



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

Suicide as a result of depression is the leading cause of maternal death in the UK, and the failure to provide specialist perinatal mental health service leaves "60,000 mums suffering in silence" every year.

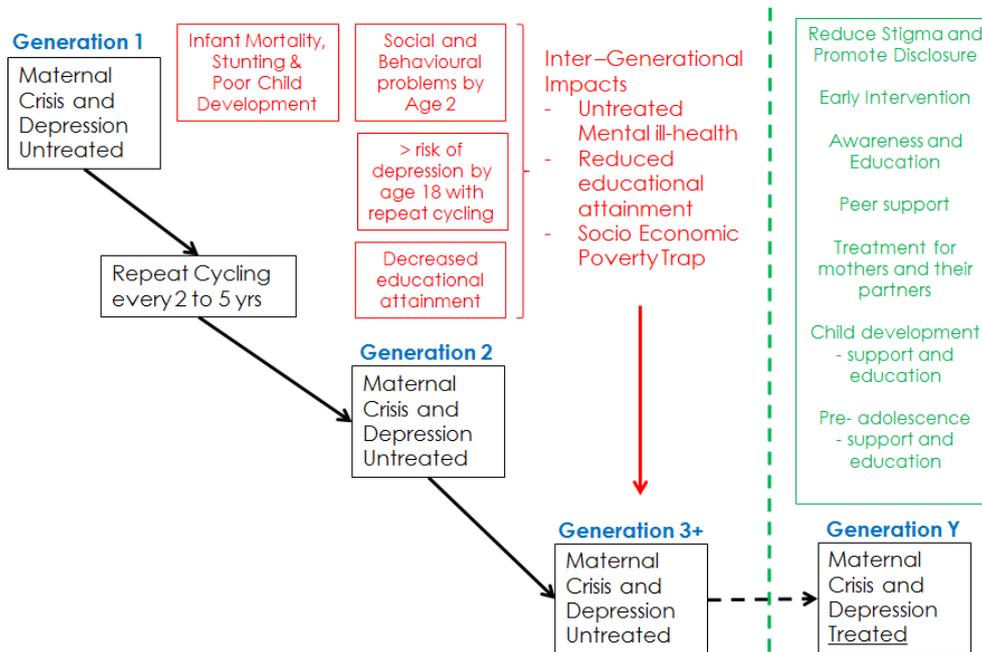
Many people do not realise that the suffering of these mums has an adverse impact on the development of their children during the first "1001 critical days". Behavioural problems, reduced learning ability, increased likelihood of depression prior to age 16 and a life-time of increased risks to mental illness are all a result of the exposure of the developing child to toxic stress.

*At the recent Marcé Society International Conference held in Swansea (Sept 2014) the failure by the UK, Canada and USA to tackle perinatal mental illness was raised by a number speakers.*

*It was argued that Perinatal Mental Healthcare is the key to unlocking the inter-generational impact of mental ill-health.*

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

## The inter-generational impact of maternal mental ill-health.



*Without the support from specialist services only "Educated Parents" have been shown to have significant success in overcoming and breaking this adverse inter-generational child-development cycle.*

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.

In July the Maternal Mental Health Alliance, launched the [#everyonesbusiness](#) campaign to raise awareness of the poor provision of Perinatal Mental Health Services across the UK.

[Maps on Perinatal Mental Health Provision](#) can be viewed at – [everyonesbusiness.org.uk](http://everyonesbusiness.org.uk)

## NOTES FOR EDITORS:

### The need to Change Perinatal Mental Health-Care – the “Lessons Learned not Implemented”

*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.*

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.

With unidentified, improperly or un-treated maternal mental health problems continuing to make headline news..... Perinatal Mental Health is a forgotten constituency.

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

The lack of a government policy, that is implemented nationally, continues to impoverish perinatal mental health in the UK and leads to ongoing tragic effects to women and their families with unidentified, improperly or un-treated maternal mental health problems making headline news.

#### **Nationally there have been a number of high profile deaths including:**

- *Dr Elizabeth Kenton Death – 2013 [Read more:](#)*
- *Emma Cadywould Death – 2013 [Read more:](#)*
- *Linzi Mannion’s Death – 2013 [Read more:](#)*
- *Natasha Sultan while suffering PND killed five-week-old baby – 2013*

#### **In Yorkshire there have been a number of incidents involving the same NHS Trust with 3 Deaths in 4 years by mums referred to the South and West Yorkshire Partnership Foundation Trust**

- Apr 2010 – [Joanne Bingley](#) (Huddersfield) lay in path of a train at Huddersfield (**2014 NHS admitted fault**)
- Jan 2013 – [Clair Turpin](#) (Sheffield) jumped from John Lewis building in Sheffield
- Dec 2013 – [Roseanne Hinchliffe](#) (Huddersfield) jumped from the Cliffs at Whitby (**2013 open verdict**)

*As 86% of deaths are identifiable, treatable and avoidable, most of these deaths should never have happened.*

### Perinatal Mental Health Care in the UK – Key Statistics

Live births in UK 2011 approx. 800,000 annually and rising

10% to 15% of mums suffer from Postnatal Depression approx. 120,000

50% “suffering in silence” Without access to specialist services approx. 60,000

Maternal Deaths due to suicide of which Confidential Enquiry says on average there are 50 each year  
86% are “avoidable deaths”  
i.e. 43 should be “Never Events”

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 1/5<sup>th</sup> of total budget)

## **NOTES FOR RESEARCHERS:**

*The Marcé Society has an evidence base built over 30+ years that 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.*

### **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 months 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 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.

*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 de Montigny, 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 positive 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)***

## **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 trials 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 Vikram Patel - WHO Maternal Mental Health and Global Health)***

## **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 Graham Thornicroft - Stigma and discrimination***

*The Joanne (Joe) Bingley Memorial Foundation was established following her death in April 2010.*

*Whilst being treated at home for very severe postnatal depression Joe killed herself*

*She was never told, and her family did not know, of the specialist perinatal mental health services available in a Mother and Baby unit just 10 short miles away that could have prevented her “avoidable death”.*

*“To all of you who are suffering now*

*.....there is light at the end of tunnel.”*



**the joanne (joe) bingley  
memorial foundation**

[www.joebingleymemorialfoundation.org.uk](http://www.joebingleymemorialfoundation.org.uk)

Registered Charity no 1141638