



5 Facts on The Eighth Amendment and Mental Health

The Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) promotes clinical practice, education and research regarding the health and development of parents and infants from conception and pregnancy through to five years postpartum, within both the discipline of Psychology in addition to interdisciplinary cooperation with other medical and allied health professions. The SIGPIMH is committed to supporting the mental health and well-being of all families throughout the perinatal period, including those who are affected by the 8th Amendment.

The 8th Amendment (1983) of the Irish Constitution (Bunreacht na hÉireann, 1937) reads:

'The state acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and as far as practicable, by its laws to defend and vindicate that right.'

1. **Women who choose abortion do so because of the negative effects of continuing the pregnancy on their mental health and that of their existing children and significant others.**

The reasons women have given for choosing abortion are due to “the adverse effects of continuing the pregnancy on the life of the woman and significant others [after] taking into account their own needs, a sense of responsibility to existing children and the potential child, and the contribution of significant others, including the genetic father” (Kirkman et al., 2009). The vast majority of women who access abortions are married or have a partner and half are parents already. Of the 3265 women from Ireland who travelled to the UK in 2016, 70% were married or with a partner and almost 50% have had at least one previous birth (Dr Patricia Lohr, BPAS speaking at the Joint Oireachtas Committee, November 22, 2017).

2. **The overwhelming majority of women report feelings of relief after an abortion. Those who maintain feelings of regret over time are affected mostly by societal stigma and the lack of social support.**

Empirical research demonstrates that 95% to 99% of women who have had a termination report abortion is the right decision for them at all time points over three years while the remaining 1% to 5% who maintained feelings of regret were affected mostly by the stigma of abortion and low social support (Rocca et al., 2015). The vast majority of scientific literature on abortion and mental health identifies

stigma, lack of support and previous mental health as the main factors that influence psychological well-being following an abortion (APA, 2008; Charles et al. 2008; AMRC, 2011; Center for Reproductive Rights, 2014; Major et al.2009; Rocca et al., 2015). Individuals who live in a “sociocultural context that encourages women to believe that they ‘should’ or ‘will’ feel a particular way after an abortion can create a self-fulfilling prophecy whereby societally induced expectancies can become confirmed; hence, the sociocultural context can shape a woman’s appraisal of abortion not only at the time that she undergoes the procedure but also long after the abortion ” (Major et al., 2009). Empirical research has noted that the burden of [abortion] falls hardest on the most vulnerable and that “reducing the stigma, minimising the social and economic consequences of unintended pregnancies, improving access to highly effective modern contraception, and ensuring legal and safe abortions would generate tangible improvements to [physical and mental] health” (The Lancet, 2018, p. 1121).

3. Those who have a history of mental health difficulties are the most likely to experience these same difficulties following an abortion

A person’s mental health before an abortion is the strongest predictor of their mental health following an abortion as “many of these same factors also predict negative psychological reactions to other types of stressful life events, including childbirth; hence, they are not uniquely predictive of psychological responses following abortion” (APA, 2008, p.4; Biggs et al., 2017; AMRC, 2011).

4. Robust, high quality scientific research by organisations such as the American Psychological Association (APA) and the Academy of Medical Royal Colleges (AMRC) has concluded that abortion does not harm women’s mental health.

The overall results of research on abortion and mental health have concluded that studies with high quality evidence tend to be neutral and suggest little to no differences between women who had abortions and their comparison groups while studies with the most flawed methodology consistently find negative mental health sequelae. (APA 2008; Charles et al. 2008; AMRC, 2011; Kessler, RC. and Schatzberg, AF. 2012). Findings from several reviews indicate where studies are of better quality, controlling for previous mental health problems and accounting for other confounding factors, the risk of mental health problems was no greater following an abortion compared with a live birth. (APA 2008; Charles et al., 2008; Academy of Medical Royal Colleges, 2011). A comprehensive review by the Academy of Medical Royal Colleges (AMRC) on abortion and mental health found that when a woman has an unwanted pregnancy, rates of mental health problems will be largely unaffected whether she has an abortion or goes on to have a live birth and abortion does not appear to harm their mental health (AMRC, 2011; Gauthreaux et al. 2017; Biggs et al. 2017).

5. Women are at their most vulnerable during the perinatal period compared to any other point of time in their lives and rates of mortality during this time are highest with regard to mental health difficulties.

Data in perinatal and infant mental health suggests depression, anxiety and suicidal ideation in pregnancy are relatively high (Newport, 2007) while rates of suicide attempts and death by suicide is relatively low (Department of Health UK, 1998). These statistics show that the perinatal period can often be a time of maternal distress. Psychosocial factors such as relationship status, intimate partner violence, unplanned pregnancy and difficult access to safe abortion services may increase suicidal ideation and maternal suicide attempts during pregnancy (Gentile, S., 2011). In Ireland, between 2013 and 2015 four out of the seven maternal deaths reported were due to suicide, making it the leading cause of direct maternal death occurring between six weeks and one year after pregnancy (O’Hare et al., 2017).

*This list of '5 Facts on the 8th Amendment and Mental Health' is taken from the PSI SIGPIMH discussion paper titled *The 8th Amendment and Mental Health* from April 2018.

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