Perinatal Mental Health

Police *Family Support* Guidance

Contents

Guidance written by Inspector Jennifer Sharpling supported by the National Family Support Group chaired by Assistant Chief Constable Julie Dean and Inspector Liz Barnett.

With special thanks to Scott Mair (Director Fatherhood Solutions) and Dr Jane Hanley (CEO Perinatal MH Training CIC).

Introduction

The perinatal period is generally considered to be the time from when someone becomes pregnant until up to two years after birth, though this can change and varies depending on individual circumstances. It involves significant physiological and lifestyle changes and mental health is particularly at risk during this time.

This guidance is relevant both to police officers and to civilian staff members who are employees of their police force. Throughout this guidance, the term "officer or staff member" is used to refer collectively to police officers and civilian members of police staff. Where a provision applies differently to police officers and to civilian staff, this is made explicit. This distinction matters because police officers hold the office of constable and are not employees; their conditions of service are governed primarily by the Police Act 1996, the Police Regulations 2003 and force policy. Civilian staff are employees with the full range of statutory employment rights. The Equality Act 2010 applies to both groups.

Pregnancy and maternity are protected characteristics under the Equality Act 2010 (EqA). The EqA prohibits pregnancy and maternity discrimination in the workplace, meaning those who have this protected characteristic must not be treated unfavourably because they are pregnant or have recently given birth, or for any reason connected with their pregnancy or maternity. The "protected period" for the purpose of discrimination law under the EqA begins at the start of the pregnancy and ends either (1) at the end of the maternity leave period actually taken, or (2) two weeks after the end of the pregnancy if the individual is not entitled to maternity leave or if the pregnancy ends within the first 24 weeks, for example due to miscarriage. The EqA applies directly to civilian staff members of the force. It also applies to police officers because section 42 of the EqA deems the Chief Officer of police to be the police officer's "employer" for the purposes of employment discrimination. Therefore, both groups are afforded protection from discrimination on equivalent terms.

Understanding the impact of perinatal mental health on our female police officers is essential. The past 11 years have seen a year-on-year increase in the recruitment of female police officers resulting in 33.1% of officers in England, Wales and Scotland now being female, with 52% of them being under 40.

In addition to this, female members of civilian police staff significantly outweigh their male counterparts currently comprising of 61.4% representation. These statistics suggest that over the coming years a significant percentage of both civilian staff and police officers will go on to have one or more children. It has been estimated that 1 in 5 new mothers and 1 in 10 new fathers will experience poor mental health in the perinatal period. It is therefore imperative that forces act now to get the correct support put in place to aid with the wellbeing, productivity, and retention of both police officers and civilian staff (of all genders) going through perinatal mental health related issues.

The use of the term "mothers" within this chapter means a person who is pregnant or who has given birth to a child. This chapter recognises different gender identities and understands that not all those who are mothers identify as women.

The use of the term “fathers” within this chapter is deliberate, reflecting the specific mental health risks and barriers to disclosure experienced by men in policing in the perinatal period. While this guidance recognises and values the diversity of family structures, including same sex couples, single parents, and non-binary caregivers, this section provides a focused examination of an often under acknowledged group in this space to ensure their needs are appropriately understood and addressed. "Fathers" under this chapter means those with parental responsibility who are not the birth mother, and who are police officers or civilian members of police staff. This includes biological and adoptive fathers, a person who was married to or in a civil partnership with the birth mother at the time of the child's birth, and any other person who has acquired parental responsibility for the child.

There are a wide range of conditions associated with perinatal mental health. They can affect anyone regardless of their gender and it is important to be aware that they can occur during pregnancy as well as after the birth of the child. For example, national evidence indicates higher risk for those in LGBTQ+ & Black and Asian communities. It is often thought that perinatal mental health conditions are exclusively experienced postnatally, and this can mean serious missed opportunities for support mechanisms and signposting to be put in place, particularly during pregnancy. The list below is not exhaustive, and new conditions may be recognised/included in the future.

- Tokophobia – the fear of pregnancy and childbirth, those with this phobia have a pathological fear of giving birth and will often avoid becoming pregnant or giving birth altogether.
- OCD (obsessive compulsive disorder) – a common mental health condition where a person has obsessive thoughts and compulsive behaviours.
- Traumatic Stress Disorder/Birth Trauma – an anxiety disorder caused by very stressful, frightening, or distressing events.

- Bipolar Affective Disorder – a mental health problem that mainly affects your mood, giving someone extreme highs and extreme lows.
- Postpartum Psychosis – a severe mental illness which develops acutely in the early postnatal period, usually within the first month following delivery; psychotic features are present, closely linked with bipolar. It is very rare, affecting approximately 1 in 500 births, and is generally recognised by health professionals shortly following birth.
- Eating Disorders – a mental health condition where you use the control of food to cope with feelings and other situations.
- Emotional Regulation Disorder (ERD) and Emotional Intensity Disorder (EID) – a person with a personality disorder thinks, feels, behaves or relates to others very differently form the average person.
- Depression – a low mood that can last a long time, or keep returning, affecting your everyday life.

Perinatal mental health conditions might constitute a disability under the EqA if the condition has a substantial and long-term adverse effect on the ability of a police officer or civilian staff member to carry out normal day-to-day activities. For these purposes, "long-term" means that the impairment has lasted, or is likely to last, at least 12 months, or is likely to last for the rest of the affected person's life. Where a condition is recurring (for example, in the case of bipolar affective disorder or recurrent depression), it may still qualify as long-term if it is likely to recur. A mental health condition that arises during the perinatal period may become long-term and may outlast the perinatal period. If that appears to be the case, forces should consider an occupational health referral for the officer or civilian staff member and may need to implement reasonable adjustments to working conditions for the individual. The duty to make reasonable adjustments under the EqA applies to both police officers and civilian staff. Line managers must follow their force's data protection policy before sharing any health-related information, even internally.

Some of these conditions, except for postpartum psychosis, can occur at any time during a person's life but may be exacerbated during the perinatal period. There are many risk factors which can include unstable relationships, financial worries, lack of support or trauma. The pregnancy may be unplanned or there may be feelings of anxiety around the birth.

It is important to recognise when a person is struggling during the pregnancy, as if left unsupported this may have long term consequences for the infant and family. Therefore, it is essential that support is established as early as possible.

Equally once the infant is born, there are risk factors that can lead to depressive symptoms or heightened anxiety. These can impact on how the person feels which may be detrimental to themselves, the infant and the family. The person can have

feelings of low mood, be unable to concentrate or make decisions, lack sleep and experience little or no joy in their life, at a time when they need it most.

Internal Support

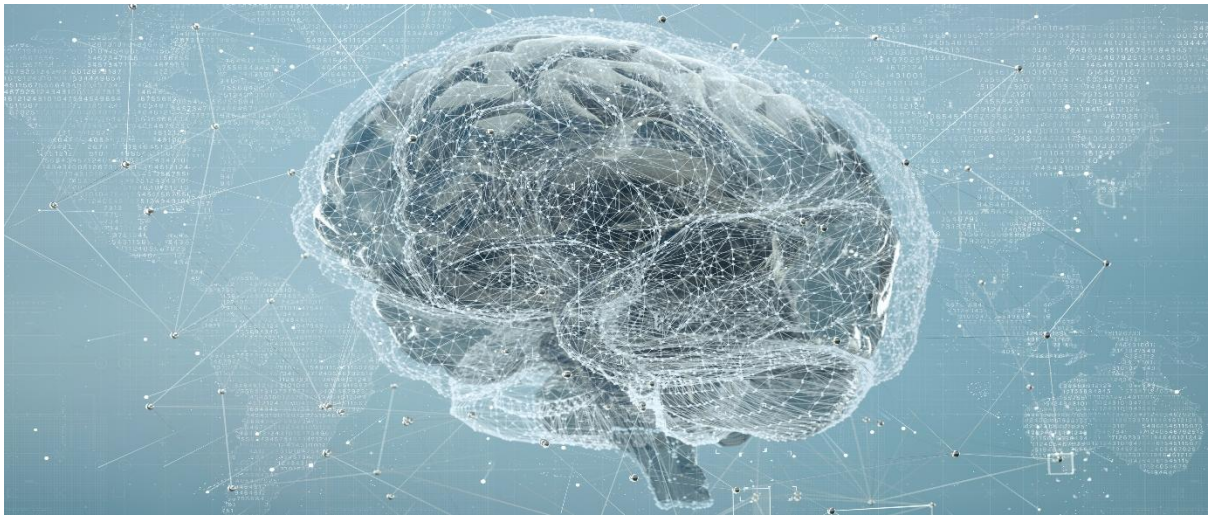
Following consultation across forces, for both police officers and civilian staff who have been through perinatal mental health illness whilst at work and Federation and UNISON colleagues, the following recommendations have been made. These recommendations are suggested as a minimum standard and are not exhaustive.

Forces should look to create some form of peer support network that is well advertised and accessible for all to join (without the need for management referrals) on their intranet pages. For some forces this may be part of their family support network, others may have sufficient demand for a standalone group. The Maternal Mental Health Alliance states that 'good peer support involves people with relevant lived experience in its design and delivery' and suggests that 'at a minimum this includes experiences of maternity and mental health difficulties or struggling with emotional wellbeing'. Ideally, therefore, the group should consist of both police officers and civilian staff who themselves have experienced perinatal mental health issues (including having supported a family member experiencing such illness). It is also recommended that as a minimum at least one member, typically the person leading the group, should receive some form of formal training. Nationally there are already Perinatal and Infant Mental Health Champions trained by NHS professionals training on the National Peer Support Network Blue Minds. Developing a relationship with a local perinatal mental health team is also recommended as this can bridge the gap between services for training and learning, remove delays to treatment options for staff and provide entry into external support networks in the area they live. Options for peer support network activities include having regular catch-up sessions in the form of informal coffee morning-style meetings as well as having Zoom/MS Teams style meetings enabling everyone to attend if they are unable to travel or other restrictions are in place and being available for one-to-one support if requested.

An inbuilt support system should be established in force.

In addition to a peer support network every police officer or civilian staff member who goes on any form of family related leave (the "parent") should have access to support. An informal source of support and advice relating to all matters maternity, paternity, adoption, or shared parental leave and subsequently returning to work is crucial to maintaining confidence for those away from the workplace for a period of time, especially when for some this can also be a vulnerable time. The main objective being to keep the parent involved to the extent they are willing and able to be, and to keep the parent aware about things happening at work, as well as any developments that may directly affect them. This is most effective when it is someone that has been through the situation themselves thus enabling them to provide advice and support in relation to the practicalities of things such as form filling and applying for flexible working, as well as the more emotional support about returning to work and leaving your child, sometimes for the first time. This can greatly reduce the anxiety and stress faced by those on related leave and smooth the transition back to work where the impact on mental health is not to be understated.

Risk Assessments



Forces have a legal duty to carry out risk assessments for new and expectant mothers. Forces must complete risk assessments for pregnant police officers and civilian staff members, and for those who have given birth within the previous six months or who are breastfeeding, upon notification of pregnancy or of the relevant circumstance, which should be reviewed throughout the pregnancy up until the return to work. The risk assessment should identify and work to

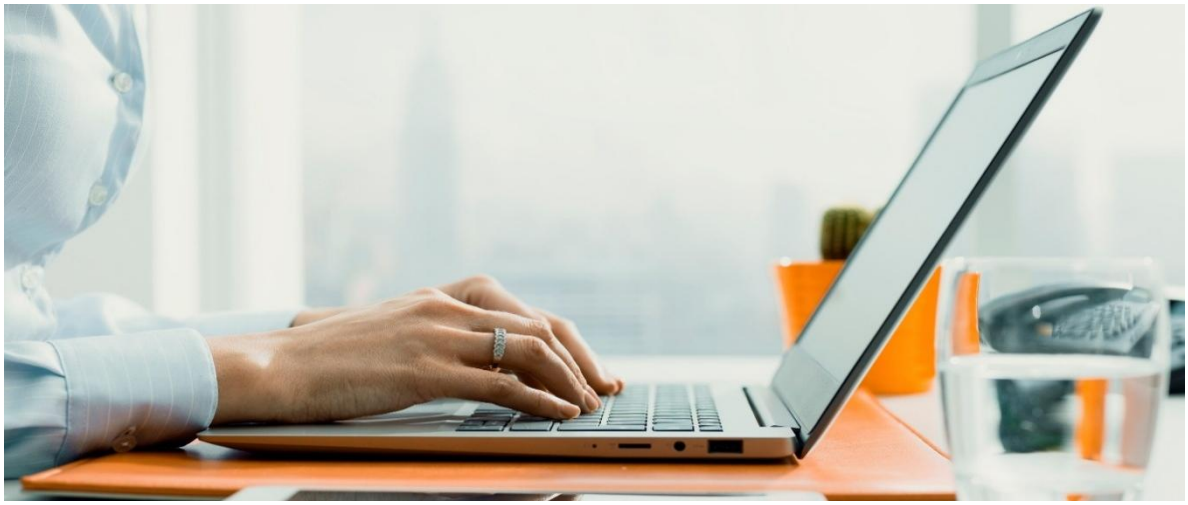
eliminate any occupational hazards for the pregnant officer or civilian staff member.

These risk assessments ensure that forces are looking after the pregnant officer or civilian staff member in accordance with their needs and in compliance with health and safety responsibilities

This process should be seen as far more than protecting from litigation. It should be taken as a useful way of ensuring that the wellbeing and welfare of pregnant women and those returning is looked after, both physically and mentally. It is a chance to have conversations around how the member of staff is feeling and discuss any concerns from either side if there has been a change of mood or increased stress factors. A risk assessment is an ideal opportunity to open up discussions between staff and their line management, prompting positive conversations about the specific needs of an individual. Whilst it is formal, it should also be seen as a positive tool to maximize the support that can be offered, particularly with perinatal mental health conditions where early signposting, adjustments such as reduced hours/working from home, peer support and occupational health referrals can be brought in at the earliest opportunity. Risk assessments should also be completed upon return to the workplace and for a nominated period following the return, if required, in order to capture any causes for concern as early as possible and maintain the talking relationship between staff and line management.

For pregnant police officers, risks assessments should consider if operational duties are high risk to the officer's health or safety. If this is the case, forces should consider temporarily adjusting the pregnant officer's working conditions or providing adjusted duties such as moving the officer to desk duties, without detriment to pay or policing rank.

Pre & Post Return to work Interviews



In order to support a police officer or civilian staff member returning to the workplace, there must be strong processes in place to ensure that all concerns and needs are captured. The legal duty to carry out a risk assessment applies to pregnant officers and staff members, and to those who have recently given birth or are breastfeeding, as set out above. A robust risk assessment in the antenatal period should have already captured some of the needs and resolved some issues in respect of pregnant officers and staff members. It is then recommended that once a return-to-work date has been agreed with the officer or civilian staff member, that a pre return to work meeting is arranged. Whilst forces are legally required to risk-assess pregnant workers and those who have recently given birth, forces are encouraged as a matter of best practice to conduct pre-return meetings for all returning parents, including fathers, mothers (both biological and adoptive) and secondary parents including same sex partners. That meeting is an opportunity to have meaningful discussions about specific needs in advance of the return and this can offer reassurance at what can be a stressful time and can also ensure that provisions are ready and in place. Force may also wish to have follow-up meetings once the officer or civilian staff member has returned to work. Following up with a return-to-work interview when the actual return takes place and then a further one four weeks later, means that any issues can be picked up and resolved rather than being left when problems escalate. This approach should be adopted for those on maternity leave, paternity leave, adoption leave or shared parental leave, because all can be impacted by perinatal mental health.

Empowerment of Line Managers

This section applies to line managers of both police officers and members of police staff. Where specific points apply differently to officers and to civilian staff — for example in relation to sickness absence management and leave entitlements — this is indicated below.

The negative impact of mental health problems during the perinatal period is enormous and can have long lasting consequences, not only on individuals and their partners but children too. As a line manager, one of the main priorities is to create a workplace which is supportive and understanding for everyone who is suffering or living with someone who is experiencing perinatal mental health problems.

Engaging with our officers and civilian staff and creating a positive workplace is key, as stigma attached to perinatal mental health, including a lack of understanding and negativity, can have an adverse effect on recovery, absence management and performance.

Having policies in place to support both police officers and civilian staff impacted by perinatal mental health conditions offer reassurance and comfort, but only if there is an awareness of how to and more importantly willingness to implement them. This is why the communication lines between a line manager and their staff member is so critical and in circumstances where the relationship has broken down, consideration should be made to assign a more suitable replacement.

The most important thing is... Don't be afraid to ask the question!

As a line manager, you will typically be the first point of contact. The overriding ethos is to build a relationship with your direct reports based on trust, so they feel comfortable and empowered to discuss their condition or situation, thus enabling

them to receive the support they need. Considering keeping any disclosures regarding perinatal mental health issues confidential to the extent possible, but not to the extent that this poses a health and safety risk to the discloser or anyone else. For example, you may wish to limit the number of people the information is disclosed to, such as only to those required to support with an occupational health referral if needed.

Line managers should try to make themselves aware of the signs and symptoms surrounding perinatal mental health illness. This will help foster a supportive environment for experiencing difficulties as it works to remove the 'one size fits all' approach which can be very damaging. Once a manager is approached by someone who discloses they are struggling, it should be established whether they have sought advice/notified their GP or their midwife or health visitor, to ensure that they are getting help and support. Take steps to establish immediate needs and any safeguarding concerns for them and/or any dependents.

Consider making an occupational health referral for a direct report if they have disclosed mental health issues. Discuss this with them and ask for their consent for the referral and for their consent to you receiving and reviewing the occupational health report. Consent to a referral and consent to disclosure of the report are distinct matters.

An open and inclusive approach with regular communication, being comfortable having sensitive conversations and acknowledging that the smallest things can make a big difference to how someone feels will encourage staff to approach and engage in conversations.

Reading the other chapters circulated by the NPCC Family Support Working Group will also offer a strong foundation for you in how you achieve this. There is great intersectionality when it comes to parenting journeys where much can impact someone's mental health, including baby loss and complex fertility experiences. It is important that you treat people and their experiences as individuals. You can do this by equipping yourself with the tools to support them, therefore giving your member of staff and colleague the best chance to thrive both personally and professionally.

Below are some suggestions for a line manager to consider, that can assist in supporting a direct report impacted by perinatal mental health. These should be framed as a conversation, where there is input from both sides.

- Risk assess the current role and be confident with balancing the needs of the staff and the team, with regular reviews and one-to-one meetings. Every individual and situation is unique and has the potential to change regularly, so don't create too long a time between reviews, this could hold back the member of staff but also cause issues around morale and feeling valued, all which can impact mood.

- Consider the implementation of a phased return (See New Parents guidance) for police officers and civilian staff alike, if the individual is returning to the workplace following a period of long-term sickness absence, maternity, adoption or shared parental leave. Offer a reasonable amount of time to support them to adjust to the new norm, factor in feelings of separation anxiety.
- Adjustments to working conditions - do working hours/shifts need modification? Consider flexible working requests, adjustments to working hours so they can still perform their role (to full potential).
- Can they still be effective in their role? (Consider impact of changing roles could cause extra stress and additional training required). Look at what workplace adjustments can be made, to support and assist the individual to work to the best of their ability.
- Always consider the individual and their circumstances, not the condition. Everyone is affected in different ways, so a bespoke approach is required, not a one-size fits all.
- Look for opportunities to expand your knowledge about managing people with a disability or health condition and understand your role within that. Do so by your own personal research but also having open conversations with those who have lived experiences.
- Disability and carer passports are widely used – this gives people the ability to share their position without the need for long conversations or explanations.
- Take into consideration the different and unique working environments - could changes exacerbate a situation or help?
- Know about different leave entitlements – e.g. time off for dependents, and parental leave.
- Ask about any external pressures that may exacerbate how they are feeling.
- Consider, in consultation with HR, whether sickness absences related to perinatal mental health may be more appropriately recorded as a connected, ongoing health issue rather than as a series of unrelated short-term absences.
- Colleagues –Do they need to be made aware? Always seek consent from the individual before discussing with others. Remember that disclosure of health information to colleagues is the sharing of special category data under the UK GDPR and must be handled in accordance with your force's data protection policy.

- Liaise with HR/Occupational Health – ensure you are familiar with force policy.

Support for Fathers

Fathers often struggle with feeling excluded during pregnancy and postnatal care, which can lead to feelings of helplessness and isolation.

Stigma around men seeking help during this period needs to be openly addressed to encourage men with parental responsibility to step forward to seek support when needed.

Suggestions for Supporting Fathers

- Awareness Training for Line Managers: Offer specific training on the challenges fathers face during the perinatal period, including the mental health risks for men. This could help managers recognise when a father might be struggling and guide them in providing appropriate support.
- Father-Specific Peer Support: Develop father-only peer support networks or include fathers in broader family support networks. A 'dad buddy' system like those suggested for mothers could be highly beneficial.
- Paternity Leave and Adoption Leave Policies: Encourage and normalise the use of paternity or shared parental leave by highlighting its importance for bonding and mental health. Clear communication about these policies can make them more accessible.

- Workshops for Fathers: Organise workshops or drop-in sessions for fathers to discuss their concerns about parenting, mental health, or returning to work after leave. Topics could include balancing work and family, bonding with a newborn, and managing relationship changes.
- Dedicated Mental Health Resources: Create resources specifically for fathers, such as guides on managing perinatal mental health, coping with stress, and recognising signs of mental health struggles in themselves or their partners.
- Inclusive Language: Ensure all policies and communications use inclusive language that acknowledges fathers' roles and challenges.
- Addressing Stigma: Include discussions on the stigma men may face when seeking mental health support. Highlight stories of other men who have sought help to normalise these conversations.
- Family-Friendly Policies: Offer workplace flexibility for fathers dealing with challenges like sleepless nights, postpartum struggles, or childcare. Allowing flexible start times or occasional remote work where operationally possible could make a big difference.
- Recognise Fatherhood Milestones: Celebrate and support milestones like becoming a new father or the birth of a second child. Small gestures like sending a card or checking in can make fathers feel valued.
- Collaboration with External Organisations: Partner with father-focused organisations or charities to provide additional resources and expert support. This could include signposting counselling services or workshops outside the workplace for fathers.

Recovery

When a police officer or civilian staff member enters a recovery phase after a period of perinatal mental health issues, an open and honest conversation about when they are ready for the withdrawal of any additional support that the force has provided during the perinatal period is necessary but there are ways to avoid this, by suggesting they remain involved with peer support networks and events. It can be scary to 'lose' support and so the reassurance that further support could be available is essential to ensure that there are no feelings of isolation moving forwards and no reluctance to ask for access to help if needed again, especially in the event of another pregnancy or parenting event. If needed, it may be appropriate to try to refer the officer or staff member for an occupational health

referral as an occupational health report can make recommendations to assist with a support plan.

We must acknowledge that some parents may take longer to recover than others and therefore setting time limits for recovery should be avoided.
