BJPsych | The British Journal of Psychiatry (2009) 195, 83–87

Correspondence

Edited by Kiriakos Xenitidis and Colin Campbell

Contents

Abortion and mental health

The December 2008 issue, with its original papers by Fergusson *et al*,[1] Dingle *et al*[2] and its commentaries,[3] was of great interest to us. Fergusson et al have overcome some of the methodological problems of previous studies.[4] Nevertheless, their latest study has weaknesses: the womens' abortion status is not verified objectively, only by self-report. There were 153 abortions in 117 women but insufficient data to distinguish the effects of differing numbers of abortions; it is known that women having more than one abortion may differ in many respects from those having a single abortion.[4] Also, because of the relatively restrictive law in New Zealand – 'continuance of the pregnancy would result in serious danger . . . to the . . . mental health of the woman' – some selection bias may have been in operation, allowing only women with more traumatic histories to access abortion. We will not discuss the Dingle *et al* paper, as its failure to account for pregnancy intention (wantedness and timing) in those giving birth means that the comparator is inappropriate.[5]

The Royal College of Psychiatrists' Position Statement of 14 March 2008 mentions that a full systematic review is needed. This has now been done.[5] Only four studies fell into the authors' 'good evidence and low risk of bias' category. All four studies showed a neutral effect of abortion on mental health, indicating no significant differences between the study comparison groups. So Fergusson *et al*'s study can be regarded as the first good-quality study to show a possible negative effect when attempting to answer the question: what is the relative risk of mental health problems for women who chose abortion compared with those who chose to have a live birth and who reported that the pregnancy was unwanted/initially distressing?

As clinicians working in the field of sexual and reproductive health, we favour the approach of Oates *et al*.[3] We are supportive of their idea that abortion is not a psychiatric issue and that the Royal College of Psychiatrists should not develop a guideline on abortion. We would never want to go back to the psychiatric referral hurdle-jumping situation before and immediately after the Abortion Act came into force.[6] The adverse effects of denied abortion must never be forgotten.[7] Nevertheless, we do value working in partnership with mental health teams for the benefit of certain women requesting abortion who have a history of mental health problems or persistent ambivalence.

Whether abortion causes harm to women's mental health is a question that is not scientifically testable, as women with unwanted pregnancies cannot be randomly assigned to abortion *v*. abortion denied groups.[7] It seems inappropriate therefore for Casey to talk of potential litigation against abortion providers for failing to provide information on a possible causal link between abortion and subsequent mental health problems.[3] All women should have rights to reproductive health and self-determination, of which safe and dignified access to abortion services is an important part.[8]

1 Fergusson DM, Horwood LJ, Boden JM. Abortion and mental health disorders: evidence from a 30-year longitudinal study. *Br J Psychiatry* 2008; **193**: 444–51.

2 Dingle K, Alati R, Clavarino A, Najman JM, Williams GM. Pregnancy loss and psychiatric disorders in young women: an Australian birth cohort study. *Br J Psychiatry* 2008; **193**: 455–60.

3 Casey P, Oates M, Jones I, Cantwell R. Invited commentaries on . . . Abortion and mental health disorders. *Br J Psychiatry* 2008; **193**: 452–4.

4 American Psychological Association, Task Force on Mental Health and Abortion. *Report of the Task Force on Mental Health and Abortion*. APA, 2008 (http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf).

5 Charles VE, Polis CB, Sridhara SK, Blum RW. Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception* 2008; **78**: 436–50.

6 Pare CMB, Raven H. Follow-up of patients referred for termination of pregnancy. *Lancet* 1970; **1**: 635–8.

7 House of Commons Science and Technology Committee. *Scientific Developments Relating to the Abortion Act 1967: Volume II* (HC 1045-II). TSO (The Stationery Office), 2007 (http://www.publications.parliament.uk/pa/cm200607/cmselect/cmsctech/1045/1045ii.pdf).

8 Cook RJ, Dickens BM, Fathalla MF. *Reproductive Health and Human Rights*. Oxford University Press, 2003.

Sam Rowlands, Warwick Medical School, Gibbet Hill Campus, University of Warwick, Coventry CV4 7AL, UK. Email: sam.rowlands@warwick.ac.uk; **Kate Guthrie**, NHS Hull, UK

doi: 10.1192/bjp.195.1.83

Authors' reply: We would like to thank Rowlands & Guthrie for their positive comments about our paper.[1] We do not agree that the Dingle *et al*[2] paper should be dismissed on the grounds that it uses an inappropriate comparison. Although this dismissal is consistent with the opinions stated in the review your correspondents cite,[3] it reflects a common misunderstanding. There are, in fact, two closely related causal questions that one can ask about abortion and mental health. The first concerns whether or not abortion is an adverse life event that increases risks of mental health problems. Answering this question is important for understanding the extent to which women having abortions are an at-risk population for subsequent mental health problems. The second question concerns whether any mental health risks of abortion are greater or less than the mental health risks of unwanted pregnancies that come to term. Answering this question is important for understanding the extent to which abortion may mitigate or exacerbate any mental health problems associated with unwanted pregnancy. Dingle and colleagues[2] address the first question by showing that women having abortions are an at-risk population for mental health problems, and that these responses seem similar to those of women who experience pregnancy loss.

Rowlands & Guthrie suggest that our paper has a number of limitations relating to the assessment of abortion, the number of abortions and the social context of the research. However, these problems have different implications for interpreting our research. Any under-ascertainment of abortion is likely to have the effects of biasing estimates of relative risk downwards (providing that under-ascertainment is statistically independent of mental health outcomes); failure to show the effects of multiple abortions does not threaten the validity of our conclusions, but may call the precision of our conclusions into question; and the sociolegal context within which the research was conducted implies that it