

Maternal mental health in the UK

Why is maternal mental health important?

- At least **1 in 5 women** experience a mental health problem during pregnancy and after birth (known as the perinatal period).
- **Suicide** is the leading cause of maternal death six weeks to a year after birth.
- Untreated, maternal mental illness costs **~£8.1bn each year** in the UK, or an average of **£190m a year** for an average-sized integrated care system.
- Black and minority ethnic women, young mothers and those facing domestic abuse, poverty or multiple disadvantages continue to experience poorer outcomes.

The current landscape

Despite its prevalence and devastating human and economic consequences, mental health still does not receive anywhere near the same level of attention or investment as physical health during and after pregnancy.

In the last 10 years, thanks to national investment and commitment, there has been welcome progress in the availability of specialist perinatal mental health services for women with the most severe and complex issues. However, there is no routinely funded provision for women with more common maternal mental health problems (such as depression and anxiety), and families still face a postcode lottery trying to access care across statutory and voluntary sector services.

In addition, some women face additional barriers to accessing care. Trauma, stigma, discrimination and isolation can act as barriers, meaning women who are in most need of care are those who have the most difficulty accessing it.

- The most recent [confidential enquiry into maternal deaths](#) found 12% of women who died experienced severe and multiple disadvantages, including mental illness, substance misuse, and domestic abuse.
- Data suggests that postnatal depression and anxiety are 13% higher in Black and brown mothers than in white mothers.
- 93% of health visitors have reported seeing an increase in the number of families affected by poverty.
- 78% of health visitors are reporting an increase in maternal mental health problems
- Young mums face particular risks. Postnatal depression is up to twice as prevalent in teenage mothers compared to those over 20 and [teenage maternal suicide is rising](#).

But there is a real story of hope and potential here. With the right support, women do recover. There is a vital opportunity to create positive change for women and future generations.

Given pregnancy and after birth is the time in a woman's life when she has the most contact with health services, it is the ideal opportunity to ensure mental health support is treated as an essential element of pre- and postnatal care.

The Maternal Mental Health Alliance (MMHA) is calling for all MPs to demonstrate their support for the mental health of new and expectant mothers by supporting the following ask:

The MMHA's ask

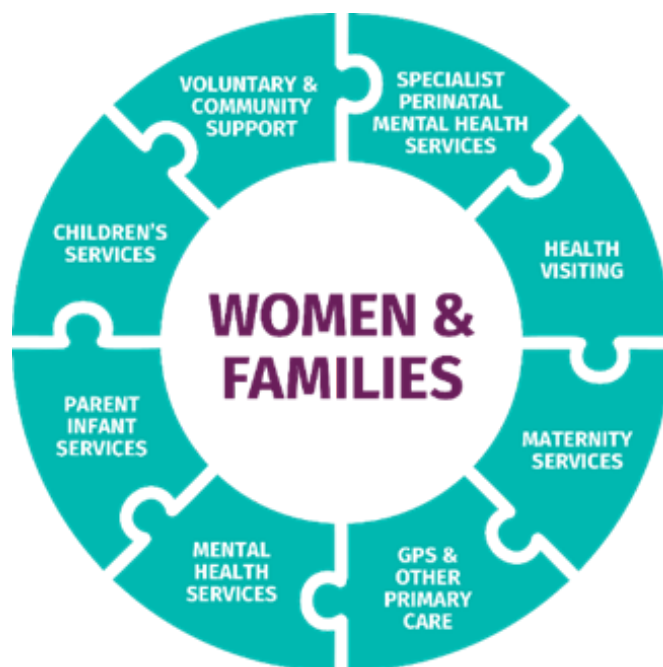
New and expectant mothers' mental health must be valued as much as their physical health, this means making sure mental health is *sensitively* discussed at **every** contact they have with a health professional.

What is needed to create positive change for women, babies, and families?

Political commitment to the following five key areas will help deliver on our headline ask, improve access to essential statutory and voluntary services, and end the postcode lottery for women, babies, and families impacted by perinatal mental illness:

1. Equip universal services, such as maternity and health visiting, to provide high-quality and compassionate mental health care

This would include:



Essential services that need to be properly resourced to provide the compassionate mental health care that families need

Providing mandatory training and education for all midwives and health visitors so they can ask about mental health in a skilled way at every routine contact with women.

- During pregnancy and after birth, women should have an average of at least 16 routine contacts with healthcare professionals. These are ideal opportunities to sensitively ask about mental health.
- However, to ensure this is not a tick-box exercise, it requires staff to be educated. If midwives and health visitors are given adequate training and space to ask the right screening questions to all women, they can help identify any problems and then personalise care toward a woman's individual needs.
- Not all professionals receive the necessary training. According to a survey by the Royal College of Midwives, only 68% of respondents received annual training on perinatal mental health.

Better integration of mental health care into maternity and health visiting services

- Many women with common maternal mental health problems cannot access evidence-based treatment when and where they need it.
- Having healthcare professionals who deliver psychological interventions within maternity and health visiting services would ensure women receive support in a joined-up way. This could help to reduce suffering and prevent the onset or escalation of parental and infant mental health difficulties.
- Independent research has shown that integrating mental health care into maternity and health visiting services makes [long-term economic sense](#) and could have a net benefit of half a billion pounds.

A well-resourced workforce, including specialist perinatal mental health midwives and health visitors in all local areas

- Having enough staff within the maternity and health visiting workforce is fundamental to ensuring the needs of women and families are at the centre of services. These professionals can quickly identify if women are having difficulties with their mental health, provide support and ensure they get access to the right care. Therefore, retaining existing staff and addressing gaps in the numbers of [health visitors](#) and [midwives](#) needs to be a priority.
- In addition to there being enough health visitors and maternity staff, there is an important specialist role that can help train staff and champion perinatal mental health in a locality.
- Specialist perinatal mental health midwives and specialist perinatal and infant mental health health visitors provide supervision, training and strategic support to generalist colleagues.
- Currently, there are not enough of these specialist roles across the country, but having a specialist midwife in each maternity trust and a specialist health visitor in each local authority would help deliver integrated and joined-up mental health care, support generalist staff and increase capacity to care for women and families.

2. Specialist Perinatal Mental Health Services across the UK

- Ensure [specialist perinatal mental health teams](#) across the UK receive sustained funding to enable the delivery of specialist care for women with the most severe and complex mental health problems, with services that meet national quality standards and achieve national ambitions, such as NHS England's Long-Term Plan.
- Maintain resources for [Maternal Mental Health Services](#) providing essential support for women experiencing trauma or loss related to childbirth (e.g. PTSD following childbirth, miscarriage, stillbirth, and separation through social care proceedings). Honour the commitment to make these available in every area of England, and equivalent services in the devolved nations.

3. Joined-up care for women and families across statutory services and the voluntary sector

Perinatal mental health care works best when services deliver care work in a [coordinated system](#), with planning done in partnership across statutory services and voluntary and community sector organisations, and clear referral pathways so that parents receive the support they need.

- To help ensure this happens, we need clear mechanisms of accountability to ensure local areas commission and fund voluntary community sector organisations providing perinatal mental health support.

4. Addressing health inequalities in maternal mental health

The maternity journey shines a distinct light on health inequalities. There is clear, compelling evidence of the poorer health outcomes for people who experience discrimination, trauma, poverty and deprivation during pregnancy and after birth. Decisive action is needed to change this, including:

- Introducing government targets to improve pregnancy and birth outcomes for the most disadvantaged groups.
- A commitment to a trauma-informed approach in health services and equipping staff with the skills to address mental health and social needs.
- Actioning the recommendations from [The Birth Companions Birth Charter](#) for women with involvement from children's social care.
- Implementation of the [National Suicide Prevention Strategy for England](#) to help address risks for pregnant women and new mothers.
- Maximising the benefits to maternal mental health of implementing a life course approach to women's health, delivering on the commitments in the Women's Health Strategy.

5. Greater data collection and transparency

Making more data publicly available will demonstrate where progress is being made and what gaps remain, including if services are meeting the needs of ALL women and families. This would include:

- Collect more data to identify inequalities in prevalence, experience and outcomes in maternal mental health to ensure services meet the needs of all women and families.
- Publish information and transparent mechanisms to show what budget is allocated to perinatal mental health in each local area.

How you can support this work

- Meet with the MMHA to further discuss the issues facing women and families. If your office contacts antonia@maternalmentalhealthalliance.org, we will schedule a time at your earliest convenience.
- Discuss our policy asks, detailed throughout this briefing, with your colleagues, and raise them in relevant debates.
- Share the statistics and the work of the MMHA on your social media, tagging [@MMHAlliance](#).

About the Maternal Mental Health Alliance

The [Maternal Mental Health Alliance \(MMHA\)](#) is a UK-wide charity and coalition of 130 national member organisations. We bring the maternal mental health community together, speaking with one voice and working collaboratively to improve maternal mental health care for all women, babies and families.

Sources

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