



Department
of Health

Reducing Postnatal Depression: Developing a perinatal mental health pathway.

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It has been superseded by the [Delivery of the healthy child programme](#) guidance.

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Reducing Postnatal Depression: Developing a perinatal mental health pathway.

Prepared by: Author: Sheila Guy, Cornwall Partnership Foundation NHS Trust
sheila.guy@cft.cornwall.nhs.uk

Communications: Zoe Howard, Kernow Clinical Commissioning Group.

Service lead: Anne Hall, Lead Health Visitor/School Nurse, Cornwall Partnership Foundation Trust

Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

Community

Universal

Universal Plus and

Universal Partnership Plus.

Case Study Overview

Cornwall is an area with a weak economy, seasonal unemployment and limited housing. Depression rates are a cause for concern, and health-visitor caseload data from 2010 ranked depressed and mentally ill parents as the county's third most identified health-needs factor from a list of 31. Analysis of 2012 caseload data is as yet exploratory, but the picture is similar.

This case study describes a new perinatal mental health pathway in Cornwall. It is innovative because service users, young parents and a local charity were involved in its development. Universal screening of emotional health occurs in pregnancy and the postnatal period, but this did not meet new national standards, and a delay in accessing support had been identified. The new pathway increases opportunities for identifying and addressing problems at a stage where health visitors can provide support.

The objective is to increase identification of maternal mental health issues at the earliest opportunity.

We also aim to:

- reduce the number of women diagnosed with postnatal depression
- improve early detection of postnatal anxiety and depression
- increase early recognition of symptoms among mothers and their families
- increase the uptake of resources and use of services.

A team approach to identifying anxiety and depression has been promoted. Flow charts have been developed and included in the health-visitor protocols to clarify actions, should symptoms be identified. Work has been carried out with a multi-agency group, including parents, to produce a small book of advice, tips and quotes, and is provided to mothers identified with anxiety or low level depression to reinforce support messages.

Initial results show that waiting times for women to be seen by mental-health providers reduced from six to two weeks, and six new postnatal depression support groups have been established across the county.

Achievements

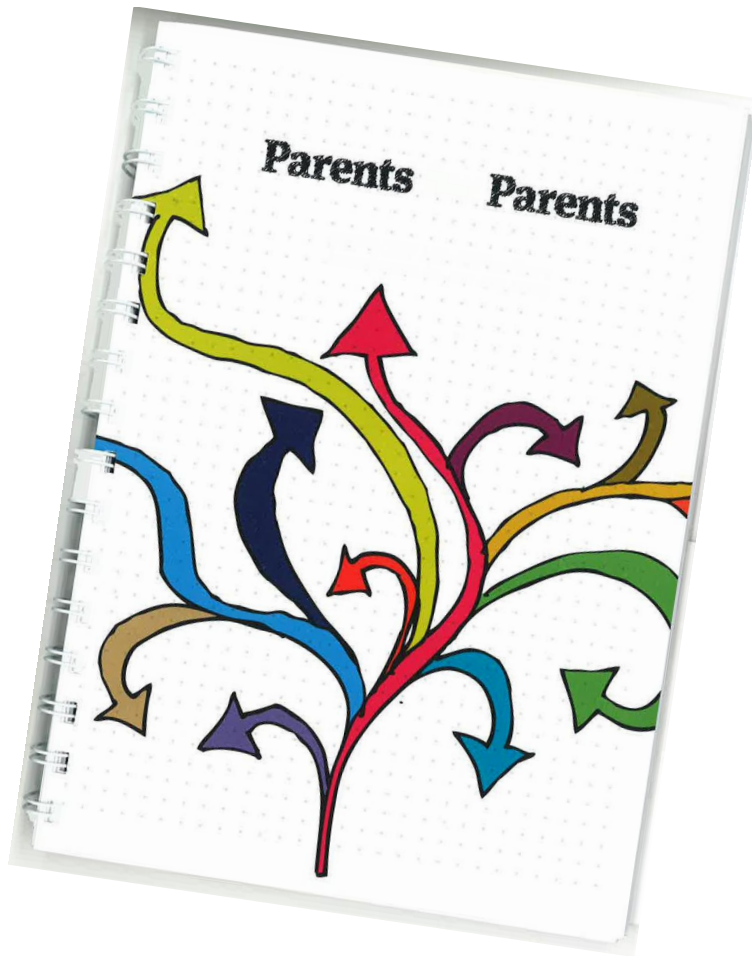
The new pathway was developed following recognition of high depression rates and a delay of up to six weeks before mothers could access counselling support.

Changes were led by a multidisciplinary group that included health visitors. Links were then made with the Health Visitor Forum, a group of health visitors from throughout the county, who decided that the Whooley questions (National Institute for Health and Clinical Excellence, 2007) should be asked routinely at antenatal and postnatal visits, and at the three- to four-month check. Positive responses would be followed with the PHQ9 and GAD 7 assessments and referral as detailed in the new pathway.

Progress was monitored through written and electronic record systems and staff feedback.

Stakeholder involvement

Support from commissioners resulted in clarifying the pathway and commissioning Arts for Health to produce the *Parents Parents* book of advice, tips and quotes on coping with the challenges of parenthood. The book and accompanying DVD (see below) are available to all new mothers identified with low-level depression or anxiety. Producing the book and DVD involved representatives from health and social care working together with parent groups.



Family involvement

Young parents, including fathers, were involved in producing the *Parents Parents* resources, and were included in the local network of professionals and service users involved in producing the pathway.

Staff involvement

Health visitors have led on embedding changes in practice. This involved strengthening links with Children's Centres and local primary care mental health services in order to improve communication. Additional training has taken place to encourage the use of care plans when planning and evaluating care packages.

Partnership working

Partnership working has involved a local network including GPs, young parents and other service users, representatives from mental health, commissioning, obstetrics and midwifery. The Angela Harrison Trust, a local charitable trust that increases awareness of postnatal depression and provides help and support for sufferers has also been involved in developing the pathway.

Benefits

Organisation

The perinatal mental health pathway increases adherence to National Institute for Health and Clinical Excellence requirements and provides strategic direction for mother and infant mental health. Ensuring an effective and cohesive multidisciplinary perinatal mental health pathway, with clear communication channels, increases the focus on prevention and early identification of need and the provision of high-quality, evidence-based care to new mothers. This, in turn, leads to reduced mental illness among new mothers and improved child health outcomes.

Families

The new pathway benefits families through increased opportunities for discussing concerns at a stage where health visitors can provide support by introducing packages of care. Practice examples include support for a mother who was abused as a child and required specialist counselling and parenting advice, and a teenage parent with drug and alcohol problems who was referred to a community psychiatric nurse and was subsequently identified as having severe mental health problems.

Individuals

Feedback on experience of service provision is continuously sought from service users. Some examples of feedback:

“My health visitor was able to refer me directly for an appointment from my home to see a counsellor the next day. The service gave me the courage to attend the appointment, as it felt uncomplicated and part of the normal service for everyone.”

“The information and support communicated by professionals made me feel less isolated. I felt relieved that I was not the only person feeling low, and they all seemed to be working together, which made me feel safe and able to trust their judgement.”

Health visiting teams

The pathway clarifies the health-visitor role in detecting anxiety and depression and the resources available through the referral process. It confirms their key role in providing information and support, including targeted support through the use of care plans. The pathway complements additional training, such as the Solihull Approach, to help improve parents’ experience of pregnancy and childbirth and subsequent parent-child relationships.

Challenges

During the change

A major challenge has been engaging GPs and disseminating the pathway. Health visitors have played a major part in dissemination and embedding the pathway through improved communication with Children’s Centre staff, GPs and the Primary Mental Health team.

An additional challenge has been circulating and distributing the *Parents Parents* resource. Despite the large part played by young parents in its

production, health visitors have reported that the book has received a mixed response from some parent groups.

Overcoming challenges

The provision of multi-agency training has enhanced staff knowledge of the need for early identification and intervention to promote attachment and improve the mother's mental health. Training has included a new e-learning package for staff.

In addition, there are plans for the provision of online resources for parents in other languages to improve ease of access to research-based education and support. An information pack for young fathers will be produced to include information on parent mental health.

Lessons learned

Quality of the assessment of parent-child interaction is important for improving outcomes, so the quality of staff education and training is paramount. Commissioning support in developing the resources, providing training and ensuring multi-agency engagement is vital for reducing risk and enhancing care of all women.

Reducing the risk of postnatal depression and increasing access to appropriate services requires a multidisciplinary approach that promotes health messages at every available opportunity, by all levels of appropriately qualified staff.

Learning, Sharing and Sustainability

Initial reviews of current caseload data show some change in the number of reported depressed and mentally ill parents, with some areas showing an increase and others a marked reduction. Clearly the figures need to be treated with caution, but areas showing a reduction in the number of cases can be linked to areas where there has been an increase in health-visitor numbers. It could be argued that improvements are due to increased health visitor numbers, but the increase in support groups and reduced waiting times between health-visitor referral and assessment by the mental-health provider will have influenced outcomes. Further work needs to be done to clarify reasons behind the results and what other support is required to sustain positive change.

Circulation of the *Parents Parents* resource will need to be reviewed to improve its use as a means of providing support and encouragement to new mothers. Different options are currently under discussion.

The pathway can be shared at local and regional events, including the local health visitors' community of practice meetings, and at a conference planned in for health and early years services.