



mums and babies in mind

Supporting local leaders to improve perinatal mental health services

Leaders' Top Tips 3

Midwives and health visitors in perinatal mental health



Photo: Anna France-Williams

Mums and Babies in Mind (#MABIM) is a Maternal Mental Health Alliance project supporting local leaders to improve services and care pathways for mums with perinatal mental health problems and their babies.

We work in Blackpool, Gloucestershire, Haringey and Southend, and capture and share our work to inform and inspire other commissioners and providers across the UK.

The project is hosted by The Mental Health Foundation and funded by the Big Lottery Fund.

The **MABIM Leaders' Programme** brings together leaders from a wide range of different services and professional backgrounds to:

- Learn from leading experts in policy, research and practice,
- Be inspired by those who are making a real difference to women's lives,
- Talk to women with lived experience and hear their views,
- Meet and share experiences with peers from other areas, and
- Share learning and develop new solutions to difficult challenges.

We are organising 7 'Masterclass' events for our leaders, each on particular themes relating to perinatal mental health. After each one, we will produce a Top Tips document – like this one – to share the insights and ideas with a wider audience.

This is the third Top Tips document in our series. The first – on the topic of setting up a Specialist Perinatal Mental Health Community Service – was published in October 2016, the second on Commissioning Perinatal Mental Health Services – was published in February 2017, and both can be downloaded from the Mums and Babies in Mind website:

www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools



The role of health visitors in tackling perinatal mental illness

Every health visiting service should have a Perinatal Mental Health Specialist Health Visitor

The Institute of Health Visiting (IHV) have been training health visiting champions in perinatal mental health since 2014. Over 550 Perinatal Mental Health Champions have been created in Health Visiting, who in turn have trained 10,000 public health practitioners. Recognising the need for integrating pathways at a local level the IHV have also trained 300 + multi-agency perinatal mental health (PMH) Champions and developed a combined PMH and infant mental health (IMH) (PIMH) multi-agency training.

Working to support local health visitors and others in raising awareness of perinatal and infant mental health both within health visiting and across local multidisciplinary teams, the IHV is providing its Champions with:

- Accredited training within health visitor and multidisciplinary teams

- Representation on national PIMH boards and committees
- Actively working with health visiting champions to improve local provision.

For those who are interested in how the IHV training and Champions work and can be commissioned locally, please visit <http://ihv.org.uk/training-and-events/training-programme/perinatal-mental-health/>.

The IHV have worked with e-Learning for Health to create a suite of online modules to assist with upskilling both health visitors <http://www.e-lfh.org.uk/programmes/perinatal-mental-health/open-access-health-visitor-sessions/> and other local professionals <http://www.e-lfh.org.uk/programmes/perinatal-mental-health/open-access-perinatal-mental-health-sessions/>

<http://ihv.org.uk/>



Photo: Anna France-Williams

NHS
Health Education England
**Specialist Health Visitors
in Perinatal & Infant
Mental Health**
What they do and why they matter



"The NHS Mandate sets an objective to "work with partner organisations to ensure that the NHS... reduces the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support". Creating Specialist Health Visitors in Perinatal & Infant Mental Health in every health visiting service will play a valuable part in delivering on this mandate. These professionals help to promote parity between physical and mental health in maternity and infant care by improving knowledge and skills in the wider health visiting workforce, developing pathways and supporting mothers, fathers and their families."

*From Specialist Health Visitors in Perinatal & Infant Mental Health – What they do and why they matter
Health Education England*

<https://hee.nhs.uk/our-work/developing-our-workforce/nursing/specialist-health-visitors-perinatal-infant-mental-health>

Case Studies – the Specialist Health Visitor and the Specialist Mental Health Midwife

The specialist health visitor role is one that has been developing in areas over some time, but has yet to be realised in every locality. The role differs from area to area with some standardisation being created through the Health Education England Competency Framework development.

Gill Martin transitioned from health visitor to a specialist role over time, with much of her initial perinatal mental health work being done on top of her day-to-day health visiting role. Her personal life and work interests led her to pursue the specialist role. Personal lived experience created an interest in how care could be improved, as well as additional training in perinatal mental health and being involved in a local audit of perinatal mental health cases.

Her role is three days a week and is one of three Band 7 posts within Wandsworth. Each of these posts has a focus on the six high impact areas as part of the 4-5-6 model of health visiting, covering mental health, breastfeeding and healthy weight. The role is pre-dominantly non-clinical so allows Gill more headspace to read, learn, promote and reflect on the needs within the locality and how best to meet them. It has allowed

time to prepare a robust local pathway and guidance for managing women with mental health needs, both antenatally and following birth, and has enabled her to be truly mother-and baby-focussed.

A significant part of the role is training others in the team including health visitors, students and community nursery nurses. This involves working closely with

other mental health colleagues and collaboratively working to up-skill the wider workforce locally.

Future plans include how to ensure the involvement of both parents when considering mental health needs in the perinatal period, greater links with midwifery and GPs locally, increasing reach across the diverse population in Wandsworth and building in qualitative data collection.



Photo: Anna France-Williams

Every maternity service should have a Mental Health Specialist Midwife

Katrina Ashton has been championing the role of specialist midwives for over a decade and has been a leading voice in the importance of both the physical and psychological experience of birth.

She is keen to see midwives take up the opportunity to train and learn about perinatal mental health and emphasises the opportunity that professional revalidation offers for reading broadly on the topic.

The birth experience is an intricate and intimate physical and psychological fusion, involving hormones, relationships (past and current), the woman's sense of self, attachment styles and the experience of the midwife and woman herself. These factors all interplay with differing outcomes.

To help women with anxiety in pregnancy, Katrina has developed the PRANX group (Pregnancy Anxiety Group) to support women in taking

control of their anxieties about the birth. An eight week programme, the sessions include relaxation techniques and involve psycho-education, experiential education and then plans on taking the learning into the birth experience, equipping women to understand both the physical and psychological aspects of birth.

Further details about PRANX and developing similar services can be obtained from Katrina Ashton on Katrina.Ashton@nhs.net

Health visitor interventions to promote positive maternal mental health

There are effective interventions that can and should be delivered by universal services to improve maternal mental health

Working with the evidence base is critical to good practice and is a cornerstone to the work and ethos of all health professionals. Identification and treatment in primary care is an important part of women's health care. Health visitors have been working with women with postnatal depression for years (DoH 2003). A decline in health visitor numbers has disempowered health visitors to address perinatal mental illness (PMI) to the standard that policy and guidelines demand (Cowley 2009).

Work from Morrell in 2009 highlighted that *'although the role of health visitors has been promoted in PMI there is still not enough evidence upon which to base practice to prevent or treat PND'*. Evidence has been gathering and, unlike earlier research, has been considering the wider perinatal mental illnesses rather than solely postnatal depression. Although many studies have small samples, the collective evidence is building. Based on the collective work to date, the following appear to work best for women:

- Cognitive behavioural approaches (Seeley et al 1996, Morrell et al 2009)
- Person-centered approaches (Holden et al 1989, Morrell et al 2009)
- Non directive counselling/LVs (Holden et al 1989, Gerrard et al 1989, Segre et al 2010)
- Additional antenatal and postnatal sessions with psychological input (Elliot et al 2000)
- Listening, thinking together, coaching, sharing ideas, and seeking feedback (Holden et al 1989)

What seems to work best for health visitors is 'empowering health visitors to predict and detect deleterious mental health during pregnancy and the postnatal period and promote optimal care for childbearing women' (2012, Jomeen, Glover, Garg, Marshall).

Importantly, available **referral options** and **identified referral pathways**, when combined with **increased and appropriately contextualised knowledge** empowers health visitors to approach women with perinatal mental illness. Collectively this facilitates the consideration of perinatal mental illness in a more multifactorial way, which may lead to fewer inappropriate and more appropriate referrals into formal services.

For more information contact Catriona Jones: C.Jones@hull.ac.uk



Photo: Anna France-Williams

Cummings E, Whittaker K (2016) Listening visits by health visitors as an intervention for mild to moderate post-natal depression or anxiety. *Journal of Health Visiting*. 4 (5): 264 – 268

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Gerrard J, Holden JM, Elliott SA, McKenzie P, McKenzie J, Cox JL (1993) A trainer's perspective of an innovative programme teaching health visitors about the detection, treatment and prevention of postnatal depression. *J Adv Nurs*; 18:1825–32

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Segre LS, Stasik SM, O'Hara MW, Arndt S (2010) Listening visits: an evaluation of the effectiveness and acceptability of a home-based depression treatment. *Psychother Res*. 20(6): 712–721

Wadepful F, Jones C, Jomeen J, (2016) The impact of antenatal psychological group interventions on psychological well-being: a systematic review of the quantitative and qualitative evidence. *Healthcare* 4, 2: 1-23



Lived experience

The value of the voice from experience cannot be overestimated. The impact of timely, effective, compassionate care ultimately makes the difference between a supported and rapid recovery, or the potential for years of suffering by both mother, infant, and wider family.

Hearing first-hand experience of what good and poor care looks like highlights the differences that can be made to individuals suffering but also how knowledgeable staff and coordinated local care can lead to quite significant differences in both recovery and view of pregnancy and parenthood. Our first shared history explored three pregnancies, including a preterm birth, and the different trajectories of the same women with each pregnancy and the different care, interventions and outcomes experienced.

"Talk about mental health from the first appointment and in every appointment"

"If you know the mother has mental health problems it is critical after she gives birth that she sleeps. Support the mother with her breastfeeding. If she needs to sleep she can pump her milk as well as feed on the breast"

"Don't overlook the importance of good postnatal care. A woman is a person, not just 'mum'."

Our second story was from a Dad who provided a very honest view of his wife's mental health deterioration from IVF conception through to the months and years following the birth of their daughter.

Both journeys involved visits to a Mother and Baby Unit, and both also experienced issues around breastfeeding.

"Midwives should all be singing from the same hymn sheet regarding breastfeeding and not giving conflicting advice"

Some key learnings from Dad:

- Having a settled relationship with service providers is essential
- We would have been lost without our Community Psychiatric Nurse
- Mother and Baby Units are vital
- If every link in the chain was strong, we wouldn't miss anyone

Women's voices

The Royal College of Obstetricians and Gynaecologists report on maternal mental health <https://www.rcog.org.uk/en/patients/maternal-mental-health---womens-voices/> highlighted that midwives (65%) and health visitors (62%) were the health professionals that women were most likely to talk to, or most comfortable talking to, about their emotional health. They were also the two professional groups most likely to ask women about their emotional health and whether they needed any support (52% of midwives, and 67% of health visitors).



Case study – building mental health into the midwifery team

Understanding the local perinatal mental health landscape from women, professionals and wider stakeholders was an important starting point ahead of developing our pathway of care.

Based on national evidence and data from policy documents, the Maternal Mental Health Alliance and NICE, the midwives in Lambeth wanted to reach a point where:

- They were providing information resources to support mental health screening and responses
- Women were being asked about their mental health and wellbeing at specific points in the antenatal to postnatal pathway
- Women in need were being fast tracked to Improving Access to Psychological Therapies (IAPT.)

A pregnancy timeline was created with ideal practice at various points.

This was implemented and evaluated through qualitative interviewing with mothers and professionals involved in the pilot process. The women engaged with the process and the evaluation but it was more challenging with the health professionals. Feedback suggested this was due to lack of time, a need for better communication between practitioners and more training for staff about perinatal mental health.

To support conversations, a different approach was used with interviews/ group work being conducted with 22 groups (mums, dads, third sector, GPs, midwives, health visitors and other professionals) and 27 individuals.

The Picture Pathway© was developed as a system to create journeys and pictures to explain how the system ought to work and could

work. Images of people and places were created to help shape the stories from groups and individuals.

The aims of these conversations were to:

- Identify local barriers to the maternal mental health and wellbeing pathway
- To identify what is already working well and what could be improved upon
- Complete a workforce training needs assessment

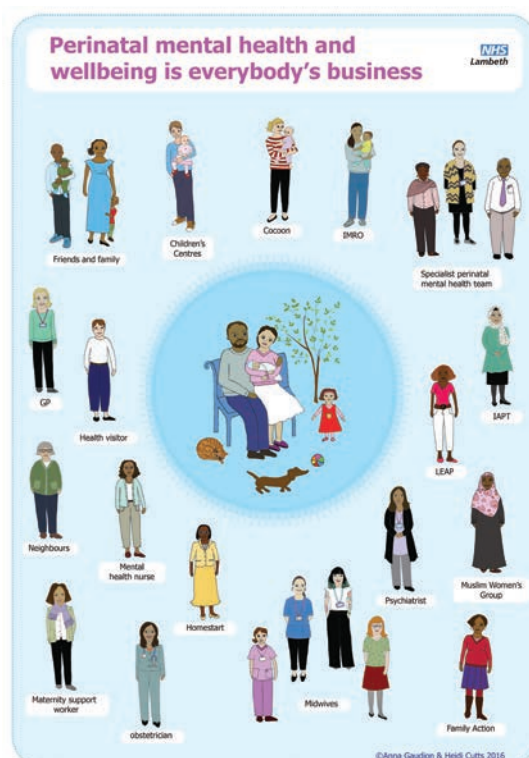
By using this approach some of the learning collected included:

- There is a lack of knowledge locally on what services exist for women with mild-moderate mental health needs, although care for severely unwell women was good
- Partners are often forgotten. Few of the groups placed the partners with/alongside the mother
- Time is a big issue. However lovely the midwife might be, time with her is limited
- The computer, due to necessary data entry, is a real barrier to truly engaging with women and meeting their needs, as the focus remains on the computer
- There is an emphasis on the physical elements of pregnancy, birth and infancy

- The confidence and competence of midwives relating to perinatal mental health is inconsistent
- Midwives were more confident following local training received
- Midwifery works 24/7. However, many other services work Mon-Fri 9-5 and this impacts on efficient and effective communication

A full report on the process and findings can be obtained from Anna Gaudion
Anna.Gaudion@gstt.nhs.uk.

The findings from the two pieces of work are being used to develop the pathway, services and confidence of staff locally in the identification, referral and support for women with perinatal mental health needs.





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Perinatal Mental Health Mapping Tool

Make sure your area has used the mapping and encourage its use in other areas

The MABIM mapping tool creates an opportunity to look in detail at the resources available in your locality. Within the masterclass there was a chance for leaders to consider, discuss and reflect on what midwifery and health visiting provision they have within their area, but to also hear from others about how specialist and non-specialist roles are integrated within their pathways.

The MABIM mapping tool is available at <http://maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools/> and provides a valuable way to identify the strengths and gaps within a local pathway.

Other resources:

- Specialist midwives, what they do and why do they matter: <https://www.rcm.org.uk/sites/default/files/MMHA%20SMHMs%20Nov%2013.pdf>
- RCM standards and competencies for specialist maternal mental health midwives: https://www.rcm.org.uk/sites/default/files/Caring%20for%20Women%20with%20Mental%20Health%20Difficulties%2032pp%20A4_h.pdf
- RCM Pressure Points report – Perinatal Mental Health: https://www.rcm.org.uk/sites/default/files/Pressure%20Points%20-%20Mental%20Health%20-%20Final_o.pdf
- Health Education England Specialist Health Visitors in Parental and Infant Mental Health: <https://www.hee.nhs.uk/sites/default/files/documents/Specialist%20Health%20Visitors%20in%20Perinatal%20and%20Mental%20Health%20FINAL%20low%20ores.pdf>
- Boots Alliance report, Experiences of Perinatal Mental Health: https://www.tommys.org/sites/default/files/Perinatal_Mental_Health_Experiences%20of%20women.pdf
- Royal College of Obstetricians and Gynaecologists. Maternal mental health – Women’s Voices: <https://www.rcog.org.uk/maternalmentalhealth>
- The Wellbeing Plan: <https://www.tommys.org/pregnancy-information/impregnant/mental-wellbeing/wellbeing-plan>

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