

# Mental health and paid parental leave—what does the evidence say?

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Becoming a parent is a major life event and, while the birth of a baby is exciting, the postpartum period can be an intensely stressful time for parents. In addition to the physical recovery and significant hormonal changes experienced by mothers following pregnancy and childbirth, both parents face emotional, psychological and practical challenges relating to the transition to parenthood, the demands of caring for a newborn, financial stress and career uncertainty. These factors may contribute to mental health problems, including perinatal depression and anxiety. Paid parental leave has been suggested to help alleviate psychological distress and reduce the risk of mental disorders by reducing the stress associated with the postpartum period.<sup>1</sup>

Mental health difficulties are common during the postpartum period. In New Zealand, studies using the Edinburgh Postnatal Depression Scale (EPDS), a screening tool, have reported rates of postpartum depression between 5–14%.<sup>2,3</sup> Rates of perinatal mental health difficulties are higher for Māori, Pacific and Asian women.<sup>2,3,4</sup> Postpartum depression and anxiety can have serious consequences for both the mother and the infant. Symptoms of postpartum depression can involve suicidal thinking or thoughts of harming the infant. Suicide is the most common cause of death for women in pregnancy and the early postpartum period in New Zealand.<sup>5</sup> New Zealand has a particularly high rate of maternal suicide, with rates around six times higher than in the United Kingdom.<sup>5,6</sup> This discrepancy is contributed to by significant inequities in suicide risk for pregnant and postpartum women, and wāhine Māori are over three times more likely to die by suicide than NZ European women.<sup>6</sup> These statistics highlight the serious impact of postpartum mental health problems in New Zealand and demonstrate the need for our government to develop policy to support and improve wellbeing in the postpartum period.

Partners may also experience increased anxiety and depression symptoms in the year following a child's birth. The rate of postpartum depression

in New Zealand fathers is reported to be between 4–12%.<sup>7,8</sup> Relationship stressors and maternal depression are associated with an increased risk of depression in partners.

Recently, both of New Zealand's major political parties have announced new policies regarding paid parental leave. First, National deputy leader Nicola Willis proposed a bill that would have allowed parents to share their leave entitlement, meaning they could take paid time off together. The bill was voted down by Labour at its first reading in Parliament. Several weeks later, Labour announced a new Paid Partner's Leave policy, where partners would be eligible for increasing amounts of paid parental leave over the next three years, culminating in four weeks of paid leave by mid-2026. Under this policy, partners' leave would be able to be taken either concurrently or consecutively with the primary caregiver, on top of the current entitlement for partners of two weeks' unpaid leave. This is timely, as New Zealand is currently one of only three OECD countries that offers no paid partner leave.<sup>9</sup>

It is heartening that both major parties in New Zealand are considering how to support parents and families during the postpartum period. Both parties' schemes improve support for the primary caregiver by allowing the option of their partner to remain home, while Labour's policy provides additional paid leave for the partner on top of the current entitlement.

We have several questions relating to these policies. What does the evidence tell us about the effect these policies may have on parents' mental health? Does paid parental leave help to prevent postpartum mental health difficulties, or improve symptoms? Does having the partner home make any difference?

A recent systematic review in *The Lancet Public Health* helps answer these questions.<sup>10</sup> The review included 45 studies in high-income countries (mainly USA, where paid parental leave is not available for most parents). Overall, the evidence suggests that parental leave is protective against poorer mental health outcomes for mothers, especially paid leave lasting at least 2–3 months.

Studies showed that increased duration of leave was associated with reduced risk of depressive symptoms, psychological distress and burnout.<sup>10</sup> Protective effects for mothers appeared to be long-lasting and extend beyond the postpartum period. The review found limited studies examining the association between fathers' parental leave and paternal mental health. However, there was some suggestion that partners demonstrate mental health improvement with more generous parental leave policies.<sup>10</sup> Additionally, partners' leave appeared to have a positive effect on maternal mental health, with decreased maternal depressive symptoms.<sup>10</sup> A limitation was that studies included in the review were predominantly observational or quasi-experimental in nature.

As well as positive effects on parents, there is evidence that paid parental leave is associated with improved infant and child health.<sup>1</sup> This includes clear physical health impacts, including lowered child mortality in the first five years of life.<sup>1</sup> A recent study demonstrated that paid maternal leave was associated with positive cognitive, behavioural and socio-emotional effects.<sup>11</sup> Furthermore, there is preliminary evidence demonstrating increased length of maternity leave is linked to higher quality mother-child interactions, with indirect effects on attachment security.<sup>12</sup> Additionally, from an economic perspective, there may not be any substantial negative economic or employment consequences to paid parental leave.<sup>1</sup> Importantly, unpaid leave does not appear to be associated with the same benefits as paid leave.<sup>1,11</sup>

In summary, there is good evidence for the

beneficial effects of paid parental leave on mothers' mental health, as well as positive physical and mental health effects for children. Increasing duration of leave appears to be associated with better maternal mental health outcomes. The impact on partners is less clear; however, the limited evidence available suggests that paid leave is likely to be helpful. Therefore, current evidence suggests that Labour's policy has the edge on National's in terms of likely beneficial health effects for parents and families. Whatever happens in the upcoming election, evaluation of any new policy implemented is essential in determining whether the changes have been effective in providing families with additional support, or whether more needs to be done. Research investigating mental health outcomes for parents would be useful. Given New Zealand's high rates of postpartum depression and the clear link with paid parental leave, we welcome further extension of the support offered to families in the postpartum period.

#### **Note**

This editorial uses the words "women", "men", "mothers" and "fathers" because we have reviewed research that has used this language. It is important to acknowledge that not all people who give birth identify as female, therefore the words "women" and "mothers" do not reflect all people who give birth. Additionally, not all partners are "men" or "fathers". We have used the gender-neutral term partner where it has not been based on research using gendered terms.

**COMPETING INTERESTS**

Nil.

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