

Maternal mental health should be everyone's business

by **Annette Bauer, Valentina Lemmi, Bayo Adelaja and Martin Knapp**

Up to one in five mothers may develop a mental health problem during pregnancy or within a year of giving birth. Perinatal depression, anxiety and psychosis carry a total long-term cost to society of approximately £8.1 billion. This figure is equivalent to about £10,000 for every single birth in the UK. But the estimated cost of better recognition and treatment is only about £400 per average birth. Clinical Commissioning Groups in England should implement a clear strategy for commissioning perinatal mental health services.

Those are the key messages of a report, *The Costs of Perinatal Mental Health Problems*, of research carried out by PSSRU at the LSE and the Centre for Mental Health. The report was commissioned by the Maternal Mental Health Alliance as part of their *Everyone's Business* campaign, with funding from Comic Relief. This is the first time that the longer-term economic consequences of a range of perinatal maternal mental health problems have been studied comprehensively, including the effects on children – viewed through an economic lens.

Unrecognised and untreated

Many women will experience mental health problems during pregnancy or in the months following the birth of their child. It has been estimated that up to one in five mothers may have problems of this kind – depression and anxiety are the most common, but psychosis, traumatic stress and eating disorders occur as well. However, only about half of these mental health problems are **recognised and diagnosed**, and many women will get inadequate treatment or no treatment at all. The consequences for these women and their children can be devastating and far-reaching, for some of them lasting the rest of their lives.

Among the many possible impacts, there can be significant effects for the mother's own health and wellbeing, for her employment and relationship with the father of the child. For the infant there can be detrimental effects on their emotional, behavioural and cognitive development. We set out to measure as many of those consequences in terms of their economic impacts.

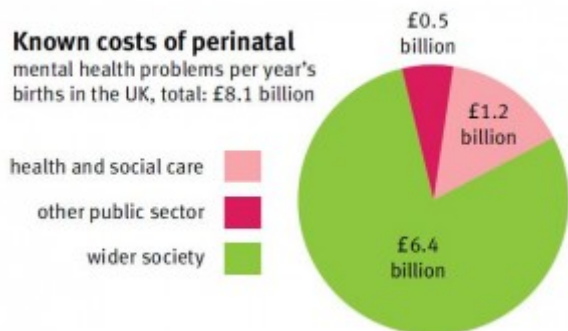
Of course, attaching '£ signs' to this wide range of health issues, damage to wellbeing, individual suffering and sometimes tragic outcomes such as suicide is terribly reductionist. However, expressing this diversity of consequences in monetary terms can be helpful: it provides a way to summarise (many of) the impacts of maternal mental health problems, and it also draws attention to what might be done to address them.

Our research

Our core question was simple: what are the costs of maternal mental health problems in the perinatal period (during pregnancy and in the year after birth)? It was not quite so simple to provide an answer, and we had to search the research literature and consult with many experts to find the information that would allow us to generate some numbers. We applied modelling techniques which allowed us to simulate the additional risk of adverse outcomes and their monetary consequences over the life time. We focused on just three of the many mental health difficulties that can affect women in the perinatal period: depression, anxiety and psychosis, and looked at as many of the associated economic consequences as we could. Data limitations stopped us looking at everything, and so the reported figures are certainly under-estimates.

Costs: high, wide-ranging, long-lasting

Known costs of perinatal mental health problems per year's births in the UK, total: £8.1 billion



These three perinatal MH problems together impose costs to society of about £8.1 billion for each one-year cohort of births in the UK. This figure is equivalent to just under £10,000 for every single birth in the UK per year.

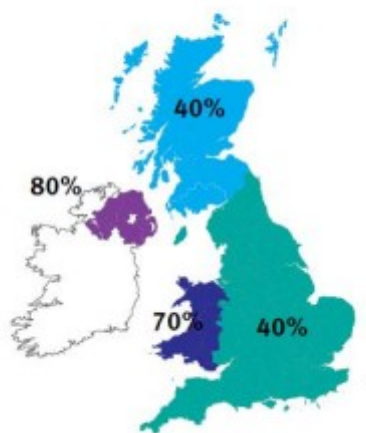
Three-quarters of this cost relates to adverse impacts on the child, and a quarter to the impacts on the mother. One reason is that children might require expensive neonatal care, experience psychological problems and might need additional

school support; in more extreme cases, they might leave school without qualifications and become unemployed, or get into trouble with the criminal justice system.

More than a fifth of the total cost (£1.7 billion) falls to the public sector and most of that public sector impact is seen in costs to the NHS and social care services (£1.2 billion).

Meeting needs

Women in around half the UK have NO access to specialist perinatal mental health services



These costs are largely the result of not identifying mothers' mental health needs or treating them adequately. Yet, there are treatments that will work for many women – a mix of universal and specialist services – there has long been **guidance from NICE** and other national bodies (including the **Royal Colleges**) about the treatment and support that should be available.

Unfortunately, current **provision of services is very patchy**: in some parts of the country there are services available that follow these guidelines, but in many other areas provision is awful. For example, specialist perinatal mental health services are needed for women with complex or severe conditions (such as a psychosis or very severe depression), but less than 15% of localities provide these at the full level recommended in national guidance, and 40% provide no service at all. In those localities, a woman with severe mental

health problems will often be admitted to a general psychiatric inpatient setting, and separated from her baby. Only 3% of the more than 200 Clinical Commissioning Groups (CCGs) in England have a strategy for commissioning perinatal mental health services.

Taking action

There is probably a long queue of people waiting outside the door of every health minister, each of those people waving a new cost figure or a new insight from research or personal experience, and each of those people arguing with passion that *'their issue'* needs urgent attention. So why does maternal mental health warrant special attention?

First – and most generally – mental health problems have been under-recognised and under-treated for too long. Mental illness has been stigmatised for too long. People with mental health problems have been discriminated against for too long. The policy commitment to parity of esteem for mental health has yet to be translated into the reality of support experienced by individuals. The effects of maternal mental health problems on new-born children are a pretty good and logical place to start.

Thinking specifically about maternal mental health problems, there appear to be both some 'easy wins' and some more fundamental challenges. Mothers are already in contact with health visitors, midwives and GPs – perhaps with obstetricians in some cases – because of the imminent or

recent birth of their child. Those health professionals need to be better at identifying women at risk of or already showing signs of mental health difficulties. In a previous study we found that training up health visitors to provide this kind of support can be cost-effective (see reference below). Because the period of pregnancy is so critical, keeping a very early watch out, and recognising that there are some women – such as teenage mothers, those with little support around them, or those with a history of poor mental health – who might be at greater risk could significantly improve identification.

The bigger challenge – a *wicked problem* in some respects – is that the benefits of addressing maternal mental health problems will not all show themselves immediately, but will accrue over time. And they will accrue not just to the NHS but across many sectors: social care, education, employment, criminal justice, for example. This means that the response to today's dreadful state of affairs will require long-term planning, patience and negotiation.

When referring a woman on to specialist treatment (where this is needed), there are known treatments that work well in most cases. The NICE and professional guidelines set these out very well. The estimated cost of following that guidance is small – we estimate it to be about £400 per birth across the UK. This small treatment cost compares with the enormous economic impact of neglecting these health needs: which could be as high as £10,000 per birth, including costs of about £2,100 per birth for the public sector.

If one in five mothers develops a mental health problem during or soon after pregnancy, that is not just one, but it is at least two lives that could be significantly affected. This report on the economic impacts highlights just some of the consequences. It also points to the strong economic case for better identification and better treatment of maternal mental health problems – surely there can be few better investments in the lives of infant children in the UK.

Further information

Bauer A, Parsonage M, Knapp M, Lemmi V, Adelaja B (2014) *The Costs of Perinatal Mental Health Problems*, PSSRU and Centre for Mental Health, London.

Bauer A, Knapp M, McDaid D (2010) *Health visiting and reducing postnatal depression*, in Knapp M, McDaid D, Parsonage M (eds.) *Mental Health Promotion and Prevention: the Economic Case*, Personal Social Services Research Unit, London.

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For information on Everyone's Business Campaign including Personal life stories visit http://everyonesbusiness.org.uk/?page_id=144.

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