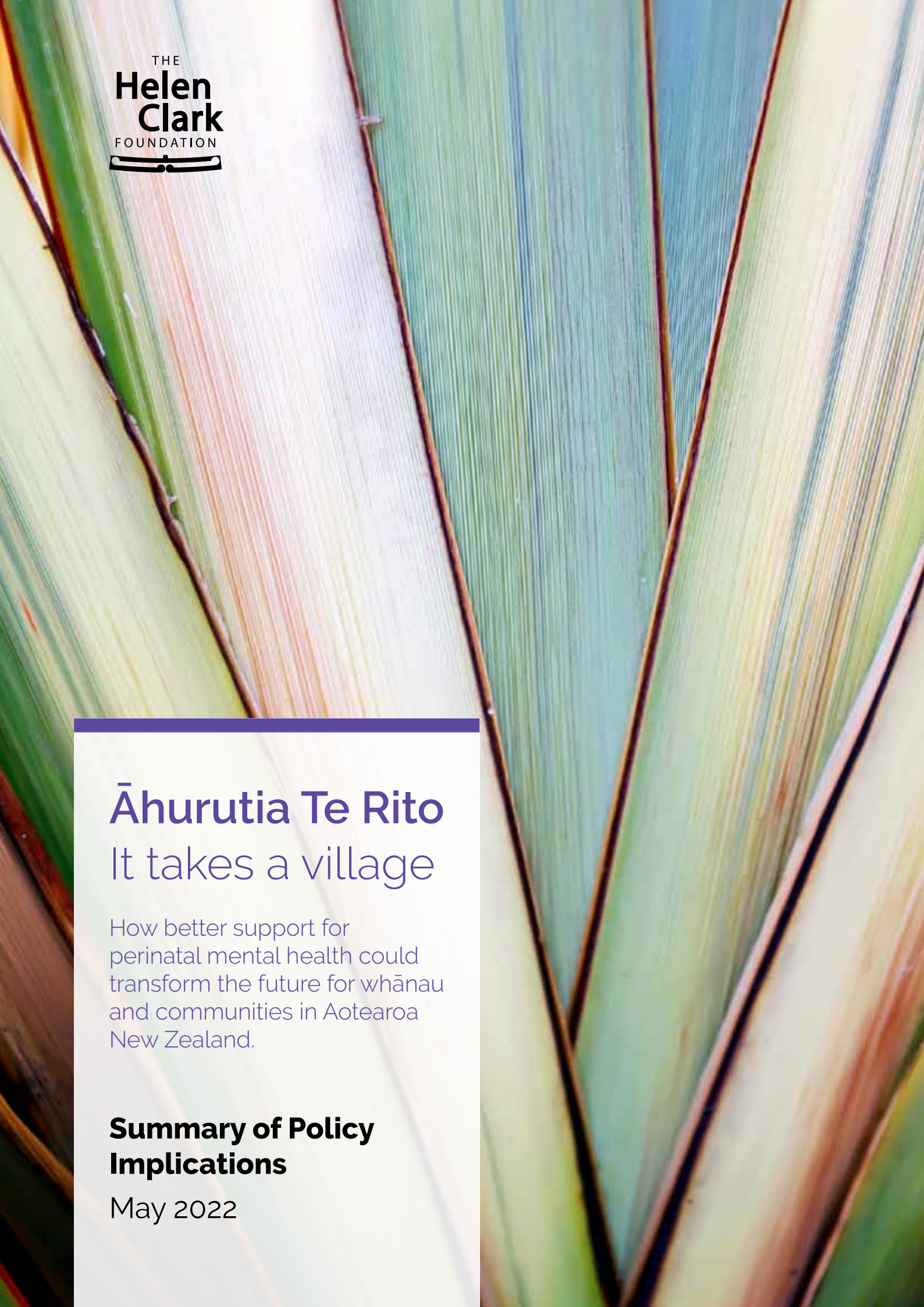

THE Helen Clark FOUNDATION

Āhurutia Te Rito

It takes a village

How better support for perinatal mental health could transform the future for whānau and communities in Aotearoa New Zealand.

Summary of Policy Implications

May 2022

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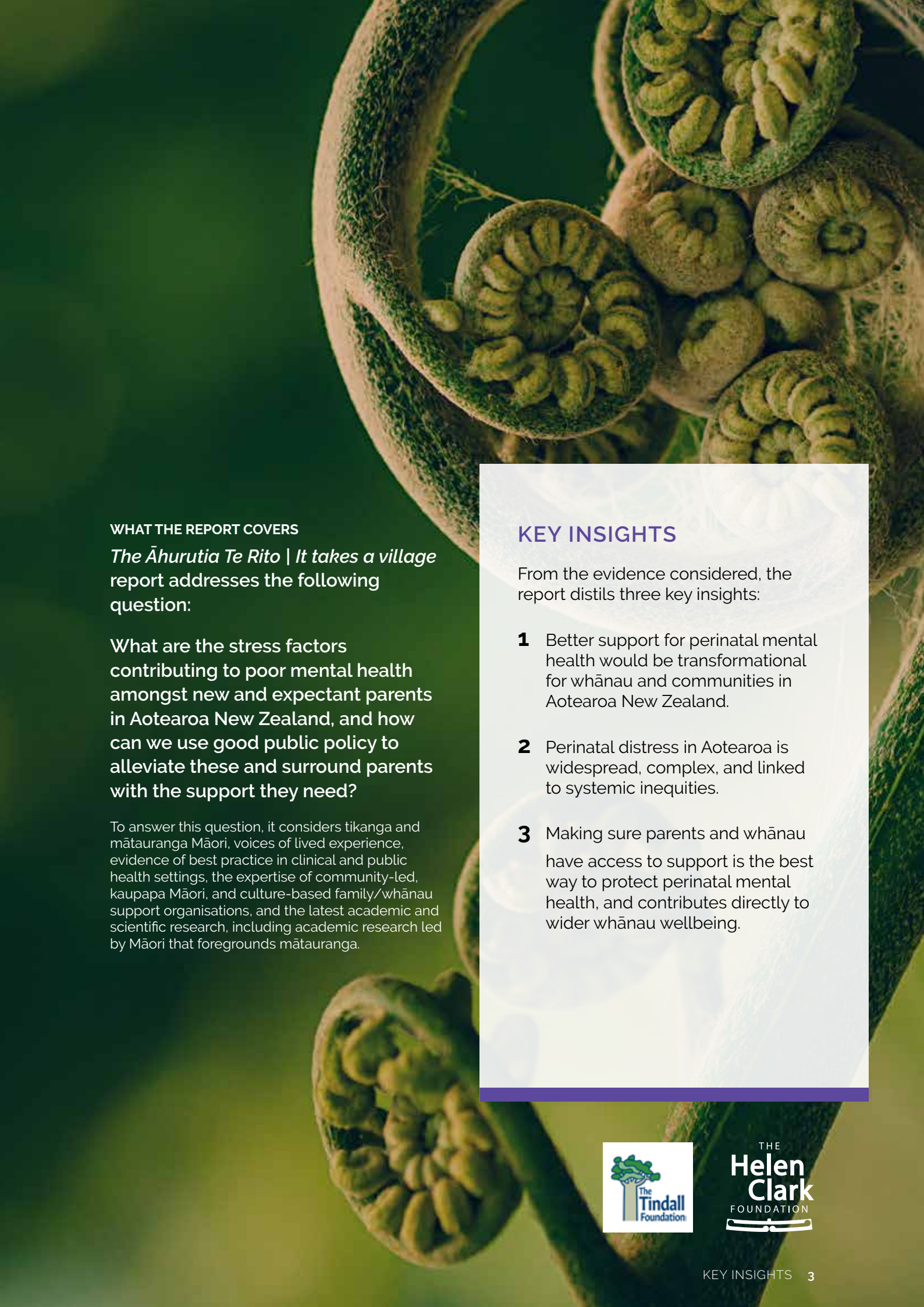
THE POLICY CHALLENGE OF PERINATAL MENTAL WELLBEING

Every birthing parent, newborn pēpi, and their whānau should be surrounded with aroha and support during the joyful, challenging, and sometimes overwhelming period at the start of a baby's life. This is the vision behind *Āhurutia Te Rito | It takes a village*, a new report on how better support for perinatal mental health could transform the future for whānau and communities in Aotearoa New Zealand, published by Mahi a Rongo | The Helen Clark Foundation, with the support of The Tindall Foundation, in May 2022.

Māori and Pacific cultures have long understood the importance of adequately supporting birthing parents and babies during the crucial perinatal period (from conception until the baby's first birthday), and many cultural traditions related to pregnancy and birth aim to surround new parents and babies with support. Now, a growing body of scientific and academic research is catching up with these cultural practices, illustrating the physiological and societal significance of parental mental wellbeing.

There is a clear convergence of many kinds of evidence that parental distress during the perinatal period can have severe consequences – for parents in distress, for their babies, for long-term whānau/family wellbeing, and for the next generation. This enhanced knowledge of the impact of perinatal distress presents an important opportunity: if we can understand what contributes to this distress, and put in place policies to actively remove or alleviate it, we can not only support parents who are struggling, but also significantly improve intergenerational outcomes. In recent years, a growing chorus of experts and community advocates from Aotearoa New Zealand and around the world have called for perinatal mental wellbeing to be made a significant public health priority.

This is a critical opportunity for Aotearoa New Zealand in 2022, at a time when District Health Boards (DHBs) are reporting increasingly complex maternal mental health needs and high unmet need for support. The health system is about to undergo major transformation, creating a short window of opportunity to embed perinatal mental wellbeing as a key priority of the new system and its agencies. The Productivity Commission is in the middle of an inquiry into intergenerational disadvantage that could make a powerful statement about the importance of perinatal mental wellbeing in its conclusions and recommendations. And a Bill is currently before Parliament to extend ACC coverage to birth injuries that could be easily amended to ensure mental injuries from birth trauma are also included.



WHAT THE REPORT COVERS

The Āhurutia Te Rito | It takes a village report addresses the following question:

What are the stress factors contributing to poor mental health amongst new and expectant parents in Aotearoa New Zealand, and how can we use good public policy to alleviate these and surround parents with the support they need?

To answer this question, it considers tikanga and mātauranga Māori, voices of lived experience, evidence of best practice in clinical and public health settings, the expertise of community-led, kaupapa Māori, and culture-based family/whānau support organisations, and the latest academic and scientific research, including academic research led by Māori that foregrounds mātauranga.

KEY INSIGHTS

From the evidence considered, the report distils three key insights:

1. Better support for perinatal mental health would be transformational for whānau and communities in Aotearoa New Zealand.

2. Perinatal distress in Aotearoa is widespread, complex, and linked to systemic inequities.

3. Making sure parents and whānau have access to support is the best way to protect perinatal mental health, and contributes directly to wider whānau wellbeing.

INSIGHT 1: BETTER SUPPORT FOR PERINATAL MENTAL HEALTH WOULD BE TRANSFORMATIONAL FOR WHĀNAU AND COMMUNITIES IN AOTEAROA NEW ZEALAND.

The first part of the report considers what can be learnt about the importance of the perinatal period from Māori, Pacific, and other cultural traditions surrounding pregnancy and birth, noting that many cultures accord special status to parents and new babies and surround them with support, for good reason.

It outlines how scientific and academic research in recent decades has caught up with the importance of perinatal mental wellbeing, summarising key evidence to demonstrate the severe consequences that can result from perinatal distress.

Perinatal distress creates suffering and stress for affected parents, which can lead to self-harm, family breakdown, and preventable death. Suicide is the leading cause of maternal death in Aotearoa, and wāhine Māori are three times more likely than Pākehā to die by suicide during pregnancy or within six weeks of birth. This is intolerable. No child should start their life bereaved.

Having a parent in distress can also cause serious detrimental impacts for babies that can hinder their cognitive, emotional, and physiological development. During pregnancy, parental distress can disrupt brain development, which results in impaired executive functioning throughout a child's life. After birth, parental distress can negatively impact parent-child attachment, limit important parenting practices like talking, reading, and singing to babies, and hinder the establishment of positive feeding and sleep routines. Among other things, experiencing a period of parental distress during infancy can increase a family's likelihood of experiencing unstable housing, financial hardship, food insecurity, and domestic abuse.

The combined result of these negative impacts of perinatal distress can be to lock in intergenerational disadvantage, creating a self-reinforcing negative feedback loop that leads to whānau suffering further adversity and to reduced community wellbeing and resilience.

This part concludes that the responsibility for reducing parental distress should not fall on individuals, nor on overstretched community-led and kaupapa Māori organisations. It is a critical public policy challenge that requires urgent prioritisation.

INSIGHT 2: PERINATAL DISTRESS IN AOTEAROA NEW ZEALAND IS WIDESPREAD, COMPLEX, AND LINKED TO SYSTEMIC INEQUITIES.

The second part of the report digs into available data about the incidence of perinatal distress. There is a lack of robust data, but it is estimated that between 10 and 20% of birthing parents may experience distress significant enough to meet clinical definitions during the perinatal period. An even larger group is thought to experience distress that – while outside the clinical range – may still confer impairment. Extrapolating from international studies, this group is thought to be up to 30%, meaning in total, up to half of all birthing parents may experience symptoms of perinatal distress. Fathers and non-birthing parents can also experience perinatal distress, and this also can have long-term negative consequences.

This part also considers which groups may be more at risk of experiencing perinatal distress. Again, there is a lack of robust data, but these groups are thought to include:

- Māori, Pacific, and Asian ethnicities
- migrant parents
- disabled birthing parents
- those whose babies are born with impairments or rare disorders diagnosed during pregnancy
- takatāpui and LGBTQI+ parents.

Other factors that may increase someone's likelihood of experiencing perinatal distress include:

- having an unplanned pregnancy
- being aged under 30
- having a previous diagnosis or history of mental illness
- having experienced previous pregnancy loss or birth trauma
- being unemployed during pregnancy.

At the societal level, the stressors that drive perinatal distress are structural and systemic, and tend to be the same things that drive wider forms of disadvantage. These include:

- poverty
- racism
- gender disadvantage
- food insecurity
- gender-based violence
- poor housing
- limited education
- weak social networks.

For many of these factors, the association with perinatal distress is thought to be two-way, meaning both that showing symptoms of distress can increase someone's vulnerability to these forms of disadvantage, and also that experiencing these disadvantages may increase someone's chances of experiencing perinatal distress. Often, chronic, overlapping stressors combine to drive both perinatal distress and wider disadvantage.

At present, the COVID-19 pandemic is exacerbating all these challenges. There may also be a cohort of young people who will become parents in the next 5–10 years who are particularly vulnerable to perinatal distress due to the current high incidence of mental health diagnoses, executive functioning challenges, and traumatic brain injuries in this age group.

INSIGHT 3: MAKING SURE PARENTS AND WHĀNAU HAVE ACCESS TO SUPPORT IS THE BEST WAY TO PROTECT PERINATAL MENTAL HEALTH, AND CONTRIBUTES DIRECTLY TO WIDER WHĀNAU WELLBEING.

The third part of the report looks at why access to the right support at the right time is the key protective factor for perinatal mental wellbeing and how to ensure all parents have access to this support. It summarises a wide range of evidence pointing to support as a key protective factor. The available evidence also indicates that support works best when it comes from sources that parents already know and trust, and that collaborative, strengths-based initiatives, including community-led and kaupapa Māori-driven initiatives, are the best placed to reach those in most need of support. Current supports available in Aotearoa New Zealand are not adequate to meet current needs, and specialist perinatal mental health support in particular is inadequate, uneven, and may be inequitable.

POLICY IMPLICATIONS AND PRIORITIES

We have an important opportunity to turn things around in Aotearoa New Zealand in 2022. The report concludes by recommending key policy priorities to improve perinatal mental wellbeing, and suggests examples of what these could look like in practice.

We recommend political leaders, policy-makers, and those designing the new health system prioritise policies that:

Alleviate or remove background stress for new parents by making sure they have warm, secure, affordable housing, adequate food, and that they are safe from violence and abuse.

This could include:

- expanding the provision of social housing and prioritising placements for whānau with young children or expecting new babies
- developing referral pathways between lead maternity carers, Well Child/Tamariki Ora (WCTO) providers, social housing agencies, and Māori housing providers to identify new parents at risk of housing instability and collaborate to find them appropriate, stable accommodation
- guaranteeing adequate food to new parents and whānau, by reducing the cost of fresh food, making it freely available to low-income households, and facilitating partnerships between food-based community initiatives and those who work with new parents
- accelerating work to realise the vision and deliver the shifts for change in *Te Aorerekura,* the National Strategy to Eliminate Family Violence and Sexual Violence.

Make it easier for whānau/family to spend time with and support new parents and pēpi.

This could include:

- extending paid parental leave entitlements to support all parents (i.e. fathers/non-birthing parents as well as mothers/birthing parents) to spend time bonding with their baby and focusing on their whānau
- ensuring everyone in Aotearoa New Zealand has adequate income and enough time to support new parents and babies in their whānau and support networks, through a combination of sufficient core benefits, a liveable minimum wage, Working for Families support, and enhanced leave and employment provisions.

Ensure birthing parents have access to continuous, holistic maternity care, supportive birth environments, and tailored assistance, to reduce the risk of birth trauma and resulting distress.

This could include:

- increasing funding for midwives and partnering with the sector to develop a strategy to fill urgent vacancies and address long-term skill shortages (such as attracting and retaining more Māori, Pacific, and Asian midwives)
- providing sustainable funding for more community birthing centres and primary birthing units (including kaupapa Māori-based environments), so that all birthing parents have a meaningful choice within a reasonable distance of where they live
- commissioning and funding additional antenatal support tailored for groups that may be at increased risk of distress, including Māori, Pacific, Asian ethnicities, disabled birthing parents, takatāpui and LGBTQI+ people, people who have had a previous pregnancy loss, and people with a prior history of mental illness.

Resource and empower kaupapa Māori and community-led initiatives to better support new parents, babies, and their whānau.

This could include:

- developing meaningful Te Tiriti o Waitangi partnerships to support whānau, hapū, and iwi to provide tailored support to their own new parents and pēpi
- funding the new Māori Health Authority to commission additional and expanded kaupapa Māori initiatives for whānau wellbeing, with a particular focus on reducing high rates of perinatal distress and maternal suicide among wāhine Māori
- ensuring greater decision-making power and flexibility for kaupapa Māori and community-led initiatives so that they can respond more effectively to the needs of the new parents, babies, and whānau they work with
- commissioning and funding appropriate support services for Pacific and Asian birthing parents and their babies, disabled birthing parents and their babies, and takatāpui and LGBTQI+ birthing parents and their babies
- changing the internal policies and accountability requirements of government funding agencies to enable more flexible reporting and genuine collaboration between community organisations and government agencies
- equitably resourcing kaupapa Māori and community-led initiatives that support new parents, babies, and their whānau to meet current and likely future need. This is likely to require significant investment.

Assist all who work with new parents and babies to develop the skills to recognise when parents are at risk of distress, identify what kind of support they need, and move quickly to provide it.

This could include:

- supporting workforce development for those who work with new parents, babies, and their whānau to better understand perinatal mental health in general, and the specific needs of Māori, Pacific, Asian, disabled, and takatāpui and LGBTQI+ parents and whānau
- mandating universal screening for perinatal distress during and after pregnancy, investigating culturally safe and appropriate ways to deliver this, and resourcing midwives and WCTO providers to roll it out
- developing agreed referral pathways between those who work with new parents and babies and a range of community and clinical mental health supports.

Provide parents with hands-on practical support for aspects of parenting and daily life when required.

This could include:

- increasing funding and support for antenatal education, and working with providers to develop content specific to the needs of Pacific and Asian birthing parents, disabled birthing parents, takatāpui and LGBTQI+ birthing parents, parents with a history of mental illness, distress, and/or substance abuse, and parents of babies with impairments or rare disorders identified during pregnancy

- increasing funding and support for breastfeeding support services, and increasing the provision of specialist lactation consultants in hospitals and primary birthing units
- extending ACC coverage for birth injuries to include mental injuries from birth trauma, expanding affected parents' access to support during their recovery
- increasing funding and support for parenting education services, and providing training and support for communities to share practical, culturally appropriate parenting support in their daily interactions with whānau.

Provide fast access to affordable, culturally appropriate therapeutic support to parents with early signs of distress, and guarantee immediate access to best-practice specialist help if they become unwell.

This could include:

- Using the findings of the Ministry of Health's stocktake of maternal mental health service provision as a guide for Health New Zealand to develop nationally consistent, culturally informed, community-based perinatal mental health supports, including best-practice specialist and residential care for those who become unwell, and making these changes a key performance indicator for Health New Zealand and the new Māori Health Authority.

CURRENT OPPORTUNITIES FOR CHANGE

Finally, the report identifies four particular opportunities to strongly embed the approach outlined above in mid-2022. These are:

Prioritise perinatal and maternal mental health in the reformed health system

In anticipation of the formal creation of Health New Zealand in July 2022, interim agencies are working to facilitate the transition to the new health system model. As part of this, an interim New Zealand Health Plan is currently being developed. This interim Health Plan will be finalised before 1 July and will create the first set of formal performance expectations for the new health system. It is expected to apply for two years, while the first Government Policy Statement, 10-year strategies, and 3-year costed plans are developed.

There is therefore a vital and timely window of opportunity right now (in May and June of 2022) to ensure perinatal mental wellbeing is included as a key focus area in the interim Health Plan, as well as an equally important medium-term priority to ensure it is also given prominence in the first full cycle of strategic planning once the new system is in place.

Develop a perinatal mental wellbeing action plan for Aotearoa New Zealand

There are several existing government strategies and plans that relate to perinatal mental wellbeing. While these existing strategies and plans touch on some of the issues and solutions identified in our report, in our view they do not give sufficient weight to the critical challenge of preventing, alleviating, and treating perinatal distress, given the many significant ways it can impact adult, child, whānau, and intergenerational wellbeing. Given that up to half of all birthing parents may be affected, the challenge of improving perinatal mental health warrants its own plan, with specific actions attached to each of the policy priorities identified above.

This could sit under the broader Child and Youth Wellbeing Strategy or could be pursued under the umbrella of the *Kia Manawanui Aotearoa – Long-Term Pathway To Mental Wellbeing* administered by the Ministry of Health. Either way, it should be developed in partnership with communities, Māori, midwives, WCTO providers, clinicians, and parents with lived experience of distress. It should set specific, measurable, achievable, realistic, and time-bound goals to improve perinatal mental wellbeing in Aotearoa, allocate sufficient resources to enable these to be achieved, and designate an agency or agencies to monitor progress, report publicly, and advocate for greater investment or effort directly to decision-makers, if and when we do not see the progress required.

Amend the Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill to ensure mental injuries from birth trauma are covered

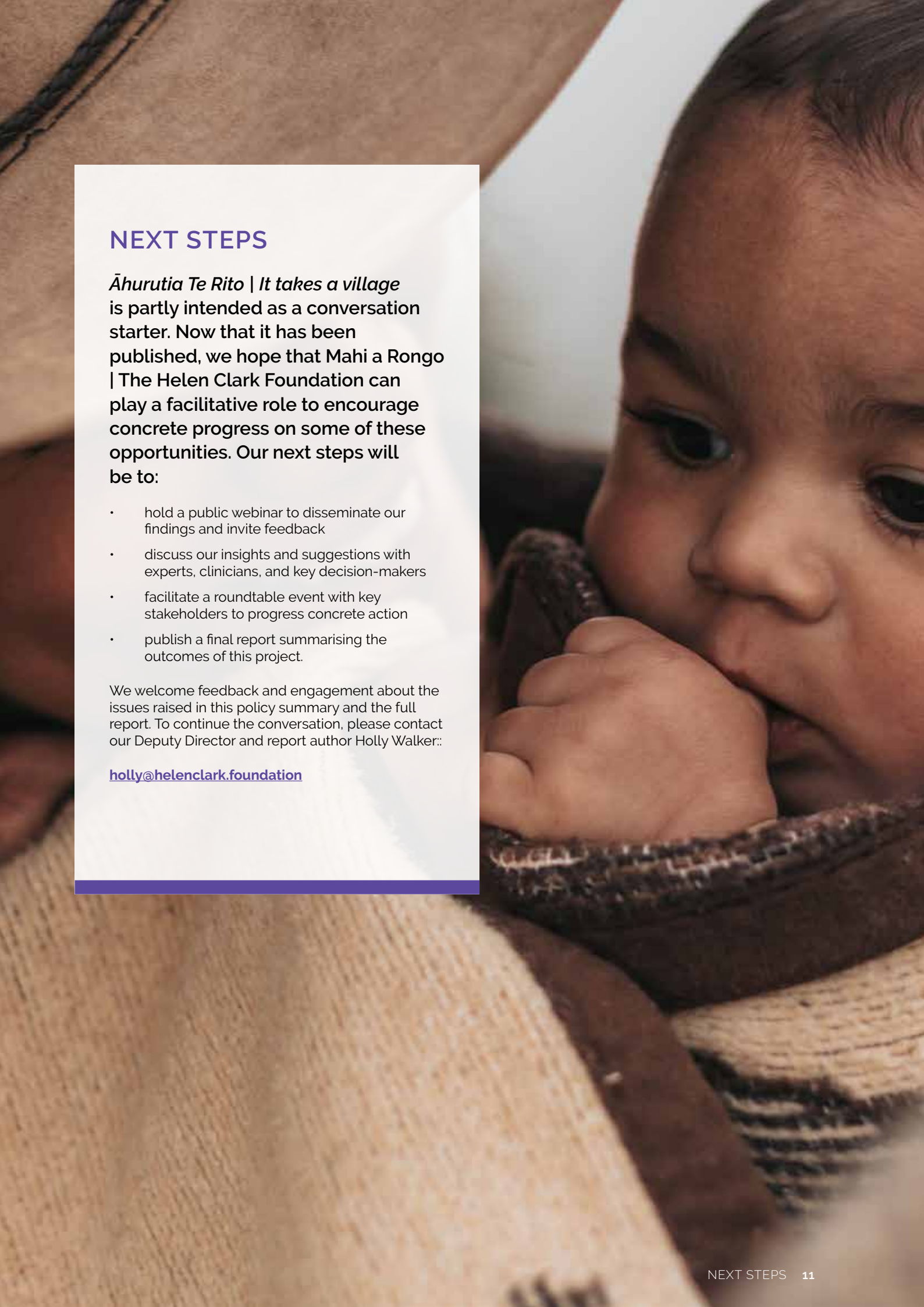
Recently, the government announced the welcome decision that it would extend the ACC scheme to specifically cover birth injuries, after a recent review of existing criteria had led the agency to stop covering such injuries. The resulting Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill is currently before a select committee, and presents an important opportunity to specifically ensure that mental injuries caused by birth trauma are also covered.

Numerous submitters on the Bill have argued for this, pointing out the known links between birth trauma and poor mental health, and illustrating how conditions like PTSD can impact on someone's daily functioning. Extending ACC coverage to specifically include mental injury from birth trauma is one important way to help ensure parents in distress can access the supports they need to recover fully. There is a window of opportunity right now for the select committee to recommend this change before it reports back to the House on 14 June 2022.

Encourage the Productivity Commission to emphasise the potentially transformative role of supporting perinatal mental health for addressing intergenerational disadvantage

As noted earlier, the Productivity Commission is currently investigating the "dynamics and drivers of persistent disadvantage" and has been asked by the government to make recommendations that will help "break or mitigate the cycle of disadvantage within people's lifetimes and across generations."[1] The Commission is due to make preliminary recommendations in August 2022, and to deliver its final report by March 2023. In the coming months, then, there is an important opportunity to encourage the Commission to make perinatal mental health a significant priority in its interim and final reports, and to make recommendations that align with the policy priorities we have identified in this report.

1. New Zealand Productivity Commission, 'A Fair Chance for All: Breaking the Disadvantage Cycle'.



NEXT STEPS

Āhurutia Te Rito | It takes a village **is partly intended as a conversation starter. Now that it has been published, we hope that Mahi a Rongo | The Helen Clark Foundation can play a facilitative role to encourage concrete progress on some of these opportunities. Our next steps will be to:**

- hold a public webinar to disseminate our findings and invite feedback
- discuss our insights and suggestions with experts, clinicians, and key decision-makers
- facilitate a roundtable event with key stakeholders to progress concrete action
- publish a final report summarising the outcomes of this project.

We welcome feedback and engagement about the issues raised in this policy summary and the full report. To continue the conversation, please contact our Deputy Director and report author Holly Walker::

holly@helenclark.foundation