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MEDIA RELEASE

WPA calls for greater global focus on improving quality of mental health care for women in the perinatal phase

Geneva, 8th March 2017. To coincide with International Women's Day, the World Psychiatric Association (WPA) has issued a statement which calls for an improved worldwide focus on perinatal mental healthcare. In today's statement, the WPA outlines **12** recommendations for healthcare professionals and policy makers around perinatal mental healthcare which are designed to improve pregnancy outcomes, reduce maternal and infant morbidity and mortality, improve care of the infant and enhance the mother infant relationship.

Mental disorders are among the most common health problems of pregnancy and the year after birth (the perinatal period), with more than 10% of women in high income settings experiencing a disorder, and more than 25% in many low and middle income countries (LMICs).^{1,2} The perinatal period is a time when there is an increased risk of psychiatric episodes.³ Mental health disorders can impact on pregnancy outcomes (e.g. low birthweight, prematurity); mother-baby interactions which are associated with an increased risk of child behavioural, cognitive and emotional problems internationally; impaired growth in children from LMICs; infant mortality; and maternal mortality resulting from suicide, substance misuse, domestic violence homicides and comorbid physical health problems (including HIV).^{3,4,5}

The 'WPA Perinatal mental health position statement' was developed by 12 experts from 8 countries and calls for:

1. **mental health data** to include information on whether women are pregnant, have recently experienced any obstetric issues or have recently given birth.
2. all care providers in contact with women in the perinatal period to **be trained to be equipped** with knowledge and skills to identify and treat, or refer for treatment, women with perinatal mental disorders.
3. integration of **psychosocial assessments and core packages of mental health services** into routine antenatal and postnatal care and establishing of effective referral mechanisms.
4. all health professionals and other care providers to look **beyond depression** and focus on other symptoms of anxiety, PTSD, somatic symptoms
5. all care providers to provide, or refer appropriately for, pre-pregnancy consultation including contraceptive services for childbearing aged women with a **past, current or new mental illness**.
6. maternity and primary care services to provide universal accurate and accessible information about emotional and physical health, to **de-stigmatise mental illnesses**, in addition to providing a range of specific information related to the perinatal period.
7. all health professionals caring for women with, or at risk of, perinatal mental illnesses to develop an **integrated care plan** in collaboration with women, their partners and their families.

8. policy makers to develop **evidence-based policy** for prevention, early intervention and treatment for women in the perinatal period
9. policy makers to work with National associations to ensure that there are **relevant and affordable medication options** available on the essential drug list suitable for women of reproductive age in LMICs.

10. research funders to provide support for research on the **effectiveness and cost-effectiveness of pharmacological and psychosocial interventions.**
11. all relevant stakeholders to **address stigma** related to mental illness and to recognise the 'embedding opportunities' in the maternal mental health field
12. the development, evaluation and implementation of **interventions for health promotion and enhancement of maternal well-being**

Dinesh Bhugra, President of the World Psychiatric Association said: "It is important that the prevalence of mental disorders in women in the perinatal phase be recognised. There is an opportunity to integrate mental health into maternity and child programmes within local cultural contexts. Healthcare providers, policy makers, national associations and research funders alike must come together to acknowledge the need to improve the care and support provided to mothers and infants and implement interventions to diminish mental health stigmatisation."

The full position statement can be read at

http://www.wpanet.org/uploads/Position_Statement/WPA%20perinatal%20position%20statement%20FINAL.pdf.

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NOTES TO EDITORS:

About the World Psychiatric Association (WPA)

The WPA is the world's leading psychiatry organization. It is an association of national psychiatric societies, which aims to enhance the knowledge and skills necessary to work effectively in the field of mental health and in the care of people with mental illness. It has 139 member societies from 117 countries representing over 225,000 psychiatrists.

The WPA has more than 72 individual scientific sections that cover almost every aspect of psychiatry. The purpose of the sections is to collect, analyse and disseminate information on research, training and services in the specific areas of psychiatry and mental health that they represent.

The WPA works to achieve the objectives through meetings, research, education, publications and collaboration with other health/ mental health and government organizations. Visit <http://www.wpanet.org/> for further information.

References

- 1 Fisher J *et al.* Prevalence and determinants of common perinatal mental disorders in women in low- and lowermiddle-income countries: a systematic review. *Bull World Health Organ.* 2012;90:139-149
- 2 Howard LM *et al.* Non-psychotic mental disorders in the perinatal period. *Lancet.* 2014;384:1775-788

- 3 Stein A *et al.* Effects of perinatal mental disorders on the fetus and child. *Lancet*. 2014;384:1800-19 4 Weobong B *et al.* Association between probable postnatal depression and increased infant mortality and morbidity: findings from the DON population-based cohort study in rural Ghana. *BMJ Open*. 2015 Aug 27; 5(8):e006509. doi: 10.1136/bmjopen-2014-006509.
- 5 Langer A *et al.* Women and Health: the key for sustainable development. *Lancet*. 2015. doi: 10.1016/S01406736(15)60497-4.