



# Prevalence of mental illness in the perinatal period

## Position Statement

### Background

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It is difficult to know exactly how many parents experience mental illnesses like anxiety and depression during pregnancy and the first 12 months of their baby's life (the perinatal period). There are a number of factors that make it difficult to estimate, including differences in the way research data is collected and different ways of defining or diagnosing mental illness. Despite this, there is agreement that mental health problems in the perinatal period are common, can impact the health of the entire family, and are very important public health issues<sup>1</sup>.

### What we know

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Some parents experience mental health difficulties for the first time during pregnancy or early parenthood, while others may come to pregnancy and parenting with a history of mental illness. Any mental illness present during pregnancy or the first 12 months after birth is considered a 'perinatal mental illness', regardless of whether the person has experienced the illness before.

Anxiety and depression are the most common mental health issues in the perinatal period. Until recently most research on mental health in the perinatal period focused on depression after birth, so much less is known about mental illness in pregnancy, anxiety, and other illnesses. This is however beginning to change, and we are beginning to broaden our understanding of perinatal mental health.

At least one in every  
five women  
experience  
anxiety, depression,  
or both during  
pregnancy and/or  
following birth.

#### *Women's mental health in the perinatal period*

Research undertaken in Australia and other countries usually finds that around 15-22% of women experience depression during pregnancy and/or following the birth of their baby<sup>2-5</sup>. While there has been less research about perinatal anxiety, it is understood to be at least as common as depression, if not more so<sup>6</sup>. A number of women will experience both anxiety and depression<sup>7</sup>. Therefore, at least one in every five women will likely experience anxiety, depression, or both during pregnancy and/or following birth.

Postnatal  
psychosis affects  
one to two new  
mothers in every  
1,000

A number of women will experience what is known as postnatal psychosis. Based on research that reviewed the number of women admitted to an inpatient mental health facility following birth it seems one to two women

per 1000 giving birth will experience postnatal psychosis<sup>11-13</sup>, however these numbers may be an underestimate as some women may be treated at home<sup>8</sup>.

Women may also experience other less common but still important mental health disorders. This may include Post Traumatic Stress Disorder (PTSD), bipolar disorder, and schizophrenia. The perinatal period is associated with an increased risk of severe mental illnesses such as bipolar disorder and affective psychosis<sup>8,9</sup>. Research from the United Kingdom indicates that most women with bipolar and schizophrenia do become parents<sup>10</sup>, so it is important that their needs are met even though less women experience these disorders.

#### *Men's mental health in the perinatal period*

There is less research available about the mental health of fathers, however it is thought that 10% (or one in ten) men will experience depression<sup>14</sup>. Anxiety is also a common experience for fathers, and is often experienced along with depression<sup>15</sup>. A recent review estimates that the prevalence of anxiety in men in the perinatal period is 3.4%-25%<sup>16</sup>.

One in ten fathers experience depression and/or anxiety. Having a partner with mental illness is an important risk factor for paternal perinatal mental illness.

#### *Priority populations*

Families from minority communities face additional risks for perinatal anxiety and depression, and barriers to accessing safe, appropriate services. Populations more at risk include LGBTIQ+ parented families, Aboriginal and Torres Strait Islander families, and Culturally and Linguistically Diverse (CALD) families. Experiences of discrimination and isolation, and the fear they create of further discrimination, increase isolation and discourage help-seeking at a time of particular risk for these vulnerable families. The importance of services acknowledging and responding to family diversity will be explored in greater detail in future position statements.

## Summary

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- Perinatal mental illness is common, and a crucial public health issue.
- Estimates indicate that one in five women and one in ten men will experience anxiety and/or depression in the perinatal period.
- Some families, including LGBTIQ+ parented families, CALD, and Aboriginal and Torres Strait Islander families face additional challenges to their mental health in the perinatal period.

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