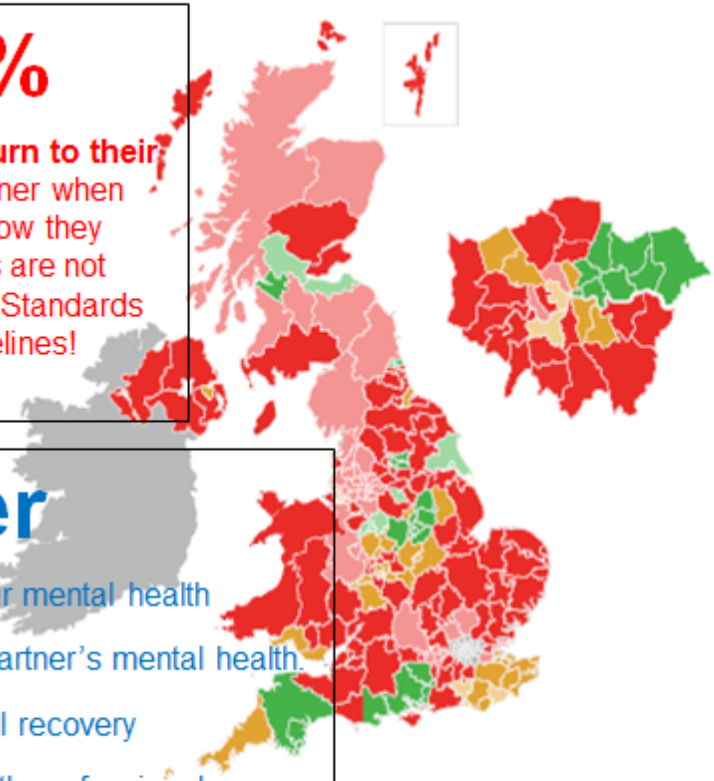
Perinatal Mental Health
The Scale of the Problem in the UK

Dads Matter UK
www.dadsmatteruk.org

Gaps in the Provision of Perinatal Mental Health Services

Map B: UK Specialist Community Perinatal Mental Health Teams (current provision in 2014)



97%

Of mums WILL NOT receive the treatment necessary to make a full recovery.

This impacts adversely on childhood development across the generation's.

86%

of mums deaths from suicide are avoidable

Every suicide costs the NHS approx. £1.5m to investigate and report on (in legal fees and admin)

42%

Of mums first turn to their husband or partner when they talk about how they feel….. Yet Dads are not included in Care Standards and PNMH guidelines!

2/3rds

Of the known Economic Costs of failing to treat perinatal mental illness result from the inter-generational impact on the baby and child

Why Dads Matter

- 1 in 3 (38%) Dads are concerned about their mental health
- 3 in 4 (73%) Dads are worried about their partner's mental health
- < 3% of Mums receive treatment to make a full recovery
- < 1 in 3 (only 30%) of Mums first talk to a health professional

£8.1bn Costs

The known economic costs of each annual cohort of mums who DO NOT have access to the necessary services

30 X

£280m Costs

Cost of providing the "specialist perinatal healthcare services" across the UK specified by NICE care standards and guidelines

The costs of perinatal mental health problems

The scale of the problem

Cost-of-illness studies have been undertaken for a wide range of different physical and mental health conditions, both in this country and elsewhere.

Perhaps their main use is to provide a measure of the overall scale or importance of a problem, as a means of informing debate and decision-making on priorities and the use of resources in health care and in public policy more generally.

Although cost-of-illness studies do not make the case for intervention as such, it seems reasonable to argue that there should be a broadly proportionate relationship between the overall importance of a particular problem and the scale of the response made to it. In other words, the bigger the burden imposed on society by any given health condition, the bigger the scale of service provision which is appropriate for this problem.

Specific interventions aimed at improving health must of course be justified in their own right in terms of effectiveness and cost-effectiveness, but, subject to this condition, policy and funding priorities should always reflect to some degree the relative scale and importance of the different problems being addressed.

Recent debates on the case for parity in funding between mental and physical health largely turn on this point.

As in other areas of mental health, there is a good deal of evidence to indicate high levels of under-provision for maternal mental health problems, particularly common problems such as depression and anxiety.

For example, a review of the literature on perinatal depression sets out the following broad estimates (Gavin *et al.*, in press):

- of all cases of perinatal depression, only 40% are detected and diagnosed;
- of those recognised, only 60% receive any form of treatment;
- of those treated, only 40% are adequately treated; and
- of those adequately treated in real world primary care settings, only 30% achieve full recovery from their depression.

Taken in combination, these estimates imply that only about 3% of all cases of perinatal depression end up achieving full recovery.

i.e. 97% of mums suffering from perinatal mental illness WILL NOT receive the treatment necessary to make a full recovery!

Given the very high costs of perinatal depression shown by our figures, both in aggregate and per case, it is hard to argue this represents an adequate response to the scale and importance of the problem being addressed.

As another example, because of the increased risks of medication during the perinatal period, psychological therapy is recommended by NICE as the first-line treatment for most mild to moderate cases of maternal depression and anxiety at this time (NICE, 2007a).

The provision of such therapy is now mainly the responsibility of IAPT services, which currently have capacity to treat around 15% of all people in England with common mental health problems. However, a number of concerns about the current IAPT system in relation to perinatal mental health have been noted by the Joint Commissioning Panel for Mental Health (2012). These include:

- lack of relevant training for IAPT workers;
- lack of treatment methods specific to the perinatal context;
- and some evidence of delays in access to treatment.

Expert opinion also suggests that the priority given to women with perinatal mental health problems by IAPT services varies considerably around the country.

All this is despite the fact that the costs of depression and anxiety are significantly higher in the perinatal period than at other times, because of the adverse impact of maternal mental illness on the child as well as the mother.

Again this suggests a mismatch between the scale of a problem and the policy and service response to it.

Extracted from page 22 of the Final Repor
http://www.joebingleymemorialfoundation.org.uk/london-school-of-business-economic-costs-of-perinatal-mental-illness-in-uk/

The Scale of Perinatal Mental Health Problems in the UK

Women are more at risk of suffering depression or anxiety during pregnancy than at any other time in their lives.

20%

Of mums will suffer from a perinatal mental illness, from mild to very severe.

Approx 160,000 mums per year.

Mothers who experience perinatal mental illness need high quality, expert care. But they do not get this care and support.

97%

Of mums will not receive the treatment necessary to make a full recovery

Suicide has been a leading cause of maternal death in the UK for over 10 yrs but 86% are avoidable

Less than 3%

Of Health and Well Being Boards have a strategy for providing for treatment of perinatal mental illness

10%

Of dads suffer from the effects of postnatal depression for who the NHS provides no care.

Approx. 80,000 dads per year

42%

Of mums turn to their husband or partner when they first talked about how they felt

Only 30% first mentioning it to a health professional.

£8.1bn

The known costs of perinatal mental health problems per years births in the UK, the true cost is far more.

£280m

The costs to the NHS to meet nationally the care quality standards and recommended guidance on

50%

Of mums will suffer some form of anxiety.

Approx 400,000 mums per year

Talking to their peers would help over half recover but most are too scared to talk.

1 in 4

People in the UK will suffer mental health problems at some point in their life. According to WHO mental illness is the largest cause of disability globally.

11.4m

Working days lost in Britain in 2008/09 due to work-related stress, depression or anxiety. This equates to 27.3 days lost per affected worker.

An estimated average annual cost of £7,230 per employee with depression or anxiety.

Anxiety can be overcome with the support of friends and family, but those who experience perinatal mental illness need high quality, expert care. Yet most are too scared to ask for the care and support they need. Providing information (to raise awareness) and promoting discussion (to encourage disclosure) are the first steps to overcome the barriers that allow for early intervention and treatment…. reducing the long-term impact

The Provision of Specialist Perinatal Mental Health Services in the UK

97% **Of mums will not receive the treatment necessary to make a full recovery**

Mothers who experience perinatal mental illness need high quality, expert care. But the evidence is they do not get the care and support they need.

42%

Of GPs said they lacked knowledge about specialist services for people with severe mental illnesses

29%

Of midwives said they had received no content on mental health in preregistration training

73%

Of maternity services do not have a specialist mental health midwife

>50%

Of mental health trusts do not have a service with a specialist perinatal mental health psychiatrist failing to meet care standards.

Less than 50%

Of mums have access to the specialist perinatal mental health services as recommended by NICE Care Standards and as specified in NHS service frameworks

NO specialist perinatal mental health training

Most community mental health teams and Improving Access to Psychological Therapies (IAPT) teams have no specialist training, despite being the core service provider of "speaking therapies" and "counselling"

>50

The UK shortage of Specialist Mother and Baby Unit Beds

40%

Of women with a perinatal mental health problem receive no formal treatment or support at all.

The major barriers to discussion around perinatal mental health included:

- 1 in 3 (31%) of mums did not disclose because they saw a different professional at every appointment
- 1 in 5 (21%) of mums did not disclose because they thought health professionals were too busy
- 44% of community midwives, and 18% of health visitors reported there was not enough time to discuss mental health at appointments

Maps detailing the poor and inadequate provision of specialist perinatal mental health services in UK are available at *Everyonesbusiness.org*

What Works - The Evidence for Perinatal Mental Health Care Services

Early interventions are needed to change long-term outcomes

Depression and anxiety among pregnant women and new mums is going under-treated due to the lack of disclosure and poor continuity of care, according to research by Netmums, the Royal College of Midwives and the Institute of Health Visiting.

Only 18%

Of mums fully disclose their mental health concerns to their midwife or health visitor, a shocking indication of the unmet need.

50%

Of people will suffer at some point in their lives from some form of anxiety and depression but most are too scared to talk openly for help.

50%

Of those who suffer anxiety and depression can recover with "Peer Support" provided by those with just basic awareness and understanding

i.e. non-specialists care and support

Disclosure & discussion is key to over-coming fears

Providing information to raise awareness and promoting discussion to encourage disclosure are first steps to overcome the barriers to early intervention.

Government policy confirms the need to increase and develop:

- Self Help,
- Peer support,
- User led organisations,
- Community networks
- Voluntary sector provision

And provide

- Specialist Perinatal Mental Health Care Services

Evidence of Costs v Benefits

- Work based promotion returns £9.60 per £1 invested
- Community based service returns £3.61 per £1

Promoting awareness of mental ill health within communities & workplaces.

Whilst specialist perinatal mental health care services are required for those seriously ill much can be done to help those with anxiety and mild to moderate depression

- Self-help and peer support are major tools that are under-utilised.
- Interventions to promote the mental and physical health of parents, such as health visiting services and group based parenting programmes, result in positive health outcomes for the child.
- Talking therapies, such as Cognitive Behavioural Therapy

Best Practice Examples

- Literature on Perinatal Mental Health (online and published)
- Self Help and Signposting to local support services
- Workplace Perinatal Mental Health Champions who promote awareness and signpost to support services.
- Community Perinatal Mental Health Champions who promote awareness and coordinate access to Services as part of an integrated care network.
- Perinatal Mental Health Champions in Primary Care
  - Health Visitors
  - Midwives
  - GP's
- Specialist Perinatal Mental Health Care
  - Specialist Mother and Baby Units
  - CRISIS Teams