

MATERNAL MENTAL HEALTH

A BRIEFING FOR INTEGRATED CARE SYSTEMS



Summary

- ⦿ Maternal mental health problems are common and can be extremely serious. Timely access to effective help can make a big difference to long-term health outcomes for mothers and generations to come
- ⦿ Integrated care systems can ensure that comprehensive and evidence-based support is provided to women and birthing people during the perinatal period
- ⦿ Maternal mental health care must be developed equitably, adapting to the needs of groups of women with higher risk and poorer access to effective support
- ⦿ Universal services – midwifery, general practice, and health visiting – are vital to identify needs and provide timely support
- ⦿ Access to NHS Talking Therapies is essential for women with many diagnosable mental health difficulties during the perinatal period
- ⦿ Specialist community perinatal mental health services are a priority for the NHS Long Term Plan and can meet the needs of women with more serious and complex conditions
- ⦿ Adequate provision of specialist Mother and Baby Inpatient Units prevents women being separated from their babies if they need to be admitted to hospital
- ⦿ The voluntary sector, including peer support, plays a vital role and needs to be commissioned and properly funded.



INTRODUCTION

One woman in five experiences a mental health problem during pregnancy or after they have given birth. The most common mental health problems during pregnancy and after giving birth are depression and anxiety. Maternal mental health problems can have a devastating impact on the women affected and their families.

Guidance for the NHS states that perinatal mental health problems always require a speedy and effective response, including rapid access to psychological therapies when they are needed (NICE, 2014).

Integrated care systems (ICSs) have a unique opportunity to ensure that all women who need support for their mental health during the perinatal period get the right level of help at the right time, close to home.

This briefing was commissioned by the Maternal Mental Health Alliance who are dedicated to ensuring all women, babies and their families across the UK have access to compassionate care and high-quality support for their mental health during pregnancy and after birth.

NOTE ON TERMINOLOGY


This briefing uses the term 'mothers,' but we recognise that perinatal mental health issues affect women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth. It is vital that integrated care systems take an inclusive approach to provide support to all birthing people for their mental health and wellbeing.

WHY MATERNAL MENTAL HEALTH MATTERS

Maternal mental health difficulties are common, and without the right support they can have serious and potentially devastating consequences for women and their families.

- ⦿ Suicide is the leading cause of death among women in the year after pregnancy (MBRRACE-UK, 2022)
- ⦿ Maternal mental health difficulties cost £8.1 billion annually in England: equivalent to £190 million for an average-sized integrated care system (Bauer *et al.*, 2014)
- ⦿ Maternal mental health difficulties can have serious and lasting effects on the health and wellbeing of their baby.

This is neither inevitable nor irreversible. With the right systems of support in place, maternal mental health difficulties can be prevented, and help offered quickly can reduce the risk of escalation and support recovery.



There are significant inequalities in the risks women face to their mental health and the chances of them getting access to high-quality care and support:

- ⦿ Domestic abuse is a major risk factor for poor mental health and death by suicide amongst women (MMHA, 2023)
- ⦿ Poverty, previous experiences of mental ill health, and trauma are also major risk factors during pregnancy and after birth (MMHA & IHV, 2023)
- ⦿ Women from racialised communities in the UK face higher risks of poor mental health and poorer access to mental health support (Maternity Action, 2018)
- ⦿ Black mothers are over three times more likely to die during childbirth (MBRRACE, 2022): a structural racial disparity that places greater stress on their mental health at this time (Igwe, 2022) and reduces trust in the safety and quality of support available from health services. Experiences of oppression and discrimination mean that Black communities are less likely to trust mainstream mental health services in the UK (Commission for Equality in Mental Health, 2020)
- ⦿ Young mothers are at increased risk of experiencing mental illness during pregnancy and after birth compared to those over 25, with postnatal depression up to twice as prevalent in teenage mothers compared to those over 20 (Salisbury *et al.*, 2021).

WHAT INTEGRATED CARE SYSTEMS CAN DO

A SYSTEMIC APPROACH TO MATERNAL MENTAL HEALTH

Integrated care boards and partnerships have a statutory role in population health management. They are uniquely able to bring together the NHS, local government, multiple other public services, and civil society organisations to explore how best to improve health for all, to reduce health inequalities, and to use public money wisely in their areas.

There are few better areas for population health management than maternal mental health and wellbeing. It is a unique opportunity to improve the lives of women and establish good building blocks for the next generation. Good maternal mental health boosts a baby's wellbeing, with lifelong benefits (Bauer *et al.*, 2014).

All of the integrated care strategies that we have reviewed to date (March 2023) have made clear commitments to give all children a healthy start in life and to address health inequalities in early years. This is a strong foundation for integrated care systems to build on. And taking a systemic approach to maternal mental health is essential to giving every baby and child a good chance of a healthy start in life.

The Institute of Health Visiting and Maternal Mental Health Alliance (2023) have published a guide to help systems think about what they are doing well to respond to maternal mental health locally, where they require improvement, and how to embed good practice.

DELIVERING ON NHS ENGLAND'S LONG TERM PLAN

The NHS England Long Term Plan pledges significant expansion and improvement in perinatal mental health support. Specifically, the Mental Health Implementation Plan (NHS England, 2019) says that:

"By 2023/24:

- ⊙ *At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies. Their partners will be able to access an assessment for their mental health and signposting to support as required;*
- ⊙ *Maternity Outreach Clinics will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience."*

The majority of additional funding for ICSs for perinatal mental health care (a total by 2023/24 of £239 million nationally) was earmarked for specialist community services, to be used flexibly according to local needs.

The Long Term Plan also commits to a "new approach to young adult mental health services for people aged 18-25 [to...] support the transition to adulthood". This will include young parents, whose needs will be distinct and require particular attention. The 2022 confidential enquiry into maternal deaths report from MBRACE noted a statistically significant increase in suicide deaths among teenage women, and identified that: "All the teenagers who died had Children's Social Services involved with their own children, their children were in care and the women had complex problems involving mental health, substance misuse and domestic abuse." Integrated care systems have the opportunity to improve support for young women with multiple and complex needs by bringing together services more effectively across their constituent organisations.

EQUALITY AND EQUITY

For some communities and groups, accessing and getting quality care can be especially difficult, and there are additional barriers for women facing multiple disadvantages and systemic inequality. Integrated care boards and partnerships can provide leadership to ensure that provision for maternal mental health is equitable for the whole population. This means proactively ensuring that groups of women whose needs are less well met by existing services are provided with effective support. This is likely to include:

- ⊙ Mothers from racialised communities
- ⊙ Asylum seekers and refugees
- ⊙ Single mothers
- ⊙ Young mothers
- ⊙ Women living in poverty
- ⊙ Women experiencing domestic abuse
- ⊙ LGBTQ+ parents
- ⊙ Women experiencing multiple adversities such as addiction, homelessness, and exploitation
- ⊙ Neurodiverse and disabled people
- ⊙ Care experienced mothers.

Providing equitable access to maternal mental health care will mean adapting services to meet all women's needs. The voluntary and community sector plays a vital role, reaching women who experience deprivation, discrimination and trauma. For example, the Motherhood Group finds that Black mothers use informal networks for support because they do not trust statutory services, including those providing maternity and mental health care, to be safe or able to meet their needs (Igwe, 2022). Working in partnership with community organisations can help to achieve more culturally competent and better adapted services for women who might otherwise be poorly served or overlooked (Papworth *et al.*, 2021).

Improving maternal mental health care must be included within the implementation locally of the Patient and Carer Race Equality Framework and the Advancing Mental Health Equalities strategy. Critical to both is the creation and use of data to identify how far NHS mental health services are reaching and meeting the needs of pregnant women and new mothers from all social and demographic groups – taking action to close any gaps this makes evident.

A TRAUMA INFORMED APPROACH

Experiences of childhood and adult trauma have a widespread effect on mental health and they can be triggered during pregnancy and after birth.

Specialist perinatal teams who examined this issue indicated that approximately 60-70% of new and expectant mothers accessing specialist mental health care have a background of childhood abuse and trauma. Reaching out to women experiencing these issues is especially important as they are often judged, stigmatised, and might find it very hard to trust professionals. The same is true for people who experience prejudice and discrimination, especially women from racialised communities, LGBTQ+ people, and women with disabilities.

A trauma-informed approach emphasises the value of trusted and non-judgemental relationships and of listening to women's experiences. It highlights the importance of choice and consent and has equity, diversity and inclusion at its heart. Such an approach not only helps support staff, but it also puts emphasis on linked-up, compassionate care being available to everyone.

Listening to the voices of women and families will help services have a better understanding of how to make care feel welcoming and meet the needs of the local community. Integrated care boards and service providers gathering feedback on women's and families' experiences of services is crucial and helps support a continuous cycle of quality improvement.

KEY AREAS FOR ACTION

UNIVERSAL SERVICES: MIDWIVES, GPs AND HEALTH VISITORS

The universal maternity and early years workforce have a vital role to play in quickly identifying women and birthing people who are having difficulties with their mental health, providing support where possible and ensuring they get access to specialist care when they need it.

As per national guidelines, midwives, GPs and Health Visitors should ask about a woman's mental health at all routine antenatal and postnatal appointments. Women and their families should be linked into the support they need at the earliest opportunity. Those women who have a history of severe mental illness should be referred to the specialist perinatal mental health team.

Analysis by the London School of Economics and Centre for Mental Health (2022) found strong evidence that integrating mental health care with maternity and health visiting services was both clinically effective and cost-effective. This integrated model of care involves health visiting and maternity services identifying women in need or at risk, and facilitating access to or providing treatment as part of their routine work with women during and after pregnancy. This proposal could help deliver a solution to local areas that improves the lives of women with common mental health problems and their babies and provides excellent value for money that is likely to produce a significant return on investment.

In this integrated service provision model, women are asked about their mental health and offered low-intensity treatment if they are struggling and feel stressed, anxious or depressed. This would provide the following key support elements, all within a system that is integrated with physical antenatal and postnatal care for mothers and their babies:

- ⊙ **Screening:** Asking every woman in a skilled way about their mental health
- ⊙ **Assessment:** Assessing women's mental health needs
- ⊙ **Treatment:** Offering low-intensity treatments for common mental health problems
- ⊙ **Coordination:** Ensuring women receive necessary subsequent care and support.

The report estimates that full-scale integrated provision across the UK requires an additional 347 midwives, 891 health visitors and 302 mental health practitioners London School of Economics and Centre for Mental Health (2022).

▶ *Integrated care boards and partnerships have an opportunity to develop the universal maternity services workforce so that midwives, Health Visitors and GPs have the time and skill to provide early intervention for women's mental health needs throughout the perinatal period. Integrating mental health care into maternity and health visiting services could help to achieve equity between mental and physical health care.*


In addition, GPs are now incentivised to provide a separate post-natal health check for women and birthing people alongside the six-week appointment for their baby. To date, this has been implemented sparsely (Healthwatch, 2023), but it remains an important opportunity to identify mental health needs following the birth of their baby (Stubbs *et al.*, 2018).

▶ *Integrated care boards can monitor the delivery of GP postnatal health checks through their primary care commissioning responsibility, as recommended by Healthwatch (2023).*




NHS TALKING THERAPIES

NICE guidance (2014) is clear that women experiencing diagnosable mental health problems during as well as after pregnancy need timely access to evidence-based talking therapies. This means being assessed within two weeks of a referral and starting treatment within four weeks.

 ***Integrated care boards can ensure that sufficient supply of the full range of psychological interventions recommended in the guidance is available to women locally, and that referral routes to these services are widely understood, easy to navigate, and within the timescales stipulated by NICE.***


SPECIALIST PERINATAL MENTAL HEALTH SERVICES

Community perinatal mental health services are an essential part of every integrated care system, providing specialist support to women experiencing severe mental health difficulties. They can also bring about wider system change by building up the knowledge and skill of partners in their local areas in perinatal mental health.

 ***Integrated care boards can ensure that their local community perinatal mental health services have sufficient capacity to meet demand, tailored to the needs of all women in their communities, and meet high standards of quality, outcomes and experience.***


The Royal College of Psychiatrists has produced a set of standards for community perinatal mental health services to ensure they provide high-quality treatment and support (Lucas, 2020) and recommendations for the provision of services for childbearing women (Taha and Manning, 2021).

The [Maternal Mental Health Alliance](#) has updated its survey of specialist perinatal mental health service availability across the country. They indicate that most areas of England now offer treatment that meets minimum UK standards, and some areas are meeting the NHS Long Term Plan's ambitions for perinatal mental health care. But in some ICS areas, services do not yet meet minimum standards and the majority are not yet delivering on the Long Term Plan ambitions. This is often because insecure funding, with late budget allocations and no guarantees of continuation, leaves services unable to recruit confidently, putting extra pressure on existing staff members where there are gaps in staffing levels.

 ***Integrated care boards in areas where provision does not meet minimum standards need to explore how to improve specialist service availability and quality. All areas also need to ensure that the money allocated for specialist perinatal mental health services is reaching clinical services.***

INPATIENT SERVICES

For women who need to be admitted to hospital for inpatient care after the birth of their baby, access to Mother and Baby Units can ensure that they do not need to be separated during this crucial time in their lives.

 ***Integrated care boards can ensure that women have access to these facilities within a reasonable distance to home to prevent out-of-area placements or admissions to inpatient units that do not allow them to bring their baby.***


MATERNAL MENTAL HEALTH SERVICES

NHS England's Long Term Plan has committed to delivering new maternal mental health services for women experiencing moderate to severe or complex mental health difficulties linked to their maternity experience. They will offer psychological support and therapy for women who experience baby loss, post-traumatic stress disorder following birth trauma, or fear of childbirth (tokophobia).


VOLUNTARY AND COMMUNITY SECTOR SUPPORT

Statutory health and care services are not always able to reach everyone who needs support with their mental health. For the most marginalised and oppressed groups in society especially, voluntary and community sector (VCS) organisations and user-led groups provide more accessible and relevant support (Commission for Equality in Mental Health, 2020). Peer support and mutual aid groups are essential elements of an equitable and holistic approach to maternal mental health.

Services delivered by VCS organisations work well when they are embedded in local or national clinical services. This helps to ensure there is a clear referral pathway and parents receive the information and support they need.

 ***VCS organisations must be funded fairly for delivering perinatal mental health support, with sustainable investment that allows them to develop their capacity and maximise their potential as well as to deliver services through contract income.***

Voluntary and community sector organisations are not only essential providers of mental health support. They also play an important role as advocates for their communities, and they hold vital information for population health management strategies and service planning. Systems can benefit from working in partnership with VCS organisations in the planning of perinatal mental health services. This requires funding streams that enable organisations to build the capacity to engage independently in service development processes.


 ***Integrated care boards should reach out to relevant VCS organisations to include them as partners in decision-making about perinatal mental health support. As in other areas of health care, this should mean VCS organisations are included within systems' governance structures, population health management strategies, and service design processes (Gilbert and Ross, 2023).***

The Hearts and Minds Partnership have created an [interactive map](#) of quality VCS perinatal mental health services, to enable health care professionals and parents to see what support is available in their local area.

There is also additional information for systems on the vital support VCS organisations provide and why they are an integral element of a holistic response to perinatal mental health on the Maternal Mental Health Alliance [website](#).

FAMILY HUBS


Newly developed Family Hubs, and those that are being transformed from Sure Start Centres, provide an important opportunity for perinatal mental health support to be provided in a friendly and accessible setting. The first generation of Family Hubs has been announced as part of the Government's **Start for Life programme**. Government guidance for the first 75 'trailblazer' family hubs identifies their priorities for perinatal mental health as being to support women with what they describe as 'mild to moderate perinatal mental health needs' and to work with fathers and co-parents (HM Government, 2022). Having sufficient workforce trained and equipped to deliver the compassionate care women and their families need will be a vital part of the hubs being able to successfully deliver support.

 ***Integrated care boards and partnerships can ensure that Family Hubs are well connected with other essential services supporting families, including health visiting, maternity and maternal mental health services, so that women receive holistic and well-coordinated support throughout the perinatal period.***

BABY LOSS


Women and their partners who experience pregnancy loss, stillbirth or the death of their baby neonatally face a high risk of poor mental health from the trauma they have been through. NICE guidance (2014) sets out the interventions women should receive in these circumstances.

Specialist counselling, provided by organisations such as Petals, can help women and their partners to come to terms with their tragic and traumatic loss. It is distinctive to bereavement support and has been shown to benefit health, relationships and employment – and in so doing it generates financial benefits significantly greater than the costs of providing such a service (O'Shea, 2019).

 ***Integrated care boards and partnerships can ensure that women who experience baby loss are provided with safe and effective mental health care. Maternal mental health services (see above) have a specific role supporting women who have experienced baby loss and these should be available in all regions.***


STIGMA

Stigma persists around perinatal mental illness and acts a barrier to support for those experiencing difficulties. Research found that seven out of ten women either underplay or hide the severity of how they are feeling. Women tell us, for example, that they fear that their babies will be taken from them if they disclose distress to a health or care professional. When people are asked about their mental health sensitively and routinely by professionals, fear and stigma can be alleviated. Normalising these conversations and addressing all forms of mental health stigma, including perinatal mental health, can help parents reach out for support at an early stage and prevent their difficulties from escalating.

 ***Integrated care boards and partnerships should work with all local partners to tackle mental health stigma through effective multi-agency campaigning and signposting.***

LONELINESS AND ISOLATION

Some mothers and parents are at greater risk of experiencing loneliness and isolation, such as young mums and disabled mums. Many of these groups struggled during the Covid-19 pandemic, particularly new parents. (Papworth *et al.*, 2021) Loneliness and isolation can have a profound impact on their mental health and wellbeing if left unaddressed.

 ***Integrated care boards and partnerships should develop strategies to combat loneliness and isolation among mothers and birthing people. This may include, for example, investing in dedicated peer support groups and activities.***

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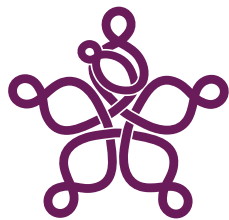
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CENTRE FOR MENTAL HEALTH



**Maternal Mental
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