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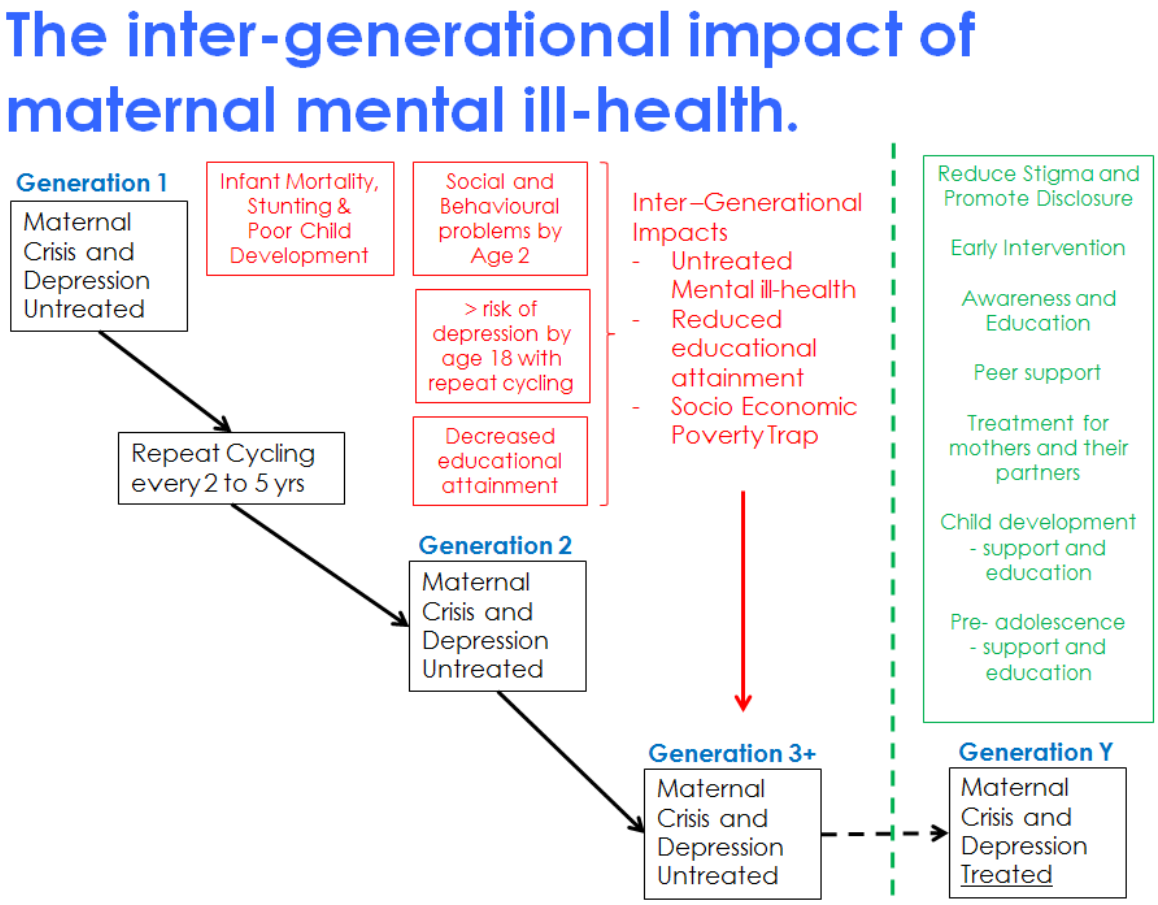
the joanne (joe) bingley memorial foundation

Marcé International Conference 2014
Key Themes and Messages

Perinatal Mental Health-Care - is it the Key to Unlocking Mental Health Care?

Perinatal Mental Healthcare is the key to unlocking the inter-generational impact of mental ill-health



The current evidence base shows that without assessment (screening), intervention and treatment, maternal mental ill-health has adverse life impacts not only upon the mother but on the child, mother's partner and the entire family with a lowering of health and well-being, and poor or reduced socio-economic attainment that continues across generations.

Only "educated parents" have been shown to have significant success in overcoming and breaking the inter-generational adverse child-development cycle.

In a key-note speech, John Cox argued the case for a holistic approach to "*Person Centered Care*" as put forward by philosophers such as Jasper, Merlau-Ponty and van Staden who stated "person is primary in relation to its constituent parts i.e. biology, psychology and sociology.

Professor Cox continued that such an approach is supported by theology and religious tradition whether taking the Christian stories of the Good Samaritan, Koranic healing, corporate prayer or relationship based healings and mindfulness. It was proposed that the society should broaden its paradigms and models to include the Body, Mind and Spirit. ***John Cox***

Perinatal Mental Ill-health - The impact on Child-hood Development and Adolescence

With anxiety just as prevalent as mild to moderate depression, early intervention is crucial both in terms of reducing any impact on child development and in reducing the duration and complexity of treatment required by those suffering the anxiety or depression.

There is a significant body of evidence that mums with depression or anxiety have an adverse impact on the early development of their child which at least doubles the risks of:

- disengagement at 3 mths equates to behavioural problems at 12 months
- anti-social behavioural issues by the age of 2
- behavioural issues and depression during adolescence
- depression prior to age 18 with recurrence by age 25

Dads and Postnatal Depression – Increased risks from mums with PND and impact upon the child

Whilst most dads may be unqualified, untrained and not specialists in in mental health they are the "peer support" for their partners. Evidence, if any was needed, supporting the importance of involving dads in caring for mums and the need to provide dads with information, assistance and support.

Whilst less than 10% of dads suffer from postnatal depression, the latest research into postnatal depression in Dads shows dads are twice as likely to suffer from depression if their partners are also suffering from depression. This being the most significant risk factor ahead of previous mental ill-health or a history of other family members suffering mental ill-health.

Dads (even if suffering depression) are still able to bond with their child and can help reduce the negative impact on child development where mums are suffering from depression.

Result Mediators	***Indirect effect on child-hood behavioural problems***	
Maternal Depression	*.054*	*50%*
Couple Conflict	*.047*	*40%*
Paternal Involvement	*.008*	*10%*

It has also been shown that educated parents (i.e. those with A-level education or higher), who suffer from postnatal depression have a significantly lower impact on adverse child-hood development and risks i.e. Education is a key factor in minimising the long-term child impacts and risks.

Francine DeMontigny, et All

Breaking the "Repeating Cycle" of inter-generational Mental Illness in childhood and adolescence

Good news comes from research into the behavioural, biological and epigenetic consequences of early social experiences (in primates).*Intervention significantly reduces the long term risks, biological and epigenetic consequences i.e. intervention can cut the "repeating cycle of depression" by 80%.*

- Parents just smiling has a profound +ve effect on offspring modelling, attachment and behaviour
- Early intervention (introducing a role model) can reduce by 80% the risks of adverse behavioural impact from early distress experienced by offspring during first 4mths of development.
- Intervention during adolescence can also significantly reduce the impact and risks of adverse behaviour due to early child-hood distress …. a second chance for treatment

(Dr Steve Suomi - Behavioural, biological and epigenetic consequences of early social experiences in primates)

Disclosure and Discussion of Mental Ill-Health

Whilst evaluation of the UK government campaign "there is no health without mental health" shows to have had a positive change in attitudes to mental health key lessons learned includes the need to provide information (raise awareness) and discuss (encourage disclosure) at the first opportunity to overcome barriers and allow for early intervention.

Whilst 50% of people will suffer at some point in their lives from some form of anxiety and depression and talking to peers helps over half.....most are too scared to talk openly.

Disclosure and discussion are key to overcoming the fears people have about the consequences in talking about their mental health problems which include:

- Loss of work
- Lack of and the poor quality of mental health care
- Social Services intervention and/or Police Intervention
- Reactions from friends, family and colleagues

Prof Grahm Thornicroft - Stigma and discrimination

Screening for Anxiety and Postnatal Depression and the Lack of Detection

The common approach and guidance is that what-ever screening tool is used screening should asses for anxiety as well as depression, whilst depression then needs to be clinically assessed

Whilst the Marce Society has issued a position statement on the evidence that supports the need for universal screening for Anxiety and Postnatal Depression it is very much left to local health organisations in each country to determine what is appropriate.

In spite of significant impact on maternal, infant and family outcomes there is a lack of systematic social enquiry. Without such systems in place

< 20% of mums are asked about emotional health
< 20% will actively seek help for mental health issues
< 10% of those needing mental health care will obtain it

In many countries, the perinatal period is opportunistic for education and routine enquiry about mental health issues with the acceptability of maternity care and early child-hood development.

Expectant and new parents are often highly motivated to seek help for the sake of their child.

Hence key components of screening should include:

- assessing the prevalent condition (anxiety, depression, abuse, other?)
- referral methods into effective treatment and care pathways
- screening as a program not a single test with
- staff training and ongoing supervision

Marie Paule Austin - Assessment and Screening

Early Interventions in Anxiety and Depression (in low costs resource poor countries)

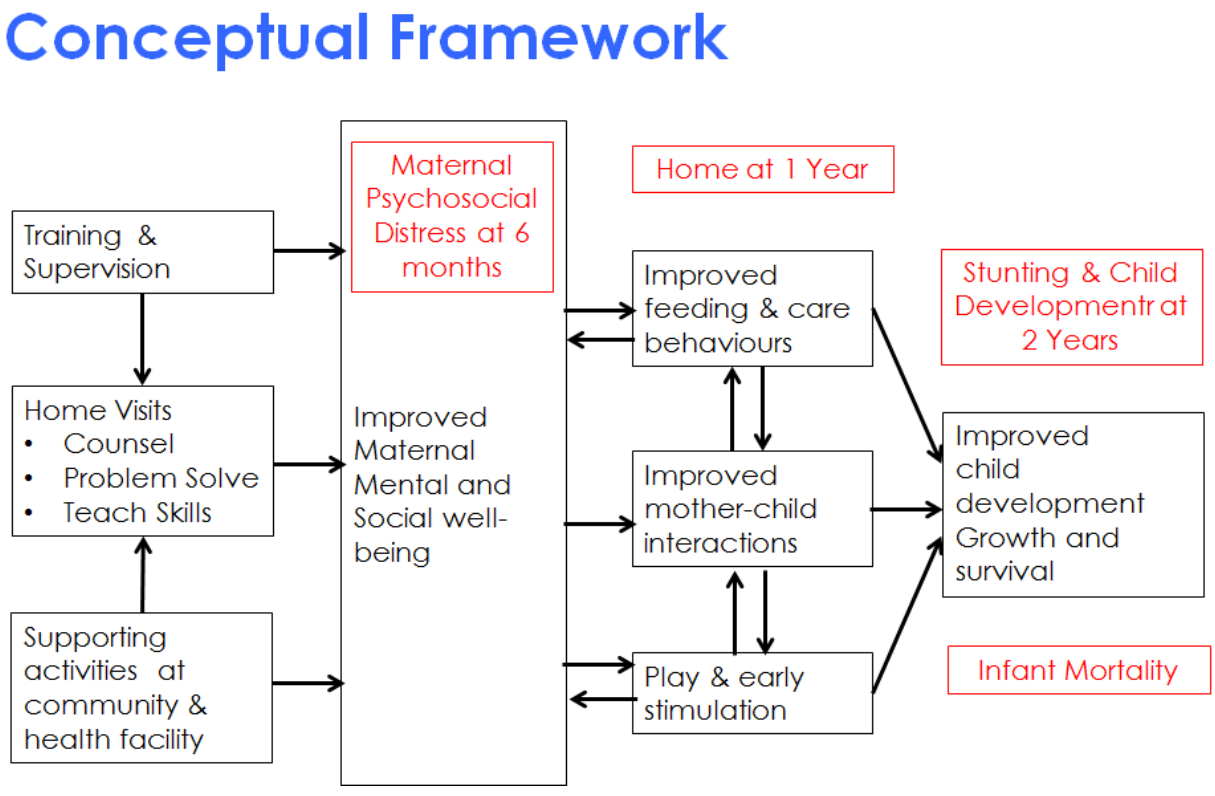
Key to preventing a "repeating cycle" of anxiety or depression is resolving the triggers/factors that were the cause of the crisis or anxiety. Research evidence is that failure to treat and resolve these sometimes complex triggers results in "repeating cycles" that may last for decades.

The good news is that it is not necessary to have trained and qualified perinatal mental health professionals to make a significant difference, as peer support can be very effective too.

Research from India and Pakistan (countries with low-incomes and resources) has shown in field trails covering 18,000 participants, that with "Training in Basic Awareness" and providing "Information Sheets on How to Help", Psychosocial Interventions from peer support volunteers can provide effective support and treatment for 50% of those suffering from anxiety or mild to moderate depression….. a "lesson to be learned" and implemented in richer countries with limited resources.

The Psychosocial Interventions consisted of child health education, activation of social networks, psych stimulation, cognitive restructuring, problem solving and behavioural activation.

Integrating maternal depression intervention with those targeting children and development effectively uses the desire of parents to better care for their children and utilizing non-professional human resource improves social interaction and builds wider support networks.



(***Prof Vicram Patel - WHO Maternal Mental Health and Global Health)***

Pharmacology Treatment Options for Postnatal Depression

There are now a number of drugs and types available and whilst due to the individual complexities of each case no one drug is universal, the general principal is "what gets you well keeps you well".

The use of drugs i.e. Pharmacology treatments is still by far the main treatment for severe postnatal depression and psychosis even though talking therapies and other treatments normally form part of a recovery programme.

It is normal for drug treatments to last at least 12th months and up to 2 years with the risk of recurrence high within 5 years if the crisis triggers/factors are not resolved in initial treatment.

Dr McAllister Williams – Evidence Base For Pharmacological Treatment

The wider implications of what Perinatal Mental Health Care has to offer in the UK

With over 30 years of evidence gathered and amassed by the Marce Society, Professor Cox argued that the society had lots to offer the UK health care system in implementing the BPSI – Bio-psychological Interpersonal model for health care delivery.

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Professor Cox presented and put forward 4 core standards that he hoped UK Commissioners would embody into every NHS service provider's contract:

1. State how you will cherish and support all your staff to provide a humanistic person centred medicine and person centred care

2. Indicate how you will provide regular supervision from experienced mentors for all your staff – including general managers

3. Give details of the educational curriculum and teaching methods you will use to train in the principles and practice of person centred medicine and people centred care (e.g. Balint Groups, Listening Skills and Compassion focused courses).

4. Indicate how you will identify role models for the provision of compassionate health care and how you will implement a culture of intelligent kindness.

John Cox

Implementing Change in Perinatal Mental Health-Care – (The Failure and Lessons not Learned)

Whilst the Marce Society, founded in the UK and established for more than 30 Years, has amassed a substantial body of evidence supporting the need to screen, assess and provide treatment for perinatal (maternal) mental ill-health the sad facts are that for most mums and families in the industrialised world the provision of perinatal mental health care is not prioritised and is mainly ignored.

North America has some of the very best perinatal medical health care available to childbearing women yet perinatal mental health care in both USA and Canada lags behind that of other industrialised nations.

Stigma and the lack of policy continue to impoverish maternal mental health and as a result the failure to ensure equity with other aspects of maternal health care leads to ongoing tragic effects to women and their families and society as a whole.

With unidentified, improperly or un-treated maternal mental health problems continuing to make headline news in both countries. ***Perinatal Mental Health – A Forgotten Constituency***

Perinatal mental health is the leading cause of maternal deaths in UK (and many other developed countries) and is the key to breaking the cycle of intergenerational mental ill-health, poverty and low educational attainment.

Over the last ten years In the UK despite a plethora of NHS policy statements, Care Standards, Specialist Commissioning Guidelines and Department of Health promises on Perinatal Mental Health there has been a failure to commission specialist perinatal mental health care services across most of the UK.

According to a recent study by the National Child Birth Trust, 97% of the new Health and well-being boards have failed to include policy on Perinatal Mental Health in their "Strategic Needs Assessments".

This is a worsening of the position when in 2011 a similar survey by the Patients Association found less than 50% of Primary Care Trusts had commissioned specialist perinatal mental health care services and were failing to ensure compliance to perinatal mental health care standards.

The lack of policy continues to impoverish maternal mental health in the UK and just as in North America leads to ongoing tragic effects to women and their families with unidentified, improperly or un-treated maternal mental health problems making headline news.

The lack of Parity of Maternal Health Care and Maternal Mental Health Care in the UK

Live births in UK	approx. 900,000 annually and rising
Maternity Care Costs	£2,800 per woman
Specialist Maternal Mental Health Costs	£50 per woman
Total NHS Maternity Budget	£2.6bn
Cost of NHS Maternity Negligence	£482m (or 1/5th of total budget)
Cost of 60 more MBU beds	£6m or 0.00023% of Maternity Costs

Alain Gregoire