Scotland
Perinatal Mental Health is Everyone’s Business

February 2018
Perinatal mental illnesses are very common, affecting more than 1 in 10 women at some point during the perinatal period. Examples of these illnesses include antenatal and postnatal anxiety and depression, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and postpartum psychosis. These conditions can develop suddenly and range from mild and moderate to extremely severe, requiring different kinds of care and/or treatment.

However, due to inadequate investment, women and their families face the stark and unacceptable situation of a postcode lottery in provision of specialist community perinatal mental health services and there is an inconsistent and inadequate approach within professional training.

NSPCC and Maternal Mental Health Scotland research found significant gaps in provision of equitable perinatal mental health services in all areas of Scotland. In two thirds of Scotland perinatal mental health services are delivered by generic adult community mental health teams. None have dedicated clinical time from a perinatal mental health psychiatrist.

The Everyone’s Business campaign in Scotland

The Everyone’s Business campaign calls for all women throughout the UK who experience perinatal mental health problems to receive the care they need, wherever and whenever they need it.

To achieve these goals in Scotland, investment in new service development will be required in the following areas:

- Community specialist perinatal mental health services
- Specialist CAMHS-IMH services
- Local multi-professional perinatal mental health networks should be established in each NHS Board

Current gaps – specialist perinatal mental health services in Scotland

Scotland has committed to implement the SIGN 127 Guideline on managing perinatal mood disorders and has also prioritised perinatal mental health in the Best Start for the Maternity and Neonatal Care Plan for Scotland.

SIGN 127, the national clinical Guideline on managing perinatal mood disorders, presents a vision of what a world class service for perinatal mental health would look like, using learning from the Confidential Enquiry into Maternal Deaths. In some parts of Scotland, women do receive world-class care. However, in many areas perinatal mental illness goes unrecognised, undiagnosed and untreated, leading to avoidable suffering for women and their families.

All these problems warrant attention, whenever they occur in the perinatal period. The good news is that with the right help, women can recover from these illnesses – however, investment is required.
UK specialist community perinatal mental health teams (current provision)

![Map of UK specialist community perinatal mental health teams]

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>COLOUR</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Orange</td>
<td>Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours</td>
</tr>
<tr>
<td>2</td>
<td>Gold</td>
<td>Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time</td>
</tr>
<tr>
<td>1</td>
<td>Pink</td>
<td>Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only</td>
</tr>
<tr>
<td>0</td>
<td>Red</td>
<td>No provision</td>
</tr>
</tbody>
</table>

**Disclaimer:** Details in this map and levels of provision have been assessed using the best information available at the time of printing. Please contact info@everyonesbusiness.org.uk if you suspect any inaccuracy.

Source: [www.maternalmentalhealthalliance.org/campaign/maps](http://www.maternalmentalhealthalliance.org/campaign/maps)
Human costs of undiagnosed or untreated perinatal mental illnesses include:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Avoidable suffering</strong></td>
<td>Perinatal mental illness can cause intense, debilitating, isolating and often overwhelming suffering for women.</td>
</tr>
<tr>
<td><strong>Damage to families</strong></td>
<td>Perinatal mental illness can have a long-term impact on a woman’s self-esteem and relationships with partners and family members.</td>
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<tr>
<td><strong>Children</strong></td>
<td>Perinatal mental illness can have an adverse impact on the interaction between a mother and her baby, affecting the child’s emotional, social and cognitive development, if mother is not offered timely treatment and support.</td>
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<tr>
<td><strong>Suicide or serious injury</strong></td>
<td>In severe cases, perinatal mental illness can be life-threatening. Suicide is a leading cause of death for women during pregnancy and in the year after giving birth.</td>
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</tbody>
</table>
Economic Costs of perinatal mental health problems

The costs of perinatal mental health problems report by the London School of Economics and Centre for Mental Health identified that perinatal mental health problems carry a total economic and social long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. Of these costs 28% relate to the mother and 72% relate to the child.

The cost to the public sector of perinatal mental health problems is 5 times the cost of improving services. If perinatal mental health problems were identified and treated quickly and effectively, serious and often life-changing human and economic costs could be avoided.

Urgent Scotland needs:
In line with the Everyone’s Business Call to ACT, Scotland has specific needs to address the inequality of services:

A. Accountability for perinatal mental health care should be clearly set at a national level and complied with.

The National Mental Health Strategy 2017 – 27 commits to establish a managed clinical network for perinatal mental health. However, there is NO resource attached for services.

• The Government must dedicate funding for specialist perinatal mental health services to ensure national spending reflects the policy aspirations around perinatal mental health.

C. Community specialist perinatal mental health teams meeting national quality standards should be available for women in every area of the UK.

Currently, in two thirds of Scotland perinatal mental health services are delivered by generic adult community mental health teams.

• The Government should invest in a coordinated systematic approach by all NHS Boards to develop local specialist perinatal mental health services.

T. Training in perinatal mental health care should be delivered to all professionals involved in the care of women during pregnancy and the first year after birth.

A majority of health boards in Scotland (71%) do not have any midwives or health visitors with accredited training in perinatal mental health.

• All professionals working with women should complete training on perinatal mental health using the NES Maternal Mental Health eLearning module.

Funding to provide specialist community perinatal mental health services in Scotland

• The Rt Hon David Cameron MP (former Prime Minister), has committed a total of £290 million for perinatal mental health services over the next 5 years to England (January 2016) in addition to £75 million committed by the former Chancellor of the Exchequer, George Osborne (Budget 2015)

• As a useful start, funding needs to be secured for Scotland to develop sustainable specialist community perinatal mental health services through funding pledged via the Barnett formula.

• Although both Wales and Scotland received a proportionate sum of the UK funding for specialist perinatal mental health, only Wales ring-fenced its proportionate consequential. It is now working swiftly to use this money to plug the gaps in availability of local specialist services.

• The Scottish Government must urgently replicate the Welsh example and priorities perinatal mental health in its spending commitments to improve access to perinatal mental health services and to ensure early and equitable access is available to high quality services across Scotland.

• The extensive scientific evidence, as well as the guidance from NICE and SIGN (Scottish Intercollegiate Guidelines Network), show that these developments need urgent action. The Confidential Enquiry into Maternal Deaths and Morbidity (2017) says that maternal suicide is the third largest cause of direct maternal death in the first few weeks, but is the leading cause of death when looked at over a year.
The Everyone's Business campaign is calling on the Scottish Government to urgently address the current lack of perinatal mental health provision and to set aside dedicated investment to prevent unnecessary suffering for women and their families and to secure huge reductions in public spending.

**Maternal Mental Health Scotland**

Maternal Mental Health Scotland (MMHS) brings together women, families and partners and those who work with people affected by perinatal mental ill health. It aims to ensure that women, their families and partners, who are at risk of or experience perinatal mental ill health, have equitable access to best-evidenced care throughout Scotland, through the promotion of research, education, service innovation and public awareness. MMHS promotes the advancement of quality perinatal mental health care across the health and social care spectrum in Scotland.

Maternal Mental Health Scotland is working in partnership with the Everyone's Business campaign to secure local specialist perinatal mental health services across Scotland. Maternal Mental Health Scotland is also campaigning for a spectrum of provision across all tiers of health and social care – in line with the Scottish Government’s preventative policy approach as set out in GIRFEC (2007), the new Health Visitor Pathway (2015), Best Start for Maternity Services (2017) and the Early Years Framework (2017) – to deliver appropriate and timely support for women at every stage of their journey through pre conception, prevention, early detection, treatment and recovery.

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**Contact**

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i. The terms perinatal and maternal are often used interchangeably. But to avoid any confusion, we use the term perinatal when describing the mental illnesses that this campaign focuses on. Peri’ is the Latin for ‘around’, and natal is the Latin for ‘birth’. So perinatal mental illness refers to mental illness during pregnancy and one year after birth.

ii. The Costs of Perinatal Mental Health Problems Oct 2014 The London School of Economics and The Centre for Mental Health


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2. https://www.npeu.ox.ac.uk/mbrace-uk/reports


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With thanks to Action on Postpartum Psychosis (APP) who host the MMHA Everyone’s Business Campaign