

# New and Expectant Parent Mental Health Supervisor Toolkit.

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An introduction to perinatal mental illness,  
the intersection with police work, and how to support affected  
employees.



This toolkit has been written by Dr Krystal Wilkinson, Dr Sarah-Jane Lennie and Dr Keely Duddin, informed by transdisciplinary literature and empirical research in the context of UK policing.

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# What is perinatal mental illness?

Perinatal mental illness (PMI) refers to mental illness occurring during pregnancy and up to one-year post birth (Mind, 2020), 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 mothers, fathers and non-carrying partners, and there are several different diagnoses and symptoms, which may be experienced to varying degrees of severity (O'Hara & Wisner, 2014). A form of PMI may also be experienced in those adopting children (Foli et al. 2016).

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. Illness may be defined as a level of distress and impact on functioning requiring external support, but it is important to recognise that symptoms fall along a continuum and illness may be defined as symptoms that cause a level of distress also impact work and relationships (PANDAS Foundation, 2022). 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 pregnancy/baby loss, exposure to trauma and adverse childhood experiences (ACEs).



# 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 simultaneously) 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. While there is generally good knowledge about PND, there is poor knowledge about other types of PMI at both a general public and healthcare professional level. As a result of this, many of those with diagnosable PMI will go unrecognised and will not receive the help that they need (Accortt and Wong, 2017).

- **Post-natal depression** is 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 (2022), 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 parent, 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** (PP) 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.

(PANDAS Foundation, 2022)

# Perinatal mental health conditions

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 was evident in our empirical research with police officers and staff, many of whom equated mental illness with extremes of behaviour they had encountered in the line of duty. They had higher expectations of their own mental health and were often shocked to experience symptoms in the perinatal period. One participant in our research (Wilkinson et al, 2024) commented:

**'It's the way I felt, I thought, "If anybody hears me saying this, they're going to think I'm a police officer and I don't want my kid to be here. What are they going to think? They're going to think you're an awful human... because I thought I'm an awful human being'**

People often believe that perinatal mental illness doesn't affect men, individuals with strong support networks, or those who have previously had children without experiencing perinatal mental illness (PMI).

**'I was just denying it, I was just saying, "This isn't a thing, men don't suffer with this."'**

Stigma, especially around potential impact to the unborn child and/or parenting; potential involvement of social services; or threats to career can also pose barriers to seeking help and contribute to feelings of shame.

**"There's that fear of getting help because of stuff going on record, and... walking through those doors... I don't want to see someone that I know. I don't want someone that I know to hear about me."**



# Common forms of treatment and care pathways

Treatments for PMI vary and may include psychological interventions (e.g., counselling, Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR) Therapy), 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 Talking Therapies. Links to further resources available at the end of this document.

When starting medication, it's important to know that it may take a few weeks for the full benefits to appear. While some people might feel worse initially or experience side effects, these often improve over time. Finding the most suitable medication might require trying a few different options, with each change needing a brief adjustment period. For more information, see the NHS.

More information on care pathways can be found here: <https://www.nice.org.uk/guidance/cg192/resources/the-perinatal-mental-health-care-pathways-pdf-4844068237>

## Important to consider:

**In our research with police officers and staff, work and career concerns were repeatedly seen to influence engagement with treatment and care pathways. Police officers and staff can be reluctant to take antidepressants for fear of this 'going on their record' and potentially influencing appointment to new roles or ability to carry out certain duties. In one instance, an interviewee mentioned weaning off medication prior to returning to work after maternity leave, without medical approval/oversight. Furthermore, officers and staff could be reluctant to present at mental health services, for fear of being seen (and judged) by medical professionals they have a working relationship with and/or members of the public they have engaged with. One interviewee mentioned an inability to maintain engagement with a course of psychological therapy once she returned to the workplace, due to shift patterns. All such issues will have an influence on recovery trajectories (Wilkinson et al., 2024).**



# Work factors that often prove problematic employees in the workplace

**Prior and our own research (Wilkinson, 2023; Lennie et al., 2020; Wilkinson et al., 2024) 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, which is common in policing
- › Shift working
- › Bullying and harassment in the workplace
- › Pregnancy/maternity discrimination
- › Poor handling of maternity and/or mental illness, including being moved to non-operational/different role after announcing pregnancy, where there is a perception of being side-lined and forgotten, and a lack of continuity with line manager support

**'it was, you're pregnant, you're now restricted, you're not a resource to us and we're just going to shove you downstairs. And the downstairs department was classed as the lame and idle department'**

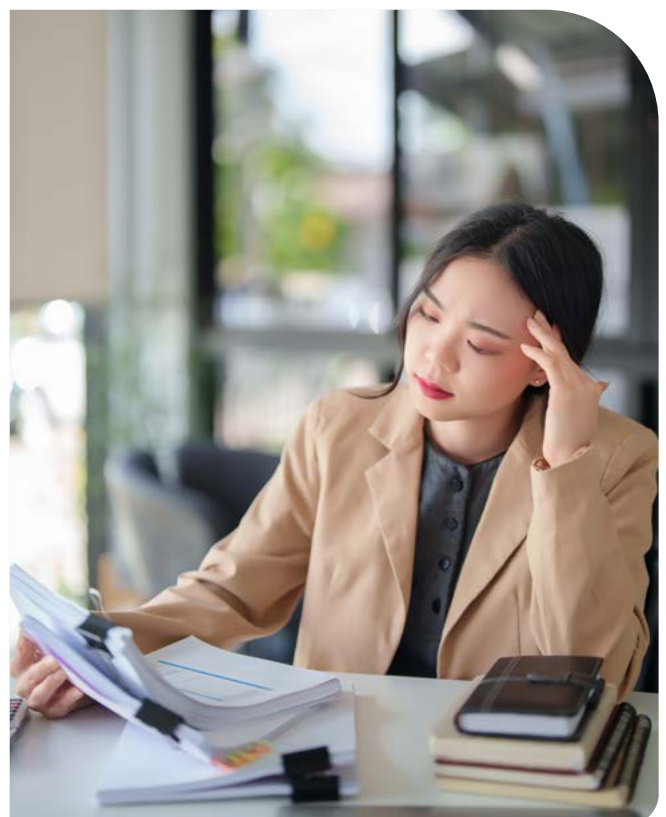
- › Lack of contact during maternity/parental leave
- › Poor handling of flexible working requests following maternity/parental leave

**'[Anxiety] increased during the last three or four months before I went back to work, because that was when I knew I was going to have to put in a flexible working pattern... And that was when I got all the resistance from it. I felt like I was fighting all the time... and that definitely took a toll on my mental health.'**

- › Poor support and/or experience upon returning to work from maternity/parental leave
- › Stigma around mental illness
- › Being allocated to jobs that might be personally problematic when suffering from PMI symptoms or supporting a partner (such as incidents involving children, severe mental illness, suicide or high personal risk situations)

- › Lack of accessible information on entitlements during maternity/parental leave

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



# How PMI might affect employees in the workplace

**Experiencing PMI or supporting a partner through PMI can impact on work in a number of different ways. This can include:**

› Altered attitude towards risk-taking

**'I was really confident, I felt like I knew how to do my job, I felt really good at my job. And then all of sudden, overnight, that just switched into, "Anything I do wrong means I'm going to lose my job and I can't look after her." And once that had gone into my head, that was it, I became uber risk averse, like uber risk averse'.**

- › Difficulty with concentration and decision-making
- › Reduced self-confidence
- › Absence
- › Presenteeism and/or working longer hours to avoid being at home
- › Extending parental leave, due to worries about the return to work
- › Reluctance to return to work following parental leave

'It is important to be aware that lack of support in the workplace from colleagues and managers, as well as policy and process around PMI e.g., insensitive handling, poor signposting to services, lack of contact whilst on leave, refusal or lengthy flexible working applications can also have an impact on engagement, performance, attendance and retention.

## Work factors that might prove helpful

**Research (Wilkinson et al., 2024 & Duddin et al., 2023) indicates a range of work factors that might help reduce/ameliorate perinatal mental illness, or aid recovery:**

- › Social support from managers and colleagues, so continuity of relationships and appropriate contact during parental leave is important
- › 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)
- › Phased return to work following parental leave

## 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.

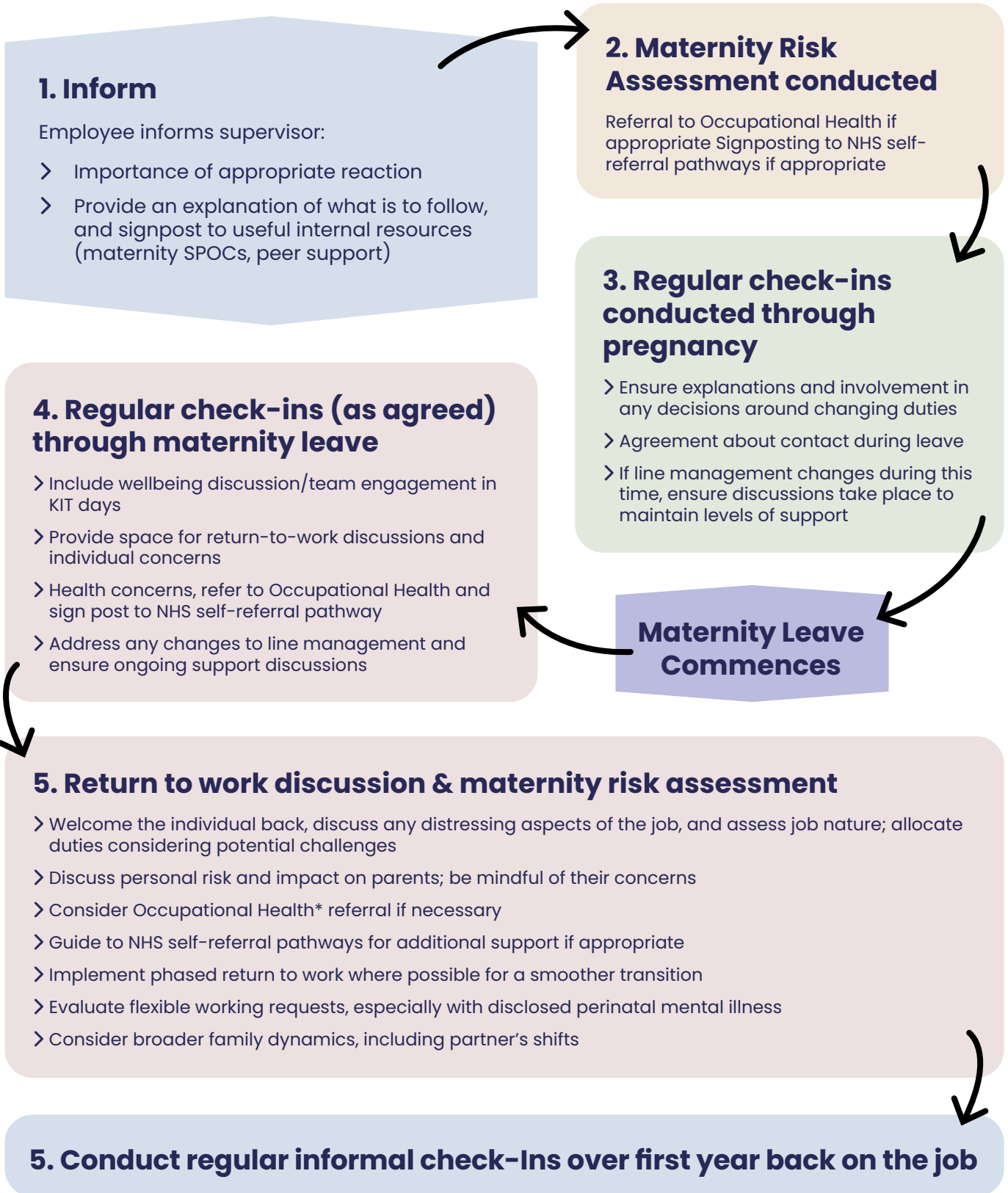
**'So, I was like, "Never, in a million years am I going to go off sick," because then people will see I've gone off sick and I'll just be another one of those, "They've gone off with stress, oh, they haven't pitched up, I'm doing their work..."'**

Disclosure at work is more difficult when there is no specific mention of PMI in HR policies; where employees are unaware of PMI conditions or others experiencing them; 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.

# Maternity flow-chart

The following flow-chart highlights a best-practice process for maternity management, from the point of pregnancy disclosure through to integration back into work following maternity leave. This approach should provide the best environment for an individual to feel psychologically safe to disclose mental health struggles, and ensure the right supports are offered and utilised.



\*Where an individual has been assessed by Occupational Health, it is important to ensure any recommended adjustments to workload, work location or duties are accommodated. If you are in any doubt about what is feasible, ensure to consult with HR.

# Wellbeing Conversations

Individuals are not always aware they are experiencing mental ill-health or a specific condition in the perinatal period, and many struggle with disclosure/starting a conversation.

It is important for wellbeing checks to take place in the perinatal period to allow mental health to be discussed. When speaking with new or expectant parents' supervisors should introduce a wellbeing conversation with the explicit statement that mental health struggles are common during the perinatal period, and that the force is concerned with staff wellbeing at this time. To help structure the discussion, we suggest the use of questions taken from the National Institute for Clinical Excellence (NICE, 2007) guidelines. Whilst not designed for workplace conversations specifically, these questions have been designed for individuals without specialist mental health training (such as midwives and health visitors) who have contact with individuals in the perinatal period. The questions do not ask about mental health conditions/diagnoses directly, but provide an opportunity for symptoms to be acknowledged, conversations to start, and signposting to take place – to internal and external supports.

## The questions are:

- During the past month, have you often been bothered by feeling down, depressed or hopeless? YES/NO
- During the past month, have you often been bothered by little interest or pleasure in doing things? YES/NO
- Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Not at all / Several days / More than half the days / Nearly every day
- Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? Not at all / Several days / More than half the days / Nearly every day

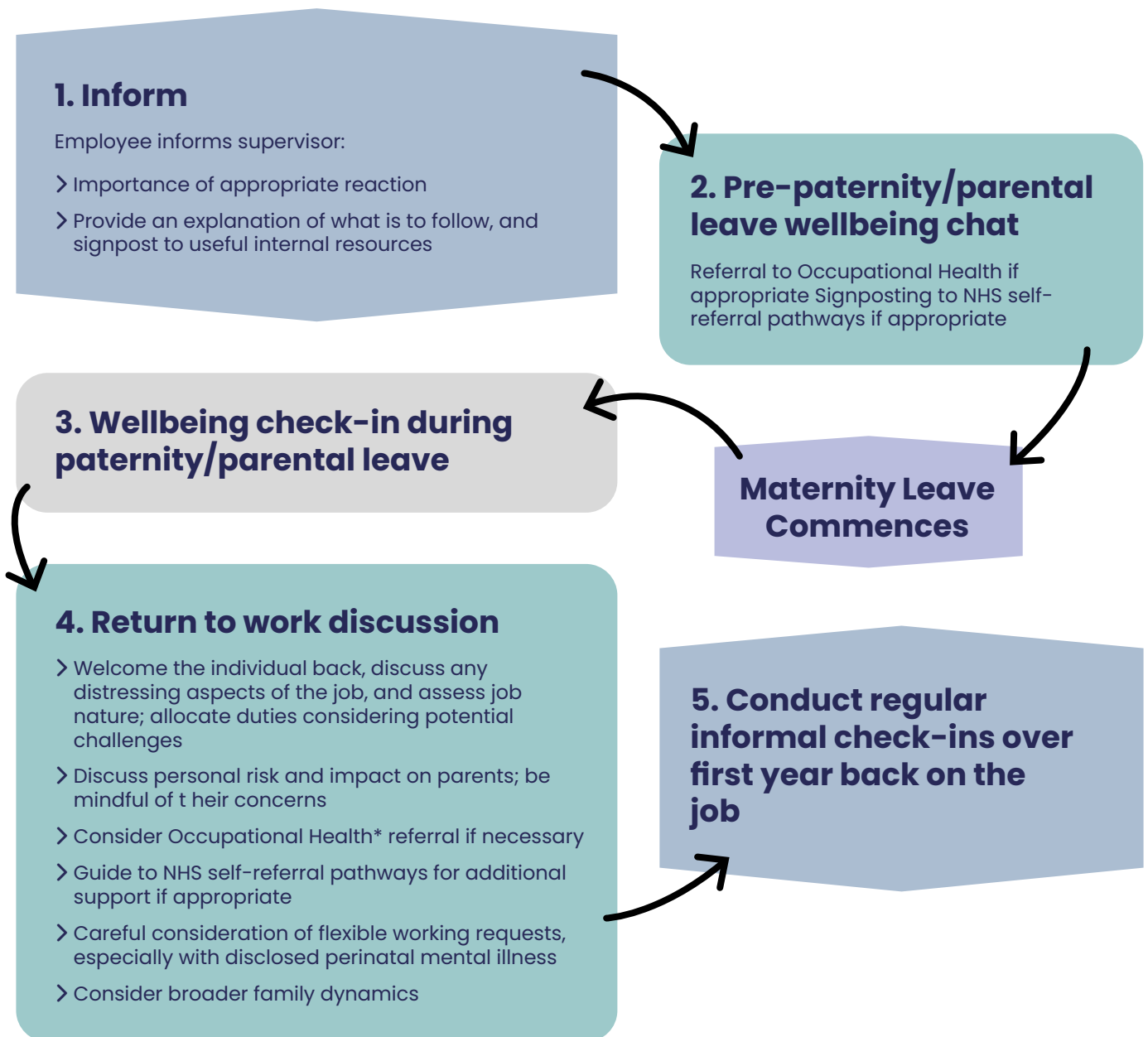
These questions are validated and acceptable screening tools to indicate possible perinatal mental health conditions including depression and anxiety (in other words the items correlate well with diagnosed conditions). The questions provide a starting point for more detailed assessment by qualified professionals. If someone says yes to either of the first two

questions, or more than half days/nearly every day to either of the second questions, the supervisor should explain to them that this might indicate a mental health struggle, and that you would like to refer them for an Occupational Health assessment to see if there are any workplace supports that can be put in place to help them. It is important to reassure the individual that the assessment will not be used punitively, or to make work adjustments without ongoing dialogue with the individual. You should also signpost to the self-referral pathways for local specialist perinatal mental health support.



# Paternity/non-carrying partner flow-chart

As noted above, men, paternal/non-carrying partners, and adopting parents can experience PMI too, and there are also challenges to be faced in supporting a partner at this time, which workplace support might help with.



\*Where an individual has been assessed by Occupational Health, it is important to ensure any recommended adjustments to workload, work location or duties are accommodated. If you are in any doubt about what is feasible, ensure to consult with HR.

# Broader Responsibilities

## Broader supervisor responsibilities, red flags and stress points

- › Try to be aware of any negative banter or bullying on the grounds of maternity, mental illness or other personal or medical characteristics
- › If you suspect that an employee is experiencing severe symptoms of perinatal mental illness, you should facilitate the seeking of urgent medical attention
- › Be mindful of employees spending too much time at work and avoiding going home
- › Changes in typical behaviour such as being withdrawn
- › Consider that an avoidance of certain types of jobs might be an indicator that an employee is struggling rather than a performance issue alone.

## Broader organisational activities to consider

**At a broader level, working on a number of initiatives to create a more open and supportive environment around these issues can be helpful in developing a supportive and open culture:**

- › Raising awareness of perinatal mental health and illness in the workplace, for example: events, information, blogs
- › Raising awareness and capacity within Occupational Health
- › Building relationships and communications with local and regional mental health providers so that there is an appropriate route for officers and staff to seek external mental health support
- › Adding the issue to line manager training on wellbeing at work and maternity management
- › Building on existing peer-support systems
- › Policy reforms to include recognition of PMI
- › Offering a well-being check/ return to work meeting upon returning to work following parental leave, beyond the current legal requirement

## 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 recurrence of symptoms 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 or Occupational Health.
- › An individual should not be treated unfavourably due to the protected characteristics 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.
- › In April 2024, the right to request flexible working became a right from the first day of employment for all employees via The Employment Relations (Flexible Working) Act 2023.



# The benefits of support

**As well as it being the right and required thing to do, investing in appropriate support for staff through maternity and parenting journeys will be beneficial to yourself and the whole team. Research shows that effective management has a positive impact on:**

- › Recruitment and retention of valued talent
- › Facilitating a successful return from maternity/ parental leave, so the individual can perform effectively sooner
- › Productivity and employee engagement
- › Attendance
- › Gender equity
- › Workplace culture: Making other employees feel it is OK to talk about 'personal' issues and mental health at work
- › Creating desirable and family friendly organisation

If you wish to read more about the research behind this guidance please follow this link: [GMP Perinatal Mental Health Research Summary](#).



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Further resources can be found at: <https://littf.com/shop/resources/pregnancy-babies-and-infants/>

Though this is no longer a free resource you can ask your GP/health practitioner to prescribe this for you.

