## The Incidence of Postnatal Depression

<table>
<thead>
<tr>
<th>MENTAL HEALTH STATE</th>
<th>REACTIONS &amp; SYMPTOMS</th>
<th>PREVALENCE</th>
<th>KIRKLEES, CALDERDALE &amp; WAKEFIELD</th>
<th>YORKSHIRE &amp; HUMBER</th>
<th>England &amp; Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Births 2009</td>
<td></td>
<td>12,543</td>
<td>66,358</td>
<td>706,248</td>
<td></td>
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<tr>
<td><strong>Baby Blues</strong></td>
<td>Mood swings, crying spells, feelings of vulnerability, loneliness or irritability.</td>
<td>Affects about 1 in 2 50% new mothers</td>
<td>6,272 new mothers</td>
<td>33,179 new mothers</td>
<td>353,124 new mothers</td>
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<tr>
<td>Postnatal Depression (PND)</td>
<td>Sleep problems, low mood, loss of pleasure and confidence, constant apprehension about baby’s health, restlessness, agitation, sometimes suicidal ideas.</td>
<td>Affects 2 in 13 (a) 15% new mothers 3% Severely (b)</td>
<td>1,881 new mothers 94 severely</td>
<td>9,954 new mothers 1,991 severely</td>
<td>105,937 new mothers 21,187 severely</td>
</tr>
<tr>
<td>Puerperal Psychosis (Postnatal Psychotic Disorder)</td>
<td>Lost contact with reality, uncharacteristic behaviour, restlessness, agitation, suicidal ideas.</td>
<td>Affects 1 in 500 (c) 0.002% new mothers</td>
<td>25 new mothers</td>
<td>133 new mothers</td>
<td>1,412 new mothers</td>
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</table>
Gaps In The Provision of Perinatal Mental Health Services

Specialist Mother and Baby Units (MBUs)

The NHS National Service Framework specifies that seriously ill women, whose needs cannot be met by primary care, will require the assistance of Specialist Perinatal Psychiatric Services and sometimes admission to a Specialist Mother and Baby Psychiatric Unit.

In 2009 a study into MBUs demonstrated that whilst they are serving women with severe mental illness, the provision of MBUs in England is inequitable, and the clinical and operating characteristics of these services are highly variable.

- National guidelines state that to be considered a 'Specialist Mother and Baby Unit' each centre should consist of a minimum 6 beds although there are smaller units such as Leeds which has only 4 beds to cover all of the Yorkshire Region
- There are 12 National Centres with specialist Mother and Baby units with a total of 91 beds.
- With a mean length of stay of 56 days there is only therefore places for 593 mums suffering for postnatal mental health problems

The NHS Publication Birth to Five 2009 edition, and the EMIS Guidelines on Post Natal Depression July 2009, both state that:

- Women generally need to be / should be admitted to a specialist mother and baby unit if suffering from severe PND or psychotic PND (puerperal psychosis)
- Most women make a complete recovery within a few weeks or months

EMIS guidelines further note that 'Psychological treatments may not be so good for some people with severe depression. This is because you need some motivation to do these treatments and people with severe depression often find motivation difficult.'

Given 1,412 expected cases of psychotic postnatal depression there is only space for 41% of mums who should be provided hospital treatment, leaving at least 819 mothers to be treated by ‘Home Care’ teams at very high risk to the mothers and their families.

It also means there are no hospital places for the 21,187 expected cases of mothers who suffer severe postnatal depression and their only treatment option is to be cared for at home.
National guidelines state that:

- There is currently insufficient evidence to determine the value of CRHTTs for people with depression. The main benefit of Crisis resolution and home treatment teams (CRHTTs) is cost savings against normal admittance to hospital.
- Traditionally, a depressive episode marked by serious risk to self (most often suicidal ideation and intent) or very severe deterioration to care for the self is managed by admission to an acute inpatient unit.
- Use crisis resolution and home treatment teams to manage crises for people with severe depression who present significant risk, and to deliver high-quality acute care.
  - When working with people with depression and their families or carers:
    - Ensure that comprehensive written information is available in the appropriate language and in audio format if possible
    - Inform people with depression about self-help groups, support groups and other local and national resources.
  - When families or carers are involved in supporting a person with severe or chronic depression, consider:
    - Providing written and verbal information on depression and its management, including how families or carers can support the person depression, consider:
    - Offering a carer's assessment of their caring, physical and mental health needs if necessary
    - Providing information about local family or carer support groups and voluntary organisations, and helping families or carers to access these
    - Negotiating between the person and their family or carer about confidentiality and the sharing of information.

The Patient Association investigation into PCT commissioning and provision of Perinatal mental health services identifies significant gaps in:

- Knowledge and understanding regards the number and severity of mothers requiring treatment and services they should be offered
- A failure to provide access to the “Specialist Perinatal Psychiatrists’ patients should expect
- A failure to provide written information on PND to mothers and their carers who are then left to support themselves

Given the expected cases of psychotic postnatal depression where mothers at very high risk require ‘Home Care’, plus the cases of severe postnatal depression that require Specialist Perinatal Psychiatric Services the failure by Strategic Health Authorities to implement NHS National Service Frameworks and PCTs to implement NICE guidelines places nearly 22,000 mothers at unacceptable risk each year.
References

1 Office of National Statistics - Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2009

   a) PND ratios based upon number of mothers suffering from post natal depression:
      1 in 10 (10%) - Government guidelines to doctors on PND
      2 in 13 (15%) - SIGN June 2002
          (14.3%) - NICE Guidelines to implementing PND services

   b) Official statistics for incidence of severe PND ratio's provided by Association of Post Natal Illness is 3% of delivered mothers

   c) The statistics for incidence of PND psychosis are taken from the NHS Publication Birth to Five 2009 edition that states incidence of mothers Puerperal suffering psychosis is between 1/1000 and 2/1000 (between 0.1% and 0.2%)

      The Feb 2009 NHS Doncaster publication "Recommendation Maternal Mental Health - For the well being of Families in Doncaster" quotes the figure of 1 in 500 new mothers suffer from Postnatal Psychotic Disorder

2 A National Survey of Psychiatric Mother and Baby Units in England - http://psychservices.psychiatryonline.org/cgi/content/full/60/5/629

3 NHS National Service Framework for Children, Young People and Maternity Services

4 CG90 National Clinical Practice Guideline - Depression in Adults (update) Depression: the treatment and management of depression in adults

EMIS Egton Medical Information Systems Ltd - the UK’s leading supplier of clinical software to NHS GPs with more than 34 million patient records
Key Reports and Literature

a)  A National Survey of Psychiatric Mother and Baby Units (MBU) in England (2009) –
Whilst a major improvement in perinatal mental healthcare as part of NICE guidelines and NHS Service Framework, the report [http://psychservices.psychiatryonline.org/cgi/content/full/60/5/629](http://psychservices.psychiatryonline.org/cgi/content/full/60/5/629) identified many issues, including admission to a Mother and Baby Unit being a postcode lottery:

- Highlights the positives and negatives of these specialist centres
- Identified the gaps in service provision and the level of service required
- Questions why occupancy levels so low?
- Questions why it appears so difficult to gain access or to be referred?

b)  The Patients Association Investigation into PCTs (2011) – (Katherine Murphy, CEO)
The Patients Association performed an independent investigation into the commissioning of Perinatal Mental Health Services across 150 Primary Care Trusts to identify whether Joe’s case was an isolated incidence or an example of a far wider problem. What they discovered was appalling:

- 78% of PCTs do not know the incidence of PND in their region
- 55% of PCTS are failing to follow NICE guidance and do not provide any written information on PND to mothers who may be suffering
- 44% of PCTs are failing to implement NICE guidance and are not part of a clinical network for perinatal mental health
- 63% of PCTs do not have a lead in PND services that is a Specialist Perinatal Psychiatrist as required by the NHS National Service Framework
- 20% of PCTs do not review adherence to NICE guidelines despite Directors of NHS trusts having legal responsibility to ensure risk management frameworks are robust and defensible and national policies that mandate a requirement to monitor adherence

The facts are that service provision for women with postnatal depression can be poor, to non-existent in most areas of the UK resulting in a postcode lottery of care. Key issues are:

- Failure to understand and identify numbers of women who suffer and require services
- Failure to commission services
- Failure to provide information and support to patients and their carers
- Failure to follow NHS National Service Frameworks and NICE Guidelines

[c] Confidential Enquiries into Maternal Deaths (2011) - (Margaret Oates, Author)
An international benchmark for investigating causes of maternal death, published every 3 years. The enquiry investigates details of every case and is therefore able to identify learning points and issue recommendations to be adopted by NHS professionals. Key points include:

- For every death there are 150 near misses...therefore learning from death’s is key
- Latest enquiry highlights no change in the number of deaths over last 10 years ....why?

[http://www.thetimes.co.uk/article/news/uk_news/Health/article570645.ece](http://www.thetimes.co.uk/article/news/uk_news/Health/article570645.ece)

d) National Perinatal Mental Health Project Report – A Review of Current Provision (2011) (Dr Dawn Edge) - The report discloses the lack of perinatal mental health services and details:

- The lack of services for ALL women nationally (England, Scotland and Wales)
- Best practice examples – the opportunity to explore what can and should be available:
  - West Midlands (Birmingham MBU and University) Integrated Care Network (ICN)
  - Nottingham (MBU & University) Integrated Care Network (ICN)
  - Family Action (Notts University) – Newpin PND Support project for sufferers of PND
  - Netmums (Exeter University) - Online CBT support package for PND sufferers

http://leeds2.emeraldinsight.com/journals.htm?issn=1746-5729&volume=10&issue=3&articleid=1953895&show=pdf&PHPSESSID=iiq16km7ounilbgq02j8hv8qi1

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**Best Practice Treatment**

2/3rds of mums suffer from the effects of mental illness during or after pregnancy

![Diagram showing prevalence and treatment options for mental health during pregnancy](image)

- Peurperal Psychosis: 1 in 500 Mums
- Severe Postnatal Depression: 3% of Mums
- Mild to Moderate Postnatal Depression: 10% to 15% of Mums
- The Baby Blues: 50% of Mums

Specialist Services:
- Mother & Baby Units
- Specialist Perinatal Psychiatrists

Integrated Care Networks:
- NHS (Examples – Nottingham, Southampton)
- Specialist Perinatal Psychiatric Teams
- GPs
- Midwives, Health Visitors, Care Workers

3rd Sector Support (Examples):
- Family Action - support program & befrienders
- Net Mums - online CBT & chat rooms
- House of Light - call-line and drop in groups
- Joanne Bingley Memorial Foundation
  - information, awareness, training & education

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e) 4Children ‘Suffering in Silence’ Survey and National Campaign (2011):
A staggering half of all women suffering from postnatal depression do not seek any professional treatment, and thousands more are not getting the right treatment quickly enough.

- 35,000 women are suffering in silence with the condition each year, having a devastating effect on their lives, and the lives of their families.

http://www.4children.org.uk/News/Detail/Suffering-in-Silence
f) The Tax Payers Alliance (2011):
A report from Tax Payers' Alliance, should be a wake-up call for politicians
- Nearly 12,000 fewer people would die each year if the NHS matched standards in Europe. Says
- The issue is not a matter of spending more money as the UK spends considerably more than many other European countries.

http://www.dailymail.co.uk/health/article-2173120/Hospital-blunders-Almost-12-000-preventable-deaths-hospitals-year-errors-care.html

g) Health and Safety Executive and Suicide Facts and Statistics
- There are around 4,000 recorded suicides per year in the UK.
- But it’s estimated that suicide is under-reported by 30 to 50 per cent.
- It is among the 10 most common causes of death and the fourth most common for young adults.
- Since the 1960s suicide rates have been increasing
  - The confidential enquiry into maternal deaths reports between 10 to 30 mental health related deaths each year and for each death there are approx. 150 near misses (up to 4500).
  - The confidential enquiry into suicides reports approx 50% are unnecessary and “avoidable”.
  - Health Care Services account for 35,000 reportable Health & Safety incidents each year.
  - None of these relate to suicides, as suicides are not normally RIDOR reportable.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of suicides investigated by HSE</th>
<th>Number resulting in prosecution by HSE</th>
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<tbody>
<tr>
<td>2003/04</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2004/05</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2005/06</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>2006/07</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>2007/08</td>
<td>2</td>
<td>-</td>
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<tr>
<td>2008/09</td>
<td>4</td>
<td>-</td>
</tr>
</tbody>
</table>

h) The Care Quality Commission finds NHS trusts operating in breach of the law (2011)
Whilst the vast majority of NHS employees are hard-working, dedicated and professional a significant minority are pulling the service down. The Care Quality Commission inspection of NHS Maternity Services found:
- A fifth of NHS Trusts in Breach of The Law
- An "embedded culture" of poor care and unprofessional behaviour
- “Catastrophic failings" by NHS staff to provide basic care to patients.

The Care Quality Commission (the regulator) does not have the power or authority to act against individuals, so it is left to the Directors of NHS trusts to police themselves !


i) Why does the NHS not learn from previous mistakes?
In May 2012 the Government made a series of pledges about maternity services. One of the key pledges was to support women suffering from postnatal depression.

But the new “Guidance for Commissioners of Perinatal Mental Health Services “
- fails to mentions the role of dads or other family members as carers,
- fails to mention the laws behind patient rights and carers rights
j) A (Nov 2012) survey by Netmums and the Royal College of Midwives found:

- Mums mainly (42%) turned to their husband or partner when they first talked about how they felt with only a third (30%) first mentioned it to a health professional.
- Only a third of mums (30%) were told about the possibility of depression by their midwife and only a quarter ((27%) reported being asked how they felt emotionally during their pregnancy.
- Nearly three-quarters (74%) of those surveyed said it often took a few weeks or more likely a few months before they recognised they had a problem.
- Over a third of women who suffer depression during pregnancy have suicidal thoughts.


k) A yet to be published study “Assessing and responding to maternal perinatal stress”:

The report investigates the failure of midwives and others to detect and respond to antenatal anxiety and depression. The findings include:

- The Whooley questions only picked up 50% of those picked up by the EPDS, and the follow up help question only 10%.
- Even if patients were referred for extra help most of them did not get it.

This reinforces how good an idea it would be to give every pregnant woman an information sheet at booking about what emotional symptoms to look out for and what to do for help...

.. and to give an information sheet to dads too!

l) Dads and Postnatal Depression

10% of dads suffer from the effects of postnatal depression, which in the UK would be 70,000 dads for who the NHS provides no care and does not mention them in NHS guidelines or national policy.

http://www.telegraph.co.uk/health/healthnews/9226013/Fathers-just-as-likely-to-suffer-postnatal-depression.html

**Fathers Reaching Out** which aims to help men who suffer from perinatal mental illness and who are left responsible for caring for mums suffering from perinatal mental illness was set-up by Mark Williams

"As a new father, it was very difficult. It was time for me to learn everything.

- "It's expected that 'you are the man' so you can manage.
- "It's never about how you are feeling, it was all about her.
- "It didn't matter what you did, nothing was good enough.

"I had to give up work for six months.

"There was the new baby, we had a new house and all the added other pressures that Michelle use to deal with and, most importantly, my wife's illness."

"The isolation was the biggest thing I felt hard to cope with. How was I going to tell my friends if I didn't understand myself?

- "All I worried about was Michelle getting better.
- "I think there is a stigma attached to mental health.
- "I was exactly like the people who still say "how can you be depressed" - with mental illness, you can't just snap out of it."

**Mark was motivated to act after realising there was very little help, if any, for men in a similar position.**

Mark, a father whose wife had post-natal depression for two years launched a website for the partners of women who are going through the same illness.

http://www.fathersreachingout.com/
m) Why does no organisation act?

Results of Mid-Staffordshire Enquiry - TBC