

The Patient Experience Library

Insight Report

# Perinatal Mental Health

Compiled for: East Surrey Clinical Commissioning Group

January 2017

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# 1. Introduction

## 1.1 About Insight Reports

There is no shortage of information on patient experience. Sources include CQC inspections, Healthwatch reports, Patient Opinion, Friends and Family Tests, NHS Choices star ratings and more. Making sense of it all can be very difficult - especially as the quality of some of it is questionable.

Our Insight Reports are based on in-depth trawls of the whole of the UK's evidence base on patient experience. Grading and analysis draws out high quality evidence to support commissioning decisions and service improvements.

For this report, we have worked on the assumption that the CCG has access to relevant background information from national datasets and policy statements, including Better Births (the Five Year Forward View for maternity care) and the Five Year Forward View for Mental Health. In our search for evidence on perinatal mental health, therefore, we have drawn on reports that focus primarily on patient experience, and/or reports that may not be easily accessible to the CCG.

## 1.2 About the Patient Experience Library

The Patient Experience Library brings together the whole of the UK's collective intelligence on patient experience, plus patient and public involvement. We have catalogued and indexed over 35,000 reports, including:

- Patient experience reports from health and care charities and think tanks
- Guidance on matters such as patient-centred commissioning
- CQC inspection reports and patient survey results
- All the reports from the local Healthwatch network
- Quality Accounts from health service providers
- Valuable archive materials from bodies such as LINK and the NHS Institute

For more about our work, please visit [www.patientlibrary.net](http://www.patientlibrary.net)

## 2. Search results

### 2.1 Basic search

For our basic search, we trawled over 35,000 documents within the Patient Experience Library.

Our searches yielded 566 results from sources including Healthwatch, the Care Quality Commission, government bodies such as the Dept of Health, NHS England, and NHS Improvement, plus national charities and think tanks.

We then applied relevance analysis and filtered out those with low relevance. That left us with 65 reports, which are listed alphabetically by title in the Appendix.

### 2.2 Graded search

We reviewed our 65 basic search results, to come up with a “top ten” reports list. We achieved this as follows:

**Date:** We filtered out any reports that were more than two years old

**Maximum relevance:** Applying relevance analysis a second time enabled us to narrow down to reports where perinatal mental health is a major focus, as opposed to a sub-topic, or a matter of passing interest.

**Type:** We concentrated on reports that could offer insights into patient experience of perinatal mental illness, and of relevant NHS services. We also looked for guidance on commissioning for perinatal mental health services. Finally, we sought out actual and potential solutions.

**Quality:** It is generally acknowledged that the quality of patient experience reporting can be variable. Our top ten reports, in our opinion, demonstrate good quality, with work that is rigorous and credible, and with insights and solutions that could be replicable from one part of the country to another.

Our top ten reports on perinatal mental health (listed alphabetically by title) are:

***A Silent Problem. Perinatal Mental Health in Oxfordshire***

Oxfordshire 1001 Critical Days Coalition, November 2016

***Beyond maternal death: improving the quality of maternal care through national studies of ‘near-miss’ maternal morbidity***

National Institute for Health Research, June 2016

***Bringing together physical and mental health***

The Kings Fund, March 2016

***Falling through the gaps: perinatal mental health and general practice***

Centre for Mental Health, March 2015

***Hidden Voices of Maternity. Parents With Learning Disabilities Speak Out***

CHANGE and PEN, August 2015

***Home Start’s report on families’ experiences of ante- and post-natal community services in Oxfordshire***

Home Start, 2015

***Maternity Services in Norfolk. A snapshot of user experience Oct 2014 - April 2015***

Healthwatch Norfolk in partnership with MAP

***Priorities for mental health***

Centre for Mental Health, January 2016

***Support from the start. Commissioning early intervention services for mental ill health***

NHS Clinical Commissioners, September 2016

***Support Overdue: Women's experiences of maternity services***

The National Federation of Women's Institutes (NFWI) and NCT, 2017

## 3. Key findings

This section presents key learning points drawn from the top ten reports. Findings are mostly **presented in the form of direct extracts from the reports** within our top ten list. All sources are referenced in the end notes.

### 3.1 Scale and nature of the problem

“Some 15-20% of women suffer from depression or anxiety during pregnancy or in the first year after childbirth, but about half of all these cases go undetected and untreated.”<sup>1</sup>

“The biggest barrier to providing better support to women experiencing poor mental health in the perinatal period is the low level of identification of need.”<sup>2</sup>

“Half of all acute trusts in the UK have no perinatal mental health services, and three-quarters of maternity services do not have access to a specialist mental health midwife. Midwives and health visitors receive variable and often limited training in identifying women who have, or are at risk of developing, perinatal mental health problems. Where perinatal mental health services are available, these are usually part of generic adult mental health services and are not always fully integrated with other maternity services. Access to services is particularly poor for minority ethnic groups -black Caribbean women are less likely to receive treatment for perinatal depression than their white British counterparts.”<sup>3</sup>

“The second most common [postnatal support need was for] mental or emotional wellbeing, with 50% of the women ... indicating that they needed more support for this reason.”<sup>4</sup>

“Only 47% of midwives have the time to adequately discuss mental health issues with women in the postnatal period.”<sup>5</sup>

“The mental health needs of young parents can be overlooked by health and social care professionals and women can develop mental health problems which are not consistently identified and appropriately supported or treated.”<sup>6</sup>

“Common themes also emerged [from our survey] about the patchiness and inconsistency of support and about primary, secondary and other community care services often not linking up and sharing information effectively. Many parents said that they’d had to repeat their stories many times to different professionals, or to go through several different channels to find the support they needed. Some parents said that if they had received support earlier, more acute problems could have been prevented. Opportunities to include fathers, both as a resource and in terms of their own unmet needs, were sometimes missed.”<sup>7</sup>

“The skills of staff in listening, understanding, assessing and identifying further need also seem to vary widely. The importance of warm and trusting relationships was emphasised again and again throughout the interviews and responses.”<sup>8</sup>

## 3.2 Impact

“Maternal mental illness roughly doubles the risk of subsequent mental health problems in the child. According to one estimate, the long-term cost to society of a single case of perinatal depression is around £74,000, mostly because of adverse impacts on the child.”<sup>9</sup>

“There may be lasting effects on maternal self-esteem, as well as on partner and family relationships. Almost a quarter of maternal deaths occurring between six weeks and one year after pregnancy are due to psychiatric causes. Women may delay seeking help due to stigmatisation and fears that their baby might be taken from them.”<sup>10</sup>

“[Patients] were worried that professionals were ‘more likely’ to report them to Social Services than provide additional support if they showed signs of mental instability, and therefore that they had to ‘hide’ their feelings and not seek help or support.”<sup>11</sup>

## 3.3 Possible solutions

### 3.3.1 Identification

“Improve the identification of perinatal depression and anxiety (via more screening and assessment) and provide psychological therapy to all who would benefit in line with NICE waiting time standards. The value of subsequent reductions in health service use by both mothers and children would more than cover this cost over time, with about two-thirds of costs being recovered within five years.”<sup>12</sup>

“Opportunities to increase identification of need include:<sup>13</sup>

- Ensuring equal attention to wellbeing and physical health during every contact with mothers, partners and families during the perinatal period
- The six-week postnatal healthcheck by GPs offering a crucial safety net for women disclosing later or missed by the system
- Improving the quality of GP responses when women raise concerns about their wellbeing
- Support for partners to understand and act on the signs of distress.”

“A key point from this survey was around continuity of care. Parents reported seeing many different changes of professionals especially midwives delivering post-natal care. Seeing multiple professionals hinders parents’ ability to build trusting relationships with professionals. Through improved consistent relationships, where mothers feel at ease to share how they are feeling, diagnosis of post-natal depression could be made more often and at an earlier stage, resulting in earlier effective treatment.”<sup>14</sup>

“Those who saw the same midwife felt better supported than those who saw a different one each time. Building a relationship with the same practitioner helped deal with anxieties and stresses that affected their mental wellbeing. There was unanimous agreement that having the same midwife throughout would have been a significant contributor to their mental, as well as physical, wellbeing.”<sup>15</sup>

“There was a feeling that the midwives’ checklist was a tick box exercise rather than a flexible and living tool to enable the identification of further support needs. Midwives should be offered more training/professional development about the most effective use of this tool.”<sup>16</sup>

Learning disability is not the same as mental illness. However, there is a useful report<sup>17</sup> that offers guidance on how to improve the maternity experience for parents with learning disabilities. Much of the guidance concerns communication which can help with the important task of early identification of perinatal mental health needs.

“Awareness raising and training for health professionals is needed to ensure that fathers are fully included wherever possible and that their emotional needs are also part of the picture.”<sup>18</sup>

### 3.3.2 Integration

“Clinical commissioning groups should urgently address postcode inconsistencies in the availability of community specialist perinatal mental health teams/consultants and good quality integrated care pathways (ICPs) to support women facing or with perinatal mental illness.”<sup>19</sup>

“In an integrated service, perinatal mental health care would be delivered by specialist perinatal mental health staff embedded within local maternity services, providing training to colleagues and working closely with obstetricians, midwives, health visitors and GPs. All professionals involved in pregnancy and the postnatal period would have a role to play in ensuring that women’s mental health and wellbeing are supported throughout the perinatal process. This would include important

roles for midwives and health visitors in screening and providing basic support and advice. Specialist health visitors would be given advanced training in perinatal mental health to enable them to deliver brief psychological interventions, manage cases jointly with supervision from a psychiatrist, and provide training to other health visitors to improve awareness of mental health conditions and the different care pathways available. The voluntary sector would play an important role - for example, in providing peer support groups - and all professionals involved in maternity care would be able to signpost to these local resources.”<sup>20</sup>

### 3.3.3 Access

“Consistent with NICE Guidance, clinical commissioning groups should ensure that local IAPT services fast track mothers with common perinatal mental health difficulties into treatment on the basis of the dual risks to mother and infant mental health. Waiting times should be routinely measured for this target group. GPs will also need to be made aware of fast tracking systems.”<sup>21</sup>

“Clinical commissioning groups should ensure that there is adequate commissioning of parent-infant interventions and that these are well publicised to GP practices and mothers and integrated within ICPs.”<sup>22</sup>

“The responses we gathered [in our survey] demonstrated overwhelmingly the importance of local children’s centres, the open access, universal services they offer and the role they play in enabling joined up provision and support.”<sup>23</sup>

“There should be a cross agency system to enable earlier identification of parents who are in need of emotional and mental

health support, particularly those who are reticent or find it difficult to ask for help. Better linkages and communication need to be made between different services to ensure all professionals can access basic information about people to avoid constant repetition. A key worker could then be a named point of contact/information and joined up support. This happens in a few cases with the Team Around the unborn Child (TAC), but a lighter touch version with wider application is needed.”<sup>24</sup>

## 3.4 Tried and tested solutions

### 3.4.1 Sharing resources and skills

In Coventry and Warwickshire, sharing resources and pooling funding made it possible to capitalise on economies of scale, and recruit a full-time specialist team operating across the region. All members of the multidisciplinary team are specialists in perinatal mental ill health, and the service has been operational since November 2015. It means any woman living in Coventry and Warwickshire who experiences perinatal mental ill health can be referred to the same range of support.

It also means all local staff now receive consistent training in perinatal mental illness, helping them to identify possible sufferers early and to make the right referrals at the right time.

In the first three months alone, the perinatal mental health team received 329 referrals and high levels of patient satisfaction.<sup>25</sup>

### 3.4.2 Experience Led Commissioning (ELC)

A study of experience related commissioning of maternity services has, in Chapter 10 (page 131) a detailed account that is worth a read.<sup>26</sup>

Women participating in ELC events and activities reported the most positive experiences of all participants. Many felt listened to and understood when talking about their maternity experiences (in a one-to-one interview or a group situation) and described the experience as ‘therapeutic’ and ‘cathartic’. In addition, they valued being part of a process that was doing something to change and improve things for other mums in the future.

Most commissioners interviewed said ELC was entirely different from the way that commissioning was usually done, it was much more ‘innovative’ and ‘transformed’ the commissioning process. All commissioners had previous experiences of patient engagement within commissioning. One admitted that this had often just been informing patients once decisions had been made, or understanding patient experiences only through clinicians’ perspectives.

# Appendix: Basic search list

The table shows results from our basic search, listed alphabetically by report title.

Title	Subtitle	Publisher
A Chance to Change	Delivering effective parenting programmes to change lives	Centre for Mental Health
A Mental Health Needs Assessment of Young Irish Travellers at Lynton Close, Brent		Healthwatch Brent
A Silent Problem - Perinatal Mental Health in Oxfordshire	Report by the Oxfordshire 1001 Critical Days Coalition.	Healthwatch Oxfordshire
A summary of parents' experiences of using the health visiting service in Northamptonshire		Healthwatch Northamptonshire
Access and waiting		Centre for Mental Health
Achieving Better Access to Mental Health Services by 2020		Department of Health
Annual Director of Public Health Report 2014	Mental Health and Wellbeing in Bedford Borough	Bedford Borough Council
Antenatal and Postnatal Services in York		Healthwatch York
Best start in life and beyond, improving public health outcomes for children, young people and families - guidance to support the commissioning of the Healthy Child Programme 0-19, health visiting and school nursing services		Public Health England (PHE)
Beyond maternal death, improving the quality of maternal care through national studies of 'near-miss' maternal morbidity		National Institute for Health Research (NIHR)
Bringing together physical and mental health		The King's Fund
Capturing the lived experience of mental health service users in Essex		Healthwatch Essex - ecdp
Closing the Gap, Priorities for essential change in mental health		Department of Health
Community engagement		The Health Foundation
Creativi-Tea Workshop		Healthwatch Bristol
Each Baby Counts, key messages from 2015		Royal College of Obstetricians and Gynaecologists
Everybody Matters, Promoting Physical and Mental Wellbeing across Health and Social Care services	A report of Healthwatch Shropshire's Annual Event	Healthwatch Shropshire
Falling through the gaps	Perinatal mental health and general practice	Centre for Mental Health
Focus on people with mental ill health and hospital use	Exploring disparities in hospital use for physical healthcare	QualityWatch - The Health Foundation - Nuffield Trust

## Appendix: Basic search list (continued)

Title	Subtitle	Publisher
Health and wellbeing needs of children, young people and families in Norfolk		Healthwatch Norfolk
Hidden Needs	Identifying Key Vulnerable Groups in Data Collections: Vulnerable Migrants, Gypsies and Travellers, Homeless People, and Sex Workers	Inclusion Health
Hidden Voices of Maternity	Parents With Learning Disabilities Speak Out - Full Report	NHS England
Independent Investigation into the Care and Treatment Provided to Ms X		Avon and Wiltshire Mental Health Partnership NHS Trust
Infant mortality and stillbirth in the UK		Parliamentary Office of Science and Technology (POST)
Insights into Local Health and Social Care		Healthwatch North Lincolnshire
Liaison psychiatry in the modern NHS		Centre for Mental Health
Looking Beyond The Symptoms	A Report of the Health and Well-being Needs of BME Patients in 3 Surgeries in Brighton and Hove	The Trust for Developing Communities
Maternity Focus Group		Healthwatch Brighton and Hove - Sussex Interpreting Services
Maternity service review, July 2015		Healthwatch Blackpool
Maternity Services	Key findings from the Healthwatch network	Healthwatch England
Maternity Services in Norfolk	A snapshot of user experience Oct 2014 - April 2015	Healthwatch Norfolk
Mental Health and Wellbeing in York	Issue 1 - 2015	Healthwatch York
Mental Health service user views on Person-Centred Care in Hackney		Healthwatch Hackney
National Maternity Review, Better Births	Improving outcomes of maternity services in England, A Five Year Forward View for maternity care	NHS England
Peer support, what is it and does it work?	Summarising evidence from more than 1000 studies	National Voices
People's experience of primary mental health services in Wales, three years on		Gofal
Poor beginnings, health inequalities among young children across England		National Children's Bureau
Postnatal care planning		The Royal College of Midwives - Pressure Points
Postnatal Depression Services, An Investigation into NHS Service Provision		The Patients Association
Pregnancy in Barnet	A review of women's experiences in Barnet (updated version)	Healthwatch Barnet

## Appendix: Basic search list (continued)

Title	Subtitle	Publisher
Preparing for Home, a before-and-after study to investigate the effects of a neonatal discharge package aimed at increasing parental knowledge, understanding and confidence in caring for their preterm infant before and after discharge from hospital		National Institute for Health Research (NIHR)
Preventing avoidable harm in maternity care, Department of Health capital fund 2015-16		Department of Health
Priorities for mental health	Economic report for the NHS England Mental Health Taskforce	Centre for Mental Health
Public health and criminal justice	Promoting and protecting offenders' mental health and wellbeing	Centre for Mental Health
Report of Survey Findings	Celebrating the Best of the Maternity Experience of Care with a focus on parents with learning disabilities	Patient Experience Network - NHS England
Report on families' experiences of ante- and post- natal community services in Oxfordshire		Home Start - Healthwatch Oxfordshire
Review of Maternity Services		The Pennine Acute Hospitals NHS Trust
Saving Lives, Improving Mothers' Care	Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14	MBRRACE-UK
Social inequalities in early childhood health and development	A European-wide systematic review	UCL Institute of Health Equity
Support from the start	Commissioning early intervention services for mental ill health	NHS Clinical Commissioners
Support Overdue, Women's experiences of maternity services		National Childbirth Trust (NCT)
Supporting Mum	A Report of Patient Experience of the Maternity Pathway in Suffolk - Ipswich Hospital NHS Trust	Healthwatch Suffolk
Survey Report - Health Visiting Service	Bolton NHS Foundation Trust	Healthwatch Bolton
TalkBack		Mental Health Foundation
The barriers to cervical screening for South Asian women aged 25-49 in North Kirklees.		Healthwatch Kirklees
The costs of perinatal mental		Centre for Mental Health - PSSRU
The experience of Reading women who have been diverted from giving birth at their place of choice		Healthwatch Reading
The five year forward view mental health taskforce, public engagement findings	A report from the independent Mental Health Taskforce to the NHS in England	NHS England

## Appendix: Basic search list (continued)

Title	Subtitle	Publisher
The maternal mental health of migrant women		Better Health
The Report of the Morecambe Bay Investigation		Dr Bill Kirkup CBE
The role of health visitors and school nurses	Supporting the health and wellbeing of military families	Public Health England
The state of maternity services in England		Picker Institute Europe
The views and experiences of children, young people and parents using health and social care services in Waltham Forest (updated)		Healthwatch Waltham Forest
Turkish Speaking Carers Feedback on NHS (Antenatal, Intrapartum and Post Natal Care & Disability Services)	Addressing Health & Wellbeing Inequalities: Community Insight	Healthwatch Hackney
Using incentives to improve experience in maternity, children and young people's services	A report to consider how financial incentives could be used to improve the quality and effectiveness of maternity, children and young people's services	NHS
You just get on and do it	Healthcare provision in Youth Offending Teams	Centre for Mental Health

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- Falling through the gaps: perinatal mental health and general practice. Centre for Mental Health, March 2015
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