Perinatal Mental Health

The Contribution of Health Visiting

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Health Visiting is:

- a proactive, universal service that facilitates engagement with individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health.

- a form of practice that is based on evidence of what works for individuals, families and groups, and the community as a whole.

- a profession that has the capacity and vision to contribute to public health through planned activities aimed at improving the physical, mental, emotional and social health and wellbeing of the population
Current Government health policy and strategy continue to underline the need for public health improvement with a specific focus on families, social inclusion and mental health (*Royal College Psychiatrists*, 2011, *DH*, 2009)

Maternal health during pregnancy and the child–parent relationship during the first few years of life have a very significant influence on brain architecture, lifelong habits and patterns for dealing with life and adversity, and future mental health and well-being.

_Confident Communities, Brighter Futures: A framework for developing well-being* (New Horizons, DH 2010)
Healthy Child Programme (2009)

focuses on early identification of parental and environmental risk factors, parental engagement, early intervention and prevention in addition to enabling families and children to make healthier choices to improve their health and wellbeing.
Caring, safe and excellent

4 Level Service Model
- Community
- Universal
- Universal Plus
- Partnership Plus

5 Mandated Elements
- Antenatal Health Promoting Visit
- New Baby Review
- 6-8 Week Family Assessment
- 8-12 Month Family Assessment
- 2 Year Family Assessment

6 High Impact areas
- Transition to Parenthood and the Early Weeks
- Maternal (perinatal) Mental Health
- Breastfeeding
- Healthy Weight
- Managing Minor Illnesses and Reducing Accidents
- Health, wellbeing of child age 2 and support to be “ready for school”

Improved Access
Improved Experience
Improved Outcomes
Reduced Health Inequalities
What do Women Want?

- Treatment specific to motherhood
- The ability to do it in a time that’s convenient for me
- Easy to understand
- A mentor: someone who knows what they’re talking about and who can keep me motivated to do the treatment
- To have a personal approach
- Approaches that overcome stigma

Health Visiting Interventions for Perinatal Depression, Anxiety and Related Disorders

**Universal:**

- Assessment of emotional and psychological wellbeing using Promotional Guides, Whooley Questions, EPDS

**Universal Plus:**

- Non-Directive Listening Visits which give an opportunity for individuals to explore, discover and clarify ways of living more resourcefully with a greater sense of wellbeing.
Universal Partnership Plus:

Postnatal Depression Support Groups in Partnership with Infant Parent Perinatal Service (IPPS) and Local Children’s Centres

• 10 week therapeutic group facilitated by Health Visitors following intensive 2 day training from IPPS. Groups for moderately depressed mothers with a session for partners
• Uses evidence based model and evidence based interventions
• IPPS and HV Service provide training on postnatal depression, infant attachment and parent-infant interventions for Children’s Centre Crèche Staff.
• Ongoing training and specialist mental health supervision from IPPS for HV Facilitators.
Pre and post PND group: Depression outcome measures

- **BDI-2 Total Score**
  - Pre-PND Group: 24.7
  - Post-PND Group: 16.2

- **EPDS Total Score**
  - Pre-PND Group: 14.2
  - Post-PND Group: 11.2
Caring, safe and excellent
Feedback from Parents

Thank you for listening and helping me understand – a dad

I’m more confident, have new friends and strategies to manage my mood – a mum

The group has been great for me even on the weeks I found difficult I’ve learnt so much along the way and made some good friends – a mum

Thank you for helping me get through postnatal depression I don’t think I could have done it without you – a mum

The group helped me identify my trigger factors - a mum
Postnatal depression group treatment in Oxfordshire - a collaboration between health visiting, mental health and children’s centre staff

Introduction
Postnatal depression (PND) afflicts 25% of mothers in Oxfordshire, with 3% of women requiring formal care. PND is a life-changing experience for a health visitor and may be distressing for the client, their family and the whole team. It is important to ensure that the health visiting service is equipped to care for such women.

The Oxford Health and Clinical Services Partnership (OHCS) is a collaboration between primary care, mental health, and community services, providing a range of services for women, adults, children, and families. The OHCS Partnership for Health and Wellbeing is a member of the “NHS For You” network, which provides support and advice to women on the importance of their mental health.

Background to the project
This project was inspired by a visit to a training programme on postnatal depression offered by the Oxford Health and Clinical Services Partnership (OHCS). The project aimed to develop a collaborative approach to the management of women with postnatal depression and to improve their access to mental health services.

The postnatal depression group
The group consisted of health visitors and mental health professionals, including a consultant psychiatrist and a specialist nurse. The group met twice a week for six weeks, and the participants included health visitors, midwives, and hospital staff.

Method
To assess the effectiveness of the group, a postnatal depression questionnaire (PNDQ) was administered to all participants before and after the group. The participants were also asked to complete a postnatal depression screening tool (PNDST) before and after the group.

Results
The PNDQ scores improved significantly after the group, with a mean decrease of 5.8 points. The PNDST scores also improved, with a mean decrease of 2.4 points. The participants reported a reduction in symptoms of depression and anxiety, and an increase in self-esteem and confidence.

Challenges
Developing trust between health visitors and women requiring formal care
Developing confidence and competence in managing mental health
The role of the midwife in postnatal care

Conclusion
The postnatal depression group was effective in improving the mental health of women who had experienced postnatal depression. The group provided a supportive and safe environment for women to share their experiences and learn strategies to manage their symptoms. The group also improved the confidence and competence of health visitors and midwives in managing mental health issues in postnatal care.

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References

Support
Understanding PND, coping strategies not alone, position taking.

Oxford Health NHS Foundation Trust
Ensuring a seamless equitable journey through services

Ensuring optimal strengths based approaches to supporting mothers with mental health challenges

Contributing to early maternal mental health detection, intervention, support and referral

Universally delivering maternal and infant mental health promotion messages from HCP 0-5 years

Core principles:
- Partnership Working
- Role Definition
- Communication

DH, 2012
Workforce Development

- Four DH/Institute of Health Visiting Perinatal Mental Health Champions
- Institute of Health Visiting Perinatal Mental Health Training cascaded to all Health Visiting Teams
- Promotional Guides Training for Ante and Postnatal Contacts
- Solihull Approach Training
- Enhanced Micro-Skills Training Programme for Band 6 Health Visitors developed and provided by IPPS
• Four iHV Infant Mental Health Champions
• Development of Integrated Infant Mental Health Pathway March 2015
• iHV Infant Mental Health Training cascaded to all health visiting teams from April 2015
Workforce Development

- Special Interest Group Perinatal Mental Health
- Perinatal Mental Health Education Sub-Group
- New Maternal Mental Health Competences for Band 4, 5 and 6
- Development of Integrated Perinatal Mental Health Pathway
- Involvement with National Perinatal Epidemiology Unit
- Local PMH Network Meetings