



DEBATE PACK

Number CDP-2018-0178, 18 July 2018

Perinatal mental illness

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Summary

This House of Commons Library Debate Pack briefing has been prepared in advance of a debate entitled "Perinatal mental illness". This will be led by Dr Paul Williams MP and Andrew Selous MP, and it will take place in Westminster Hall on Thursday 19th July at 1.30pm. This briefing contains background information, parliamentary and press material, as well as suggested further reading which Members may find useful when preparing for this debate.

Perinatal mental health services focus on the prevention, detection and management of mental health problems that occur during the perinatal period - pregnancy and the first year after birth. Services include specialised in-patient mother and baby units, specialised perinatal Community Mental Health Teams (CMHTs), maternity liaison services, adult mental health services including admission wards, community and crisis services, and clinical psychology services linked to maternity services. New mothers are encouraged to undertake a postnatal check with their GP at around six to eight weeks after birth.

In a July 2018 [article](#) for *The House Magazine*, the Members leading this debate, Andrew Selous and Dr Paul Williams, highlighted variation in the experience of new mothers when receiving the postnatal GP check. They also called for an inclusion of a separate six-week maternal check on mental health and wellbeing in the standard GP contract.

In May 2018, NHS England [announced](#) 35 sites currently underserved by community services that would see an expansion in perinatal provision, as part of a plan to have access for mothers in all parts of the country by April 2019.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

1.1 Perinatal mental health

Perinatal mental health services focus on the prevention, detection and management of mental health problems that occur during the perinatal period - pregnancy and the first year after birth. This includes new-onset mental health problems, as well as recurrences of previous problems and women with existing mental health problems who become pregnant.

According to the Royal College of Psychiatrists (RCPsych), around 10-15 in every 100 women are affected by depression and anxiety during pregnancy, with the same prevalence of women experiencing postnatal depression. Around 1 in every 1,000 women experiences postpartum psychosis, described by RCPsych as the most serious type of mental illness experienced after childbirth.¹

Services include specialised in-patient mother and baby units, specialised perinatal Community Mental Health Teams (CMHTs), maternity liaison services, adult mental health services including admission wards, community and crisis services, and clinical psychology services linked to maternity services.

Mother and baby units are commissioned nationally by NHS England, while most other perinatal mental health services are commissioned locally by Clinical Commissioning Groups (CCGs).²

The perinatal period can be extremely important for mothers and babies. The Royal College of Psychiatrists states that:

Poorly managed perinatal mental health problems can have lasting effects on maternal self-esteem, partner and family relationships, and the mental health and social adjustment of the child.³

The impact of poor perinatal mental health can be severe. Maternal depressive illness and anxiety have been shown to affect the infant's mental health and have long-standing effects on the child's emotional, social and cognitive development. Perinatal psychiatric disorder is also associated with an increased risk to both mortality and morbidity in mother and child.

Over the past two decades, psychiatric disorder has been a leading cause of maternal mortality, contributing to 15 per cent of all maternal

¹ RCPsych, [Postnatal Depression](#)

² NHS England, [Manual for Prescribed Specialised Services 2017/18](#), September 2017, pp289-90

³ Royal College of Psychiatrists, [Perinatal mental health services: Recommendations for the provision of services for childbearing women](#), July 2015, p10

deaths in pregnancy and six months postpartum. Psychotic illness in pregnancy is also known to be associated with an increased risk of pre-term delivery, stillbirth, perinatal death and neurodevelopmental disorder.⁴

Guidance from RCPsych emphasises the importance of early intervention in perinatal mental health problems. It states that perinatal mental health services should promote prevention, early detection and diagnosis, and recommends that services should identify women at high risk at an early stage.

The guidance states, for example, that maternity services should ensure that women at high risk of a recurrence of serious psychiatric disorder should be identified at early pregnancy assessment and referred for specialised care. Additionally, all women should be asked about current mental health problems during pregnancy and the early postpartum period. GPs should also offer women with serious mental illness pre-conception counselling, and ensure they are aware of the risks to their mental health of becoming pregnant.⁵

The NICE Quality Standard on [Antenatal and postnatal mental health](#) states that women should be asked about their emotional wellbeing at each routine antenatal and postnatal contact, including asking depression and anxiety identification questions.⁶ It also gives guidance on the treatment and management of perinatal mental health problems.

GP postnatal check

New mothers are encouraged to undertake a postnatal check with their GP at around six to eight weeks after birth. The postnatal check has no set guidelines for what checks the mothers should receive, although guidance from [NHS Choices](#) sets out what could be offered as part of the check. This may include a discussion about mental health:

You will be asked how you are feeling as part of a general discussion about your mental health and wellbeing.⁷

GP practices can choose to opt out of providing maternity medical services, for example on exceptional workload grounds, which results in a proportional reduction in their global sum income. Currently around 2.1% of all practices in England opt out of maternity medical services.⁸

In a July 2018 article for *The House Magazine*, the MPs leading this debate, Andrew Selous and Dr Paul Williams, highlighted variation in the experience of new mothers when receiving the postnatal GP check:

⁴ *Ibid.*

⁵ RCPsych, [Perinatal mental health services: Recommendations for the provision of services for childbearing women](#), July 2015, p19

⁶ Antenatal and postnatal mental health, NICE guideline CG192, recommendation 1.5.4, last updated April 2018

⁷ NHS Choices, [Your six-week postnatal check](#)

⁸ [PQ 142449 \[on Postnatal Depression\], 16 May 2018](#)

At around six weeks after they have given birth, most new mothers see their GP for a check on their baby and many get a check themselves. Whilst a pregnant woman has many healthcare appointments before the birth of her baby, the six-week check may be the last opportunity to uncover any problems that she has.

Some women get an excellent six-week check, demonstrating the potential that it offers. If a GP makes the time to talk to her about how she is feeling, problems can be identified, and treatment, support or monitoring can be offered. But research shows that this is often not the case. A disappointing fifth of women questioned in NCT's survey⁹ said they were not asked about their emotional or mental wellbeing at their appointment.

Encouraging a mother to talk about how she feels and is coping is not something that can be done in a couple of minutes. Open, supportive questioning and taking the time to listen and read between the lines is vital to spotting the signs of a developing mental health problem. This can't be done if the focus of the appointment is on the baby, rather than the mother.¹⁰

Later in the article, Mr Selous and Dr Williams called for an inclusion of a separate six-week maternal check on mental health and wellbeing in the standard GP contract, when negotiations open in September with the General Practitioners' Committee of the British Medical Association.

Health visitors

Local authorities are required to commission five health visits for all new mothers, as part of the Healthy Child Programme:

- antenatal health visit;
- new baby review;
- 6 to 8 week assessment;
- one year assessment; and
- 2 to 2½ year review.

[2015 guidance from the Department of Health](#) states that maternal mental health is one of the six high impact outcomes of health visiting, and notes that the 6 to 8 week assessment is vital in looking for signs of postnatal depression.¹¹

This issue of a sixth mandated health visit was explored as part of Public Health England's 2016 [Review of mandate for the universal health visiting service](#):

The most generally held view is that the gap between 6-8 weeks and 1 year is too long and that there should be a contact at 3-4 months. Survey respondents proposed that this would be a

⁹ Figure is taken from the 2017 National Childbirth Trust (NCT) report, '[The Hidden Half](#)' (see further reading)

¹⁰ '[Andrew Selous and Dr Paul Williams: The 'hidden half' of women with postnatal ill health must get the support they need](#)', *The House*, 16 July 2018

¹¹ Department of Health, [Universal Health Visitor Reviews: Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015](#), September 2015

focused contact with a very specific remit around maternal mental health, infant attachment and bonding, weaning and nutrition and accident prevention as well as an additional opportunity for consideration of safeguarding issues. There is some concern that 6-8 weeks is simply too early for an effective maternal mood assessment. Some suggest that 3-4 months is a better timing for assessing a mother's mental wellbeing as well as ideal timing for discussions on weaning and healthy eating, which is pertinent to the agenda on childhood obesity.¹²

In its November 2016 briefing ahead of second reading for the *Children and Social Work Bill*, the Royal College of Nursing called for an expansion of the mandated health visits:

We are calling on the Government to continue the universal health visitor reviews by supporting the mandation of health visiting services for local authorities' post 2017 and for the reviews to go even further to include an additional contact at 3-4 months to identify perinatal mental health problems.¹³

In April 2018, the Labour Party pledged to introduce a sixth mandated health visit at 3 to 4 months, in part to better identify perinatal mental health issues.¹⁴

1.2 Recent policy and funding

The 2015 Conservative Government stated that it was committed to improving access to perinatal mental health services for women during pregnancy and in the first postnatal year.¹⁵ In January 2016, David Cameron announced investment to enhance mental health services across the country, including £290 million for perinatal mental health services:

One in 5 new mothers develop a mental health problem around the time of the birth of their child and some 30,000 more women need specialist services. If untreated this can turn into a lifelong illness, proven to increase the likelihood of poor outcomes to the mother or new baby.

That is why the government is today announcing a £290 million investment in the years to 2020 which will mean that at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby. For example, through perinatal classes, new community perinatal teams and more beds in mother and

¹² Public Health England, [Review of mandation for the universal health visiting service](#), October 2016, p34

¹³ [Royal College of Nursing briefing for the Second Reading of the Children and Social Work Bill in the House of Commons](#), November 2016

¹⁴ ['Labour pledges additional health visit for every baby in England – Jonathan Ashworth'](#), *Labour Press Release*, 19 April 2018

¹⁵ [PQ 24407 \[on Mental Health Services: Pregnancy\]](#), 1 February 2016

baby units, mums with serious mental health problems can get the best support and keep their babies with them.¹⁶

In response to a Parliamentary Question (PQ) in February 2016, Alistair Burt, the then Health Minister, said that the funding will aim to ensure all women have access to NICE recommended care¹⁷ by 2020-21:

The Prime Minister recently announced a £290 million investment over the next five years to 2020/21 in perinatal mental health services. This builds on the initial investment announced in the March 2015 Budget, making a total investment from 2015/16 to 2020/21 of £365 million. This settlement is expected to enable NHS England to build capacity and capability in perinatal mental health services, with the aim of increasing access to The National Institute for Health and Care Excellence-concordant care for women in all areas of England by 2020/21.¹⁸

This funding is part of a commitment to meet one of the recommendations in the [Five Year Forward View for Mental Health](#), published in February 2016, that 30,000 more new and expectant mothers should be supported through maternal mental health services by 2020-21.

As part of this, Health Education England – responsible for NHS workforce planning and development – was provided with £1.2 million of targeted funding in 2017 to enable the training of mental health, maternity and primary care staff to increase awareness and skills related to perinatal mental health.¹⁹

In October 2016, Public Health England (PHE) published updated guidance for local authorities on public health, including on maternal mental health. This set out a particular focus on integrating commissioning of perinatal mental health services between local authorities and NHS England. NHS England is aiming to strengthen integrated perinatal mental health pathways to reduce regional variations and improve coordinated care for women. This will involve effective collection and use of information, as well as information sharing across agencies, allowing for early identification of perinatal mental illness and direct referral to primary care and specialist perinatal mental health services.²⁰ In July 2017, PHE launched a prototype [perinatal mental health profile](#), with data on prevalence, demographics, and risk and related factors

¹⁶ [‘Prime Minister pledges a revolution in mental health treatment’](#), *Prime Minister’s Office press release*, 11 January 2016

¹⁷ The NICE guidelines offer evidence-based advice on the recognition, assessment, care and treatment of mental health problems in women during pregnancy and up to one year after childbirth, and in women who are planning a pregnancy. See NICE, [Antenatal and postnatal mental health: clinical management and service guidance](#), June 2015

¹⁸ [PQ 23806 \[on Mental Health: Females\]](#), 2 February 2016

¹⁹ [PQ 142857 \[on Maternal Mortality\]](#), 16 May 2018

²⁰ PHE, [Early Years High Impact Area 2: Maternal mental health](#), October 2016

In response to a PQ in March 2017, Health Minister Nicola Blackwood noted that initial spending of the allocated £365 million had focused on capacity building:

Planned spend for 2016/17 is £15 million and this is being achieved through targeted funding of activities to build capacity in specialist services including investment in workforce development and developing clinical leadership capacity, enhanced specialist Community Perinatal Mental Health service provision, strengthening Perinatal Mental Health networks across the country to drive forward change and building capacity in Mother and Baby units. However actual spend will not be available before the end of the financial year.²¹

£63 million was allocated for 2016/17 to 2018/19 for the development of specialist community perinatal mental health services.²² In May 2018, NHS England announced 35 sites currently underserved by community services that would see an expansion in perinatal provision, as part of a plan to have access for mothers in all parts of the country by April 2019.²³

²¹ [PO 66473 \[on Mental Health Services: Mothers\], 8 March 2017](#)

²² [PO 160732 \[on Pregnancy: Mental Health Services\], 12 July 2018](#)

²³ ['NHS England pledges specialist mental health services for new mums in every part of the country'](#), *NHS England press release*, 8 May 2018

2. Parliamentary material

2.1 Written Parliamentary Questions

- [Pregnancy: Mental Health Services](#)

Asked by: Chishti, Rehman | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, how much funding was allocated to increase the effectiveness of GPs in identifying perinatal mental health problems in mothers in each year since 2010.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |

Department: Department of Health and Social Care

General practitioners and primary care teams have a crucial role in supporting the identification of perinatal mental illness and treatment, and are part of an integrated pathway of services. This includes monitoring early onset conditions, providing pre-conception counselling and referring women to specialist mental health services, including Improving Access to Psychological Therapies and specialist perinatal community teams, if necessary.

NHS England is investing £63 million between 2016/17 and 2018/19 to support development of specialist perinatal mental health community services across England as part of a £365 million transformation programme of perinatal mental health services to 2020/21. Local teams work in close partnership with wider system partners, including primary care, to provide care and treatment to women with perinatal mental illness.

NHS England has also invested in multidisciplinary perinatal mental health clinical networks which include general practitioners. The networks drive forward change, focusing on collaborative working. The networks develop local, integrated pathways and support early identification of those at risk of mental illness in the perinatal period, enabling better outcomes for women in all communities.

Targeted funding of £1.2 million was provided in 2017 to enable the training of primary care, maternity and mental health staff to increase awareness and skills related to perinatal mental health.

12 Jul 2018 | Written questions | Answered | House of Commons | 160732

Date tabled: 04 Jul 2018 | **Date for answer:** 06 Jul 2018 | **Date answered:** 12 Jul 2018

- [Postnatal Depression](#)

Asked by: Simpson, David | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what recent steps his Department has taken to raise awareness among expectant mothers of postnatal depression.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |
Department: Department of Health and Social Care

This Government is committed to improving perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home.

This includes upskilling relevant professionals to raise awareness among expectant mothers of postnatal depression. In particular, midwives and health visitors have a role in raising awareness and early identification of mental health concerns.

Overall, the Department is investing £365 million from 2015/16 to 2020/21 in perinatal mental health services, and NHS England is leading a transformation programme to ensure that by 2020/21 at least 30,000 more women each year are able to access evidence-based specialist mental health care during the perinatal period.

27 Jun 2018 | Written questions | Answered | House of Commons | 155242

Date tabled: 19 Jun 2018 | **Date for answer:** 21 Jun 2018 | **Date answered:** 27 Jun 2018

- [Mental Health Services](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, if he will publish against what the spending from the Future in Mind budget allocation in 2017-18 was.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England publishes mental health spend for clinical commissioning groups and specialised commissioning but does not publish programme level spend for any other areas.

Following the publication of Future in Mind in 2015, the Government committed to making £1.4 billion available to transform services for children and young people's mental health. In 2017/18 the allocated funding for Future in Mind was £280 million, which included funding for eating disorders and perinatal mental health.

19 Jun 2018 | Written questions | Answered | House of Commons | 153806

Date tabled: 14 Jun 2018 | **Date for answer:** 19 Jun 2018 | **Date answered:** 19 Jun 2018

- [Pregnancy: Mental Health Services](#)

Asked by: Jarvis, Dan | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure that more mothers are able to access perinatal mental health services.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |
Department: Department of Health and Social Care

This Government is committed to improving perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home.

The Department is investing £365 million by 2020/21 in perinatal mental health services. This investment will ensure that by 2020/21 at least 30,000 more women each year will be able to access evidence-based specialist mental health care during the perinatal period. This includes access to psychological therapies and specialist community or inpatient care.

A key element of the programme is to increase awareness and skills across the workforce, supporting better identification of perinatal mental illness, early intervention and consequently improved recovery rates.

18 Jun 2018 | Written questions | Answered | House of Commons | 153277

Date tabled: 13 Jun 2018 | **Date for answer:** 18 Jun 2018 | **Date answered:** 18 Jun 2018

- [Pregnancy: Mental Illness](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of women in the UK have had a mental illness during pregnancy in each of the last 5 years.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |
Department: Department of Health and Social Care

Up to 20% of women are affected by mental illness during pregnancy or within the first year after giving birth. This covers a wide range of conditions.

Further information can be found at the following link:

<https://www.england.nhs.uk/mental-health/perinatal/>

This Government is committed to improving perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home.

22 May 2018 | Written questions | Answered | House of Commons | 143768

Date tabled: 14 May 2018 | **Date for answer:** 16 May 2018 | **Date answered:** 22 May 2018

- [Mental Health Services](#)

Asked by: Lamb, Norman | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 17 January 2018 to Question 123474, what the timetable is for the publication of the mental health pathways for crisis care, perinatal mental health, children and young people's mental health and acute mental health; and if he will make a statement.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The mental health pathways are intended to provide clear guidance to both commissioners and providers in relation to the commissioning and implementation of services to improve access and outcomes for people with mental health problems.

The perinatal pathway was published on 8 May 2018 and can be found at the following link:

<https://www.england.nhs.uk/publication/the-perinatal-mental-health-care-pathways/>

Pathways for crisis care, children and young people's mental health and acute mental health are being reviewed ahead of publication to ensure alignment with the wider Five Year Forward View for Mental Health strategy, as well as the outcomes of the consultation on the Green Paper on Transforming Children and Young People's Mental Health Provision. This review is necessary to ensure the pathways provide the most helpful guidance to both commissioners and providers.

17 May 2018 | Written questions | Answered | House of Commons | 143690

Date tabled: 14 May 2018 | **Date for answer:** 17 May 2018 | **Date answered:** 17 May 2018

- [Postnatal Depression](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications of the report by the National Childbirth Trust entitled Hidden Half: bringing postnatal mental illness out of hiding, published in June 2017, for his Department's policies on (a) funding for GPs to carry out appropriate postnatal checks, (b) commissioning of research into the effect of such mental illness on outcomes for children and (c) better diagnosis of such mental illness; and if he will make a statement.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

This Government is committed to improving perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home.

The Department is investing £365 million to 2020/21 in perinatal mental health services. This investment will ensure that at least 30,000 more women each year by 2020/21 are able to access evidence-based specialist mental health care during the perinatal period.

The National Childbirth Trust 'Hidden Half' reports calls for all new mothers to have the full appointment for their six week post-natal check with their general practitioner (GP). All GP practices are expected to provide maternity medical services for their registered patients. GPs are paid to provide these services. Practices may however exceptionally choose to opt out of providing such services, for example on workload grounds. Practices which choose to opt out will relinquish a proportion of their global sum income – currently 2.1%. It is the responsibility of the lead commissioner locally (NHS England or clinical commissioning groups under delegated agreement) to ensure the patients of opted out practices can continue to access these services e.g. commissioning the service from a nearby alternative practice.

The Children and Young People's Mental Health Green Paper, published in December 2017, has proposed to commission further research into interventions that support parents and carers to build and/or improve the quality of attachment relationships with their babies. Further analysis will also be considered in areas such as supporting healthcare professionals to understand the importance of healthy, low-stress pregnancies and healthy childhoods.

General practitioners and primary care teams have a role in supporting the identification of perinatal mental illness and treatment, and are part of an integrated pathway of services. Targeted funding of £1.2 million was provided in 2017 to enable the training of primary care, maternity and mental health staff to increase awareness and skills related to perinatal mental health.

16 May 2018 | Written questions | Answered | House of Commons | 142449

Date tabled: 09 May 2018 | **Date for answer:** 11 May 2018 | **Date answered:** 16 May 2018

- [Postnatal Depression](#)

Asked by: Cooper, Julie | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what support General Practitioners provide to mothers experiencing perinatal mental health problems.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

We are committed to improving mental health support for expectant and new mothers. General practitioners have a crucial role in identifying and treating perinatal mental illness. Support provided includes pre-conception counselling, monitoring during pregnancy, and referring women to Improving Access to Psychological Therapies (IAPT) and specialist mental health services if necessary. We are expanding IAPT to reach 1.5 million people by 2020/21, and are investing £365 million in specialist perinatal mental health services so that 30,000 more women are able to access the right care at the right time, close to home, by 2020/21.

15 May 2018 | Written questions | Answered | House of Commons | 141351

Date tabled: 04 May 2018 | **Date for answer:** 09 May 2018 | **Date answered:** 15 May 2018

- [Postnatal Depression](#)

Asked by: Robinson, Gavin | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of GPs in identifying and treating perinatal mental health problems in mothers.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

This Government is committed to improving perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home. The importance of this is reflected in both NHS England's 'Better Births' and the 'Five Year Forward View for Mental Health'.

General practitioners and primary care teams have a role in supporting the identification of perinatal mental illness and treatment, and are part of an integrated pathway of services. This includes monitoring early onset conditions, providing pre-conception counselling and referring women to specialist mental health services, including the Improving Access to Psychological Therapies programme and specialist perinatal community teams, if necessary.

The Department is investing £365 million to 2020/21 in perinatal mental health services, and NHS England is leading a transformation programme with the development of specialist perinatal mental health community services across England with their investment of £63 million between 2016/17 and 2018/19. Local teams work in close partnership with wider system partners including primary care to provide care and treatment to women with perinatal mental illness.

NHS England has also invested in multidisciplinary perinatal mental health clinical networks which include general practitioners, across the country to drive forward change, focusing on collaborative working to develop local, integrated pathways and support early identification of

those at risk of mental illness in the perinatal period, to enable better outcomes for women in all communities.

08 May 2018 | Written questions | Answered | House of Commons | 140134

Date tabled: 01 May 2018 | **Date for answer:** 08 May 2018 | **Date answered:** 08 May 2018

- [Pregnancy: Mental Illness](#)

Asked by: Poulter, Dr Dan | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, how many out-of-area placements there have been for patients with (a) peri-natal psychosis and (b) peri-natal depression (a) in England and (b) by region in each year since 2007.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Information is not available in the format requested.

On 31 March 2017, NHS England announced the next steps to ensure children and young people do not have to travel far from home for mental health care. As well as funding between 150 and 180 new beds, we are increasing the availability of services in the community to ensure the right beds are in the right place. This includes a programme of work to improve timely treatments in the community for those needing urgent or emergency assessment as well as the development of, and recruitment for, community eating disorder services.

Source: Child and Adolescent Mental Health Services Tier 4 Report, NHS England, 2014.

<https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>

22 Mar 2018 | Written questions | Answered | House of Commons | 132562

- [Mental Health Services](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure sufficient staffing and beds are in place in mental health services to respond to changes in the level of mental ill health among women and girls.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) requires providers of health and care services to deploy enough suitably qualified staff to meet the needs of the people using the service. The Care Quality Commission (CQC) guidance relating to Regulation 18 states that:

'In order for providers to meet the requirements of Regulation 18, providers must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times and the other regulatory requirements set out in this part of the regulations'.

In July 2017, Health Education England (HEE) published 'Stepping forward to 2020/21: The mental health workforce plan for England'. This included detailed analysis of workforce numbers and vacancy rates by key staff groups and plans to increase the size of the workforce by 21,000 additional posts by 2020/21. The plan includes a series of steps, currently underway, to improve recruitment and retention of mental health staff, as well as examining models of care and the roles played by different professionals in order to maximise the impact on service users.

The Women's Mental Health Taskforce was set up in early 2017 with the objective of developing collaborative proposals for action to improve women's mental health. It brings together experts on women's mental health and involves key national organisations responsible for policy, commissioning and delivery of services, including system partners such as NHS England and Public Health England.

To ensure that there are sufficient beds to provide specialist inpatient perinatal mental health care, NHS England is expanding the capacity of inpatient mother and baby units (MBUs). Four new, eight-bed MBUs have been commissioned to provide specialist care and support to mothers who experience severe mental ill health during and after pregnancy in areas of the country with particular access issues.

12 Mar 2018 | Written questions | Answered | House of Commons | 131271

Date tabled: 06 Mar 2018 | **Date for answer:** 12 Mar 2018 | **Date answered:** 12 Mar 2018

- [Pregnancy: Mental Health Services](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what the net change has been in the number of in-patient perinatal beds since 2010.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |

Department: Department of Health and Social Care

The information available is shown in the table below. There has been a net increase of 10 beds in mother and baby commissioned beds between 2013/14 and 2017/18.

National Health Service commissioned mother and baby beds 2013/14-2016/17.

Year	Commissioned beds (England)
2013/14	110
2014/15	110

2015/16 112

2016/17 120

26 Feb 2018 | Written questions | Answered | House of Commons | 128855

Date tabled: 21 Feb 2018 | **Date for answer:** 26 Feb 2018 | **Date answered:** 26 Feb 2018

2.2 Oral Parliamentary Questions

- [Perinatal Mental Health](#)

Asked by: Luciana Berger (Liverpool, Wavertree) (Lab/Co-op) | **Party:** Labour Party · Cooperative Party

Back in 2010, we had 19 mother and baby units across this country, but cuts to those beds resulted in our then having 15 mother and baby units. Back in November 2016, the Government said we were going to see more beds opened. I listened closely to the statement the Minister has just made, but we are still waiting for beds that were announced back in November 2016. What are her Government going to do to ensure that mothers and babies will be kept together and can access the beds they desperately need?

Answered by: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Health and Social Care

I do not accept what the hon. Lady is saying. We are investing in new mother and baby units and making sure we have sufficiently good provision geographically so that mothers and babies can access them. We are also investing in more support in the community. I am pleased that the programme we are delivering, which is £365 million of additional support, will deliver early intervention for young mothers and babies.

08 May 2018 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 640 c527

Date answered: 08 May 2018

- [Perinatal Mental Health](#)

Asked by: Wera Hobhouse (Bath) (LD) | **Party:** Liberal Democrats

Given that children of mothers with perinatal health problems are at much higher risk of developing mental health problems themselves, why does the Government's Green Paper on mental health not address prevention in respect of perinatal health?

Answered by: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Health and Social Care

As I have said before, the proposals in the Green Paper on children and young people's mental health were very much focused on what we

were going to be delivering through schools. Alongside that, we have a very ambitious programme on perinatal mental health, where we are spending an extra £365 million on delivering both acute care and more support in the community. Today, I have just announced the second wave of that funding.

08 May 2018 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 640 c526

Date answered: 08 May 2018

- [Perinatal Mental Health](#)

Asked by: Jenny Chapman (Darlington) (Lab) | **Party:** Labour Party

Given that 95% of mums surveyed by the NCT said that they had experienced mental health problems, that only 22% said they were even asked about this by their GP and that only 24% of the country has any specialist provision, what more does the Minister think she ought to be doing?

Answered by: Jackie Doyle-Price | **Party:** Conservative Party |

Department: Health and Social Care

The second wave roll-out will cover the entire geographical spread of the country. This is a transformational programme, so, by definition, it will take time to roll out, but I agree with the hon. Lady that GPs do have a role to play in this. The National Institute for Health and Care Excellence recommends postnatal checks for mothers, and NHS England expects commissioners to undertake that those guidelines are being met. As for any further support by GPs, she will be aware that there is a renegotiation of the GP contract and it will be covered there.

08 May 2018 | Oral questions - 1st Supplementary | Answered | House of Commons | House of Commons chamber | 640 c526

Date answered: 08 May 2018

- [Perinatal Mental Health](#)

Asked by: Jenny Chapman (Darlington) (Lab) | **Party:** Labour Party

What support GPs provide to mothers experiencing perinatal mental health problems.

Answered by: The Parliamentary Under-Secretary of State for Health and Social Care (Jackie Doyle-Price) | **Party:** Conservative Party |

Department: Health and Social Care

We are committed to improving mental health support for expectant and new mothers, and GPs are crucial to that. We recognise that specialist services are also required, and I am proud to announce today that NHS England will be spending £23 million on rolling out the second wave of community perinatal services to underserved parts of the country and is on course to achieve full geographic coverage by 2020-21.

08 May 2018 | Oral questions - Lead | Answered | House of Commons | House of Commons chamber | 905164 | 640 cc526-7

- [Children's Health](#)

Asked by: Tim Loughton (East Worthing and Shoreham) (Con) | **Party:** Conservative Party

Does my hon. Friend agree that the best way to achieve strong health and good mental health for children is at the very earliest stages and through forming a strong attachment between that child and their parent in the first 1,001 days from conception? If so, why is there not more in the mental health Green Paper about perinatal mental health?

Answered by: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Health and Social Care

The Green Paper very much focuses on what we are doing in schools, but my hon. Friend is absolutely right. He highlights the earliest of early intervention, and one reason why we are investing so much more in perinatal mental health is to ensure that the bonds between mother and baby are as strong as they could possibly be.

06 Feb 2018 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 635 c1341

Date answered: 06 Feb 2018

- [Pregnancy: Mental Health Services](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, with reference to the specialist perinatal mental health community services development fund launched in August 2016, if he will provide a detailed breakdown of funds allocated to new or expanded specialist perinatal mental health community teams; and when such funding was received by each such team.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

NHS England allocated funding of £4.7 million in December 2016 for 2016/17, and £18.6 million between June and December 2017 for 2017/18 through its Perinatal Mental Health Specialist Community Services Development Fund.

NHS England will allocate funding in 2018/19 to those sites that received funding in 2017/18.

29 Jan 2018 | Written questions | Answered | House of Commons | 124496

Date tabled: 23 Jan 2018 | **Date for answer:** 29 Jan 2018 | **Date answered:** 29 Jan 2018

2.3 Parliamentary debate

- [Perinatal Mental Health](#) (HC Deb 8 May 2018 cc526-7)

2.4 Parliamentary select committees

Education and Health and Social Care Committees, [The Government's Green Paper on Mental Health: Failing a Generation](#), HC 642, 9 May 2018

3. Press articles

[Andrew Selous and Dr Paul Williams: The 'hidden half' of women with postnatal ill health must get the support they need](#)

The House Magazine (via Politics Home), 16 July 2018

An article written by the sponsors of this debate.

[Mums With Mental Health Issues Are Being Separated From Their Babies, Warn Doctors](#)

Huffington Post UK, 28 June 2018

[Can Technology Save U.K. Perinatal Care?](#)

Forbes, 28 June 2018

[Infants taken off parents in beds crisis](#)

The Times, 28 June 2018

[New mums face up to 10-hour journey for mental health care](#)

BBC News, 24 June 2018

A report about a lack of access to mental health care for new mothers in Wales.

[Introduce mental health checks for new mothers, ministers told](#)

The Guardian, 14 May 2018

Report of a letter from 60 MPs and peers to Steve Brine, Health Minister, demanding that all mothers in England have an assessment of their emotional and mental health six weeks after giving birth.

[NHS to make perinatal mental health available across England](#)

The Guardian, 8 May 2018

[Improved mental health care funding for new mums](#)

BBC News, 8 May 2018

[Willie Rennie slams government over perinatal mental health](#)

The Scotsman, 20 April 2018

Report on remarks made by the leader of the Scottish Liberal Democrats in response to the report by the Maternal Mental Health Alliance (MMHA) which showed that in seven out of 14 Health Board areas across Scotland, women “had no access to specialist mental health services for pregnant women and new mothers”.

[Women across UK denied mental healthcare around childbirth, say doctors](#)

The Guardian, 19 April 2018

A report on the findings of research conducted by the MMHA and the Royal College of Psychiatrists.

['Urgent need' for investment in maternal mental health services](#)

ITV News, 13 April 2018

Report of a study completed by researchers at Queen's University Belfast, which found that “women who reported a history of a mental disorder were more likely to have premature deliveries and babies born with a low birth”.

[New Mums Will Be Able To Access Counselling Via Skype In Perinatal Mental Health Services Boost](#)

Huffington Post UK, 5 February 2018

[Maternal mental health: How far have we come?](#)

BBC News, 28 November 2017

[Mental health care for new mothers in Wales 'unacceptable'](#)

BBC News, 17 October 2017

4. Press notices

[Study finds increase in prenatal depression among young mothers](#)

Nursing Times, 16 July 2018

[NHS England pledges full coverage for perinatal mental health services](#)

Pulse, 8 May 2018

[NHS specialist community perinatal services to be set up in all England regions](#)

Nursing Times, 8 May 2018

[Specialist perinatal mental health services still lacking in 25% of UK regions](#)

Nursing Times, 20 April 2018

[NHS to offer Skype consultations for new mums affected by mental ill health](#)

Digital Health, 8 February 2018

[Latest funding boost for community perinatal mental health care](#)

Nursing Times, 5 February 2018

[Call for more specialist staff to support those experiencing postnatal depression](#)

Nursing Times, 24 July 2017

5. Further reading

5.1 Commons Library briefing

- Commons Library CBP07647, [Early Intervention](#), 26 June 2017
- Commons Library CBP0747, [Mental Health Policy in England](#), 23 August 2017

5.2 Reports and analysis

- Care Quality Commission, [Maternity Services survey: Statistical release](#), January 2018
The Care Quality Commission's *Maternity services survey* asks women whether a midwife or health visitor had asked how they were feeling emotionally at the antenatal and postnatal stages. The 2017 survey found that for antenatal care, 64% of women were 'definitely' asked how they were feeling emotionally, 26% thought they were asked 'to some extent' and 10% reported not being asked about their emotions at all during their antenatal stage.²⁴
- The Conversation, [Maternal mental health problems – the impact in numbers](#), 25 May 2018
An outline of the main statistics around maternal mental health compiled by Professor Carolyn Chew-Graham at Keele University.
- NCT, [The Hidden Half: Bringing postnatal mental illness out of hiding](#), June 2017
- Royal College of Obstetricians & Gynaecologists, [Maternal Mental Health – Women's Voices](#), February 2017

5.3 Manuals and guidance

- NHS England, [Manual for Prescribed Specialised Services 2017/18](#), September 2017
- Royal College of Psychiatrists, [Perinatal mental health services: Recommendations for the provision of services for childbearing women](#), July 2015

²⁴ Care Quality Commission, NHS, [2017 Survey of women's experiences of maternity care](#), January 2018, p22

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