

Healthy Start, Healthy Scotland

Improving the mental health of mothers and babies for Scotland's future

The Royal College of Psychiatrists in Scotland has identified maternal and early years' mental health as a clinical and public mental health priority. It aims to promote education and awareness and campaign for service development in order to ensure the best possible mental health for women, their infants and families, with a particular focus on pregnancy and on the infant's first 12 months. The College will achieve this through a 2-year campaign to raise awareness, promote inter-agency working, identify areas of best clinical practice and break down barriers to effective care within and out-with our profession.

Why is maternal mental health important?

Pregnancy and the early postnatal period is a time of great change and challenge. Women with pre-existing mental illness face the risk of relapse and difficult decisions around use of medications in pregnancy, which may place additional strain on the woman and her family. Around 1 in 2 pregnancies are unplanned and this may rise to as high as 4 out of 5 where a woman has a severe mental illness. For this reason, discussions about the management of mental illness in pregnancy, the use of medications and the opportunities for prevention of relapse must begin before pregnancy.

Pregnancy does not protect against the onset or continuation of mental illness – 1 in 5 women will develop a mental illness during pregnancy or in the first postnatal year.¹ The early time after childbirth is a period of greater risk for severe mental illness than any other time in a woman's life.² There is a particular risk for women who have pre-existing severe mood disorders, such as bipolar affective disorder, or who have had a previous severe postnatal mental illness. Risk is also increased where a close family member has had either of these conditions. Effective treatments are available and, in nearly all circumstances, women will make a full recovery from early postpartum illness provided they receive prompt attention. When high-risk women are identified in pregnancy or through pre-pregnancy assessment, there are effective interventions that can prevent the onset of new postpartum episodes.^{3,4}

We know that if mental illness in pregnancy remains untreated there may be significant adverse effects for the woman, her infant, her partner and other family members. In the most severe instances women may die – mental illness is one of the leading causes of maternal death in the UK.⁵

Why is infant mental health important?

The transgenerational transmission of attachment difficulties and mental health problems is well recognised. It is mediated through wider environmental influences as well as genetic and biological factors. There is increasing evidence that social relationships in early life have a crucial influence on the infant brain. The relationship between infants' attachments and their brain anatomy and biochemistry is now well-established. Brain development is dependent on strong, early bonds with an infant's main caregiver – most often their mother – and the relationships an infant makes in early life form the bedrock of their future development. Research identifies critical time periods in early life where certain brain pathways related to specific functions develop optimally. Beyond those time periods it becomes increasingly more difficult to bring about change. The interaction with the primary caregiver in the first year of life shapes the infant's social, emotional, cognitive and language development.

The link between maternal and infant mental health

Untreated maternal mental illness may be associated with problems in the developing relationship between mother and infant, and can have longer-term effects on cognitive and emotional development as a child grows up. Even where maternal mental illness is effectively treated, additional work may be required to help strengthen the mother–infant relationship.⁶ Prompt treatment of mental ill health in pregnancy may therefore also result in improvements for a child growing up, as well as help to develop a child's ability to manage stress in later life.

Benefits to public mental health

There are important public health benefits to be derived from identifying and managing maternal mental illness and promoting good infant mental health.

- ❑ There is an opportunity for prevention of mental illness in high-risk women through early identification and preventative interventions.
- ❑ Preventing and treating maternal mental illness has a beneficial transgenerational effect on the development of children.
- ❑ Early work with infants and their mothers is more effective, and cost-effective, than attempting to reverse harm at a later stage.⁷
- ❑ There are a number of wider measures which could be implemented to promote good mother–infant relationships and optimise infant development in the general population or in targeted vulnerable groups.^{7–9}
- ❑ Apart from the individual benefits of treatment to mother and infant, it avoids the longer-term costs to the health service of untreated maternal mental illness. One study places this cost at £8 billion for the UK as a whole, nearly three-quarters of which is related to adverse impact on the child.¹⁰

Preventing and treating maternal mental illness and ensuring that families are supported in providing the best start for their children is critically important to establishing best outcomes for mothers, families and children growing up in Scotland.

Why is there a need for a campaign?

There is a lack of awareness among professionals and the public regarding the nature and effects of maternal mental illness and the importance of ensuring good infant mental health. Women may be deterred from seeking help because of stigma surrounding mental health problems, and professionals often feel they do not have the skills to detect or treat maternal mental illness.

Despite our understanding of how important this area is, services are not always responsive to the needs of pregnant and postnatal women who have, or are at risk of having, mental ill health. One in two women who experience depression in pregnancy or the postnatal period will go undetected and untreated. Although Scotland leads the world in enshrining the right of women to be admitted to hospital accompanied by their babies if they require in-patient care for the most severe forms of maternal mental illness, many women are not offered this option. Specialised community services to meet the needs of women and their babies are patchily provided.¹¹

Specialist child and adolescent mental health services (CAMHS) receive few referrals of children of pre-school age, and there are very few mental health services in Scotland or the UK which specifically address the needs of infants and focus on the mother–infant relationship.¹² The way services are delivered in Scotland is often not as ‘joined up’ as it could be, although the recently formed Early Years Collaborative now brings professional groups together at all levels. Key to this has been the development of primary mental health services as part of the Scottish Government’s CAMHS Framework.¹³ Education and consultation to midwives, health visitors and nursery staff has supported the delivery of sensitive parenting programmes, such as Mellow Babies and Mellow Parenting Programmes, or those informed by the Solihull Approach.^{14–16} Adult, child and adolescent, and perinatal mental health services need to work more effectively together to ensure seamless care of women and their children during this particularly vulnerable time.

What will the Royal College of Psychiatrists in Scotland do over the next 2 years?

Improve knowledge and awareness of maternal and infant mental health

- The College will campaign to improve knowledge and awareness of maternal and infant mental health through public and professional educational events, engagement with politicians and healthcare providers, and media liaison.
- By using the 'Healthy Start, Healthy Scotland' logo on letterheads, at conferences and other events and on promotional materials, the College will seek to draw additional awareness to the campaign.

Organise events that bring specialists and parents together to learn from each other

- The College will have themed sessions at College meetings which focus on research and service delivery for maternal and infant mental health.
- The College will work jointly with voluntary organisations and service user/carer representatives to learn about their current and future expectations of care.

Work smarter to break down barriers to seamless care for mothers, infants and their families

- The College will establish an inter-faculty group to explore ways of working across boundaries and identify examples of good practice which can be replicated.
- The College will establish links with other relevant medical Royal Colleges in Scotland (e.g. the Royal College of Obstetricians and Gynaecologists, the Royal College of General Practitioners, the Royal College of Midwives, the Royal College of Paediatrics and Child Health) to explore barriers to providing seamless assessment and care.
- The College will host a round-table event, bringing it together with parents' and children's representatives, voluntary agencies, statutory early years agencies, other professional organisations, the Mental Welfare Commission and public representatives, to share knowledge and identify priorities for change in Scotland.

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The Royal College of Psychiatrists is the leading medical authority on mental health in the UK and is the professional and educational organisation for doctors specialising in psychiatry. Further information: call 0131 220 2910 or email Karen Addie at kaddie@rcpsych.ac.uk. Visit our website where you will find lots of information about mental health: www.rcpsych.ac.uk and follow us on Twitter [@RCPsychscot](https://twitter.com/RCPsychscot).