Mental Health Foundation OF NEW ZEALAND
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Perinatal mental health

Position statement

August 2021

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Tuia te rangi e tū nei
Tuia te papa e takoto nei
Tuia i te here tangata
Tihei mauri ora
He hōnore, he korōria ki te atua ki te runga rawa
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro
Rau rangatira mā, ānei ngā whakaaro me ngā kōrero nā Te Tūāpapa Hauora Hinengaro

Executive summary

The Mental Health Foundation of New Zealand supports sector and academic calls for **prioritising investment in perinatal[1] mental health**.[i] Doing so improves the lives of pregnant people, parents, and the long-term outcomes of tamariki, whānau and subsequent generations, and is extremely cost effective.

A Te Tiriti o Waitangi and an equity lens must be applied to our national approach to perinatal mental wellbeing. Wāhine Māori are overrepresented in maternal suicide and Pasifika women have the highest rates of antenatal depression compared to women from other ethnic groups.[ii]

We strongly support a comprehensive approach to perinatal mental wellbeing, in line with *He Ara Oranga*, the report from the Inquiry into Mental Health and Addiction.

This means prioritising and investing in prevention and positive mental wellbeing promotion. It includes addressing the societal, cultural and economic drivers of perinatal mental distress and enhancing protective factors such as whānau and community support and structures, and empowering parents and communities to

[1] The term perinatal means relating to the period immediately before and after birth, including becoming pregnant and up to the baby being 1 year old. This recognises the pre-conception period, particularly for those having difficulty getting pregnant, may be a time of considerable stress and distress.

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uplift their mental wellbeing during the perinatal period. This is a benefit in and of itself and helps prevent some people from becoming mentally unwell or more unwell.

Shifting our focus towards a prevention/health promotion approach requires a seismic reassessment of how we view and address perinatal mental health in Aotearoa.

We support calls[iii] for **increased investment in services and support**. We need to increase equitable access to support, address service gaps and reduce wait times particularly for those with mild-moderate mental distress, and achieve better integration between maternal and infant services. We need culturally strong services, kaupapa Māori services, and a culturally safe workforce.

Finally, we urge a **review of ACC's cover for birth injuries and subsequent cover of mental injuries,** such as post-traumatic stress disorder.

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About the Mental Health Foundation

The Mental Health Foundation of New Zealand (MHF) works towards creating a society free from discrimination, where all people enjoy positive mental wellbeing. We do this by helping people understand positive mental health and wellbeing and apply strategies to live well; and advocating for social and system changes to improve the determinants of mental wellbeing.

We take a population health approach to mental wellbeing, providing only limited information about particular mental health conditions. We provide information on the MHF website about postnatal depression including signposting to further information and support groups and publish the *Postnatal depression: Getting the support you need* pamphlet (currently under review).

We have funded community-based groups to challenge mental distress-related discrimination against pregnant people and parents, for example to deliver anti-discrimination seminars for maternal health care providers.[iv]

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Why perinatal mental health matters in Aotearoa

The mental wellbeing of pregnant people and parents during the perinatal period is a significant public health concern.

Around 10–20 percent of women will experience mental distress during pregnancy and/or the first year following birth.[v] Some suggest as much as 30 percent of pregnant women fall within the sub-clinical (less severe) range.[vi]

Suicide is the leading cause of death for pregnant women and new mothers in Aotearoa New Zealand. The rate of maternal suicide in New Zealand is seven times the rate in the United Kingdom. Māori women are overrepresented among maternal suicides. Between 2006 and 2016, 16 (57 percent) of the 28 women who died by suicide in pregnancy or within six weeks of giving birth were Māori.[vii]

Women from non-European ethnicities in New Zealand are more likely to suffer perinatal depression, with Māori, Pasifika and Asian women more likely to experience antenatal depression that Pākehā women.[viii]

Maternal mental distress has far reaching and life-long consequences for pregnant people and parents, their children, family relationships and whānau. It may exacerbate intergenerational disadvantage and inequity.[ix]

Perinatal mental health distress is both preventable and treatable, and investment in the perinatal stage offers the greatest return on investment – see Figure 1.

> *"...strengthening the foundations for the optimal development [of young children] by improving maternal mental health is, arguably, the most logically, morally and economically sound way of breaking the cycle of intergenerational disadvantage and advancing New Zealand society"*[x]

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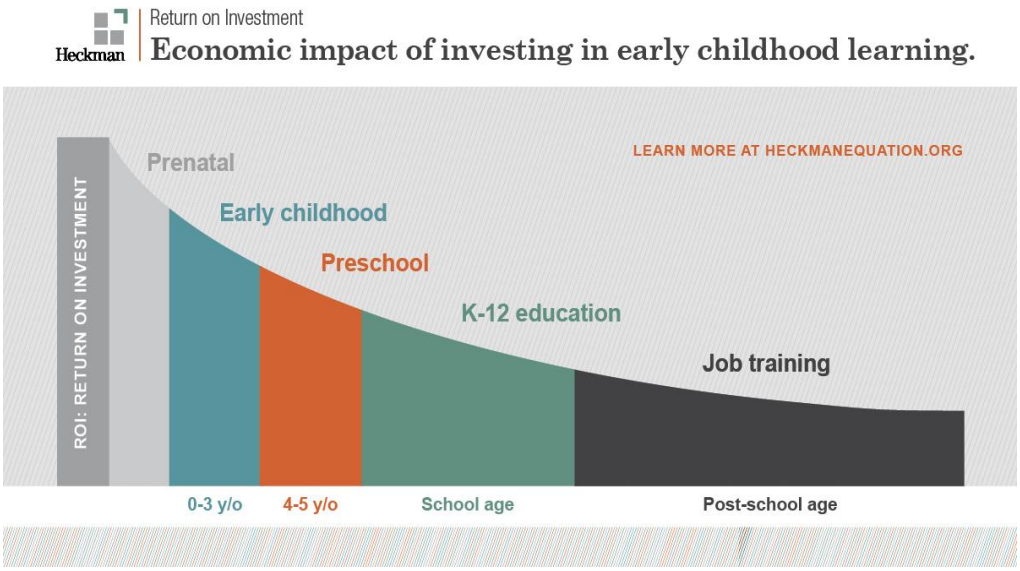
Figure 1: James Heckman Curve: Economic impact of early childhood investments starting before birth[xi]



Government progress to date

We recognise the investment made in perinatal mental health and addiction services since 2013. This includes a new Mothers and Babies unit in the North Island. More recently the expansion of primary mental health and addiction services, such as the new Health Improvement Practitioner and Health Coaches roles, have the potential to offer early support for pregnant people and new parents with mild to moderate mental distress.

We welcomed the *Child and Youth Wellbeing Strategy* as a way of providing a whole-of-government and prevention focused approach to wellbeing and in particular the Government's commitment to the development of a maternity whole-of-system action plan. This needs to be quickly finalised and implemented in consultation with Māori and the maternal mental health sector and reflect the comprehensive approach outlined below – prevention, positive mental health promotion, integrated service pathways, specialist support, and workforce development.

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Where we can go further

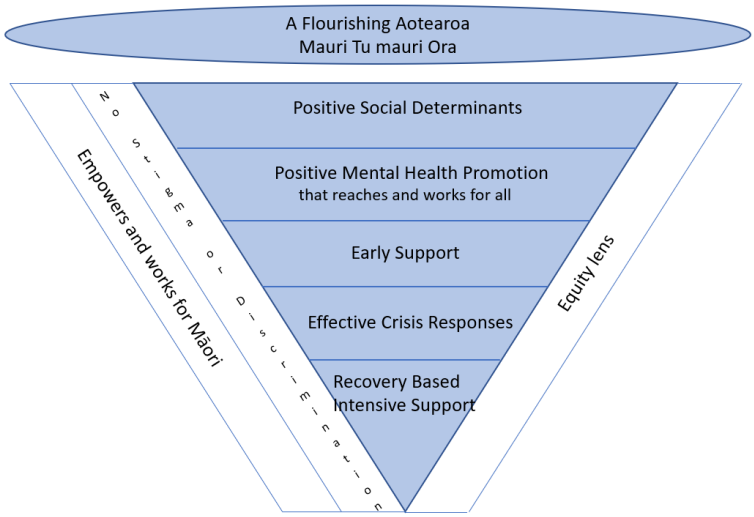
Apply the comprehensive approach outlined in He Ara Oranga to address perinatal mental health

The comprehensive package of 40 recommendations in *He Ara Oranga* are intended to "*prevent problems developing, respond earlier and more effectively, and promote mental health and wellbeing"* (page 15). We strongly advocate for all three of these components to be acted upon in the mental health and addictions system transformation process.

Similarly, we recommend efforts to boost access to services and support for pregnant people and parents in the perinatal period be equally complimented with work programmes to explicitly address the upstream factors that drive perinatal mental distress (prevention) and empower parents, whānau and communities with the skills and tools to uplift their mental wellbeing (mental health promotion).

There is no room for an 'either or' approach – all components are necessary and should be prioritised and weighted as outlined in Figure 2.

Figure 2: MHF population health approach diagram (2019)



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Adhere to guiding principles

We recommend the following principles apply when putting each component of the comprehensive approach – prevention, promotion, and service and workforce development – into action.

a) **Honour Te Tiriti o Waitangi** by activating the principles of tino rangatiratanga, equitable outcomes, active protection, options and partnership. This must include learning from mātauranga Māori approaches to maternal wellbeing, including whānau ora, whakapapa, Rongoā Maori (traditional Māori medicine) and traditional birthing and early child rearing techniques.

b) **Take a 'life course approach'** and view perinatal mental health as intrinsically connected to infant and child wellbeing, including as part of a focus on the first 1000 days of life.

c) Explore opportunities to **make an impact across the full perinatal period** – from pre-conception, pregnancy, after birth and early infancy.

d) **Value the lived experience** by designing and implementing approaches and services informed by the voices and whakaaro of pregnant people and parents, and their whānau.

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Prevent perinatal mental distress

As with the prevention of mental distress/illness more generally, social and economic factors play a role in the development of distress during the perinatal period. Drivers such as social isolation, poverty, family violence, intimate partner violence, unstable and unsuitable housing and a lack of paid employment have been associated with maternal mental distress.[xii]

We can go further by:

1. Including specific actions to address the incidence of perinatal mental distress as part of sustained progress on whole-of-government action, and investment in, the determinants of mental health. These actions need to be carried out with inter-agency cooperation.
2. Support Lead Maternity Carers to routinely undertake psychosocial risk assessment for pregnant people, including a comprehensive assessment of risk factors for all wāhine Māori undertaken at confirmation of pregnancy and/or on first presentation for antenatal care. The PMMRC[xiii] found history of mental distress and illness and intimate partner violence and family violence were frequent experiences reported in a review of women who died by suicide.
3. Points 1 and 2 must be accompanied by the development of a broad range of accessible perinatal mental health services people can be referred to and investment in midwifery services.

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Promote positive perinatal mental health

Positive mental health promotion involves strengthening protective factors for good mental health and enabling access to skills, resources, and supportive environments that enhance equity and keep individuals and populations mentally healthy.[xiv] Importantly, it is more than simply providing information and encouraging help-seeking.

International bodies identify promoting infant and maternal mental health as a critical evidence-based priority area for population-level mental wellbeing promotion.[xv] However, current government funding of maternal mental health promotion is limited.[2]

We can go further by:

4. Learning from, and supporting, whānau-centred innovations that enhance protective factors and support whānau to thrive, such as Tamariki Wellbeing in South Auckland.[xvi]
5. Exploring ways to harness informal social support, local neighbourhood support, and connection for pregnant people and parents, such as conversation starter resources, low-cost community 'time banking' initiatives[xvii] to support mental wellbeing, and co-designing whānau-friendly local services to help parents reduce their stress when parenting away from home. New mothers interviewed by Te Hiringa Hauora talked about needing practical help (e.g., childcare, cooking, cleaning) to give them space for self-care and emotional support; finding the right person to talk to, so they felt acknowledged, listened to, and reassured. Reliable support people vary significantly between mothers and across cultures.
6. Eliminating discrimination and prejudice of perinatal mental distress. Fear of mental distress-related stigma and discrimination and fear of their child being taken away are barriers to accessing support and services for mothers.[xviii] The intersectionality of racism also needs to be address, with fear

[2] Funding of Te Hiringa Hauora/Health Promotion Agency provides a page on postnatal depression on the National Depression Initiative website and the psychosocial response to COVID-19 included a focus on supporting the wellbeing of hapū māmā and new parents.

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of stigma and discrimination for being a Māori mother (particularly young Māori mothers) impacting on getting pregnancy care and/or mental distress support.[xix]

7. Supporting and resourcing community-based perinatal wellbeing groups, organisations and peer supports for pregnant people, parents and whānau. Perinatal groups provide practical and emotional support for parents and whānau but typically rely on volunteers, are oversubscribed and have waitlists.

8. Ensuring positive mental health promotion is integrated into pre-conception, antenatal, postnatal and early development services such as parenting programmes.

Strengthen perinatal mental health services, service integration and workforce

We acknowledge the current inadequacies of maternal mental health services, including regional variability, lack of coordination between services, difficulty accessing the necessary support, service gaps including the lack of support for mild to moderate conditions; rigid (and tightening) access criteria owing to pressure on DHB services; siloed support for those dealing with multiple issues; long wait times; barriers to access (e.g., transport or cost); fear of formal support; and not knowing where to find the right support for themselves or clients.[xx]

We hope the recently announced (June 2021) stocktake of maternal mental health services will shine a light on inequitable access and service gaps and provide fast and effective ways to address these.

In addition, we support:

9. The PMMRC recommendations for a national pathway for accessing maternal mental health services, its outline for what comprehensive perinatal and infant mental health services should look like, and recommendations for improved awareness and responsiveness to the increased risk for wāhine Māori across primary care, maternity, obstetric and primary and secondary mental health services (see recommendations in the Sixth, Eleventh and Twelfth annual reports).

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10. Calls[xxi] for increasing the availability and funding of kaupapa Māori services, whānau-centred services and other culturally responsive support options that recognise and support the expression of hauora Māori models of care – as supported by Whakamaua: Māori Health Action Plan 2020-2025. This means fully funding services to provide the spectrum of care and support they deliver, including social sector services who also deliver mental health support.
11. Better collaboration between government funding agencies and health and social sector services that interface with pregnant people and parents.
12. Increasing the cultural competence and diversity of the health workforce.
13. Support workforce development and education opportunities to increase understanding of perinatal mental health and wellbeing and available support options.
14. Supporting and resourcing community-based perinatal wellbeing groups to support recovery (see point 7).
15. Reviewing ACC guidance on cover for birth injuries and subsequent cover of mental injuries. Birth trauma can cause anxiety, depression and post-traumatic stress disorder.[xxii]
16. Strengthening the availability of publicly funded and culturally responsive support services for people experiencing difficulty getting pregnant and/or undertaking fertility treatment.

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References

[i] For example, from the NZ College of Midwives (2018), Health and Disability Commissioner (2020), the Perinatal and Maternal Mortality Review Committee (PMMRC), and Koi Tū: The Centre for Informed Futures (2021).

[ii] McDaid, F., Underwood, L., & Fa'alili-Fidow, J. et al (2019) Antenatal depression symptoms in Pacific women: evidence from Growing Up in New Zealand. *Journal of Primary Health Care* 11, 96-108.

[iii] Including from Perinatal Anxiety and Depression Aotearoa, the PMMRC and the NZ College of Midwives.

[iv] Perinatal Anxiety and Depression Aotearoa were recipients of the *Like Minds Like Mine Community Grants fund* (2018-2020) and Mothers Helpers was a recipient of the *Whai Ora, Whiti Ora Fund* (2020).

[v] Cited in Health and Disability Commissioner. (June 2020). Aotearoa New Zealand's mental health services and addiction services: The monitoring and advocacy report of the Mental Health Commissioner.

[vi] Low, F., Gluckman, P., & Poulton, R. (2021). Intergenerational disadvantage: why maternal mental health matters. Koi Tu: The Centre for Informed Futures. The University of Auckland.

[vii] Twelfth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality and morbidity 2018. Wellington: Health Quality & Safety Commission.

[viii] Waldie K,E., Peterson, E.R., & D'Souza, S., et al. 2015. Depression symptoms during pregnancy: Evidence from Growing Up in New Zealand. J Affect Disord; 186:66–73 Signal, T.L., Paine, S-J., Sweeney, B., et al. 2017. The prevalence of symptoms of depression and anxiety, and the level of life stress and worry in New Zealand Māori and non-Māori women in late pregnancy. Aust N Z J Psychiatry; 51:168–76.

[ix] Low et al (2021)

[x] Low et al (2021)

[xi] https://heckmanequation.org/the-heckman-equation/

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[xii] Underwood, L., Waldie, K.E, & D'Souza, S. et al 2017. A longitudinal study of pre-pregnancy and pregnancy risk factors associated with antenatal and postnatal symptoms of depression: evidence from Growing Up in New Zealand. Maternal and Child Health Journal, 21: 915–31.
HPA, Postnatal depression in NZ: Findings from the 2015 New Mothers' Mental Health Survey (2016).

[xiii] 11th report.

[xiv] Position statement of the International Union for Health Promotion and Education (2021).

[xv] International Union for Health Promotion and Education (2021); Position statement on perinatal mental health, World Psychiatric Society (2018).

[xvi] https://www.tsi.nz/early-years-systems. Accessed 5 August 2021.

[xvii] Ozanne L.K, & Ozanne J.L. (2020). The Power of Sharing to Support Consumers through Liminality. Australasian Marketing Journal; 28(3):34-41.

[xviii] Health and Disability Commissioner (June 2020).

[xix] Innovation Unit (2019).

[xx] Health and Disability Commissioner (June 2020).

[xxi] Supported by the NZ College of Midwives (2018) and the Mental Health Commissioner (2020).

[xxii] Ertan, D., Hingray, C., Burlacu, E. et al. 2021. Post-traumatic stress disorder following childbirth. *BMC Psychiatry* 21, 155.

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