

Boris Johnson MP

Mayor of London

(Sent via email to mayor@london.gov.uk)

London Assembly

City Hall

The Queen's Walk

London, SE1 2AA

17 March 2016

Dear Boris,

Maternal mental health

The London Assembly Health Committee recently held a public meeting into maternity services in London. We are writing to draw your attention to a number of specific issues around the provision of perinatal mental health services across London.

Around 130,000 women gave birth in London in 2015. Good health during pregnancy and in the period following birth is critical to the ongoing health outcomes of both mother and child. It is important that ante- and postnatal care takes a holistic view on the health and wellbeing of pregnant women. However, we are concerned that the mental health needs of a significant proportion of London's women are not being met.

Maternal mental illness in pregnancy and postnatally is associated with a higher risk of poor physical, social, emotional and intellectual development in their children and can have a lasting impact on the wider family group. And as your own report into mental health in London points out, the broader impacts of mental ill health result in around £26 billion each year in total economic and social costs to our city.

Depression and anxiety are the most common mental health problems during pregnancy, with around 12 per cent of women experiencing depression and 13 per cent experiencing anxiety at some point; many women will experience both. During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period.¹ The consequences of failure to detect and treat women with severe perinatal mental health issues are profound: the immediate postnatal weeks carry the highest risk of severe and psychotic illness of any time in human lives, and suicide is the second leading cause of maternal death.²

Maternal mental health problems are detectable, treatable, and in many cases, predictable and preventable through early intervention. We were therefore deeply concerned to hear that, despite clear NICE guidance on both services and treatment, and developed models of best practice, only 10 London boroughs currently have the recommended levels of community services available. In a number of other boroughs – Barnet, Bexley, Bromley, Ealing, Enfield, and Haringey – women have no access at all to expert information or advice.³ The variation in service provision for specialist perinatal mental health services across London is both stark and unacceptable. Mental healthcare is as important as physical healthcare, yet the situation in London in relation to mental health 'is equivalent to over 50 per cent of women having no access to a midwife, an obstetrician or a maternity hospital'.⁴ This means at the most basic level, the majority of women giving birth are not receiving properly safe levels of care. The ongoing challenges of recruiting and retaining staff in both

¹ <https://www.nice.org.uk/guidance/cg192/chapter/introduction>

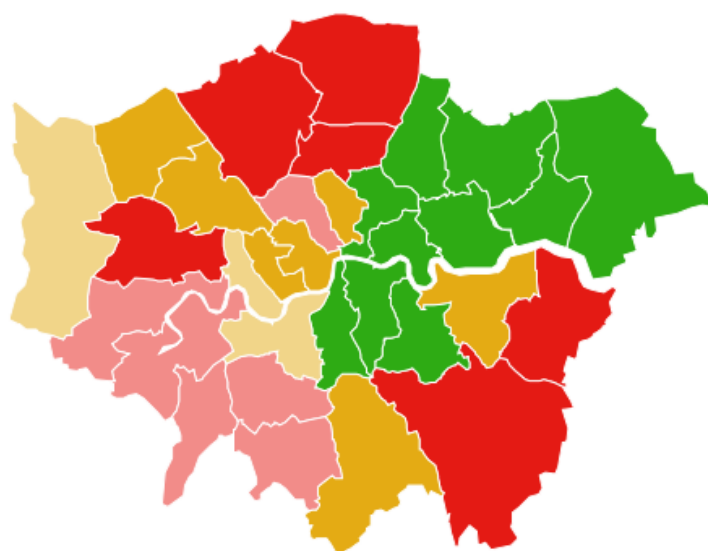
² Maternal Mental Health Alliance submission to London Assembly Health Committee March 2016

³ www.everonesbusiness.org.uk

⁴ Dr Alain Gregoire, Chair of the Maternal Mental Health Alliance, 2 March 2016

midwifery and obstetrics roles is further reducing the opportunity for women to receive both physical and mental maternal health care in the places, and at the times, when they need it. The map below illustrates the scale of the challenge in addressing variations in care.⁵

Specialist Community Perinatal Mental Health Teams (London)



Level	CCG Name
Green	Barking & Dagenham
Red	Barnet
Red	Bexley
Yellow	Brent
Red	Bromley
Pink	Camden
Yellow	Central London (Westminster)
Green	City And Hackney
Yellow	Croydon
Red	Ealing
Red	Enfield
Yellow	Greenwich
Yellow	Hammersmith And Fulham
Red	Haringey
Yellow	Harrow
Green	Havering
Yellow	Hillingdon
Pink	Hounslow
Yellow	Islington
Pink	Kingston
Green	Lambeth
Green	Lewisham
Pink	Merton
Green	Newham
Green	Redbridge
Pink	Richmond
Green	Southwark
Pink	Sutton
Green	Tower Hamlets
Green	Waltham Forest
Yellow	Wandsworth
Yellow	West London (Kensington & Chelsea & Queens Park & Paddington)

LEVEL	COLOUR	CRITERIA
5	Green	Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1 http://www.rcpsych.ac.uk/pdf/Perinatal%20Community%20Standards%201st%20edition.pdf
4	Light Green	Specialised perinatal community team that meets Joint Commissioning Panel criteria http://www.rcpsych.ac.uk/pdf/perinata_web.pdf
3	Yellow	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2	Light Yellow	Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1	Pink	Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0	Red	No provision
Disclaimer Levels of provision in this map have been assessed using the best information available to us from local experts but have not been independently verified. Please contact info@everyonesbusiness.org.uk if you suspect any inaccuracy or know of recent developments that may alter the level of provision level in any area listed here.		

We welcome the additional funding for perinatal mental health care announced by the Government in January 2016. However, we share the concerns of the Chair of the Maternal Mental Health Alliance, that this funding may be diverted into acute services to deal with resource shortfalls, and that vital funding for community-based care will be overlooked. The Committee appreciates that

⁵ Source: Maternal Mental Health Alliance

LONDON ASSEMBLY

London's Clinical Commissioning Groups (CCGs) are under immense pressures when commissioning the services that reflect and respond to the rapidly changing needs of their local populations. And we note with concern that there is no recognised method for ring-fencing the new funding for perinatal mental health care at CCG level. This makes strategic leadership and focus on this issue particularly important, to ensure that commissioners across London are aware of the need for action in this area. We support the London Health Board's focus on mental health issues and urge you to ensure that perinatal mental health is fully considered in the Board's ongoing work in this area.

We also know that there are pockets of excellent practice across London which should be recognised and replicated. As part of your further efforts to deliver on the principles of the London Health and Care Collaboration agreement, we urge you to use your influence with local government leaders to encourage shared learning on this issue across CCG and sub-regional boundaries.

We would welcome an undertaking from you that this matter will be considered by the London Health Board as part of its work into improving mental health for all Londoners. We would be grateful to receive a response by 1st May. Please copy this to Lucy Brant, Scrutiny Manager, via lucy.brant@london.gov.uk

Yours sincerely



Dr Onkar Sahota AM
Chair of the Health Committee