Department of Health & Social Care

Public Health England

Early years high impact area 2: Maternal mental health. Health visitors leading the Healthy Child Programme

Local Government Association

NHS
Health Education England

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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This guidance has been developed with our key partners, including Department of Health and Social Care, Health Education England and Local Government Association. NHS England supports this work and has advised on key areas.

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Maternal mental health

Context

Mental health problems in the perinatal period are very common, affecting up to 20% of women. Examples of these illnesses include antenatal and postnatal depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder and postpartum psychosis. Perinatal mental health problems occur during the period from conception to the child's first birthday. Untreated perinatal mental health problems affect maternal morbidity and mortality, with almost a quarter of maternal deaths between 6 weeks and one year after pregnancy attributed to mental health related causes; 1 in 7 maternal deaths during this period were by suicide.

Perinatal mental health problems cost the NHS and social services around £8.1 billion for each annual cohort of births. A significant proportion of this cost relates to adverse impacts on the child. The Chief Medical Officer's Report (2013) highlighted that, 'just as the seeds of a long and healthy life are sown in childhood so too are the origins of much mental illness'. Ensuring that all women receive access to the right type of care during the perinatal period is a key government priority to reduce the impact of maternal mental health problems during pregnancy and the first 2 years of life on infant mental health and future adolescent and adult mental health.

Some fathers may find the transition to parenthood challenging, requiring additional support for their mental health and wellbeing. In a survey of 296 fathers, conducted to coincide with Father's Day, around 38% reported they were concerned about their mental health (National Childbirth Trust, 2015).

Children of affected mothers and fathers are at higher risk of poor mental health, physical health, social and educational outcomes. Perinatal mental health problems can impact on a mother's and partner's ability to bond with their baby and to be sensitive and attuned to their emotions and needs. This in turn will affect the infant or child's ability to develop a secure attachment. Untreated perinatal mental health problems can have a devastating impact on mothers, fathers, partners and families. The effects can be of particular concern in the absence of other carers able to provide the quality emotional contact every infant needs.

About half of all cases of perinatal depression and anxiety go undetected and many of those which are detected fail to receive evidence-based forms of treatment. This is partly due to a lack of recognition and awareness of mental ill health and its signs and symptoms, particularly amongst some black and ethnic minority groups. Across all cultures, some women are reluctant to disclose how they are feeling due to the stigma

associated with mental health problems and fears that they may be judged to be an unfit mother, resulting in their baby being removed from their care; this can delay mothers seeking and accepting timely treatment.

Some women are at a higher risk of experiencing perinatal mental health problems. Risk factors include:

- history of abuse in childhood
- previous history of mental health problems
- teenage mothers
- maternal obesity
- traumatic birth
- history of stillbirth or miscarriage
- relationship difficulties
- social isolation

Better births: Improving outcomes of maternity services in England: A Five Year Forward View for maternity care

There is an increased risk to the baby when risks are combined with other factors, such as domestic abuse or substance misuse. Safeguarding is central to all the work that the health visitor does; the role includes early identification, early intervention and integrated working with social services in higher risk situations.

There are implications to the wider system relating to infant mental health, child and adolescent mental health, social care, adult mental health, physical health, education, housing, welfare and social justice[1].

[1] www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdfcost

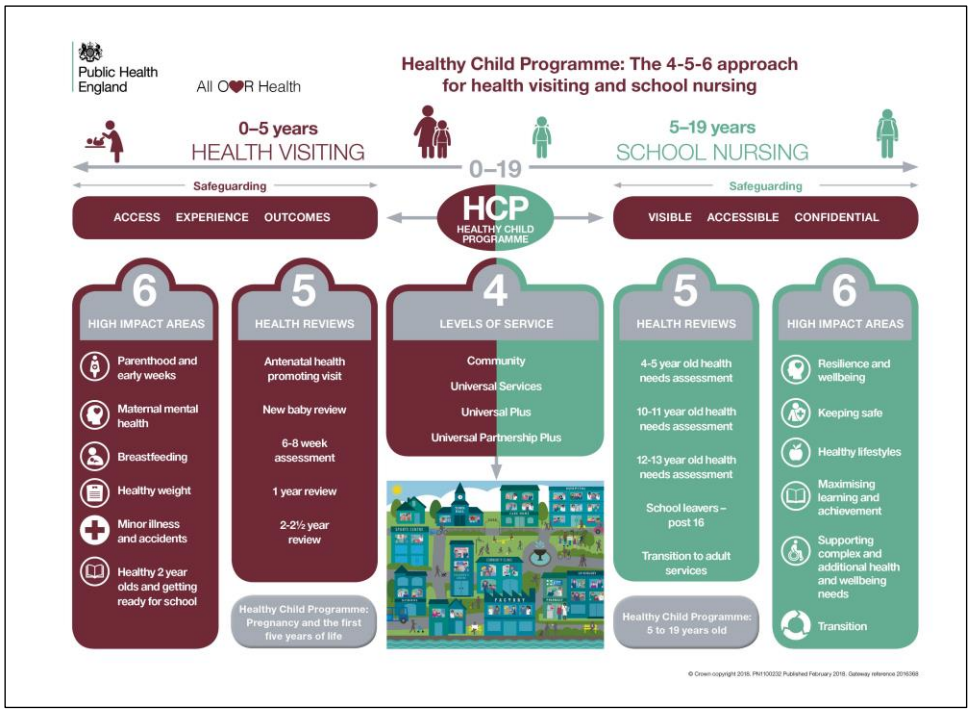
Health visitors' role

Health visitors, as public health nurses, use strength-based approaches, building non-dependent relationships to enable efficient working with parents and families to support behaviour change, promote health protection and to keep children safe.

Health visitors undertake a holistic assessment, in partnership with the family, which builds on their strengths as well as identifying any difficulties, including the parents' capacity to meet their infant's needs and the impact and influence of wider family, community and environmental circumstances. This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered. The health visiting service supports parents to identify the most appropriate level of support for their individual needs. Although health visitors provide the leadership, they will need to work with partners to deliver a comprehensive programme of support.

Health visitors have a clear, easily understood, national framework on which local services can build. The health visiting 4-5-6 model sets out 4 levels of service with increased reach from community action to complex needs, 5 universal health reviews for all children and the 6 high impact areas where health visitors have the greatest impact on child and family health and wellbeing (Figure 1).

Figure 1: The 4-5-6 approach for health visiting and school nursing



This high impact area interfaces with the other high impact areas and incorporates health visitors working in partnership with maternity, primary care, early years services, GP services, Troubled Families services, children's safeguarding services, mental health services, specialist and voluntary organisations.

Improving health and wellbeing

The high impact areas will focus on interventions at the following levels and will use a place-based approach:

- individual and family
- community
- population

The place-based approach offers new opportunities to help meet the challenges public health and the health and social care system face. This impacts on the whole community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor/fragmented services, or duplication/gaps in service provision. Health visitors, as leaders in public health and of the Healthy Child Programme (0-5), are well placed to support families and communities to engage in this approach. They are essential to the leadership and delivery of integrated services for individuals, communities and population to provide RightCare that maximises place-based systems of care.

Individual and family

Health visitors undertake additional training and are skilled in assessing mental health. The Rapid Review to update evidence for the Healthy Child Programme (2015) provides clear guidance on best practice and the importance of a patient centred approach. At the antenatal and new baby mandated reviews, the health visitor will complete a holistic needs assessment which will include asking all women about any past or present severe mental illness, previous or current treatment, and any severe postpartum mental illness in a first degree relative.

To increase identification of perinatal mental health problems, all health visitors should incorporate NICE Quality Standard [QS115] Antenatal and Postnatal mental health into their holistic assessment by asking the following Whooley depression identification questions as part of a general discussion about mental health and wellbeing:

During the past month have you often been bothered by:

- feeling down, depressed, or hopeless?
- having little interest or pleasure in doing things?

Anxiety can be identified using the GAD-2: During the past month have you been:

- feeling nervous, anxious, or on edge?
- unable to stop or control worrying?

Common mental health problems: Identification and pathways to care, NICE Clinical Guideline CG123, 2011

If the woman answers yes to any of these questions, or where there is clinical concern, further assessment is needed. Women with transient psychological symptoms ('baby blues') that have not resolved at 10-14 days after the birth should be regularly assessed for mental health problems.

Formal measures such as the patient health questionnaire (PHQ-9), the Edinburgh Postnatal Depression Scale (EPDS) or GAD-7 are recommended and referral to a general practitioner or perinatal mental health professional, depending on the severity of the presenting problem.

At all subsequent contacts during pregnancy and the first year after birth, the health visitor should consider asking the 2 depression questions and using GAD-2 as well as the EPDS or the PHQ-9 as part of monitoring.

Health visitors provide direct support to parents and infants at a more specialist level and act as advocates, linking women up with other specialist services and voluntary sector agencies and working together with these services.

Health visitors have an opportunity to Make Every Contact Count, promoting the importance of healthy lifestyles and the value of health as a foundation for future wellbeing, for example healthy eating, including Healthy Start; physical activity; accident prevention; improving parents' confidence in managing minor illnesses and reducing unnecessary antibiotic use; sun safety and skin cancer prevention; oral health; promotion of smoke-free homes and cars; responsive parenting; behaviour management, including sleep; promotion of development, play and a language-rich home learning environment; and the promotion of free early years childcare offer for eligible families.

Community

Health visitors are important local leaders, working collaboratively with local authorities, primary, secondary and specialist services. They are innovators in service development, assessing health needs and helping to influence changes where needed, ensuring that perinatal mental health problems are identified, and women and men receive high quality care within health visiting services and beyond.

Health visitors can provide direct support to parents and act as advocates. They can link and work together with families and other specialist services and voluntary agencies.

The health visitor can lead the implementation and delivery of group-based support and other preventive or early interventions to promote mental health, such as promoting physical activity, peer support groups and fathers' groups. They can also provide information on issues that impact on mental health and signposting to support from other agencies such as benefits, housing and relationship advice.

Population

Health visitors lead the Healthy Child Programme (0-5) and provide leadership at a strategic level to contribute to development and improvement of policies, pathways and strategies to support delivery of high quality, evidence-based, consistent care for improving mental health and wellbeing.

Health visitors also make links and work with the local authority and multi-agencies on wider determinants of mental health, such as housing, health and safety. As advocates for families with perinatal mental health difficulties, health visitors have a crucial role within multi-disciplinary pathways delivering effective mental health care to mothers, fathers and their infants during the perinatal period and usually up to the baby's second birthday. They play a central role in an integrated service model which includes health visitors in perinatal and infant mental health as recommended by Health Education England.

Health visitors can provide specialist training, consultation and support for peers and other professionals and the wider early years workforce working with mothers, fathers, partners and young children (Health Education England, 2016).

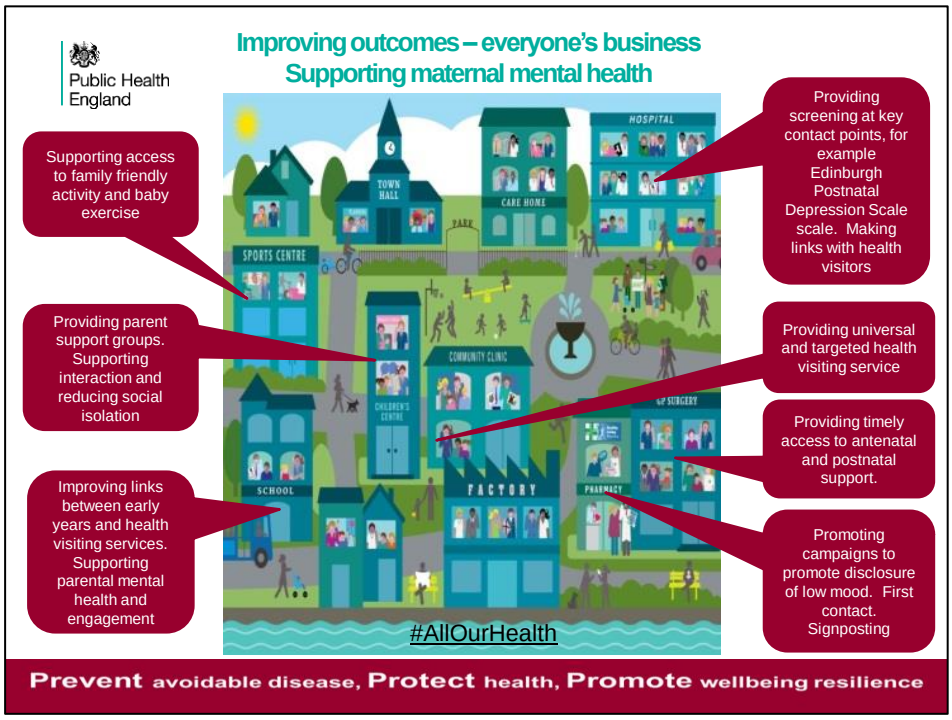
When women have access to specialist interventions at an early stage in the development of perinatal mental health difficulties, they can make a good recovery and

there need not be long term effects on their relationship with the baby and on the child's later development. Trained and skilled professionals can often prevent the onset, escalation and negative impact of perinatal mental health problems. This can happen through early identification and expert management of a woman's condition, including the provision of specialist therapeutic support to promote a positive relationship with the baby, where this is affected by mental health difficulties (Health Education England, 2016).

Using evidence to support delivery

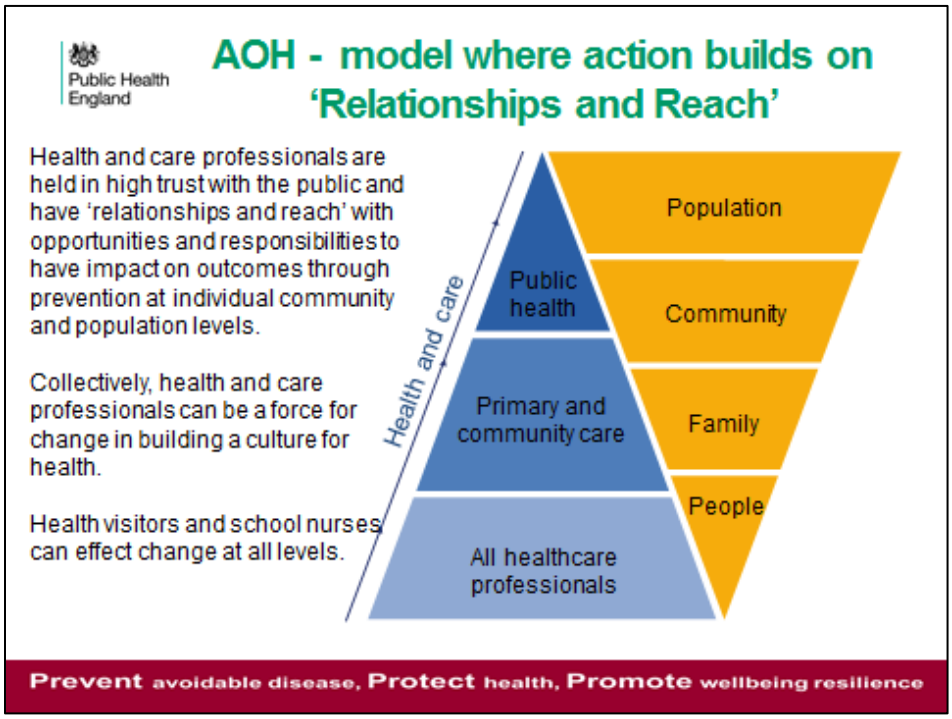
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin good health. This is illustrated in Figure 2, which uses the All Our Health townscape to demonstrate how improving outcomes is everyone's business, working across both traditional and non-traditional settings such as the workplace, green spaces and community centres.

Figure 2: All Our Health: Community and place-based approach to health and wellbeing



The All Our Health framework brings together resources and evidence that will help to support evidence based practice and service delivery; Making Every Contact Count and building on the specialist public health skills of health visitors.

Figure 3: All Our Health (AOH) – model where action builds on 'Relationships and Reach'



Health visitors' contribution to the Healthy Child Programme (0-5), using the 4-5-6 model and incorporating the evidence base through All Our Health, is achieved from individual to population level.

Measures of success/outcome

High quality data, analysis tools and resources are available for all public health professionals to identify the health of the local population. This contributes to the decision making process for the commissioning of services and future plans to improve people's health and reduce inequalities in their area including Public Health and NHS Outcomes Frameworks for Children or future Child Health Outcomes Framework measure/placeholder, interim proxy measure, measure of access and service experience. Health visitors and wider stakeholders need to demonstrate impact of improved outcomes. This can be achieved by using local measures:

Access:

- number of women who are asked the recommended questions for prediction and detection of mental health issues at the antenatal booking appointment
- number of infants who received a first face-to-face antenatal contact with a health visitor
- percentage of infants who receive a new birth visit with a health visitor
- percentage of infants who receive face to face contact at 6-8 weeks

Effective delivery:

- evidence of development and implementation of local multi-agency perinatal mental health pathways setting out evidence-based assessments, identification and interventions for perinatal mental health problems and communication required between all relevant professionals
- the development of evidence-based, integrated local pathways for infant mental health (this area overlaps significantly with integrated perinatal mental health pathways and includes Specialist Health Visitors in perinatal and infant mental health as recommended by Health Education England) It also overlaps with pathways with Child and Adolescent Mental Health Services (CAMHS) pathways
- evidence of development and implementation of evidence-based training and use of validated tools to identify infants who may be at risk of poor attachment and parents who need additional support to attune and bond to their infants.
- use of tools including:
    - perinatal mental health data profile – local area data available
    - mental health in pregnancy and the postnatal period, and babies and toddlers needs assessment reports – available through PHE's Fingertips tool for each local authority, clinical commissioning group and sustainability and transformation plan

Outcomes:

- number of women in contact with mental health services who were new or expectant mothers
- published in the Mental Health Services Monthly Statistics

User experience:

feedback from NHS Friends and Family Test, via local commissioner and provider data

Other measures can be developed locally and could include measures such as initiatives within health visitors' building community capacity role, such as developing peer support, engaging fathers, joint developments with parent volunteers and early years services.

Connection with other policy areas and interfaces

How does this link to and support wider early years work?

The high impact area documents support delivery of the Healthy Child Programme and 0-5 agenda, and highlight the link with a number of other interconnecting policy areas such as the Maternity Transformation Programme, Childhood Obesity, Speech, Language and Communication, mental health and Social Mobility Action Plan. The importance of effective outcomes relies on strong partnership working between all partners in health (primary and secondary), local authority including early years services, and voluntary sector services.

How will we get there?

Approaches to improving outcomes through collaborative working

- Public Health England Best Start in Life and beyond: Improving 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 supports the delivery of the high impact areas, the Healthy Child Programme and delivery of the 5 universal health reviews, which are currently mandated via legislation
- information sharing agreements in place across all agencies
- generate and use information from Joint Strategic Needs Assessment, including Fingertips (Public Health profiles), information about families, communities and the quality of local services to identify and respond to agreed joint priorities
- local adoption of the Prevention Concordat for Better Mental Health and the inclusion of perinatal mental health as a theme in geographical prevention planning arrangements
- development of competencies to identify perinatal mental health issues
- demonstrate value for money and Return on Investment

Improvements

- improved accessibility for vulnerable groups
- integrated IT systems and information sharing across agencies
- development and use of integrated pathways
- systematic collection of user experience eg NHS Friends and Family Test to inform action
- increased use of evidence-based interventions and links to other early years performance indicators

- improved partnership working eg maternity, specialist perinatal mental health teams, and school nursing
- consistent information for parents and carers
- create and strengthen ‘father inclusive’ services to engage fathers
- identify early predictors of perinatal mental illness
- direct referral to primary care and specialist perinatal mental health services, including Improving Access to Psychological Therapies (IAPT) services in place to ensure adequate supply against demand

Professional/partnership mobilisation

- multi-agency training and supervision to identify risk factors and early signs of perinatal, paternal and other mental health issues
- multi-agency communication skills training to address stigma and enable patient centred, open discussions about perinatal mental health to improve identification
- multi-agency training in evidence-based early intervention and safeguarding practices
- effective delivery of universal prevention and early intervention programmes with evidence-based outcome measures
- improved understanding of data within the Joint Strategic Needs Assessment and at the local Health and Wellbeing Board to better support integrated working of health visiting services with existing local authority arrangements to provide a holistic/joined up and improved service for young children, parents and families
- identification of skills and competencies to inform integrated working and skill mix
- increased integration and working with early years services/specialist perinatal mental health teams/voluntary sector mental health organisations to offer a range of services/activities to promote emotional wellbeing and positive mental health
- improved accessibility through a local cohesive approach demonstrated through a perinatal mental health pathway

Associated tools and guidance

(including pathways)

Information, resources and best practice to support health visitors – maternal mental health

Policy

Better beginnings: Improving health for pregnancy, NHS Institute for Health Research, 2017
Children and young people's health benchmarking tool, Public Health England, 2014
Healthy Child Programme: Pregnancy and the first five years of life, Department of Health and Social Care, 2009
Prevention Concordat for Better Mental Health, Public Health England, 2017
Prime Minister promises a revolution in mental health treatment, Department of Health and Social Care and NHS England, 2016
Public Health Outcomes Framework 2013 to 2016, Department of Health and Social Care, 2013
Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015
SAFER communication guidelines, Department of Health and Social Care, 2013
The 1001 Critical Days: The Importance of the Conception to Age Two Period, A cross-party manifesto, 2014
The five year forward view for mental health, NHS England, 2016
The mental health strategy for England, Department of Health and Social Care, 2011
UK physical activity guidelines, Department of Health and Social Care, 2011
Working together to safeguard children, HM Government, 2015

Research

All babies count: Spotlight on perinatal mental health, NSPCC 2013
Building Community Capacity, e-learning for Healthcare, accessed September 2018
Child and Maternal Health, Public Health England, accessed September 2018
Conception to Age 2: The age of opportunity, WAVE Trust, 2013
Costs of perinatal mental health problems, Centre for Mental Health, 2014
MBRRACE-UK, Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK, National Perinatal Epidemiology Unit, 2015
National Perinatal Mental Health Project Report: perinatal mental health of black and minority ethnic women, National Mental Health Development Unit, 2011
Perinatal mental health services for London: Guide for commissioners, NHS London Clinical Networks, 2017
Specialist health visitors in perinatal and infant mental health, Health Education England, 2016

The Best Start at Home, Early Intervention Foundation, 2015
The Parent–Infant Interaction Observation Scale: reliability and validity of a screening tool, Svanberg, P.O., Barlow, J. and Tigbe, W., Journal of Reproductive and Infant Psychology: Volume 31, Issue 1, 2013
Universal screening and early intervention for maternal mental health and attachment difficulties, Milford, R., Oates J., Community Practitioner, 2009; 82(8): 30-3

Guidance

Health visiting and midwifery partnership: Pregnancy and early weeks, Public Health England, 2015
Maternal Mental Health Pathway, Public Health England, 2015

NICE Guidance

Antenatal and postnatal mental health, NICE Quality Standard [QS115], 2016
Antenatal and postnatal mental health overview, NICE advice, accessed August 2018
Postnatal care, NICE Quality Standard [QS37], 2013
Pregnancy and complex social factors, NICE Clinical Guideline [CG110], 2010