MMM's response to EU Commission's Call for Evidence: A comprehensive approach to mental health

Why Maternal Mental Health Matters

February 2023

Report by *Make Mothers Matter*

Make Mothers Matter

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Introduction

As the EU Commission has justly highlighted with this call to evidence, mental health remains a fundamental part of human beings' ability to live fully and flourish. The WHO defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" [1]. As we emerge from the COVID-19 pandemic, the importance of safeguarding our communities' mental health could not be clearer. Pre-pandemic reporting states that more than 1 in 6 people across the European Union (EU) struggled with a mental health issue/disorder in 2016[2]. Furthermore, in 2019 reports estimated that 120 000 lives were lost to suicide across Europe, equivalent to 1.3% of all deaths in 2019[3]. Various different population groups have been highlighted as more vulnerable to mental health issues in the post-pandemic era, including but not limited to young people, the aging population, and those who have suffered with mental health disorders previously. However, not enough attention has been given to the mental health status of women and mothers across the EU.

Motherhood represents a period of enormous change in women's lives, both physiologically as well as psycho-socially. It is estimated that globally, nearly 1 in 5 women will develop mental health problems during pregnancy or within the first year postpartum (known as the peripartum period)[4]. Despite these numbers, the provision and integration of quality mental health services into a comprehensive package of maternal health services remains inadequate and under realised across the EU. The detrimental effect that follows on from this, is not only experienced by individual mothers themselves, but by their family units and offspring. As will

[1] WHO, "Mental Health: Strengthening Our Response," World Health Organization (World Health Organization, June 17, 2022), https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
[2] OECD, "Factsheet on Promoting Mental Health," November 22, 2018, https://www.oecd.org/health/health-systems/OECD-Factsheet-Mental-Health-Health-at-a-Glance-Europe-2018.pdf.
[3] WHO Regional Office for Europe, "WHO European Framework for Action on Mental Health 2021–2025," www.who.int, 2022, https://www.who.int/europe/publications/i/item/9789289057813.
[4] Emma Motrico et al., "Good Practices in Perinatal Mental Health during the COVID-19 Pandemic: A Report from Task-Force RISEUP-PPD COVID-19," *Clínica Y Salud* 31, no. 3 (October 2020): 155–60, https://doi.org/10.5093/clysa2020a26.

be demonstrated further in this report, unaddressed maternal mental health issues lead to a myriad of problems with regards to mother-child bonding, attachment and early childhood development. The aim of this report is to shed light on this, and other challenges mothers face regarding their mental health, and to highlight the need for specific and deliberate planning and provision of ***maternal mental health*** services within the EU Commission's broader approach and subsequent framework for tackling the issue of mental health across Europe.

Significance in Early Childhood Development (ECD)

The first 1000 days of a child's life are crucial for their development as they provide the foundations which may determine the child's lifelong health. This begins during fetal development and depends for a large part, on the health of the mother. Adversity during pregnancy and the first years of life has been shown to be a predictor for adversity across generations[5]. These initial 1000 days encompass the period from conception until the child is two years of age. It is a critical time for the neurocognitive development of the child as well as their physical, emotional and social development. As detailed in Make Mothers Matter contribution to the December 2022 Quarterly Bulletin of the NGO Committee on the Family:

"The neglect, stress or even violence that can result from a mother's mental health problems can produce physiological disruptions or biological memories that undermine a child's development and their potential for productive participation in society later in life"[6].

Furthermore, Professor Alain Gregoire's research (University of Southampton, UK) shows that childhood emotional adversity predicts:

- poor mental and physical health even across generations

[5] European Public Health Alliance and Make Mothers Matter, "Ensure Universal Access to Maternal Healthcare in the European Union," 2021, https://makemothersmatter.org/wp-content/uploads/2022/12/Ensure-universal-access-to-maternal-healthcare-in-the-European-Union.pdf.
[6] Quarterly Bulletin of the NGO Committee on the Family Dec. 2022, No. 124 pp 21-23; available at http://www.viennafamilycommittee.org/new/fi124.pdf

- the severity and course of illnesses
- suicide attempts
- neuropsychological structural and functional changes, similar to those seen in trauma exposure associated with PTSD and other disorders

This may contribute to a **cycle of family dysfunction, adversity and mental illness** as childhood emotional adversity (of the mother as a child) further predicts:

- perinatal depression, anxiety, suicide attempts
- teenage and unplanned pregnancy and domestic violence
- dysfunctional mother-infant interactions, insecure and disorganised attachment
- poor infant socio-emotional development

The financial burden/cost of maternal mental illness

The cost of untreated maternal mental illness is not only to the individual and their kin, but to society as a whole. As illustrated in the call for this evidence, the EU Commission has brought our attention to the financial cost of unaddressed mental health issues on the EU region. This has been estimated as more than 4% of GDP across EU countries (or over EUR 600 billion) with an estimated 1.3% on direct health care spending; 1.2% on social security programmes and 1.6% on indirect costs due to lower productivity and unemployment[7]. With regards to the specific cost of *maternal mental illness* a 2014 study done by the London School of Economics (LSE) demonstrated that for each one-year cohort of births the estimated cost was up to £8.1 billion, with 72% of the cost relating to the child and 28% to the mother[8].

Other studies have noted similar concerns, citing the implications of untreated maternal mental illness in the peripartum period (such as post-partum depression) on both the health

[7] OECD, op. cit., p.1.
[8] Bauer, A., Parsonage, M., Knapp, M., Iemmi, V., & Adelaja, B. (2014). The costs of perinatal mental health problems. London: Centre for Mental Health and London School of Economics. https://eprints.lse.ac.uk/59885/

system as well as public assistance systems such as work and disability, as well as the implicated costs on the education and child welfare systems of European society[9].

Precipitants of maternal mental health issues in a post-pandemic society

As mentioned in the introduction, it is estimated that 1 in 5 women develop a mental health problem in the perinatal period[10]. These estimates were reported pre-pandemic and it is likely that they may be much higher in our current context. In a large cross-sectional study conducted in Spain assessing the COVID-19 pandemic on perinatal mental disorders they reported an alarming increase in these numbers. The overall prevalence of depression was reported to have increased from 22% to 31% whilst the prevalence of anxiety in the peripartum period was reported to have increased from 32% to 42%[11]. Several factors have been identified as increasing women's risk of maternal mental health disorders throughout the COVID-19 pandemic, with many of these factors continuing to have relevance in the here and now, even as we begin to emerge from the pandemic. These factors include isolation, lack of social support, financial insecurity, unemployment, and poverty as well as the complications arising from changes in domestic family arrangements due to the pandemic[12] and increases in intimate partner violence[13].

The COVID-19 pandemic has also highlighted the differences faced in household responsibilities and in the disproportionate amount of **unpaid care work** women and mothers

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[9] Ana Fonseca et al., "Emerging Issues and Questions on Peripartum Depression Prevention, Diagnosis and Treatment: A Consensus Report from the Cost Action Riseup-PPD," *Journal of Affective Disorders* 274 (September 2020): 167–73, https://doi.org/10.1016/j.jad.2020.05.112.

[10] Motrico et al., "Good Practices in Perinatal Mental Health during the COVID-19 Pandemic: A Report from Task-Force RISEUP-PPD COVID-19," op.cit., p. 155.

[11] Emma Motrico et al., "The Impact of the COVID-19 Pandemic on Perinatal Depression and Anxiety: A Large Cross-Sectional Study in Spain," *Psicothema* 34, no. 2 (May 1, 2022): 200–208, https://doi.org/10.7334/psicothema2021.380.

[12] European Parliamentary Research Service and Nicole Scholz, "Mental Health and the Pandemic | European Parliament," www.europarl.europa.eu, July 2021, https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/696164/EPRS_BRI(2021)696164_EN.pdf.

[13] Motrico et al., "Good Practices in Perinatal Mental Health during the COVID-19 Pandemic: A Report from Task-Force RISEUP-PPD COVID-19," op.cit., p. 156.

must participate in. Unpaid care work is defined by the Organisation for Economic Co-operation and Development (OECD) as the non-renumerated care activities undertaken to ensure the health, well-being, maintenance and protection of someone or a household involving mental and physical effort and being costly in terms of time resources[14]. Globally, on average, women complete 4.2 hours a day of unpaid care work, in comparison to only 1.7 hours a day competed by men[15]. In the EU today, women still undertake most unpaid work with 79% reporting at least an hour or more of housework a day compared to only 34% of men[16]. Additionally, women with children under 7 years of age spend on average 20 hours more per week on unpaid care work than men[17]. During lockdown much of this unpaid care work was also affected by the shift in working conditions. A study analysing work and family balance under lockdown found that on average 47% of mothers work hours were interrupted, mostly due to childcare, in contrast to 30% of father's work hours, and on average mothers spent at least 2 more hours on household responsibilities than fathers[18]. This overload of emotional and cognitive work, which may also be conceptualised as **maternal burnout** can trigger feelings of poor self-esteem, dissatisfaction, chronic stress, depression and other mental health issues amongst mothers[19].

[14] Gaëlle Ferrant, Luca Maria Pesando, and Keiko Nowacka, "Unpaid Care Work: The Missing Link in the Analysis of Gender Gaps in Labour Outcomes," December 2014, https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf.
[15] Emma Levrau, "Mothers' Mental Load: The Unpaid (and Unrecognized) Cognitive and Emotional Labour," MMM, May 15, 2022, https://makemothersmatter.org/mothers-mental-load-the-unpaid-and-unrecognized-cognitive-and-emotional-labour/
[16] Iratxe Garcia et al., "The EU Gender Equality Strategy Is the Beginning of a New Chapter," www.euractiv.com, March 6, 2020, https://www.euractiv.com/section/all/opinion/the-eu-gender-equality-strategy-is-the-beginning-of-a-new-chapter/.
[17] EIGE, "Gender Equality Index 2020: Key Findings for the EU," European Institute for Gender Equality, 2020, https://eige.europa.eu/publications/gender-equality-index-2020-key-findings-eu.
[18] Alison Andrew et al., "How Are Mothers and Fathers Balancing Work and Family under Lockdown?," Institute for Fiscal Studies, May 27, 2020, https://ifs.org.uk/publications/how-are-mothers-and-fathers-balancing-work-and-family-under-lockdown.
[19] Levrau,op. cit., p 6.

Current challenges in maternal mental health

Many of the challenges maternal mental health faces are challenges that reflect the overall need to strengthen basic maternal care services across Europe and to make these services accessible to everyone (*universal).* The first of these issues involves the affordability of maternal care. ***High out of pocket payments***[20], the existence of ***informal payments***[21] to the healthcare sector as well as **geographic inaccessibility** of health care facilities in rural areas, represent a major barrier to accessing maternal care. These barriers are exacerbated for already marginalised groups of women such as undocumented migrant women, Roma women and other minority groups. Similarly, ***discrimination***, ***linguistic barriers*** and ***fear of deportation*** represent further challenges for migrant women seeking maternal care, leaving them uninformed about the services available to them, correct procedures to follow, and fearful or hesitant to interact with the very health care system that is purported to assist them[22].

More specifically, with regards to *maternal mental health* services, studies have drawn attention to the **lack of integrated mental services** as part of the broader offering of holistic maternal health services. The division between psychiatric and obstetric medical care represents one form of this issue, with a **lack of adequate training** of all maternal health providers to recognise and treat common mental health conditions being cited as a barrier to the implementation of adequate mental health services across Europe[23]. Similar issues highlighted include a **lack of universal screening tools** available for the diagnoses of perinatal mental health disorders as well as an **absence of national guidelines** across European countries on the management of mental health disorders throughout the perinatal period,

[20] Megan Diamondstein, "Perilous Pregnancies: Health Care for Undocumented Migrant Women in the EU (2020)," Center for Reproductive Rights, March 15, 2021, https://reproductiverights.org/perilous-pregnancies-health-care-for-undocumented-migrant-women-in-the-eu-2020/.
[21] Joanna Mishtal, "Neoliberal Reforms and Privatisation of Reproductive Health Services in Post-Socialist Poland," *Reproductive Health Matters* 18, no. 36 (January 2010): 56–66, https://doi.org/10.1016/s0968-8080(10)36524-4.
[22] Make Mothers Matter, "Maternal Health Care in the EU," 2021, https://makemothersmatter.org/wp-content/uploads/2021/12/2021.05.06-Maternal-Health-Care-in-the-EU-FINAL.pdf
[23] Fonseca et al., op. cit., 169.

leading to additional difficulties in the diagnosis and management of mental health illness throughout the perinatal period for non-specialised health care personnel. In a European systematic review of 30 European countries, less than half (only 11 countries) had national clinical practice guidelines (CPGs) available on the management of peripartum depression. Of these 11, only 5 of these CPGs have been rated as adequate quality according to a standardized assessment instrument[24]. As the study demonstrates there is a pressing need to prioritise the development and congruence of clinical recommendations for the management of peripartum mental disorders such as peripartum depression in Europe. Riseup-PPD COST Action has identified this gap and are looking to develop and publish clinical guidelines for peripartum depression in 2023 that can be utilised across Europe[25].

Finally**, poor utilization of maternal health services[26]** and a **lack of access and availability of psychotherapeutic treatments** has been highlighted as additional issues in maternal mental health care. This is despite the importance of non-pharmacological interventions such as psychotherapy. A systematic review conducted by Swedish Agency for Health Technology Assessment and Assessment of Social Services concluded that psychotherapeutic treatments such as Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and supportive counselling provide decreases in depression symptoms and should be considered for all women suffering from post-partum depression[27].

[24] Emma Motrico et al., "Clinical Practice Guidelines with Recommendations for Peripartum Depression: A European Systematic Review," *Acta Psychiatrica Scandinavica* 146, no. 4 (August 24, 2022): 325–39, https://doi.org/10.1111/acps.13478.
[25] Riseup-PPD, "About," Riseup-PPD, accessed February 13, 2023, https://www.riseupppd18138.com/about.html.
[26] Rena Bina, "Predictors of Postpartum Depression Service Use: A Theory-Informed, Integrative Systematic Review," *Women and Birth*, February 2019, https://doi.org/10.1016/j.wombi.2019.01.006.
[27] SBU, "Psychological Treatment for Postpartum Depression a Systematic Review Including Health Economic and Ethical Aspects Summary and Conclusions," 2022, https://www.sbu.se/contentassets/66afae1c7fa94fbbb780270e0c67a36c/eng_smf_358.pdf.

Case studies

Below we will examine case studies of the provision of *maternal mental services* in two of Europe's most progressive countries in terms of provision of maternal health care services: France and Norway. Both countries, despite offering comprehensive maternal care packages, continue to struggle with the challenge of providing integrated mental health care to its maternal population.

France[28]

France has an established history with providing comprehensive mother and infant services including the provision of psychiatric services. Currently all psychiatric treatment provided by state mental health services is funded by the national health insurance and available to all citizens. However, even as there is no limit to the number of psychiatric consultations that can be reimbursed/refunded by the national health insurance, **there are limits to reimbursements/refunds to psychotherapy**, an integral part of the non-medical management of mental health disorders. With regards to *maternal mental health* specifically, the issue was recognised as an integral part of maternal care in 2005, with the introduction of early ante-natal screening for mental health issues and counselling on adaptive measures throughout pregnancy. However, the provision of definitive mental health services in hospitals and other settings remains somewhat disorganised and ad-hoc, with services varying in structure dependent on facility. For example, some women and their babies may be extensively looked after in outpatient settings which include 'medico-psychosocial' teams from the time of their pregnancy up until 3 years post birth, whilst other women in different settings or locations do not have access to such comprehensive services.

With regards to adapting maternal mental services during the COVID-19 pandemic, an example from France may shed light on possible interventions in future public health

[28] Anne-Laure Sutter-Dallay, Nine M.-C. Glangeaud-Freudenthal, and Florence Gressier, "Perinatal Mental Health around the World: Priorities for Research and Service Development in France," *BJPsych International* 17, no. 3 (April 16, 2020): 53–55, https://doi.org/10.1192/bji.2020.18.

emergencies. As caring for *maternal mental health* was recognised as an essential part of post-partum care that could not be neglected throughout the pandemic, three maternity units affiliated with a university in Paris set up a tele-psychotherapy programme with their patients post-partum. The programme sought to reduce postpartum women's psychological vulnerability throughout the lockdown by providing telephonic interviews 10-12 days postpartum, with a follow up 6-8 weeks later[29].

Norway[30]

Norway's policies on maternal services and parental support are for the most part exceptionally comprehensive. Maternal care is universal, with all costs related to delivery and hospital stays covered by the state. A policy is in place for mothers to receive a home visit by a midwife or nurse within the first week post-partum to check-in on the well-being of both mother and child. Other progressive policies include the 52-week paid parental leave policy available before and after delivery.

Despite these supportive policies the incidence of maternal mental health disorders such as post-partum depression does not differ from other European countries, with suicide being reported as the most common indirect cause of maternal deaths in Norway[31]. Several problems with maternal mental health services in Norway have been highlighted which include but are not limited to: **no national guidelines on the screening for maternal mental health disorders**, **lack of mental health training** for the GPs or midwives providing maternal services as well as **poorly defined referral pathways** for GPs referring women with more serious perinatal mental health problems who may require acute evaluation, hospital admission or outpatient care. No separate referral pathways exist specifically for peri-natal

[29] Motrico et al., "Good Practices in Perinatal Mental Health during the COVID-19 Pandemic: A Report from Task-Force RISEUP-PPD COVID-19," op.cit., p. 157.
[30] Magnhild Singstad Høivik et al., "Perinatal Mental Health around the World: Priorities for Research and Service Development in Norway," *BJPsych International*, February 24, 2021, 1–3, https://doi.org/10.1192/bji.2021.2.
[31] Siri Vangen et al., "Maternal Deaths in Norway 2005–2009," *Tidsskrift for Den Norske Legeforening*, April 29, 2014, https://doi.org/10.4045/tidsskr.13.0203.

women – pregnant women are not prioritised as outpatients leading to long-waiting times (up to 14 weeks after referral) for non-emergency mental conditions[32].

As demonstrated by these two case studies – even among the most robust of health care systems – there are still areas within maternal mental health care provision that require urgent attention and strengthening. An overarching framework specifically aimed at improving *maternal mental health* that addresses these areas and can be successfully implemented across Europe is desperately needed.

Recommendations

The WHO European Framework for Action on Mental Health 2021–2025 identifies several key areas of mental health policy for the future, namely[33]:

1. Moving towards universal health coverage: mental health service transformation
2. Protecting people better against health emergencies: integration of mental health into the preparedness for, response to and recovery from crises and emergencies
3. Ensuring healthy lives and well-being for all at all ages: promotion and protection of mental health over the life course

Whilst this is an important starting point, Make Mothers Matter would add to each of these points to make specific provision for ***maternal mental health*** within these points. This is illustrated below:

1. Mental health service transformation: **integrated maternal services which are inclusive of mental health services**
   This would require:

[32] Høivik et al., op.cit., p. 103.
[33] WHO Regional Office for Europe, op. cit.

- **Basic training** of maternal health providers in mental health promotion, **screening and early detection**, as well as the basic treatment of uncomplicated mental illness and knowledge of the relevant referral pathways for more complicated mental illness.
- **The development of universal screening tools and clinical guidelines** to diagnose and manage common maternal mental health disorders.
- **Decentralised and community-based mental health services** as part of holistic maternal services, both during pregnancy but most importantly in the post-partum period, with adequate follow up.
- **Improving mental health literacy** (with specific focus on the peripartum period), ensuring the sharing of culturally appropriate, linguistically diverse and user friendly information .

2. Protecting people better against health emergencies: **mental health services as essential health services**
    - Recognition that **mental health services require protection** and promotion throughout other health emergencies (such as the COVID-19 pandemic).
    - Protection from financial risk by **ensuring universal health care** to all as defined by the WHO, guaranteeing pre- and post-natal care for all women and children as well as Education and Care services for children under the age of three.
    - The **establishment of e-mental health services and tele-psychotherapy** in countries across the EU, allowing for uninterrupted services during public emergencies/crises.

3. Ensuring healthy lives and well-being for all at all ages: **recognising a child's well-being is irrevocably linked to the health of their mothers**

- Maintaining mental health **support throughout the first 1000 days of life**, including the health and wellbeing of the mother as imperative to this initiative.
- Enhance availability of and **access to parental skills and adjustment support** programmes.
- Maintaining **access to services for children and young people** with mental health problems and their families .
- Supporting NGOs that provide **community-based online services** for young people and for parents with children facing mental health issues.

Concluding remarks

The growing problem of mental health issues has been referred to as the "silent pandemic" that is sweeping nations post COVID-19. Safeguarding our communities' mental health is imperative for the overall health and functioning of our society. The elderly and young are often highlighted as key groups to focus on and to direct mental health initiatives at. However, women and mothers are often overlooked. This is despite the integral role women and mothers play in caring for, and supporting the most vulnerable populations in our society. Furthermore, as demonstrated in this report, the wellbeing of mothers throughout their pregnancy is paramount to both fetal well-being as well as early childhood development (i.e. throughout the first 1000 days of life). The evidence shows that adversity during pregnancy and the first years of life may have lasting implications for adversity across generations, contributing to a cycle of family dysfunction and mental illness. The health of children and families cannot thrive, if women and mothers do not thrive.

Mothers across Europe deserve recognition and support of the various mental health challenges they may face within their lifetimes. A comprehensive approach to mental health in the EU will not be truly comprehensive unless it includes specific provision for **maternal mental health** services within this framework, constituting a holistic approach to both the broader package of mental health care as well as overall maternal care in the EU.

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