

Submission to the consultation on perinatal mental health services

1. How can the Scottish Government improve perinatal mental health services in Scotland, both in the short term and over the next five years?

In 2019, the Perinatal Mental Health Network published an extensive report highlighting the lack of provision for perinatal mental health support across Scotland. Their report *Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services*, provides a wide-ranging roadmap for the improvement of perinatal mental health services. The Foundation supports its recommendations and would like to see them implemented in full.

In addition, we note that the *Delivering Effective Services* report did not address the issue of social inequalities and their effects on the opportunity for pregnant and postnatal women and their families to achieve good mental health. **We therefore recommend that the development of perinatal mental health services be equality-proofed so that the social inequalities that may hinder pregnant and postnatal women from experiencing good mental health are reduced.** One way of addressing inequalities would be to bring plans for perinatal mental health services to the Mental Health Equalities & Human Rights Forum of the Scottish Government's Mental Health Directorate for feedback. These inequalities are discussed in detail below.

It is important that development of perinatal mental health services takes account of the social determinants of maternal and infant mental health and ensures equality of outcome of mothers and children from inequalities groups. Scotland's Transition & Recovery Plan Action 7.1 highlights a number of vulnerabilities women have faced during the pandemic, including:

- Stressors and trauma experienced by women in gender segregated key worker jobs
- Continuing and increased pressure on women in unpaid caring roles
- The disproportionate emotional and physical burden on women of caring for relatives of all ages, and (although not exclusively an impact on women) home schooling children
- Living with domestic violence, abuse, coercive control and toxic masculinity
- Loneliness and isolation felt by women at different stages of life (e.g. women with young babies or children, and older women living alone)
- The effects on mental wellbeing of young women and girls in a culture where they are encouraged to compare their lives to others, including the impact of social media and body image on young women.

These gender-based stressors should be addressed within perinatal mental health services that respond to pregnant and postnatal women's mental health needs.

In addition, perinatal mental health services should aim to reduce the effects of poverty and of being Black, Asian or from a minority ethnic group. Although exposure to poverty is a risk factor for mental health difficulties for all genders, even prior to the pandemic Scottish women were significantly more likely to experience poverty than Scottish men. A quick glance at the Scottish Government's poverty statistics shows that in 2019 single working age women are more likely to live in poverty than single working age men and, shamefully, 39% of lone mothers were living in poverty. A huge amount of post-lockdown research has also anticipated that adverse labour market effects as a result of the pandemic, for a number of reasons, will have disproportionate longer-term impacts for women, increasing this socioeconomic gender divide further. Women accounted for higher employment shares in many 'shut down' sectors during the pandemic and those that were

employed were more likely to work part-time and less likely to be in secure employment making them more vulnerable to the inevitable economic downturn. The adverse effects of poverty for women also differ from those experienced by men. For example, during the pandemic, there have been reports of women entering or re-entering prostitution and commercial sexual exploitation as a result of current economic challenges and women living in poverty are more likely to become victims of domestic abuse, which has also been exacerbated by the pandemic. Women's mental health is also therefore more likely to be adversely affected by the experience of poverty, than men of a similar socioeconomic position.

Similarly, although belonging to a racial or ethnic minority group can be a risk factor for mental health difficulties amongst both genders, the additional risk posed to women as a result of intersectionality, belonging to more than one 'at risk' group simultaneously (for example, black refugee women or black transgender women), must be considered. Prior to the pandemic, it was known that Black women in England already experienced higher rates of common mental health difficulties relative to White women (29.3% vs 20.9%), but were least likely to seek and receive treatment, and were more likely to demonstrate maladaptive coping (e.g., self-harm).

There are also currently considerable disparities in Maternal Mental Health Service provision across different areas of Scotland. It is also essential that as services recover from the pandemic, more is done to ensure that **the needs of the population are met equitably across regions.**

Overall, given the Mental Health Foundation's focus on prevention, we are particularly interested in this aspect of perinatal mental health service development. In order to have an effective system that promotes good mental health and prevents mental health problems, services must be developed at three levels:

- Universal (for the whole population)
- Selective (for high risk groups)
- Indicated (for people with signs or symptoms of mental health problems)

There is a need for the development of universal provision of mental health support to pregnant and postnatal women and their families. We note that the Best Start report on maternal and neonatal healthcare advised that all midwives should have mental health skills. Delivering Effective Services recognised the potential role of midwives in providing psychological interventions. However, it is unclear the extent to which midwives throughout the health system have the requisite mental health skills to assess, provide low-level support and refer appropriately to specialist perinatal mental healthcare. **We recommend that a plan is developed and implemented to ensure that the wider maternity and neonatal workforce has appropriate mental health support skills relevant to their role.**

We also highlight two other issues that can impact on mental health of pregnant and postnatal women at the universal level, namely **mental health stigma** and **mental health literacy**. In a report that the Foundation helped produce with the NSPCC in Wales (['From bumps to babies: perinatal mental health care in Wales'](#)), the authors found that women and their families feel they lack knowledge about perinatal mental health conditions which means they fail to recognise symptoms when they become unwell. This lack of mental health literacy is a deterrent to help-seeking which may hinder women from getting early support when signs of mental distress first appear. The authors also found that stigma of perinatal mental health problems prevents some women from disclosing their difficulties to a health professional. For these reasons, **we recommend the development of mental health literacy and anti-stigma programmes for expectant and new parents.**

The Delivering Effective Services report highlights the importance of community and voluntary sector counselling and other services to support have emotional difficulties co-occurring during the perinatal period, or in relation to adjustment to parenthood and the developing parent-infant relationship. **We therefore seek implementation of Recommendation No.17 on improving awareness among all parents and expectant parents of available counselling services.**

At the indicated level, as a means of early intervention, **Recommendation No.15 of the Delivering Effective Services report, that the waiting time target for access to psychological therapies for pregnant women and new mothers should be reduced to six weeks should be implemented without delay.** So too, **Recommendation No.14 on the provision of tailored self-help and digital resources for pregnant and postnatal women and their families should also be implemented.**

Recognising that peer support can be effective in supporting recovery from mental and emotional distress, the **Scottish Government should produce a plan to implement peer support in perinatal mental health services in line with Recommendation No.18.**

2. How has the COVID-19 pandemic impacted on the mental health of new mothers and the support available to them during the perinatal period?

The Coronavirus: Mental Health in the Pandemic study, led by the Mental Health Foundation in partnership with Queens University Belfast, University of Strathclyde, University of Swansea and Cambridge University, has shown that lone parents were a high risk group for self-reported emotional and mental distress during the pandemic. Our survey of people's mental health and wellbeing during the coronavirus pandemic was completed by between 1,015 and 2,037 adults in Scotland at various stages during 2020 and into 2021 and has identified that this has had a particularly detrimental effect on the mental health and wellbeing of women. In March 2020 we identified that considerably more women than men reported feeling panicked (29% vs 12%), anxious or worried (70% vs 56%) and hopeless (20% vs 10%) as a result of the pandemic. Subsequently in a further poll of Scottish adults in March 2021, it was identified that women continued to report experiencing the mental health effects of the pandemic more acutely than men, with twice as many women than men feeling panicked (14% vs 7%) and considerably more women continuing to report feeling anxious (51% vs 36%), hopeless (23% vs 18%) and frustrated (52% vs 45%). Women were also more likely to have concerns about the pandemic exacerbating an existing mental health difficulty (32% vs 27%), as well as concerns surrounding their ability to access health services (37% vs 27%).

Overall, although the number of single parents captured in our study was small and it is therefore difficult to determine if differences were statistically significant, the single parents we asked, of whom we know the vast majority are women, reported faring particularly poorly, with more of them reporting symptoms of anxiety and worry at the beginning of the pandemic than the sample in general and this divide growing at the pandemic's height. For example, in May 2020, while a higher proportion of single parents reported feeling panicked (22% among single parents vs 12% among the sample in general) and lonely (33% among single parents vs 26% among the sample in general), by June while levels of these difficulties among the general sample had remained relatively consistent, amongst single parents feelings of both panic (31% among single parents vs 12% among the sample in general) and loneliness (45% among single parents vs 25% among the sample in general) had considerably increased, further widening this divide.

3. How has the COVID-19 pandemic impacted on the mental health of those who have experienced the death of a baby, and the support available to them?

According to the Royal College of Psychiatrists, as a result of the COVID-19 pandemic and the social restriction measures entailed, parents who lost a baby during this period were additionally faced by a loss of the usual emotional support which would have been offered by services. This included a loss of direct face-to-face support from clinical services, voluntary sector and peer support services. It is essential that as we prepare for further potential lockdowns, ways of ensuring parents who are exposed to this incredibly distressing experience, are still able to receive the emotional support they require.

ⁱ Scottish Government (2020). The Impacts of COVID-19 on Equality in Scotland. Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/the-impacts-of-covid-19-on-equality-in-scotland/documents/full-report/full-report/govscot%3Adocument/Covid%2Band%2BInequalities%2BFinal%2BReport%2BFor%2BPublication%2B-%2BPDF.pdf>

ⁱⁱ Adkison-Bradley, C., Maynard, D., Johnson, P., & Carter, S. (2009). British African Caribbean women and depression. *British Journal of Guidance & Counselling*, 37(1), 65-72.

ⁱⁱⁱ Maginn, S., Boardman, A. P., Craig, T. K. J., Haddad, M., Heath, G., & Stott, J. (2004). The detection of psychological problems by general practitioners. *Social psychiatry and psychiatric epidemiology*, 39(6), 464-471.