



The Hidden Half

Bringing postnatal mental illness out of hiding

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Methodology

In March 2017, NCT commissioned a survey from Survation, a member of the British Polling Council, which asked about women's experience of the six week postnatal check. This included questions about the length of their six week postnatal check, if their GP asked about any emotional or mental health issues and if they felt that they were able to disclose any concerns they had about their emotional wellbeing.

The survey was conducted via an online panel. Invitations to complete surveys were sent out to a nationally representative sample of the target population. Differential response rates taken from different demographic groups were taken into account. In total, 1,012 women with children aged two years old or younger from across the UK responded.

We also held two small focus groups, of GPs and mothers with lived experience of mental illness respectively, to hear about their experiences, some of which are reported or quoted here. We were separately given comments from some other GPs who came to us through an online forum.

Acknowledgements

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Professor Debra Bick, King's College London, Florence Nightingale Faculty of Nursing and Midwifery

Dr Abigail Easter, Senior Research Fellow, King's College London, Institute of Psychiatry, Psychology and Neuroscience

Professor Louise M Howard, NIHR Research Professor, King's College London.

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About NCT

NCT is the UK's largest charity for parents, and we exist to support parents through the first 1,000 days, to have the best possible experience of pregnancy, birth and early parenthood. We do this by sharing knowledge, creating networks that result in vital friendships and using our voice to change public policy and attitudes for good. Since 1956, we have supported millions of women and parents through birth and early parenthood whilst also securing major advances in professional practice and public policy.

Our campaigning achievements include pressing to allow fathers into the delivery room; the labelling and then banning of Bisphenol A in baby bottles; reducing unnecessary interventions during childbirth; influencing the Equality Act in Britain and the Breastfeeding etc. (Scotland) Act 2005 to protect women breastfeeding in public.

We work on perinatal mental health by providing information through our courses and web-based information and are piloting a peer support project funded by the Department of Health, Parents in Mind, offering direct support to parents experiencing mental health problems. NCT is a member of the Maternal Mental Health Alliance (MMHA), a coalition of professional and patient organisations, committed to improving the mental health of women and children in pregnancy and the first postnatal year. In 2013, NCT and Netmums conducted research into mothers' experience of the six week check, including the way GPs asked about mental health.¹

¹ Mind the Gap: Perinatal mental health service provision. NCT (2015) https://www.nct.org.uk/sites/default/files/related_documents/328-NCT-mindTheGap-shortReport-loRes.pdf



Executive summary

Hidden half

The challenges of caring for a new baby are hard enough to tackle when you are emotionally strong. Doing so when your emotional reserves are depleted is even harder.

Our research shows that around half of new mothers' mental health problems don't get picked up by a health professional. This “hidden half” struggle on alone, often afraid to reach out for help or unaware that it is available.

Some women feel they have to hide their problems because they see them as a sign of failure or out of fear of having their baby taken away. Some are dismissed by health professionals who see their problems as the “baby blues” – a temporary period of sadness that rarely lasts more than about two weeks after the birth.

Critical time

If left untreated, the mental illness that these women experience – depression, anxiety, obsessive compulsive disorder or postpartum psychosis – can affect their ability to cope and their relationships within and outside the family, as well as the extent to which they are able to bond with their baby, with potentially serious implications for their child later on. ***95% of the women we surveyed who had experienced a mental health problem said it had had an impact on their ability to cope or to look after their children or on their family relationships.***

Some of these mental health problems can, if left untreated, escalate into more severe mental illness and every year around 20 expectant or new mothers take their own lives. Sadly, suicide is the leading cause of direct maternal deaths occurring within a year after the end of pregnancy in the UK.²

Avoidable harm

But so much of the suffering which mothers experience – not to mention the wider family – is avoidable. Women experiencing maternal mental health illness can be successfully treated and supported in a range of ways. ***Four-fifths (82%) of the women surveyed who received treatment for mental health problems said that it helped.*** This is testament to the excellent work that GPs and specialist services do in this area. It also demonstrates the enormous potential there is to make a difference to more mothers suffering from mental illness and their families if mental health problems are consistently picked up.

“ PND is still one of the highest taboo illnesses we have in this country ”

Mother of four, Staffordshire

² Knight M, Nair M, Tuffnell D, Kenyon S, Shakespeare J, Brocklehurst P, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2016.

Getting the right treatment or support early, whether that is ongoing support from a GP, counselling, a peer support group or medication can have an enormous impact on a mother's health and ability to manage the challenges that a new baby brings. These interventions can make the difference between a woman coping well and being able to enjoy becoming a new mother or sliding into serious mental ill-health.

When maternal mental illness and emotional problems are left untreated, it is not only the mother and her family who pay the price. The economic costs of maternal mental illness have been estimated at £8 billion per annual cohort of births, largely comprising costs to health and social services, both for the mother but also later impacts to child health.³

The six week check – a missed opportunity

Around six weeks after they have given birth, most new mothers see their GP for a postnatal check-up. Official guidance (NICE Clinical Guideline CG37) encourages doctors to enquire about the mother's emotional wellbeing and this is an ideal opportunity for a GP to spot any mental health problems that are developing.⁴

While a pregnant woman has many healthcare appointments before the birth of her baby, the six week check may be the last routine appointment she has with a health professional with checks on her, as opposed to the baby. Given many new mothers' reluctance to actively seek help for mental health problems, if they are not picked up at the six week check, there is a significant chance of them remaining undiagnosed.

Some women get an excellent six week check, demonstrating the potential that it offers. If the doctor has the time to talk to the woman about how she is coping, problems can be identified and treatment, support or monitoring can be offered and follow up arranged, as appropriate. But our research shows that this is often not the case. ***A fifth of women questioned in our survey said they were not asked about their emotional or mental wellbeing at this appointment.***

GPs are increasingly under overwhelming pressures and are having to fill gaps in specialist services, health visiting and social care, without extra funding. Doctors do not receive any payment specifically for doing the mother's six week check and fitting in a full appointment for this is becoming harder. ***Our survey found that for two-thirds of new mothers, this check-up is squeezed in with checks on the baby, leaving little time to focus on the mother; a third of the women questioned had an estimated 3 minutes or less for their maternal check.***

“ This appointment very much focused on the child and not me ”

Mother of two, West Midlands

Encouraging a mother to talk about how she feels and is coping is not something that can be done in a couple of minutes. Open, supportive questioning and taking the time to listen and read between the lines is vital to spotting the signs of a developing mental health problem.

The six week check offers a powerful opportunity to address the problem of the “hidden half”. Enabling GPs to give every mother a full appointment for the maternal check would ensure that mental health problems are consistently picked up so that these women don't slip through the net.

An appointment with a supportive GP can be the first step towards recovery from a mental health problem. Let's make that a reality for all new mothers experiencing mental illness, not just half.

³ Bauer, A., Parsonage, M., Knapp, M., Lemmi, V., & Adelaja, B. (2014). Costs of perinatal mental health problems.

⁴ National Institute for Health and Care Excellence Clinical guideline [CG37] Postnatal care up to 8 weeks after birth Published date: July 2006. Last updated: February 2015 <https://www.nice.org.uk/guidance/cg37/>

Key findings and recommendations

A few simple measures would help to solve the problem of the “hidden half”.

These measures would help to ensure that postnatal mental illness gets identified before it escalates and ensure that women get the help they need early on.

Recommendation 1: Fund the six week maternal postnatal check so that GPs have the time to give every new mother a full appointment for the maternal check

This recommendation is based on our findings that:

- ***A third (31%) of women said their six week check was rushed***
- ***A third (31%) of women’s maternal six week checks were estimated to last 3 minutes or less.***

Currently, GPs have to fit the maternal six week check into their routine workload and there is no special funding for it, in contrast to the baby check. GP workloads have increased substantially in recent years and in over-worked surgeries the maternal check inevitably gets compressed and it becomes harder for doctors to have an unhurried discussion of the mother’s emotional and mental health.

“ I think the time slot given for the postnatal checks is too short and you are rushed and made to feel a burden ”

Mother of two, Kent

GPs report that receiving a designated payment for the six week check would allow them to plan services in a way that makes it possible to give every woman a full appointment just for the maternal six week check, in addition to any appointment for baby checks. Even with a shortage of GPs, they might be able to employ a new (suitably trained) member of the practice team specifically to perform these checks. This could be shared amongst a collective of surgeries.

This should be new money, not funds reallocated from other services. We estimate the cost of this as approximately £20 million per annum – a drop in the ocean compared with the national economic cost of maternal mental illness of more than £8 billion for each annual cohort of births and the annual primary care budget of about £8 billion per annum.⁵

⁵ https://www.england.nhs.uk/wp-content/uploads/2015/12/04.PB_17.12.15-Allocations.pdf

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Recommendation 2: Improve guidance to GPs on best practice around maternal mental health, specifying (a) a separate appointment for the maternal six week check and (b) best methods of encouraging disclosure of maternal mental health problems

a) Separate appointment

This is based on our research finding that:

- **Nearly two-thirds (60%) of women reported that their six week check appointment was focused mainly or equally on the baby**

Guidance from NICE and other relevant bodies should make clear that the mother should get a full appointment dedicated to her mental and physical health. It is only by ring-fencing the time needed to do the maternal check, rather than including the maternal check in the same appointment as the baby check, that we can ensure new mothers get the time they deserve.

A requirement in the GP contract for all new mothers to get a separate appointment for the six week check and to be asked about their mental health would make a big difference by emphasising the importance of this check and the need to allow time for it, as well as the importance of enquiring about mental wellbeing.

“ It becomes very baby focussed.
The whole drive is for checking baby ”

GP, Coventry & Warwickshire

b) Methods of questioning

This is based on our findings that:

- **Half of the women who had an emotional or mental health problem that they wanted to discuss at the six week check, didn't feel able to**
- **Nearly a third (28%) of the women who didn't feel able to talk about a mental health problem at the six week check said it was because the health professional didn't seem interested and 15% said it was because they didn't think the health professional would be sympathetic.**

GP guidance should expressly encourage GPs to use questions that open up a conversation and help the woman feel comfortable about disclosing, as well as enabling the health professional to listen out for any alarm bells which indicate a possible emotional problem. This is needed because the difficulties many new mothers have in disclosing emotional problems and the stigma surrounding this issue mean that health professionals need to use skilled questioning to encourage disclosure.

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“ The simple question, asked at the right time, is so valuable and something that has really altered my practice ”

GP, Chelmsford

Guidance should also encourage GPs to discuss wellbeing early on in the appointment, so that it can be covered in an unhurried and supportive way in which women are more likely to feel comfortable disclosing any mental health concerns they may have. It also means, where a mental health issue is uncovered in this early questioning, the doctor still has the time left in the appointment for a full conversation that draws out the woman about how she is feeling.

Recommendation 3: NHS bodies should support and invest in initiatives to facilitate and further develop GP education in the area of maternal mental health through a range of media

This is based on the following findings:

- **A fifth (22%) of mothers were not asked about mental health at their six week check at all**
- **60% of mothers who said there was an emotional problem they didn't feel able to discuss at the six week check cited feeling embarrassed, ashamed or worried that the health professional would think they were not capable of looking after the baby.**

The survey findings demonstrate that new mothers are prone to feelings of self-doubt, guilt, shame and fear of judgement. GP training therefore needs to take this in to account in terms of the style of questioning. It is important to reassure mothers that there is help available but not to normalise or dismiss their problems as insignificant.

Many GPs are well-informed about maternal mental illness and the stigma that women can feel but not all are. When GPs see new mothers immediately after the birth, it is important that they understand the difference between very short term “baby blues” that will resolve on its own and a mental health problem that requires additional support or treatment, and to make a follow-up appointment to clarify this if the woman is seen in the first ten days after birth.

The Royal College of General Practitioners (RCGP) and Royal College of Psychiatrists have recently made great strides in improving the resources available to doctors and are developing new imaginative training tools⁶. We applaud these excellent initiatives and would like to see government supporting them with funds and resources to make them more accessible to doctors.

“ I felt that the six week check was a tick box exercise only and was more of an inconvenience ”

Mother of two, Tyne and Wear

⁶ <http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

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A third of the mothers had an estimated 3 minutes or less for their maternal six week check

Nearly two-thirds of mothers reported that their six week check appointment was focused mainly or equally on the baby

A fifth of mothers were not asked about mental health at their six week check at all

Half of the mothers who had an emotional or mental health problem that they wanted to discuss at the six week check, didn't feel able to

Two-thirds of mothers who had an emotional problem they didn't disclose, said they were embarrassed, ashamed or worried the health professional would think they weren't capable of looking after the baby

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“ PND is still one of the highest taboo illnesses we have in this country ”

Mother of four, Staffordshire

“ Many women feel scared to admit they are struggling because you don't want anyone thinking you're incapable or a bad mother ”

Mother of a two year-old, London

“ I felt that the six week check was a tick box exercise only ”

Mother of two, Tyne and Wear

“ This appointment very much focused on the child and not me ”

Mother of two, West Midlands

If you would like more information about this report or our survey questions, please email:

campaigns@nct.org.uk

For advice or signposting on pregnancy, birth and early parenthood, including emotional problems, contact:

enquiries@nct.org.uk or **0300 330 0700**

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1ST 1,000 DAYS
NEW PARENT SUPPORT