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# **Paid Parental Leave and Mental Health: the Importance of Equitable policy design**

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## Paid parental leave and mental health: the importance of equitable policy design



In *The Lancet Public Health*, Katharine M Barry and colleagues<sup>1</sup> and Amy Heshmati and colleagues<sup>2</sup> focus on the important association between paid leave uptake and mental health among new parents. In their systematic review, Heshmati and colleagues<sup>2</sup> report that parental leave could be protective against poor mental health for mothers in the post-partum period, especially paid leave of at least 2–3 months. They found some evidence that fathers' mental health improved in the presence of policies that provided adequate wage replacement or other incentives to take leave, but did not find strong evidence for indirect effects of parental leave use on partners' mental health. Barry and colleagues<sup>1</sup> used a nationally representative survey (the Etude Longitudinale Française depuis l'Enfance cohort study) to examine the association between a 2-week paid paternity leave policy and post-partum depression among new parents in France. They found that paternity leave was associated with a decrease in fathers' post-partum depression 2 months after the birth of their child; however, they reported an increase in mothers' post-partum depression when their partners took paternity leave. Barry and colleagues' findings have important implications for contexts outside of France because the average leave length among fathers in countries of the Organisation for Economic Co-operation and Development is 2 weeks.<sup>3</sup>

Although neither of the studies<sup>1,2</sup> draws on equity theories directly, they expose the limitations of current paid parental leave policies. Together, these studies raise questions about how much leave is needed to improve parents' mental health and highlight the importance of leave uptake by both mothers and fathers through their exploration of indirect effects. Research on paid leave needs to take an intersectional approach to understand differential access to paid leave and its potential benefits. Other sociodemographic characteristics such as income, education, race, ethnicity, citizenship, and place of residence can influence the likelihood of having access to paid leave, therefore realising the mental health benefits identified by the two studies.<sup>1,2</sup> Policies aimed at improving population health that do not apply an equity lens might be detrimental to the most vulnerable

groups (eg, low-wage, part-time, or migrant workers) by expanding inequities in access to paid leave.<sup>4–6</sup>

Paid parental leave policies vary substantially worldwide, each with its own set of implications for equitable access to leave. Only two countries—the USA and Papua New Guinea—have no paid leave requirements for new parents. Instead, employees rely on their employers to voluntarily provide paid leave, resulting in extremely limited access to paid leave, especially among the most economically vulnerable workers.<sup>7</sup> Many more countries offer paid leave to new mothers, but less than the 14 weeks recommended by the International Labour Organization.<sup>8</sup> Studies like those done by Barry and colleagues<sup>1</sup> and Heshmati and colleagues<sup>2</sup> further underscore the importance of providing leave of sufficient duration to realise potential health benefits.

Other countries offer generous paid leave to new mothers, with more limited paid leave, if any, to fathers and other parents. Research has shown that extending leave benefits only to mothers is associated with increased inactivity, informality, and self-employment among women of reproductive age compared with men.<sup>9</sup> Furthermore, policies that do not provide a leave quota for each parent (ie, a period of leave that cannot be transferred from one parent to another) are associated with decreased women's employment and wages and reduced leave uptake among men.<sup>10–12</sup> For gender equity, paid leave policies should be fully paid, non-transferable, universal with minimal eligibility restrictions, and funded through social insurance schemes, and should include schedule flexibility.<sup>13</sup>

Even in countries that provide generous paid leave to all parents, leave-taking remains uneven. In these contexts, focusing on culture—especially organisational culture—might help to reduce gaps in uptake. Promising strategies to increase uptake of available leave include reducing stigma around leave-taking, placing paid leave within a broader set of family-supportive workplace policies, and training supervisors to be aware and supportive of their employees' family responsibilities.<sup>14</sup>

The transition to parenthood can be extremely challenging, particularly when facing continued work

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responsibilities; 10–20% of new parents experience mental health disorders in the post-partum period.<sup>15</sup> The two studies<sup>1,2</sup> published in *The Lancet Public Health* add to a growing body of evidence suggesting that paid leave policies can support mental health among new parents, but also highlight the importance of policy design in realising these benefits. To fully understand the effects of paid leave policies on mental health, future research should apply an equity lens and pay attention to the generosity and inclusivity of the paid leave policies under study.

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