

## Perinatal mental health: the picture today

Dr Judy Shakespeare, the Royal College of General Practitioners' clinical champion for perinatal mental health, outlines what services are available, and what still needs to be done.

Perinatal mental health (PMH) is defined as mental health during pregnancy and the first postnatal year. PMH disorders are some of the commonest complications of pregnancy, affecting around 15-20%. Sometimes they can lead to suicide. Depression and anxiety disorders affect about 15% and post-traumatic stress about 3%. Severe puerperal (or postpartum) psychosis is rare, affecting about 2/1,000 women. Not all PMH illness is postnatal depression (PND).<sup>1</sup>

If PMH illness is not identified early and treated adequately, it can have lasting effects on maternal self-esteem, and partner and family relationships. In recent years evidence has emerged about the detrimental long-term impact on infants, especially if illness is during pregnancy.<sup>2</sup>

### Treatment options

The assessment, treatment and systems of care for PMH disorders are well understood and covered by NICE guidelines (issued in 2007 and updated in December 2014),<sup>3</sup> and the Scottish Intercollegiate Guidelines Network (SIGN).<sup>4</sup> There is also clear guidance for commissioners.<sup>1</sup> Treatments are very effective. For most women, increased support and guided cognitive behavioural therapy (CBT) will form the basis of treatment, but some will require antidepressants or other drugs. The most severe conditions need managing by specialist PMH services but 90% of less severe illness should be managed within universal community health services (midwifery, health visiting, general practice and Improving Access to Psychological Therapies services), supported by children's services and the third sector.

However, in England and Wales, the 2007 NICE guidelines have not been widely implemented. At the severe end, this means 60 more mother and baby beds are needed in the UK and Northern Ireland to supplement the existing 120.<sup>5</sup> Specialist community mental health services for women with severe illness should be commissioned by Clinical Commissioning Groups (CCGs), but NCT Freedom of Information data showed that 54% do not provide any PMH service.<sup>6</sup> This is confirmed in maps produced for the Maternal Mental Health Alliance's (MMHA) 'Everyone's Business' campaign.<sup>7</sup> The MMHA is a coalition of over 60 organisations, including NCT, which lobbies for improved mental health services.



At the less severe end of the spectrum, only about 50% of women with PMH illnesses are diagnosed and less than half of them receive treatment (Professor Vivette Glover personal communication). The reasons are complex. In a recent survey of around 1,500 women with PMH illness, 30% had never told a health professional how they were feeling.<sup>8</sup> Even if they did, only 18% were completely honest. GPs described a reluctance to make a diagnosis of PND, as they had few resources and no specialist perinatal services to refer to.<sup>9</sup> In a recent NCT/Netmums survey of over 4,000 women, 29% of women said their GP did not ask them about emotional or mental health issues at the postnatal examination, usually carried out 6-8 weeks after birth.<sup>10</sup>

### Improvements required

This all needs to be addressed, but GPs are under enormous pressure. A recent Royal College of General Practitioners (RCGP) poll revealed that 56% are now seeing 40-60 patients a day. The RCGP is campaigning for an increase in the share of funding that goes into general practice and wants longer consultations than the standard 10 minutes – clearly inadequate for PMH.<sup>11</sup>

There is broad political agreement about the importance of PMH.<sup>12</sup> The Department of Health has pledged that by 2017 there will be a specialist midwife in every birthing unit and has commissioned the Institute of Health Visiting to create over 400 PMH health-visitor champions. Health Education England has undertaken to ensure that PMH is included in the core curriculum for GP training.<sup>13</sup>

A recent MMHA report showed that perinatal depression, anxiety and psychosis carry a long-term cost to society of about £8.1 billion for each one-year cohort of UK births.<sup>14</sup> This shows there is scope for significant savings if there is investment in the services NICE recommended in 2007.

### References

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