



Department  
of Health

# High Impact Area 2: Maternal (perinatal) mental health

Health visitor programme

<b>Title</b> High Impact Area 2: Maternal (perinatal) mental health
<b>Author: Directorate/ Division/ Branch acronym / cost centre</b> Public and International Health Directorate/ International Health and Public Health Strategy/ PHPSU / 10100
<b>Document Purpose:</b> Engagement
<b>Publication date:</b> 03/15
<b>Target audience:</b> Directors of Public Health – Upper tier Local Authorities Directors of Children’s Services – Upper tier Local Authorities Local Authorities Health Visitors
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# High Impact Area 2: Maternal (perinatal) mental health

Health visitor programme

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# Birmingham Community Healthcare NHS Trust: Improved Perinatal Mental Health

## HIA 2: Maternal (perinatal) mental health

**Elaine Meredith – Clinical Lead**

### Rationale behind the work

Traditionally, maternal mental health issues were addressed during the perinatal period by listening visits carried out by health visitors in the postnatal period, and referral to the GP if needed. However, there was no clear guidance, and training for health visitors was on an ad hoc basis.

The mental health team decided to develop a clear pathway for health visitors to follow during the perinatal period, and up to 12 months, to address this issue.

### Case study overview

Four Maternal Mental Health champions were trained to give specific training on identifying mental health issues and supporting mothers with mental ill health during the perinatal period and beyond.

The training was rolled out to all health visitors during 2013/14, and was then provided for all support staff in health visiting teams. The training was also offered to all newly qualified health visitors. In addition, six members of staff were trained to become Promotional Guide Trainers, who were used to provide training to all health visitors about the importance of relationship building and identification of needs during the antenatal period. It was also provided to all student health visitors in the local university as part of their training.

### Impact

Since this project was initiated, staff stated that having the Perinatal Mental Health Pathway to follow makes them feel more supported.

For mothers, the identification of maternal mental ill health is being picked up at an earlier stage, often in the antenatal period, allowing for care to be planned.

Since the initiation of the Pathway there has been an increase in the number of antenatal visits by health visitors. The earlier identification of perinatal mental health problems results in more timely intervention and de-escalates the need for medical or social care intervention.

Future plans are to increase the number of antenatal visits until every mother receives a visit by the health visitor from 26 weeks of pregnancy.

# National: “The multi-agency approach was beneficial”-Health visitors, children’s centres and artists helping with postnatal depression

## HIA 2: Maternal (perinatal) mental health

Philippa Forsey, Creativity Works

Creativity Works runs arts and health projects offering creative activities and courses to help with mental wellbeing. The ‘My Time My Space’ project supports women with postnatal depression to come to terms with how they feel and gives them space to express themselves creatively. The projects are facilitated by experienced artists who come not only with an amazing toolbox of ideas to inspire group members but also to enable the group to feel safe, in a non-judgemental environment where they can bring their own thoughts and ideas. It’s a collaborative effort – Children’s Centre staff and a health visitor run the sessions alongside the artist so that the mothers can talk through any specific concerns they have and their or their family’s wellbeing.

Mums have made so many positive comments about the groups. One mum who came said that she wanted to come on the course to *‘connect with mums with the same issues’*. Another said she wanted to *‘ensure I can be the best mum I can be to my children by helping myself and to not let things get on top of me.’*

Thanks to the course, mums have said that they were able to *‘connect with mums with the same issues’*. One mum explained *‘I felt it was time for me and I really enjoyed the support from the Children’s Centre, and the artist and group. The artist’s enthusiasm for everything we do and over the smallest things is so contagious, puts you in a happy mood and inspires you to try new things in your life whether creative or otherwise.’*

At the heart of the project is giving mothers time and space, and this is something they all recognise as important.

*‘I enjoyed having ‘me’ time’ and ‘look forward to the course every week, it is relaxing, inspiring and there is a very good atmosphere’.*

Another mum goes on to say: *‘I feel relaxed now; it has been an excellent experience. I made lots of friends and I am more patient with (my children), lots of smiles and cuddles, less tantrums.’*

The project has improved confidence levels as well: *‘I’m more confident and don’t worry so much about how others see me’.*

*‘I’m a lot happier, I feel good about life and realised how important it is to be able to have time to be myself’*

*‘I never thought of doing anything until my health visitor mentioned it. Before that there was no other support. I now know there is support out there’*

And we’re seeing the impact it’s having on postnatal depression – on average in the latest group, scores in the Edinburgh assessment (which measures mental wellbeing) have reduced by almost 7 points – a vast improvement.

We're so pleased that this year the project continues to help more families and hope that we can find a way to embed the service so that it runs year round in more areas. We continually see the effect of this innovative partnership and mums are noticing this too:

*“The multi-agency approach was beneficial to the group e.g. health visitors, Creativity Works and Children Centre workers. The continuity of staff was particularly important for the group as parents were able to form trusting relationships”.*

And for parents the impact of the project goes on way beyond the course. Mothers continue to meet and support each other beyond 'My Time My Space', families are helped through the ups and downs of their lives and relationships, and the children benefit from the support by having happier parents who have been able to address issues of wellbeing at a crucial time in their lives.

# Norwich: Post-natal Depression – “I’m able to turn negatives into positives” by a mother of two

## HIA 2: Maternal (perinatal) mental health

### Anonymous service-user story

I had post-natal depression with both of my children and the health visiting service really helped me through. The first time was when my son was six-weeks old. It was a normal pregnancy, but the birth was by emergency C-Section.

The health visitor came to see me as usual, along with a student health visitor. They took me through the Edinburgh questionnaire which is used to identify if mums have postnatal depression.

They found signs of depression, so they rang the doctor for me and got me an appointment as quickly as possible. The doctor had wanted to give me Prozac, but because I was breastfeeding I wanted to try therapy instead, and I’ve never been very good at taking tablets. The health visitor was so supportive of this choice which helped me make the right decision for me. My health visitor didn’t just palm me off and disappear once I started my therapy – she was there for me until I was better and then put me in touch with the local SureStart services.

When I had my daughter, the midwife warned me I was likely to have post-natal depression again. My daughter was a surviving twin, which meant numerous scans, a lot of worry and a high chance of losing her. The pregnancy was incredibly stressful and I wouldn’t wish anything like this on anyone.

I remember vividly one day when she was sitting on my knee when everything came to a head. I had a horrible moment when I imagined I had lost her and started crying. I realised this was impossible and knew that this was a warning sign. I remembered how good the first health visitor had been, so I rang her and asked for help – in tears imagining my daughter had died. She arrived very, very quickly and said it sounded like depression.

She linked me up with SureStart and HomeStart. I was given therapy again as well, and just like the last time, her support didn’t just stop here. The health visitor I was assigned was a student one and I was more than happy for her to visit, she was excellent. She carried on visiting me for over a year, just to make sure that my daughter and I were OK.

It’s thanks to the health visiting team that I got better, and I’m still in touch with SureStart and HomeStart now. Talking to other mums helps a lot. People don’t always know what’s services are out there, but I’ve signed up for a job-hunting course through SureStart and am able to look forward. I no longer have depression – the therapy has helped me move on. I’m even studying for a degree and I’m finally able to turn negatives into positives. I can’t fault the service I received and I am so grateful to everyone who helped me get back on my feet.



# Liverpool community health and NHS Sefton: Perinatal Mental Health- Development of a new care pathway

## HIA 2: Maternal Mental Health (Perinatal depression)

*This builds on the national MMH guidance to enhance local delivery*

Maternal mental health, referred to as being perinatal during the period from conception to the child's first birthday, is a key Government focus following robust evidence on the impact of maternal mental health during pregnancy and the first 2 years of life, on infant mental health and future adolescent and adult mental health with:

Children at higher risk of poor outcomes, emotional, social and educational.

Cost implications to the wider system – conduct disorders, social care costs, child and adolescent mental health and adult mental health services, welfare costs due to unemployment, health care costs and justice system.

Maternal mental ill health is common, with around 1 in 10 mothers experiencing mild to moderate postnatal depression. The condition can have a significant impact not only on the mother and baby, but also on her partner and the rest of the family.

Our health visitors understand this at a real practical local level.

But in Liverpool Community Health and NHS Sefton, there wasn't a standardised assessment or monitoring process in place. We had no clear referral pathways to other services apart from to the GP – which wasn't really adequate or effective due to lack integrated services and support for mothers.

Developing an effective and evidence-based Peri-natal Mental pathway was something we therefore felt was a high priority – not just for ourselves, but supporting other agencies as well.

Importantly we wanted this pathway to reduce a lot of the stigma attached to maternal mental health issues. Many still believe their children will be taken away if they admit to problems and for those first time mums, there is the added feeling they should be able to cope and this would be admitting weakness. We wanted to dispel this myth and ensure families felt they would be supported as a key in the design and aims of the pathway.

The aims therefore were straight forward: we wanted to develop a peri-natal pathway for women as an integral part of the Healthy Child Programme; ensure the pathway would be accessible by the increasing number of migrant families; identifying training needs for HV staff to implement the pathway effectively and to work with Intelligence and Performance Teams to examine how we could capture meaningful data on the prevalence of mental health difficulties.

We also wanted this to take a collaborative approach including Psychologists from Children's and Adult Services to increase buy-in and make use of their knowledge. Importantly we also wanted to include service users – understanding their needs were crucial to developing a pathway that would make a real difference.

Developing the pathway also raised a number of local issues that may not have been so obvious before and we now had the opportunity to use the pathway as a means of addressing these challenges such a wide variation in practice existed due to the lack of a standardised pathway, which meant that individual practice flourished and women received different care

depending on which HV they were under to trying to work on too large a scale across different agencies.

However in the end, we developed a maternal mental health pathway that provides a seamless pathway from HV services through to specialist services and tackles the variations in mental health assessments and interventions for new mums across NHS Sefton and Liverpool Community Health.

It is evidence-based – based on NICE guidance (CG45) and the Department of Health (DH) requirements for all new mums to have a post-natal depression assessment by 12 weeks post-delivery.

But importantly it is based on what mothers need and how we, as health visitors really do have a leading role in delivering improved outcomes for young children and their families both now and into the future.

# Oxfordshire: Improving Perinatal Mental Health Services for Women and their Families

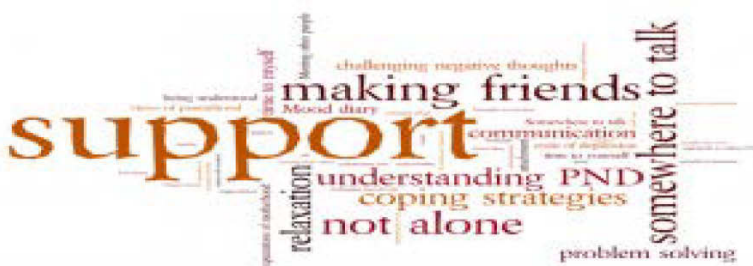
## HIA 2: Maternal (perinatal) mental health

Nicola Taylor and Sylvia Woolley

Health visitors are one of the best placed professionals to support parents during the transition to parenthood which includes support for women with mild to moderate perinatal mental health difficulties, including postnatal depression and anxiety. In 2010 Health visitors in Oxfordshire identified an increasing number of women experiencing perinatal mental health difficulties; however the majority of these women did not meet the threshold for specialist services. The health visitors were motivated to improve their perinatal mental health service as extensive research highlights that effective prevention, early detection and high quality care can often prevent or significantly lessen the symptoms and may have a positive impact on the long term health and wellbeing of children and families across England.

The health visitors developed a multidisciplinary Perinatal Mental Health (PMH) Special Interest group with comprising health visitors, skill mix staff and representatives from the Infant Parent Perinatal Service. This group continues to evaluate service provision and facilitate changes in service delivery, alongside promoting excellence in health visiting practice. Five health visitors became Institute of Health Visiting (iHV) Perinatal Mental Health Champions and are continuing to cascade the Department of Health endorsed training programme to all Health Visitors in Oxfordshire. A blended learning approach aims to equip staff with a sound evidence-base for practice along with skills to enhance psychosocial assessment of perinatal mental health and delivery of active listening visits. These contribute to early intervention, support and referral for women and their families. Ante- and Post-Natal appointments have been improved as all health visitors are now using the “Promotional Guide” approach which promotes early bonding and attachment, development and transition to parenthood, connecting with parents’ motivation to do the best for their child.

Women with mild to moderate depression are now offered a 10 week evidence and strengths-based therapeutic group programme which includes a session for their partners. Groups are run in partnership with Children’s Centres and crèche staff receive training to enhance the experience for mothers and their infants. Evaluation and quantitative and qualitative data are important for all groups to inform service improvement. The results have been positive and are based on 41 women who attended five groups between May 2011 and July 2013. Overall, scores which assessed mother’s anxiety and depression (EPDS and the BDI-II) reduced, indicating that the group may have helped in improving mood. On average, women attending the group moved from ‘moderate’ to ‘mild’ depression over the course of the group



The “word cloud” captures some of the participants’ comments and highlights the importance of support in the mothers experience during the 10 week course.

# Cambridgeshire Community Services NHS Trust: Toddler Trail- a Building Community Capacity Project

## HIA 2: Maternal (perinatal) mental health

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## Rationale behind the work

This project was initiated from needs identified in the local community to reduce childhood obesity and rates of postnatal depression in mothers. In particular, it was felt that this project would benefit families with toddlers who moved into the area that didn't have a supportive network, and also child minders within the local community. In addition, the concept met Cambridgeshire's Health and Wellbeing Strategy by encouraging healthy lifestyles and behaviours, ensuring a positive start to life for children and creating a safe environment and strong community.

## Case study overview

The location chosen for the Toddler Trail was Milton Country Park as it had an identified walk within the woods around the lake and it has toilets, baby changing facilities and a coffee shop. The trail ended at the play park allowing the children to have a longer play or picnic. The hope was that some parents/carers may choose to stay and make friendships and increase the chance that they might decide to meet again independently.

A detailed plan was developed that included agreed timeframes, including advertising, how to launch and health visitor cover. The intention was to support the families using the Toddler Trail for the first month or two and then parents would take the lead themselves.

The plan was discussed with the park ranger and it was agreed that wooden posts would have 'wellington boot' identification labels to mark out the trail, which would become a permanent feature of the country park. The trail involved a walk around the country park following laminated pictures that the children marked off along the way. The trail was then linked to a story that was told at 'fairy wood' – a wooded area with fallen logs where the children formed a circle whilst having a snack and listening to a story. The launch story was 'The Gruffalo' aided by a puppet which helped the children's interaction. Each week following the launch there has been a different themed trail and story.

## Impact

The launch was a great success and 40 children attended, as well as the local press. Later trails have averaged between 20-40 children, except during Easter week when an amazing crowd of over 100 children turned up. On this occasion each child received an Easter egg that were donated by a local food stores.

The trail has proved exciting for the children and parents have reported that they have been looking for activities such as this for their children, referring to it as a great idea and also making suggestions for other parent led projects.

The success of the Toddler Trail has also brought challenges such as sourcing an interested parent to take the lead, as many were reluctant due to the size of the group. The interim plan for the project is that the families exchanged email addresses and organised a self-rota of attending early to set up the trial. The long term plans for the trail has involved the park ranger in the maintenance of the signage. Due to the size of the initial group it has now split into smaller, more manageable, groups who all access the park and equipment.

Undertaking this work based project has allowed the health visiting team to deliver key developments to make a difference to communities.

# Southern Health NHS Foundation Trust: Post natal depression and anxiety

**Alison Morton (Specialist Practice Teacher)**

**HIA 2: Maternal (perinatal) mental health**

(All names have been changed to pseudonyms and identifiable data removed or changed to protect anonymity of service users)

Clare was 35 years old and first met her health visitor when she was expecting her first child. Clare was married and reported that she was excited about the prospect of becoming a mother. Clare was positive about the future and felt confident that she would manage well.

Unfortunately Clare did not have a positive birth experience and her son William was born by emergency caesarean section. William lost a large amount of his birth weight and Clare struggled to establish breastfeeding. Clare received support from her health visitor and the breastfeeding counsellor and within a few weeks William was fully breastfeeding and thriving. However Clare began to exhibit signs of anxiety and low mood. Clare was diagnosed with post natal depression and commenced a series of listening visits with her health visitor.

During the listening visits, Clare spoke about how she was feeling and any worries that she had. The conversation encouraged Clare to think about her personal “triggers” for low mood. Clare talked openly about how she was worried about William’s health: every cough he made she believed that he was choking; she weighed him every day on her own scales as she was concerned that her breast milk was insufficient. When William made small grunting and cooing noises she became very distressed and asked the health visitor to check him. What the health visitor observed was a small baby trying to communicate with his mother. The health visitor suggested that Clare try and answer William’s attempt at communication; William responded with a beaming smile and further cooing noises. Clare was surprised, she talked about her deepest fear that William was brain damaged and his noises were a sign of this, she then spoke about her belief that William might die. Clare recognised that her parenting had become almost “robotic” and task orientated, she was not enjoying being a mother and had very low self esteem. The health visitor used solution focussed therapy and Clare identified two personal goals: to feel confident in her ability to breast feed William and to enjoy William more. Clare explored how her behaviour might change if this was achieved and she was encouraged to take small steps towards this. Clare was also referred to Psychological therapies services to address her underlying self esteem issues.

The journey back to health was slow for Clare. Clare had become socially isolated, but with the support of the Children’s Centre Family Support Outreach worker, Clare gradually began to engage with other mothers and her confidence began to grow. The health visitor encouraged Clare to engage in activities with William that would build their relationship and provide the positive feedback that Clare needed. When William was 9 months old Clare’s mood had

returned to the normal post natal range. Clare was enjoying motherhood and had clearly bonded with William... she was smiling and had a positive outlook on life again.

Clare is now an advocate for women with post natal depression and has worked with the charity "Best beginnings" to ensure that women's post natal emotional needs receive the same recognition as their physical needs... A tale of empowerment through adversity.

# Southern Health NHS Foundation Trust: Fathers

**Alison Morton (Specialist Practice Teacher)**

## **HIA 2: Maternal (perinatal) mental health**

The health visitor met Kate and John when they were expecting John's first child. Kate had two older children from a previous relationship, but due to severe post natal depression and the subsequent relationship breakdown, her older children lived with their father.

During the antenatal appointment Kate and John talked about their excitement when they discovered that Kate was pregnant with their son. John was noticeably quiet when the health visitor tried to initiate a discussion around their hopes as parents and just stated that he had been brought up in care and couldn't remember anything about it. John talked about how he wanted to be a "great" dad and how he planned to be involved in his son's life.

The birth was a positive experience and John and Kate seemed to be managing well in the early post natal period. John was supportive and keen to be a hands on dad and their new baby Alex seemed to be thriving. At the six week post natal appointment the health visitor used the post natal Promotional Guide to have a conversation with Kate and John about their experiences as parents. During the discussion John suddenly said, "I think we should tell her". He then proceeded to talk about how he was struggling and would get angry and shout at Kate. He said that the previous evening they had argued and he had ended up walking out. The health visitor listened and John talked about the difficulties he had managing his anger. The health visitor asked how John felt about himself when he had walked out. John became quiet and said he felt like a "loser". The health visitor asked if John had ever felt like this before. John then burst into tears and said his birth mother had never really called him by his real name, she had always called him a "loser". He recounted that when he was "really bad" as a small child she used to burn his hands under the grill to teach him a lesson. The health visitor listened as John spoke of his early childhood of abuse and neglect. John said he was an angry child and he believed he was an angry and unlovable adult. He reasoned that it would not be long before Kate left him and that was no less than he deserved. John stated he had never spoken to anyone about this before.

Through a process of listening and using a strengths based approach John was able to recognise that in many ways he had been the "great dad" that he had hoped to be. However, he also acknowledged that he needed help to address the emotional "millstone" of years of abuse and the effect on his self esteem and anger management. John agreed to a referral to a specialist male counselling service. John was motivated to change and attended his appointments regularly. The process was not easy or straightforward with a number of set backs along the way. The health visitor visited regularly to offer ongoing emotional support. At Alex's one year review appointment John talked positively about his progress, he was learning to manage his anger and his self esteem had improved to the extent that his recent application



for a job was rewarded with success after years of failure. John was observed to be attentive to Alex and his relationship with Kate had improved significantly.

This case study illustrates how a positive non- judgemental approach by the health visitor enabled an honest discussion around the things that really mattered for this family. Just one step towards breaking the cycle of abuse and delivering better outcomes for children and families.