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PANDAS HR
Toolkit

HR guide to perinatal mental health support in the workplace

An introduction to perinatal mental health, the intersection with work, and how to support your employees.

What is perinatal mental illness?

Perinatal mental illness (PMI) refers to mental illness occurring during pregnancy and up to one-year post birth (NHS), although illnesses can last longer and may or may not be a continuation or re-occurrence of a previous illness. Perinatal mental illness can affect pregnant women/new mothers and also men/partners, and there are a number of different diagnoses and symptoms, which may be experienced to varying degrees of severity. A form of PMI may also be experienced in those adopting children.

Prior to the Covid-19 pandemic, the NHS estimated that 1 in 5 women and 1 in 10 men experienced mental illness during the perinatal period, but the prevalence has increased significantly since 2020. Illness may be defined as a level of distress and impact to functioning requiring external support but it is important to recognise that symptoms fall along a continuum and 'sub threshold' symptoms also impact on work and relationships. Certain factors may increase susceptibility to PMI, which the employer may or may not be aware of, including previous mental health problems, experience of fertility struggles or baby loss, and adverse childhood experiences.

Perinatal mental health conditions

There are several different perinatal mental health conditions, but it is important to be aware that co-morbidities (more than one condition experienced together) are common. Not all conditions will be formally diagnosed, as many parents do not seek help and/or suffer sub-clinical levels. Although, there has been a national effort to implement universal screening for depression during pregnancy, the pathways to support women who screen positive is still variable. Many people are not aware of these conditions before they experience them and may be very scared and confused by the symptoms.

- Post-natal depression is perhaps the most commonly known PMI. Postnatal depression can occur very soon after a baby is born or develop months later. It is more than just 'baby blues' (which should not persist for more than two weeks after birth) and can have a significant negative effect on the individual and their family if not treated. According to the NHS, common symptoms/experiences of postnatal depression include: persistent sadness; irritability; loss of interest in the world; lack of energy; trouble sleeping; problems concentrating and making decisions; appetite change; negative feelings (that you are not a good enough mother, you are unable to look after your baby or your baby does not love you); feelings of guilt, hopelessness and self-blame; and problems bonding with the baby

- Antenatal (during pregnancy) depression symptoms are similar to those after birth. Although still less known, antenatal depression is at least as common as postnatal depression

- Antenatal and post-natal anxiety is also common. Symptoms may include persistent and generalised worry; feeling nervous or panicky; panic attacks; elevated breathing and heartrate; excessive fears about life with a baby; racing and intrusive thoughts

- Postpartum psychosis (PPP) is less common but is an extremely serious condition which can occur in women soon after giving birth and should be treated as a medical emergency. Symptoms can include mood fluctuation, confusion, loss of inhibitions and marked cognitive impairment (bizarre behaviour, hallucinations, delusions)

- Perinatal obsessive-compulsive disorder (OCD). This is a combination of unwelcome and often upsetting persistent thoughts, images or urges; intense feelings of anxiety, guilt or depression caused by these obsessive thoughts; and compulsions (repetitive actions) undertaken to reduce the feelings.

- Eating disorders can appear, continue or recur in the perinatal period. There are a range of different conditions with different behaviours, that may include elements of food restriction, binge eating and/or purging (such as self-induced vomiting, laxative abuse or excessive exercise)

- Tokophobia refers to a severe fear, or phobia, of childbirth, and for many women this also extends to pregnancy

- Post-traumatic stress disorder (PTSD) can also develop, linked to birth experiences and baby stays in neonatal intensive care units (NICU). Symptoms of PTSD include vivid flashbacks (feeling that the trauma is happening right now); intrusive thoughts and images; nightmares; intense distress at real or symbolic reminders of the trauma; and physical sensations such as pain, sweating, nausea or trembling.

Some individuals have assumptions about the 'sort of person' that would suffer from PMI, which may not be true, but can prevent them from seeking help. This includes men; those with successful careers and strong support networks; and those who have had children previously without experiencing PMI. Stigma, especially around potential impact to the unborn child and parenting can also pose barriers to seeking help and contribute to feelings of shame.

Common forms of treatment and care pathways

Treatments for PMI vary and include psychological interventions (counselling), medication, and hospitalisation for extreme cases (often in specialist Mother and Baby Units).

Psychological interventions may be provided via primary, secondary or tertiary care. Where a psychological intervention is provided by an IAPT service (NHS England Adult Improving Access to Psychological Therapies programme), the IAPT access and waiting time standard applies.

With medication, it is important to be aware that it can take a few weeks for a new treatment to show full effect; medications can make an individual feel worse initially; and can induce a range of side effects. Furthermore, an individual may need to try several different medications before finding the most suitable, with each change requiring a period to wean off the last one. See NHS for more information.

More information on care pathways can be found at: **https://www.england.nhs.uk/publication/the-perinatal-mental-health-care-pathways/**

Work factors that might prove problematic

Research indicates a range of work factors that may contribute to the development of perinatal mental illness, exacerbate conditions, or hinder recovery:

- Work-related stress
- Precarious employment and financial insecurity
- Exposure to trauma at work
- Bullying and harassment
- Pregnancy/maternity discrimination – which is unfortunately still a common experience
- Poor handling of maternity or flexible working requests following maternity/paternity leave
- Stigma around mental illness

There may be other factors that have an impact, such as long working hours, shift working, lone working, travel requirements/being away from home, and other workplace conflict.

The work-life interface itself might be problematic in the perinatal period, as people are adjusting to new roles at home, and perhaps have less confidence in their work ability after having been off on extended leave.

Work factors that might prove helpful

Research indicates a range of work factors that might help reduce/ameliorate perinatal mental illness, or aid recovery:

- Social support from managers and colleagues
- Parental leave and pay
- A sense of purpose or achievement from work
- Respite from being at home/parenting (as with last point, there are implications here for the usefulness of Keeping in Touch days during parental leave)
- Counselling provided through work
- Workplace parent networks (especially if facilitating access to peer-support from people with similar lived experience)

Employees may be reluctant to disclose their struggles

In order to provide support, an employer needs to know that an employee is struggling with their mental health. Unfortunately, many people are wary of disclosing (telling someone at work about) perinatal mental illness. This is not just in the workplace, people can be wary about telling anyone about PMI, including health professionals. There are a number of reasons for this reluctance, including fear (worry about the consequences), shame and not knowing how the recipient will react. Disclosure at work is more difficult when there is no specific mention of PMI in HR policies; where employees are unaware of others experiencing the same thing; or where relationships with the line manager are weak.

Please be aware that employees are under no obligation to disclose a mental health condition to their employer. Furthermore, they may disclose only part of their experience, and only to certain individuals in the workplace. Any disclosure to HR or line managers should be treated confidentially and with respect. The individual should be included in decisions about what happens next.

What supports/ provisions can HR offer?

There are a number of things that HR can consider, to ensure the workplace is more friendly to those experiencing PMI:

- Raise awareness of perinatal mental health in the workplace (i.e. promote Maternal Mental Health Awareness Week in May; provide signposting to sources of information and support on the intranet or posters)

- Conduct an audit of current maternity, paternity, parental leave, and sickness absence policies and practices

- Consider asking about mental health in maternity risk assessments, and whether any element(s) of the job role or working environment is/are exacerbating ill health or poor wellbeing.

- Add perinatal mental health to line manager training on wellbeing at work

- As people may not recognise the symptoms in themselves, add perinatal mental health to Mental Health First Aider training

- Update policies and procedures to ensure sufficient wellbeing checks during pregnancy, parental leave and on return to work. Parental leave planning should include pre-agreed communication preferences for during leave (frequency and method of wellbeing checks). Wellbeing checks are important for employees who notify their employer of their partner's pregnancy, or of adoption, as well as women/birthing parents. As noted above, men/partners/adopting parents can experience PMI personally, but there are also challenges to be faced in supporting a partner at this time, which workplace support might help with.

- Phased return from parental leave should be considered

- Where perinatal mental illness is diagnosed, medical professionals and partners (if the employee wants this) might be asked to input into workplace discussions. Reasonable adjustments (temporary) should be considered, and regularly reviewed. This might include adjustments to their hours, place of work or duties

- Flexible working application decisions should factor in PMI (in the employee and/or their partner) where this is disclosed

- Consider peer-support systems, via buddy schemes or staff networks

- Consider offering counselling as part of wellbeing/ benefits packages

- Consider offering coaching or mentoring to employees who have struggled with their identity or self-confidence following PMI.

Employer responsibilities

- If an employee has a pre-existing mental health condition, they may be covered under the Equality Act 2010, meaning the employer has a duty to offer 'reasonable adjustments' for a flare up during the perinatal period. If an individual reports PMI without a prior mental health condition, but this lasts, or is likely to last, over 12 months, this could be classed as a disability. Advice should be sought from the employee's health professional.

- An individual should not be treated unfavourably due to the protected characteristic of pregnancy or maternity, or disability

- Maternity risk assessments should be carried out, and workplace stress should be included. If an individual's work cannot be suitably adjusted to prevent/suitably reduce risk, alternative work should be offered, or the employee suspended on full pay.

- Sickness absence attributed to pregnancy (including mental-health related) should be recorded appropriately - separate to other sickness absence so as not to be used as a reason for disciplinary action or redundancy, etc.

- All employees with more than 26 weeks' service have the right to request flexible working

If any employee is experiencing severe symptoms of perinatal mental illness they should seek urgent medical attention.

The business case for investment:

As well as the moral and legal cases for action, there is a solid business case for investing in support for employees experiencing PMI and their partners:

- Retention of valued talent
- Facilitating successful return from maternity/ parental leave
- Increasing productivity and engagement
- Reducing absenteeism and presenteeism
- Reduction in gender equity issues, and alignment with other EDI and wellbeing initiatives
- Positive for workplace culture: Making other employees feel it is OK to talk about 'personal' issues at work

This toolkit has been written by Dr Krystal Wilkinson, Senior Lecturer in Human Resource Management at Manchester Metropolitan University, and researcher in the Centre for Decent Work and Productivity. She is conducting empirical research on perinatal mental health and employment, as well as other wellbeing at work issues including complex fertility journeys.

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PANDAS Foundation is a charity with a mission: 'To be the UK's most recognised and trusted support service for families and their networks who may be suffering with perinatal mental illness, including prenatal (antenatal) and postnatal depression'. PANDAS offer a range of services and resources, including helplines, text and e-mail support, and group sessions. Contact us for our bespoke training and presentations for workplaces: **claire.jones@pandasfoundation.org.uk**

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