

# Health, Social Care and Sport Committee

## 15th Meeting, 2021 (Session 6), Tuesday, 14 December 2021

### Inquiry on perinatal mental health

#### Introduction

1. At its meeting today, the Health, Social Care and Sport Committee will take evidence from the following:
  - Minister for Mental Wellbeing and Social Care,
  - Minister for Public Health, Women's Health and Sport,
  - Chair of the Perinatal and Infant Mental Health Programme Board, and
  - supporting officials.

#### Background

2. At its work programme discussion on 5 October 2021, the Health, Social Care and Sport Committee agreed to hold a short inquiry into perinatal mental health.
3. The Committee subsequently agreed that the aim of the inquiry would be to explore the key issues facing new mothers during pregnancy and following the birth of a child that can impact mental health. It will consider aspects such as new mother care, breastfeeding support and specialist training. It will also consider the mental health impacts of bereavement from miscarriage and the death of an infant.
4. The inquiry will also explore opportunities to improve and increase access to perinatal mental health services in Scotland over the next five years and make recommendations for the Scottish Government to help support new parents with their mental health.

#### Structure of the inquiry

5. The Committee issued a call for evidence on 2 November 2021 which closed on 24 November 2021. The Committee received 103 responses which can be read here: [Perinatal Mental Health Inquiry - Scottish Parliament - Citizen Space](#)
6. The Committee's inquiry consists of four sessions in December 2021:

<b>6 December 2021</b>	Private informal engagement event with parents. An anonymous summary of the meeting is attached at Annexe A.
<b>7 December 2021</b>	Panel 1: Evidence session with professional organisations and academics.  Panel 2: Evidence session with third sector support organisations.
<b>14 December 2021</b>	Evidence session with the Minister for Mental Wellbeing and Social Care, the Minister for Public Health, Women’s Health and Sport and the Chair of the Perinatal and Infant Mental Health Programme Board.

**Clerks to the Committee**

**9 December 2021**

**Annexe A**

**Inquiry into perinatal mental health**

**Private informal engagement event with individuals who have experienced perinatal mental health issues**

The Committee met with individuals with experience of perinatal mental health issues on Monday 6 December as part of the its inquiry into perinatal mental health. The individuals were supported by the following organisations:

- [Home Start Scotland](#),
- [Aberlour](#),
- [Fife Gingerbread](#), and
- [Mind Mosaic](#)

Below is a summary of points raised during the sessions.

**Accessing support**

- Lack of information of the support available or how to access support.
- Some individuals noted reticence in asking for help as they were unsure if their feelings were normal for the perinatal period or they didn't feel bad enough to get support.
- Lack of trust with healthcare professionals. A number of individuals noted a reluctance to share details with clinicians for fear that their babies would be taken away.
- Lack of support for single dads – an individual noted that services only seemed willing to speak with a woman.
- Lack of support for partners.
- Lack of support for working parents with services largely only available midweek during the day. Once referred, services were accessible out of hours on some occasions.
- Uncertainty for asylum seekers on knowing their rights and what support was available.

**Referrals to statutory services**

- In a number of cases individuals were referred successfully through the GP.
- However, GP appointments were very hard to access during the pandemic, especially for working parents. If an individual couldn't access the GP they can't get referred. If discharged from a service, individuals have to start at the beginning again and try to access the GP.
- Referrals were to a number of different services, for example psychiatrists, perinatal mental health teams, mental health hospitals, mother and baby units.
- Some services had long waiting lists.
- Some of these referrals were inappropriate and the services were unable to help with perinatal issues.

- There were multiple examples of being repeatedly referred into services, however, also repeatedly discharged without follow-on support or treatment.
- When the right service was referred, such as to local perinatal mental health teams, a number of experiences were positive and support made a difference.

### **Statutory services**

- Services did not always take pre-existing mental and physical conditionals into account. Where this was the case, experiences were not positive.
- Initial assessments were not always tailored to the individual and not relevant to their circumstances, which left individuals feeling alone and unsupported.
- There was a postcode lottery of services. For example some individuals could not access support near their home, some had to travel long distances for support services, some had to travel long distances for basic maternity services, including giving birth. The availability for additional support midwives also depended on the geographical area.
- If individuals did not want to take prescribed medication, they were deemed as not engaging with services and discharged from the service.
- Individuals spoke of a standard number of support sessions. Once these were completed, individuals were discharged from the service without further support. They would end up back at the GP to be referred to other services. They reported starting to feel comfortable with services just as support was withdrawn and they would have to start again.
- Some individuals reported disparaging remarks from healthcare professionals about people with mental health problems, with assumptions made over alcohol and smoking.
- Lack of follow-up treatment following being discharged from services.
- Some individuals noted support while they were in hospital, but there was no support once discharged. Others noted good support from community midwives to then go on to have bad experiences in hospital.
- Many felt isolated and lonely within statutory settings or accessing statutory services from home.
- Participants noted a disconnect between health visitor, GP and mental health services.

### **Referrals to third sector services**

- Midwives mentioned and recommended third sector support services, however this was not always taken up.
- One individual noted they only accessed support when the midwife helped them complete the application.
- Individuals noted a lack of information and awareness from statutory providers on third sector services and what support is available.

### **Third sector services**

- All individuals noted positive experience with third sector services, even where services were not face-to-face due to the pandemic.
- It was felt that organisations had more time to talk to individuals.

- In particular, befriending services were noted to be very helpful, especially in combination with other services or medication.
- A number of participants noted that they would not have coped without the support offered by third sector organisations.
- Organisations were able to provide support for a range of people in a range of different circumstances – something statutory services were not as good at.
- Support was tailored to individuals, not a one size fits all.
- Once individuals accessed third sector services, it was then easier to access other services.
- Individuals were more willing to open up to a charity, not linked to NHS or social services.
- Quicker and easier to access services than statutory services.

### **Impacts of the COVID-19 pandemic**

- Individuals didn't feel they could approach their GP during the pandemic.
- 6-week check-ups following the birth of a baby were not conducted as standard, some were undertaken over the phone. One individual noted 'but you can hide on a phone call'
- Prenatally, lots of appointments were stopped during the pandemic and scans cancelled. This left individuals feeling anxious, particularly when they could only go for scans on their own.
- Antenatal classes were stopped during the pandemic. Some online resources were available but this did not help individuals to feel prepared nor did it help with support networks.
- A number of individuals felt cheated or had a sense of loss in their birth experience due to the pandemic.
- Individuals noted a lack of continuity. One individual was unable to see the same midwife twice due to COVID-19, meaning midwives were unable to notice that support was needed pre and post-birth.
- Partners were not allowed in hospital during birth, or sometimes were only allowed in for short amounts of time. This impacted on isolation and loneliness, but also advocacy support.
- Parents had to travel long distances, only to have to choose between waiting outside in the car until the initial stages of labour were sufficiently advanced for both parties to be admitted or be admitted alone.
- Individuals noted nurses were very busy after the birth and didn't have a lot of time, this was particularly felt around breast-feeding support.
- Breastfeeding support through the pandemic was not particularly effective, being delivered either via online/phone consultations or else nurses being unable to touch mother or baby.
- Family Nurses and Health Visitors were found to be very supportive but didn't have time for longer or as many visits as was felt necessary.
- There was increased anxiety around the vaccine, hospital restrictions, shielding and isolation, and what to do when discharged from hospital. There was inconsistent or no guidance to support new parents.

- Individuals noted disjointed care when they came home from hospital. An individual also noted the lack of communication between services.
- Individuals were not always supported and the reason was always that it was due to the pandemic and they had to 'get on with it'.
- Individuals felt it was hard to build trust when consultations were not face to face.
- Some individuals felt that emerging from pandemic was almost as stressful as going into it.
- Access to GP services for young children was also noted to be difficult during the pandemic. Individuals reported the traumatising process for parents and children of administering PCR tests and being unable to see a GP or healthcare professional without a negative result. Help and support was often delayed until a negative result was reported.
- One organisation noted that the link between poverty and poor perinatal mental health increased during the pandemic.
- Participants noted that befriending services were useful in the COVID-19 context, with other support networks and groups being unavailable.
- Others noted some good outcomes using phone and online resources. Some individuals found digital resources better and felt comfortable going on a digital platform whereas they might not have opened the door to face-to-face support. Closed groups also provided safe spaces and peer support networks.
- Some noted that support during the pandemic was better than expected.

### **Recommendations for improvements**

- Restart antenatal classes.
- More people to help in the hospitals and extra, lengthier support.
- Improved breastfeeding support, one participant noted being unable to breastfeed contributed towards their postpartum depression and guilt over feeling like a bad mother.
- Reduce waiting times for services.
- Improve access to services.
- More mother and baby units.
- More information and awareness about what to expect and what support is there.
- More information and awareness for GPs, health visitors, midwives and nurses.
- A team approach would help. You see professionals from different parts of different hospitals, your GP, CPN, your health visitor but they are not all communicating.
- Awareness raising of mental health issues such as psychosis.
- More support for people who have traumatic births – having someone on maternity wards who is a trained perinatal mental health professional would help.
- Information around social services so individuals know what their rights are.

- Change language, for example, the phrase 'baby blues' can be condescending and individuals can't be open and honest about what they're feeling.
- Update resources, for example, 'Ready steady baby' was found to be out of date and condescending.
- More information and support for breastfeeding and allergies.
- More joined up working with different teams, including third sector and statutory services working together creating the best pathways for families.