide the leadership, incentives and long-term vision to drive investment in early intervention and prevention across the system, doing so not only because such investment will generate later returns, but because it is the right thing to do for our children, families and communities.

Local provision



Provision and performance of services for families affected by perinatal mental illness around the country is hugely variable. The Maternal Mental Health Alliance's Everyone's Business Campaign Maps powerfully show the gaps in provision of specialist services in the UK. If we mapped other types of provision, such as specialist midwives, across the country, the maps would be similar. There are patches of good practice across different services around the country, (which we would be happy to share with the committee), but a postcode lottery exists and many women cannot access the high quality services they need across the pathway of care.

Other consistent gaps in provision, which concern us, include:

- The transfer of health visiting to local authorities, together with cuts to budgets, has led to dramatic losses in health visiting services. There has been a loss of over 1000 health visitors in England since 2015.[x] PMH is one of six 'high impact areas' for health visiting,[xi] but it is not always included in families' five mandated contacts with health visitors – if indeed these contacts happen at all.
- GPs are not currently adequately resourced to carry out postnatal checks for mothers, and there are also often gaps in their training around perinatal mental health. At the moment, six week postnatal checks for mothers are not included in the GP contract. [xii]
- Every maternity and health visiting service should have a Specialist PMH Midwife and Health Visitor to champion the needs of women with perinatal mental illnesses and drive improvements. In 2013, the Health Minister stated an ambition to have specialist staff available in every birthing unit by 2017[xiii]. In 2018, despite some improvements, we know from our local work, that these staff do not exist in most areas.
- Despite the importance of early intervention, there are huge gaps in the provision of infant mental health care. Whilst CAMHS commissioners should provide for children aged 0-19, they are not held to account for doing so, and many do not commission services for younger children, such as help for families experiencing problems in early parent-infant relationships.
- The loss of children's centres has made it harder to provide outreach and prevention services to families, and for services to find accessible, non-stigmatising venues to deliver care.
- Whilst some areas, such as Warwickshire and Gloucestershire, have local leadership and joined-up strategic working around perinatal mental health, this does not exist in many places. This creates a significant barrier to the development of effective care pathways which require multiple agencies to work together with a shared vision.

Through our Mums and Babies in Mind project, we have developed a Pathway Assessment Tool, which sets out in some detail what a high quality, evidence based, system wide response to perinatal mental health would include. The tool, available here enables, local partners to review their provision against quality standards to identify strengths and gaps in local provision, which can then inform quality improvement.

Whilst the picture is often bleak, there are many examples of innovative and excellent practice in perinatal mental health care, across universal, specialist services and the voluntary sector. Many of MMHA's members and the local partners we work with are delivering a range of innovative and excellent practice, which we would welcome the opportunity to share with you if this can support the inquiry.

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[iv] Hogg, S. (2013). Prevention in mind. All babies count: Spotlight on perinatal mental health. *NSPCC, London*.
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[vii] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper
[viii] https://www.rcpsych.ac.uk/pdf/Perinatal_specialist_community_mental_health_team_service_spec_template_May2018.pdf
[ix] https://www.hsj.co.uk/newsletter/sectors/public-health/warning-public-health-cuts-risk-child-obesity-rise/7006403.article?WT.tsrc=email&WT.mc_id=Newsletter307
[x] https://www.rcn.org.uk/professional-development/publications/pub-006200
[xi] https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children
[xii] NCT, (2017). The Hidden Half – Bringing Postnatal Mental Illness out of hiding. NCT, London.
[xiii] https://www.nursingtimes.net/roles/mental-health-nurses/all-maternity-units-to-get-specialist-mental-health-staff/5065248.article