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# NEW PERSPECTIVES IN PERINATAL MENTAL HEALTH MODELS: FACING CHALLENGE FOR ITALIAN HEALTH SERVICES

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# Preface

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This collection of papers on services for perinatal anxiety and depression are timely and important. It is now well established that perinatal mental health is as important for family and societal well-being as physical health and, as the paper by Vichi and colleagues on suicide reminds us in an excellent review if the topic, it is also one of the leading causes of maternal death in high income countries.

Milgrom and Gemmill have carried out groundbreaking work at the Australian Parent Infant Research Institute (PIRI), developing and evaluating interventions for mothers with perinatal depression based on biopsychosocial approach and tailored for the perinatal period with additional support for the mother infant relationship. Hirshler *et al.* describe the current state of the art services in Australia which includes nationwide screening for perinatal depression and psychosocial risk factors, with both face to face and online screening and intervention programmes. The Australian team had enabled access to include women living in rural settings or with child care needs through their online interventions and they were therefore ideally placed to offer such interventions during a pandemic.

In recent years Italian services had started to implement these approaches in the different settings across Italy, ensuring a range of healthcare providers were included in the training initiatives of these programmes, empowering families with information, and offering assessment and treatment using the PIRI approach which has been found to be effective in the Italian setting. Camoni *et al.* provide a review of these service developments, and also helpfully describe the challenges in implementation and how to address them – for example, through education to address stigma and false beliefs about maternal mental health problems.

Since the Covid-19 pandemic struck in Italy as elsewhere, mental health services changed dramatically, with few face-to-face healthcare contacts other than in emergency situations. As Camoni *et al.* describe, there is growing evidence, including in Italy, that during the pandemic (and other emergencies), women in the perinatal period have been at increased risk of perinatal depression and anxiety due at least in part to isolation, increases in family violence and alcohol use in the home, and decreased social support. Perinatal mental health programmes have therefore evolved to provide information and screening remotely in addition to face-to-face contacts when on hospital wards or at essential visits to professionals such as pediatricians; then when needed, remote delivery of the CBT intervention developed at PIRI has been provided, both in groups and individually, including intervention focussed on the mother infant relationship. When severe mental illness occurs then face to face assessment and treatment must be available of course, with appropriate physical distancing, personal protective equipment etc in psychiatric facilities or in the home. We have seen in the recent UK Confidential Enquiry into maternal suicides that failure to assess high risk cases face to face may lead to an increased risk of suicide [1].

The modifications to care described here have been an essential component of perinatal mental health care in 2020 and I have no doubt that some of these modifications will persist post-pandemic, as they enable services to be more accessible for many (but not all) women. This excellent series of papers will help practitioners in Italy and elsewhere deliver high quality perinatal mental health services and provide opportunities for optimising service developments post-pandemic. The challenge will be to establish which modifications are effective, for whom and in what circumstances. This may differ somewhat by country but there will be much to learn from each other – and this series of papers is a great place to start – as we compare outcomes and improve wellbeing for women and their families, during and post pandemic, internationally.

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According to the most recent estimates, approximately 10-20% of women suffer from mental health problems during the perinatal period [2]. Indeed, perinatal mental disorders (i.e., mental health problems emerging during pregnancy and/or within the first year after the partum) are very common, with one to two women out of 1,000 requiring a psychiatric admission in the first few months after birth [3]. It has been estimated that for each woman requiring psychiatric admission following birth, at least two more women require an outpatient treatment, and 12 women receive a pharmacological treatment in primary care [4].

Unfortunately, the fact that the perinatal period is a robust risk factor for women's mental health has been neglected for a long time [5]. Moreover, the perinatal period constitutes a relevant threat for the long-term mental health for the infant, with considerable morbidity and mortality [6]. In fact, the presence of perinatal mental disorders in the mother is associated with negative outcomes in the new-born, including increased risk of premature delivery, infant mortality, and development of mental disorders (e.g., attention deficit or anxiety disorders) in childhood or adolescence [7].

The ongoing health and social crisis due to the COVID-19 pandemic is likely to produce additional stress for pregnant women, affecting their mental health [8, 9]. In fact, pregnant women may develop worries and concerns about the risk of infecting and transmitting the virus to the infant [10]. Moreover, the containment measures, such as physical distancing, quarantine and self-isolation, have reduced the access to health services, with an additional burden for perinatal health services.

During the perinatal period, an optimal psychiatric plan for women should include not only the management of the "common mental disorders", such depressive and anxiety disorders, but also suicidal ideation, suicidal attempts, substance misuse and psychosis. The World Health Organization (WHO) [11] has recently highlighted the need to implement community-based mental health and social care services for early identification and management of maternal mental disorders. Therefore, in order to adequately manage women's perinatal mental disorders, there is the need to develop and disseminate integrated interventions, following a comprehensive global assessment of women's mental health.

In this *Annali* Monograph entitled "New perspectives in perinatal mental health models: facing challenge for Italian health services", new models for screening, care and treatment are presented. In particular, the obstacles and advantages of the implementation of the Australian model of treating perinatal anxiety and depression are discussed, and data on the Italian progresses and challenges are presented and discussed.

A specific focus is dedicated to suicidality. Suicide represents a leading cause of maternal mortality, and a multidisciplinary team, including general practitioners, gynaecologists, midwives, paediatricians and psychiatrists, is essential. Providing a long-term support to women at particular risk may reduce self-harm and suicide mortality and can improve the well-being of the new-born, the father and of the whole family network.

The impact of the COVID-19 pandemic on perinatal mental health is also discussed in this Monograph with the adaptation of an intervention programme during emergencies. This programme includes increasing women's awareness on perinatal mental health problems and proposing screening procedures to all pregnant women, and it looks promising. The adaptation of this programme highlights the capacity of mental health services to rapidly adapt to the evolving situation of the COVID-19 pandemic.

In conclusion, I am very glad to the authors of this Monograph to raise awareness on the problem of the timely recognition and adequate treatment of perinatal mental health disorders, which is a public health priority due to its significant impact on short- and long-term women's health and child development. There is the need to further develop, disseminate and implement screening programmes, supportive interventions and good clinical practices in order to adequately treat women with perinatal mental health problems.

*Andrea Fiorillo*

The issues enclosed in this Monograph reflect the rigorous commitment of the researchers at the Italian National Institute of Health in the field of Perinatal Mental Health, to promote scientific knowledge, professional training program and to implement evidence-based psychological interventions in the community [12-14].

Birth is one of the critical life events. It involves a redefinition of roles, a relational renegotiation and it can be considered a stressful event, that is, potentially active in mobilizing, or determining a lack of psychological resources to manage new conditions. During pregnancy and one year after their baby is born, studies show that one in five women has mental health problems, mainly anxiety and depression [15]. These problems weaken a woman's ability to care for her baby and to build an effective emotional relationship with him/her. Besides, they can affect the attachment and mother-infant interaction, leading to potentially long-term disturbances in the infant's physical, emotional, cognitive and social development. In severe cases, perinatal depression and anxiety can lead the woman to extreme gestures. Suicide is a leading cause of death in women of childbearing age.

When we talk about perinatal mental health, we usually refer to the mother but it would be desirable to think of both parents, because, although less frequently, also the father can manifest problems, and a paternal condition of non-perfect balance can affect mother's health.

Fortunately, perinatal depression is identifiable and treatable. However, there are a series of challenges that must be faced to design interventions capable of preventing the onset of conditions of mental distress through the development of individualized paths dedicated to promoting mental health, not only of the mother-child dyad but also of the partners and the family and social context in which they are inserted.

These conditions need to be identified early. We have

many tools available, but still today, about half of the women who present discomfort in the perinatal period is not identified and do not receive appropriate treatment. It is, therefore, necessary to reflect on the services and professionals who can best intercept the difficulties of the woman, on which screening tools are the most appropriate to use during pregnancy and postpartum to intervene and finally, on the diagnostic criteria to be used. Furthermore, there is still little attention paid to the risk factors underlying these problems, as well as to the contextual conditions that can multiply the risk of discomfort [16].

In our country, there is a widespread network of Health Services that deal with perinatal mental health and it is necessary to strengthen and reorganize them from both a quantitative and qualitative point of view by enhancing the professionals' skills, whose knowledge must be constantly kept up-to-date and based on the growing scientific evidence. The work of Family Consultants, Clinical Psychology Services and Mental Health Centers must be connected to that of Social Services and integrated into a dimension of continuity, proximity and appropriateness of care [17-19].

*Fabrizio Starace*

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