



**Healthy London
Partnership**

Healthy London Partnership (HLP) Children and Young People's Mental Health Shared Learning Event

Parental and family mental health presentations:

Our Time and Kids Time Workshops (Hackney Perspective)

SLAM Think Family Strategy

Maternal MH Alliance

Islington approach

Supported by and delivering for:



Public Health
England



SUPPORTED BY
MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Kidstime Workshops



Leonard Fagin

Our Time

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London Borough of
Hackney

Healthy London
Partnership

July 3rd 2019



Helping young people affected by
parental mental illness

WHAT DO WE KNOW ?

- One in six of all school age children will have a parent with mental illness
- Equivalent to 2,000,000 children (SCIE 2010)
- In the UK 3.7 million children live with a parent with mental illness
- 2010 estimate suggests at least 250,000 or more are actively caring for a parent with mental illness but only 165,000 children formally identified as young carers



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Adverse Childhood Experiences

- Childhood experiences, both positive and negative, have a tremendous impact on lifelong health and opportunity – so it's not surprising they've become an important public health issue.
- Much of the core research in this area is referred to as adverse childhood experiences, or ACEs, and parental mental illness is cited as one such experience that can affect health in later life. Findings have shown that as the number of adverse experiences a young person faces increases, so does the risk of negative outcomes, such as health-harming behaviour, chronic health conditions, low life potential and even early death.



Our Time Campaigns

- At present, children of parents with a mental illness are not recognised in any policy on mental health and wellbeing, despite the fact that this situation puts them at significant risk of becoming ill themselves. The UK is one of the only developed countries in the world that does not recognise this issue as a risk factor or have the necessary support and preventative interventions in place to mitigate this risk.
- We believe the next generation of affected children should have the chance to live healthy and happy lives, and we're campaigning on their behalf.



Statistics

- Approximately 68% of women and 57% of men with mental health problems are parents.¹
- The most common mental health problems experienced during pregnancy and after birth are anxiety, depression and post-traumatic stress disorder (PTSD).²
- Women experiencing maternal mental health problems:³
 - Postpartum psychosis: 2 per 1,000
 - Serious mental ill health: 2 per 1,000
 - Severe depressive illness: 30 per 1,000
 - Mild-moderate depressive illness and anxiety states: 100-150 per 1,000
 - PTSD: 30 per 1,000
 - Adjustment disorders and distress: 150-300 per 1,000.



Parents and Mental Health

- Research has shown that some children of parents with a severe and enduring mental illness experience greater levels of emotional, psychological and behavioural problems than children and young people in the rest of the population.
- They will also have to be living with the stigma attached to mental ill health and may be bullied at school.
- Parents and children or young people often feel isolated and unsupported
- Many parents feel under pressure to balance their parenting role with their other roles as partners or workers.
- Impact of hospitalisation on children and parenting.
- When and how can mentally unwell parents explain what is happening to their child in order for that child make sense of their parent's behaviour.



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Parents and Mental Health

- Not all children experience negative effects from their parents' mental ill health. Protective factors include: receiving child friendly explanations, supported by another well adult and sensitive agencies (social services, mental health hospitals), school staff awareness, extended family support, consistent parenting.
- Advanced information sheets for children and parents, preparing for eventualities such as separation due to hospitalisation, impacts of medication, finding out about likes and dislikes.
- Maintaining a sense of control for both parents and children, reducing parental guilt and inappropriate caring responsibilities for children.



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Common issues

- Dealing with other people's negative ideas about mental health problems.
- Believing that parents are alone with their difficulties.
- Isolation and bullying.
- A tendency to think that talking about concerns will negatively affect parents and children.
- Poor liaison between involved agencies (schools, social services, mental health services, non-statutory organizations).

Adapted from MIND UK

Factors affecting parental capacity

- History of mental health problems with an impact on the sufferer's functioning;
- Unmanaged mental health problems with an impact on the sufferer's functioning;
- Maladaptive coping strategies;
- Misuse of drugs, alcohol, or medication;
- Severe eating disorders;
- Self-harming and suicidal behaviour;
- Lack of insight into illness and impact on child, or insight not applied;
- Non-compliance with treatment;
- Poor engagement with services;
- Previous or current compulsory admissions to mental health hospital;
- Disorder deemed long term 'untreatable', or untreatable within time scales compatible with child's best interests;
- Mental health problems combined with domestic abuse and / or relationship difficulties;
- Mental health problems combined with isolation and / or poor support networks;
- Mental health problems combined with criminal offending (forensic);
- Non-identification of the illness by professionals (e.g. untreated post-natal depression can lead to significant attachment problems);
- Previous referrals to Local Authority or Children Services.



KIDSTIME WORKSHOPS

- Monthly workshops are multi-family interventions for children and their parents, where one or both parents have or have had a mental illness.
- Emphasis on play, fun, common experiences, pizza
- Children between 5 and 18
- Referrals from a variety of agencies: social and children's services, mental health services, young carer groups, schools, self-referrals.
- Facilitated by a clinician, a drama therapist, family workers and trainees and volunteers.
- Open ended



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Kidstime Workshops

- Our Time has now trained facilitators in various parts of the UK (16), as well as Germany (4) and Spain (17)



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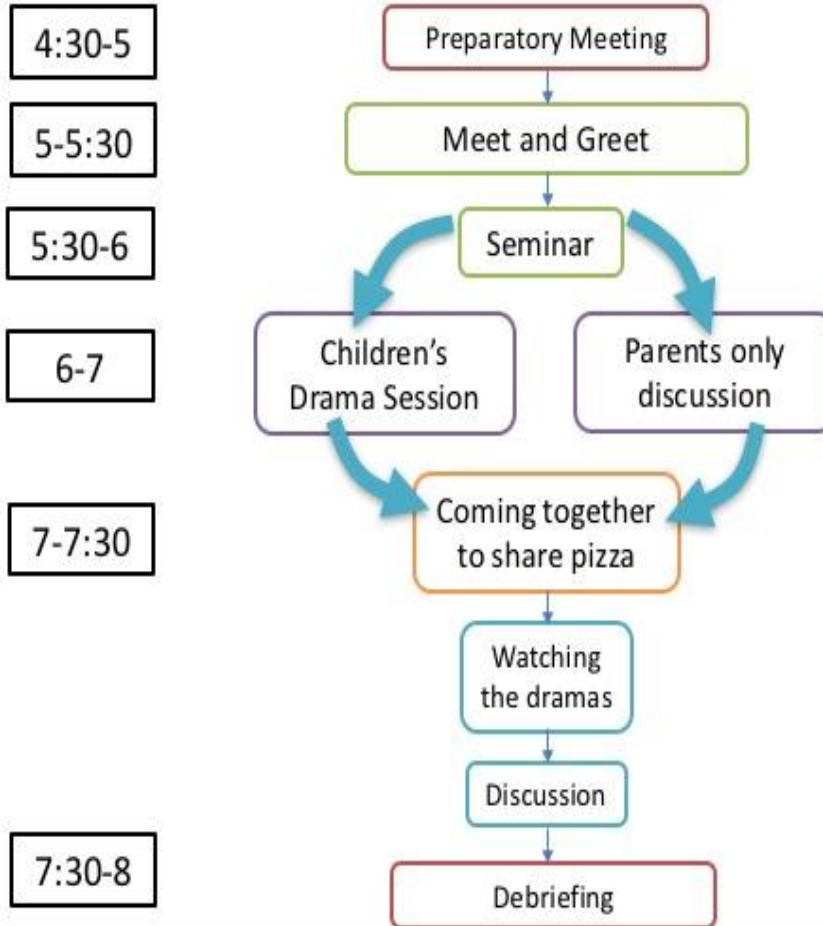
THE GOALS OF THE KIDSTIME WORKSHOPS

- Help children and young people gain understandable explanations of their parents' mental illness and the behaviour of the ill parent associated with this.
- Address the children's fears, confusion, and lack of knowledge about mental illness and its treatment
- Help the parents who suffer from mental illness to discuss the illness and its impact with their children
- Help the parents to access or rediscover their pride, confidence and competencies as parents



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workshop structure



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Parent group format

- The group meets at the same time as the children are working with the drama practitioner
- The facilitator opens up by asking parents for their reactions on what has been discussed in the earlier part of the workshop, in particular the seminar
- Free flowing discussion, with facilitator trying to steer conversation to the impact on children of parental mental health difficulties and difficulties in parenting.
- Encouraging interaction between parents, seeking shared experiences and ways of managing with difficulties.



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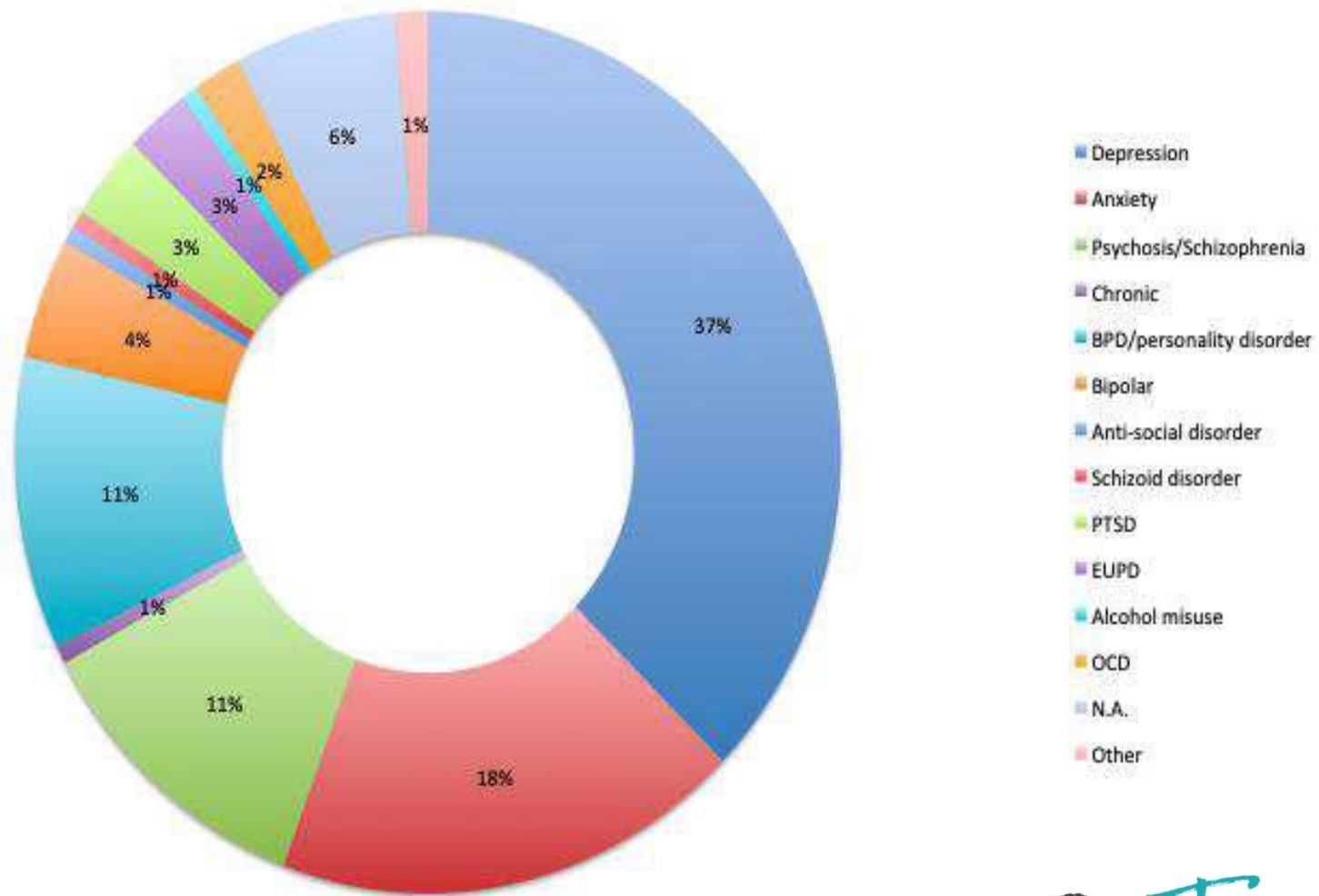
Feedback to the children

- When the whole group re-convenes, parents are encouraged to briefly summarise what has been discussed in the group to the children, and to allow children to ask questions.
- The message is to convey that all matters can be openly spoken about, and to facilitate parents giving explanations to their children about their mental health.



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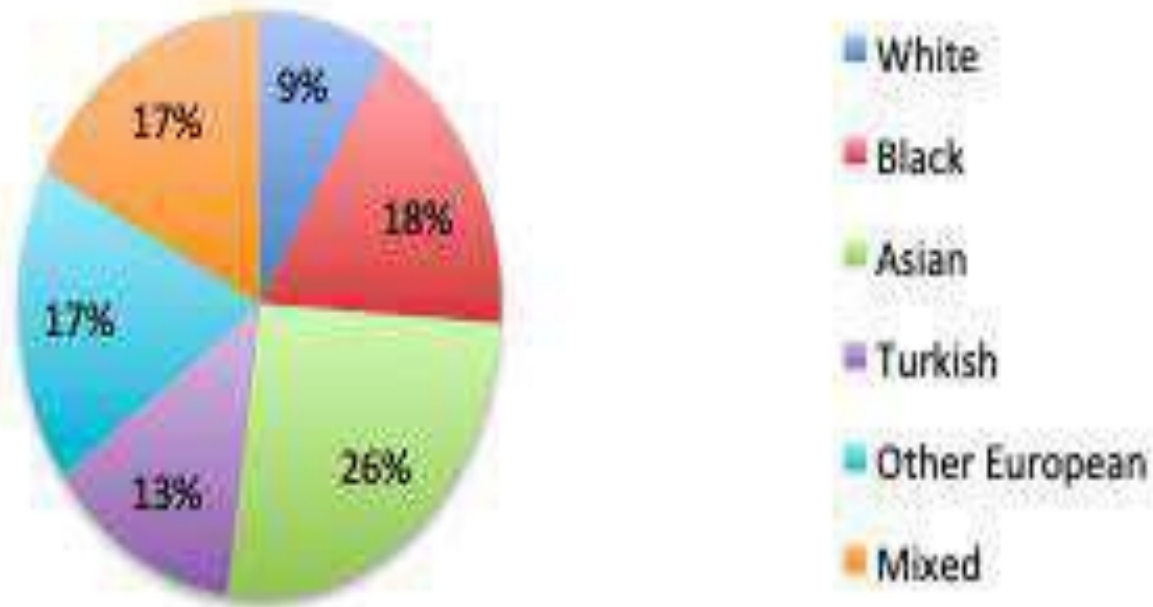
Percentage of parents/carers with this diagnosis



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Percentage of families of this ethnic background



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Features of Kidstime in Hackney

- Embedded in local services and agencies (Children and Young People Social Services, Mental Health Services, Family Action Hackney, WellFamily Service)
- Dissemination of information to potential referrers
- Common referral system
- Preparatory work with families
- Venue at the Linden Children's Centre
- Started in 2009

Hackney Parent Group data

- 2009-2018
- 102 parent groups
- Average parent numbers per group 8.7
- 85% mothers



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From our dataset

- All the mothers and a few of the fathers have suffered from mental health problems, ranging from schizophrenia and schizoaffective disorders , bipolar affective disorders , chronic depression, with or without psychosis and anxiety , substance abuse , borderline personality , postnatal psychosis and conversion disorder
- A few referrals were either inappropriate (young age of children, children with serious autistic problems, parents unable to attend, parents not caring for children) or wished to join at a later date
- Drop outs. Some families attend for only one session and leave . Others have attended for between 2 and 10 workshops before deciding to leave . Some families have left for many months and then returned and a few families never turned up after agreeing to come.

Key successes for children

- Learning about mental illness helps them understand their parents
- Becoming children again
- Recognizing they are not alone, that they are not responsible for their parents illness.
- Learning where they can get help
- The drama sessions and making films
- The food - especially the pizza

Parent Groups Themes 1

- Parents' anxieties about their children's worries and their attempts to comfort their parents. Parents taking responsibility for their anxieties so as to relieve pressure on their children to do something about them.
- Losing parental authority. Difficulties in reassuming parental role after a period of mental illness.
- Being a single parent. The role of fathers, present and absent. Negative projections onto the well parent. Family secrets.



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Parent groups Themes 2

- Transgenerational influences. Managing the responses from grandparents.
- Asking questions and giving explanations. Talking about mental illness with children
- Problems with adolescents
- Isolation
- Separations
- Perceptions of prejudice. Ambivalent, fearful relationships with Social Services and worries of children being removed from parental care.



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Parent Group Themes 3

- Dashing of parental hopes and expectations
- Effects of medication on parenting.
- Holidays do not always mean holidays
- Cultural differences



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Fathers

- Why do we not see more fathers in groups?
- Most parents referred to Kidstime are lone parents.
- Impact of mental illness on marital status.
- Mothers usually talk in disparaging terms about the fathers of the children. 'Absent fathers are bad, unreliable, dismissive, abandoning.'
- When fathers do attend, they usually are in a supportive role, and tend to have a closer involvement in the care of the children. They break the stereotypical views.
- This can create tensions for the single mothers in the group.
- Present fathers sometimes bear the brunt of children's animosity which cannot be deflected on the ill mother.
- Projection of the 'good father' on the group facilitator
- Impact on children of not having a male role model, or mothers having to take on dual roles.



Reflections and conclusions

- Parents who have experienced a mental illness derive comfort and support from groups where they can openly discuss the difficulties they are encountering in their roles as parents. The subjects parents want to share are varied and cover a wide spectrum. The facilitator of these groups adopts a facilitating and supportive role to allow parents to share their experiences in a way that they would find difficult in other settings, because of embarrassment, stigma or isolation. The group is encouraged to address issues that relate to the impact on their children, rather than focusing on their individual experiences or symptoms of illness or their treatments by professionals.



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Feedback from parents

- “Since we’ve been coming here for a year and a half they (the children) get to see other children with parents with mental health (problems), and there’s other families in the same situation, so they don’t feel so alone because I think before they thought our family was really strange. They’ve seen other people the same as us”. (Mother, KidsTime)
- “The adult group, I find it so helpful, because there are other families who may be going through similar situations. It’s like a ‘mother’s meeting’ really, and we’re all able to access information from each other which you wouldn’t normally get, and obviously KidsTime, they tell you things as well that maybe social services or other people wouldn’t be able to tell you.”. (Mother, KidsTime)
- “Since the beginning. I’ve made friends with everybody and they’re friends outside the group as well and they all ring me up, and all messaging me the other day, asking, ‘Are you coming on Monday? See you on Monday’ We’ve become like a little community”.



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Questions raised and future research questions

- Do they help parents to be more relaxed with their children about their mental health difficulties, and leave themselves open for children to raise questions and get explanations about what is happening to them?
- Do the groups raise an awareness of how parental mental illness has impacted on their children?
- Do the groups help parents restore their confidence in their ability to parent, and if so what impact does this have on their children?
- Does it remove the pressures on children to take on prematurely caring roles?



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Engaging teachers and parents with mental illness Who Cares Project

- *Suitability:*
- College Staff, Primary School Staff, Secondary School Staff
- *Category:*
- Guides
- *Type:*
- PDF
- *Time Required:*
- Hours
- This guide is designed to help school staff engage with parents when there are mental health issues. It offers ideas about communication concerning the young person or where parental mental illness had not previously been known about by the school.
- The guide covers the following key principles and also includes a case study at the end.
- Think about your own assumptions and how you might come across to others
- Assume the encounter will be productive
- Accentuate the positive
- Stay curious
- Assume the parents' expertise
- Negotiate in the face of hostility
- Be open and transparent
- Change position when you get stuck
- Offer another meeting – even if this one does not go well
- Think beyond the label of mental illness
- Try to build a relationship before problems arise
- Consider the young person's culture and any language difficulties





Our Time

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Our Time

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lfagin@blueyonder.co.uk

www.ourtime.org.uk



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Supporting the provision of Kidstime Workshops in Hackney

Hackney and Kidstime

Local authorities have a duty to support children and parents affected with mental health issues.

Hackney Children and Families Services recognise that parental mental ill-health can have devastating impacts on families, and particularly children, who find it difficult to understand the potential implications. In addition, children are often thrust prematurely into caring roles.

Children can also feel isolated and frustrated when mental health difficulties affect the way their parents behave. Sometimes children feel protective of their parents and do not feel able to seek help and support for themselves.

Shared Aims

The aim of the Kidstime Workshops is to give children the confidence to talk about their experiences with other young people who faced similar situations.

Kidstime Workshops also work with parents to help them understand the impact of their illness on their children and to improve their parenting skills to provide a safe, secure and supportive family environment.

The council wants to develop and deliver services that focus on

- early and earlier intervention - targeting support to children before difficulties escalate
- strength based approaches that promote high engagement
- innovative and integrated services

As a commissioner - why 'out-source'?

- Complements In house clinical provision
- Value Added
- Specialism
- Independence
- Use of local community resource to support engagement
- Feedback
- Consultation / Gateway

The Kidstime Workshop is realistically the only provider designed to deliver a service of this nature in our local area.

What do we require?

11 workshops per year (@ £1,500 each) funded by a Yearly Grant

Feedback on Key Performance Indicators

Regular Meetings


A drive towards continuous improvement - supported with equipment

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*Think Child Think Parent **Think Family***

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‘The rates of child mental health tended to be highest in children living with a parent with poor mental health’
(DH, 2018)

South London and Maudsley

NHS Foundation Trust



Parental wellbeing, parenting & child outcomes



- Happy, less depressed parents play and stimulate their children more (Dix 1991)
- Greater parental satisfaction associated with better child social/emotional development & language skills (Berger & Speiss, 2011)
- Positive parental encouragement & affirmation boosts child self-confidence (Stipek, 1995)
- Maternal emotional closeness and involvement predicts children later life satisfaction as an adult (Flouri, 2004)

Parents and mental health:



- 63% of women affected by psychosis in the UK are mothers
- 20% of adults affected by psychotic conditions care for children, with half being lone parents.
- 25% of adults in acute psychiatric hospital settings may be parents, probably under-estimate.
- 40% of service users may be affected by significant personality difficulties, of whom about 25% are parents.
- Difficult to obtain clear numbers of parents with mental health difficulties and levels of parenting /child needs within the Trust
- Parental mental health is a significant factor for children entering the care system (ODPM '04)
- 68% of women and 57% of men with a mental illness are parents. In addition many children live with a parent who has long-term mental health problems, as well as alcohol or drug problems and personality disorders.

Parental mental health & parenting



- Parental personality disorder increases the likelihood of childhood mental health difficulties & child maltreatment. (Dutton, Denny-Keys, & Sells, 2011; Stepp et al., 2011; Newman et al., 2007)
 - Parental emotional dysregulation
 - Co-existing substance misuse,
 - Self-harm,
 - Hostile and avoidant interpersonal functioning
- Undermine parents' capacity to provide children with warm, nurturant, boundaried & consistent parenting.

Associations between parental mental health and other family factors and healthcare utilisation among children and young people: a retrospective, cross sectional study of linked healthcare data



Results Controlling for parental utilisation, parental depression (vs not) was significantly associated with increased healthcare utilisation for CYP.

Conclusions Parental depression is associated with increased utilisation of ED, outpatient and inpatient services by CYP, as well as with increased GP consultations among adolescents. The results demonstrate that healthcare utilisation by CYP is associated with the health seeking behaviour of adults in their household.

Dreyer K, et al. BMJ Paediatrics Open 2018

Service and Practitioner Challenges



- Parental status of adults under-recorded
- Main focussed on safeguarding rather than impact of MH adults problems on parenting and child mental health
- Proactive support to parents much less frequently part of care plans
- Parents fear child protection processes if their mental health problem and parenting challenges are known to services
- Parents sceptical that services can/will help with parenting issues.

Day et al., (2018), Parker et al (2008)

Barriers to thinking family



- Fear and stigma
- Challenge of interagency working
- Confidence and willingness to work outside professional boundaries
- Statutory thresholds
- Knowledge of services
- Workload
- Information sharing
- Service Threshold
- No PMH pathway

Think Family Strategy;

Think Child, Think parent, Think Family



The underlying principles of a Think Family Strategy are:

- To recognise the aspirations of people with mental health problems to be parents either now or in the future. To ensure they are supported in this role and that the needs of their children/young people are recognised.
- That children and young people using services get the right service, at the right time and that their families receive appropriate support, with an expectation that there is greater integration, between the AMH and CAMHS services.
- Those parents with children/young people who are receiving mental health services receive appropriate integrated interventions.
- That AMH and CAMHS services work towards providing an integrated and joint working approach with families

SLaM developments

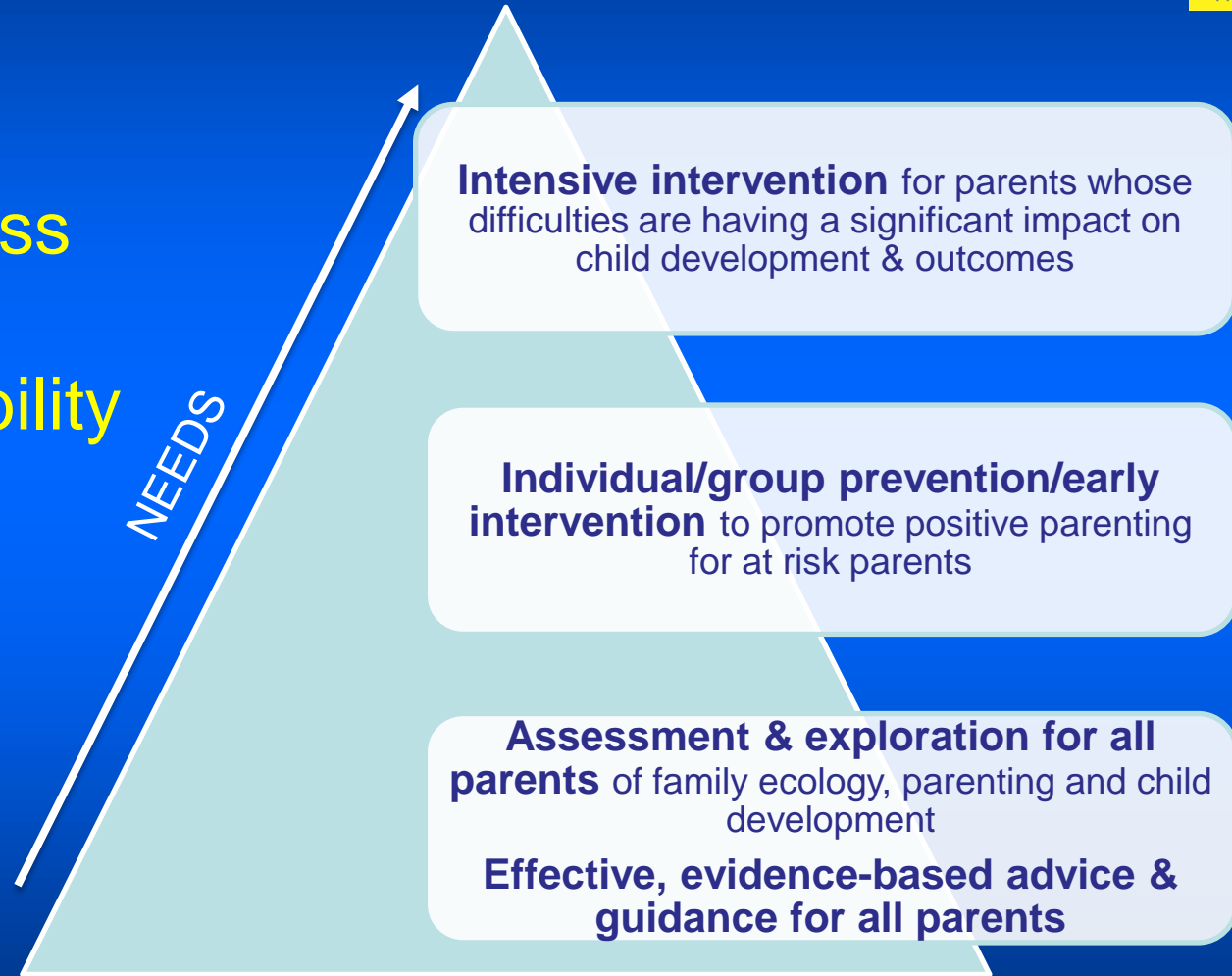


- Southwark Parental mental health team, this team works with parents who experience a broad range of mental health problems and have children under 5. They work closely with children centres and other community services, they will offer either 121 intervention and or group work.
- Centre For Parent and Child Support has developed the Helping Families team a specify outreach intervention for parents experiencing mental health issues.
- SLaM has now moved on from having a Think Family strategy in Southwark to having one across the Trust.
- The Trust has developed information for parents, children/young people and staff about Parental Mental Health.
- SlaM has just had its 4th Think Family seminar which attracts huge interest from both AMH and CAMHs services.
- Southwark has a specialist role to work across AMH and Children social care services to improve Think Family working, this includes information sharing in MASH and increasing the level of joint work across the services, providing specialist supervision to AMH [including IAPT staff] and Children social care staff.

Improving Parent, Parenting & Child Outcomes in SLAM: *Be bold & innovative*

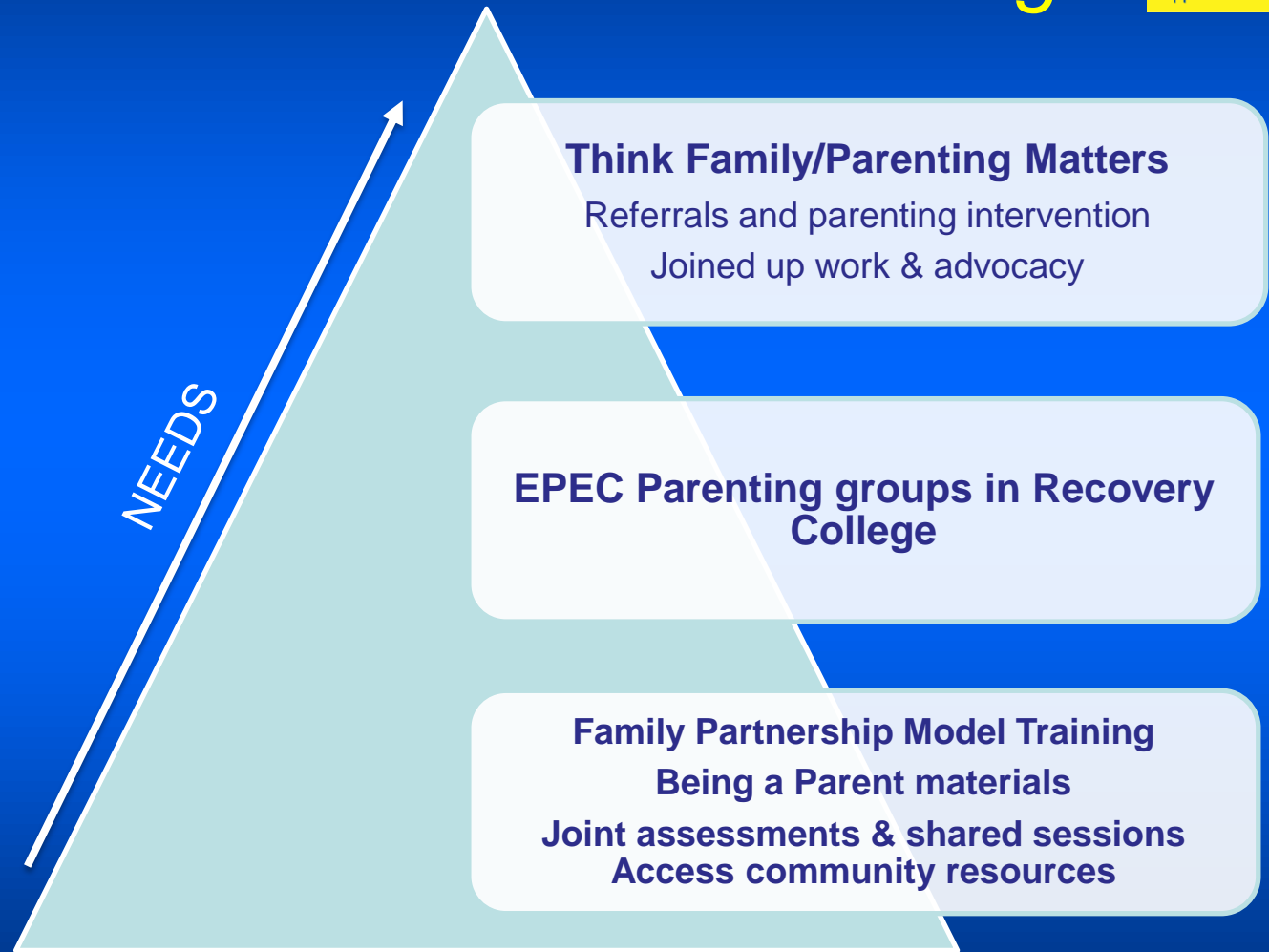


- Need
- Awareness
- Desire
- Acceptability
- Impact



Parents with mental health difficulties

Improving Parent, Parenting and Child Outcomes: *What we are doing*



Parents with mental health difficulties

Helping Families Team



- Parents whose mental health difficulties are impacting on their ability to parent
- Multi-stressed families facing significant difficulties
- Parenting interventions have not been successful in the past
- Working in Partnership with CAMHS, AMH, Education, Social Care, Health and Third Sector
- Lambeth, Southwark, Croydon and Lewisham

What do we offer?



Consultation
to network



Recovery



Training

- Peer-led parenting intervention
 - Groups run in Children's Centres
 - Over 30 EPEC hubs across the country
 - Baby and Us, Being a Parent, Living with Teenagers
 - Adaptations for ASD, ADHD
 - Spanish-speaking Parents
 - Future- inpatient
- Recovery College

- Group intervention for parents with mental health difficulties
- Facilitated by one parent facilitator and one clinician
- Open to parents who identify with having a mental health difficulty
- Self-referral or C/C referral
- 3 groups run (Southwark, Croydon, Lambeth)
- 8 week course plus coffee morning
- Total of 22 (N= 4,10,8)
- EPEC- being a parent 2-11years
- January group will be in Southwark

EPEC-Recovery reflections



- Low levels of self-care
- Social care involvement, exp DV, physical health needs, financial concerns
- Still high engagement (low drop out rate)
- Plan for future: Evaluate so far....
- Adapt Parents with Personality Disorders (due to gap in services)
- Focus group to ask parents who had completed group and had EUPD (content, engagement and publicity)
- Taking knowledge and expertise from evidence base –e.g. DBT; Belsky Model of Parent “The determinants of parenting”



- Manualised Parenting intervention for multi-stressed families
- Based in the family home
- Model is focused on the process, where the relationship between parent and therapist is seen as the conduit for change.
- Intervention is circular not linear
- Co-working with referrer- beginning, middle and end.
- Building resilience
- Improving outcomes



exploring

understanding

smarten goals

planning

action

how's it going

onwards & upwards

Helping Families Journey

Quick Wins

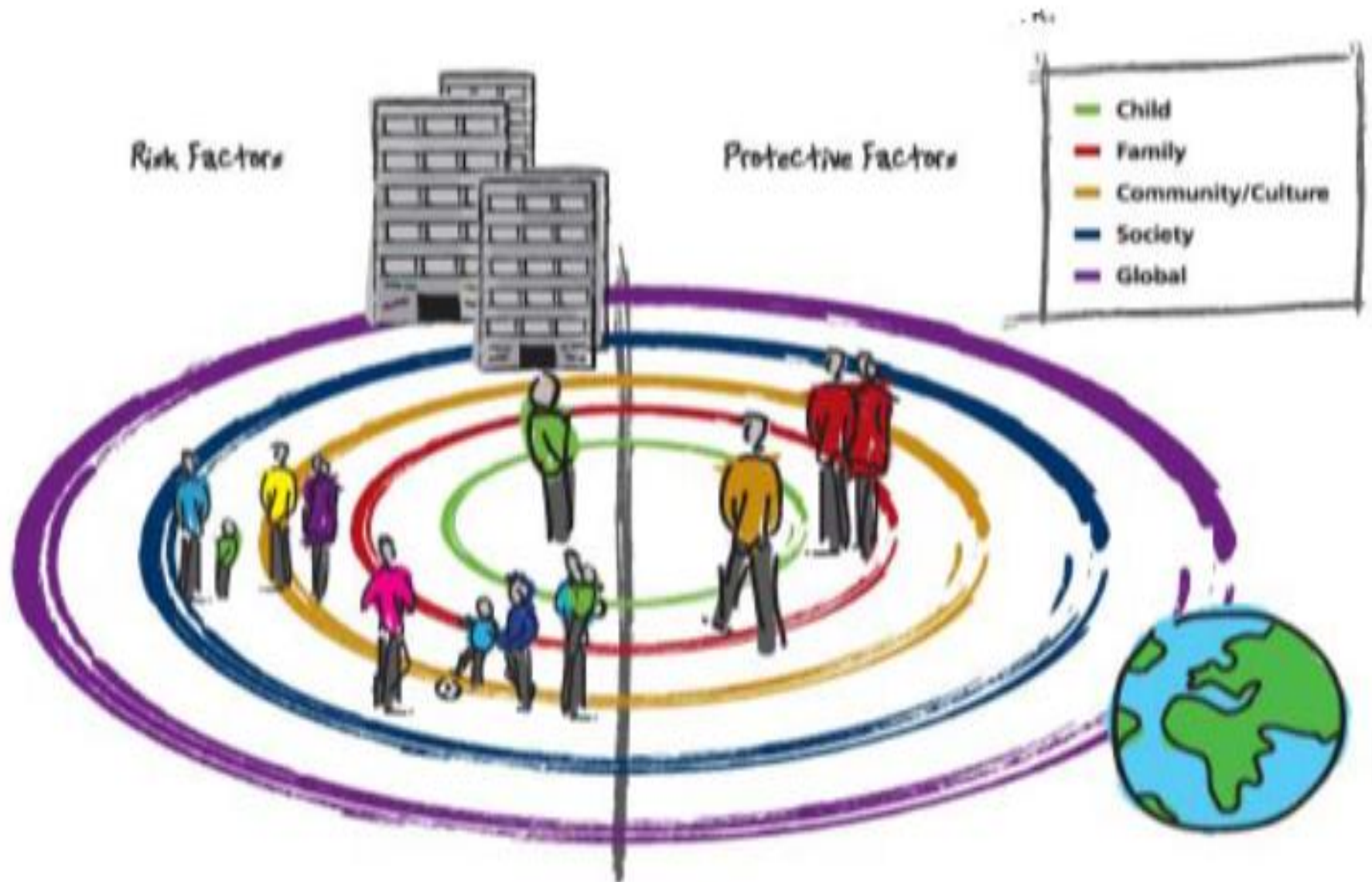


Figure 1: Ecological risk and resilience factors impacting on child development (adapted from Bronfenbrenner, 1979).



The HFP model of working (see Figure 2) builds on and extends two evidence-based programmes: the Family Partnership Model (Davis & Day 2010) and the Parents Under Pressure programme (Dawe & Harnett 2007).

Key elements of the Family Partnership Model ensure that the HFP is implemented in partnership with multi-stressed families, by explicitly identifying practitioner characteristics and the tasks of helping (see the Core Practice Tasks in Figure 2).

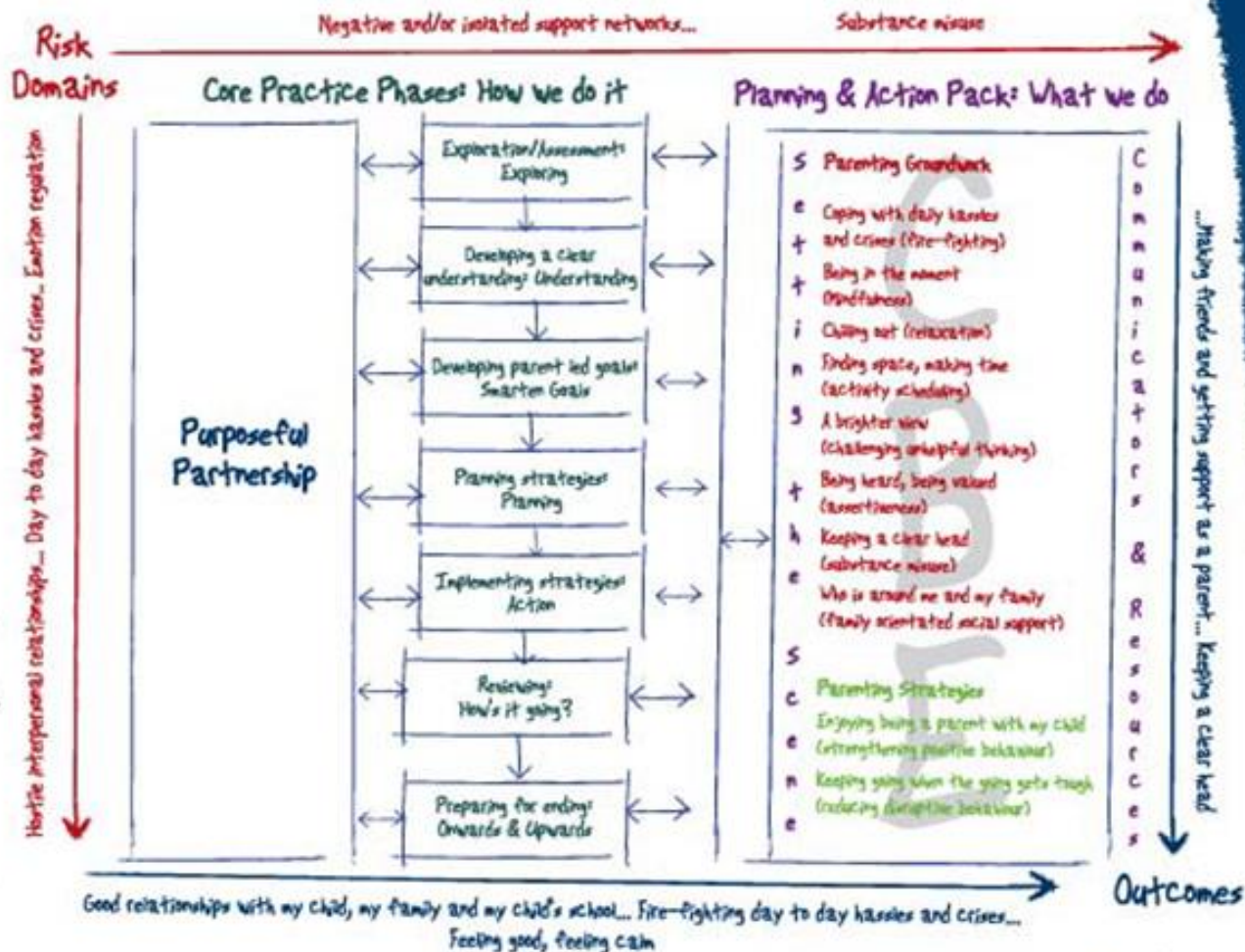
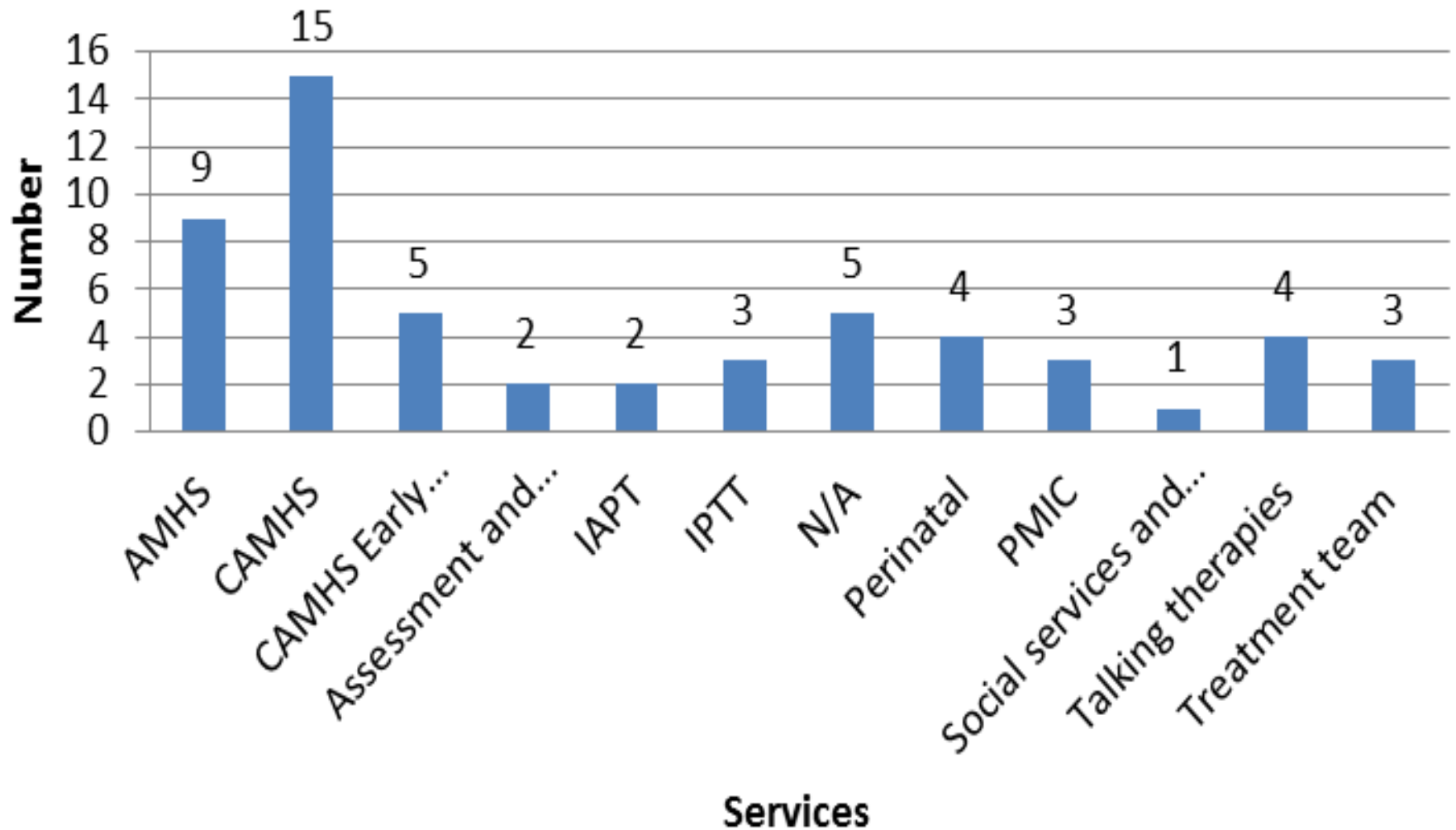


Figure 2: The Helping Families Programme model

Services Referring



Total number of referrals= 56

Electronic



Core

- Demographic
- Concerns About My Child (CAMC)
- KANSAS Parental Satisfaction Scale (KANSAS)
- Brief Parental Self Efficacy Scale (SES)
- Working Alliance Inventory (WAI)
- Service Feedback Questionnaire (PEDIC)



Extra

- Child Behaviour Inventory (ECBI)
- Parent Reflective Functioning Questionnaire
- Parenting Scale- styles of parenting
- Clinical driven measures
- Family feedback

HFP specific measures



- Weekly therapist process measures
- Weekly therapist-client HFP modules focus on goals and alliance
- End AP collects Working Alliance info from client

Top 10 Learning lessons



- Trust need to reflect this work through a Think Family approach supported by commissioner
- Workforce development for CAMHs and AMH staff and training on Parental mental health for other health and social care staff
- Interventions across the board need to be family orientated including the development of a Family threshold
- Services for Young people need to flexible and responsive ideally in an environment they know or are happy with.
- Opportunities for CAMHs and AMH to work together [level of joint work need to increase significantly]
- Local and National Policy & plans e.g 5 year forward needs to go beyond perinatal
- AMH and CAMHS to work with the LA & Children Social Care on a practitioner and commissioner basis
- Children and Young people to be involved in understanding what is happening to their parents and be included where appropriate in the planning and discussions and they need information about their parents mental health
- We need to be asked how many of our clients are parents or carers and if so what are the needs of there children/young people
- We need a Parental Mental Health pathway 0-18! And beyond

Helping Families Team: Information for Professionals



SLaM has recently endorsed the **Think Family** agenda, which emphasises the need to assess individuals within their family context, considering the needs of both parents and children. We are currently running a pilot service for parents whose emotional wellbeing is impacting on their children. The families can be referred from SLaM CAMHS or AMH.

Questions for practitioners:

- In AMH, of the individuals on your caseloads, who are parents? Do they have a child living with them some of the time? Might they benefit from a targeted intervention in relation to their parenting?
- In CAMHS, are you working with a child or young person where you are concerned about the emotional wellbeing of the parent?
- If yes, please get in touch and we can discuss how we can help





The Centre for
Parent and Child
Support

What do we offer ?

- Consultation and indirect work to clinicians working with parental mental health
- Joint assessments of the family's strengths and difficulties and signposting to community services where appropriate
- If more support is needed, we can provide up to eighteen sessions of the Helping Families Programme, an evidence-based parenting programme developed by SLaM/KCL
- A group based parenting intervention Empowering Parents, Empowering Communities –Recovery (EPEC-R). This is part of SLaM's Recovery College programme and is provided by the Helping Families Team.

Questions for practitioners:

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- In CAMHS, are you working with a child or young person where you are concerned about the emotional wellbeing of the parent?
- If yes, please get in touch and we can discuss how we can help

Referral criteria:

- A family where the parent has significant mental health issues or emotional regulation and interpersonal difficulties and there are concerns about the impact of this on the child
- A parent who has been unable to attend individual or group parenting interventions.
- We accept referrals for families involved with social care or who are involved with multiple services

What is different about the parenting intervention offered by our team?

- We offer an intervention to parents whose mental health difficulties are impacting on their ability to parent
- We see parents in the family home
- We offer the Helping Families Programme which focuses on the individual needs of the family
- Where appropriate we can offer direct work with the child/ren around the parent's mental health
- We use an assertive outreach approach, and will work with parents whose engagement is inconsistent or chaotic

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MATERNAL MENTAL
HEALTH ALLIANCE
Awareness Education Action

Maternal Mental Health Alliance (MMHA) – *Everyone's Business campaign*

Karen Middleton

Maternal Mental Health Alliance (MMHA)
www.maternalmentalhealthalliance.org
karen@maternalmentalhealthalliance.org
@MMHAlliance



More than 1 in 10
women develop a
mental illness during
pregnancy or the first
year after having a
baby

7 in 10
women hide
or underplay
the severity of
their illness





Maternal suicide is the **fifth** most common cause of women's deaths during pregnancy and its immediate aftermath, and **the leading cause** of death over the first year after pregnancy.

Economic costs

(LSE & Centre for Mental Health, 2014)

Cost if we don't act

£8.1bn



Of these costs

28%

relate to the mother

72%

relate to the child

from The Costs of Perinatal Mental Health Problems, available at:

<http://www.centreformentalhealth.org.uk/perinatal>

© 2014 London School of Economics and Centre for Mental Health



MATERNAL MENTAL HEALTH **everyone's business**

The MMHA Everyone's Business campaign is calling for all women throughout the UK who experience perinatal mental health problems to receive the care they and their families need, wherever and whenever they need it.

Funded by



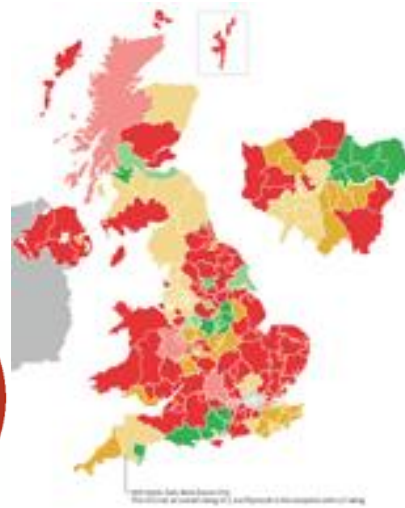


MATERNAL MENTAL HEALTH
everyone's business

**COMIC
RELIEF**



ROUND
TABLE



**SKY
NEWS**

B B C

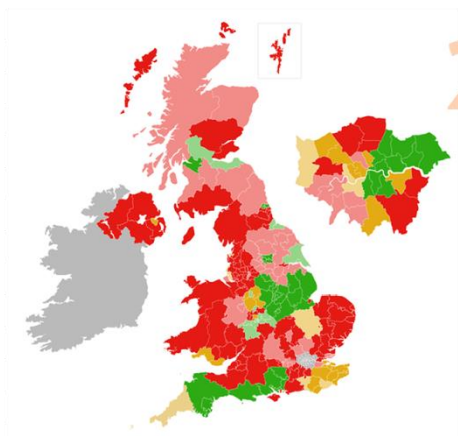


commissioning
success



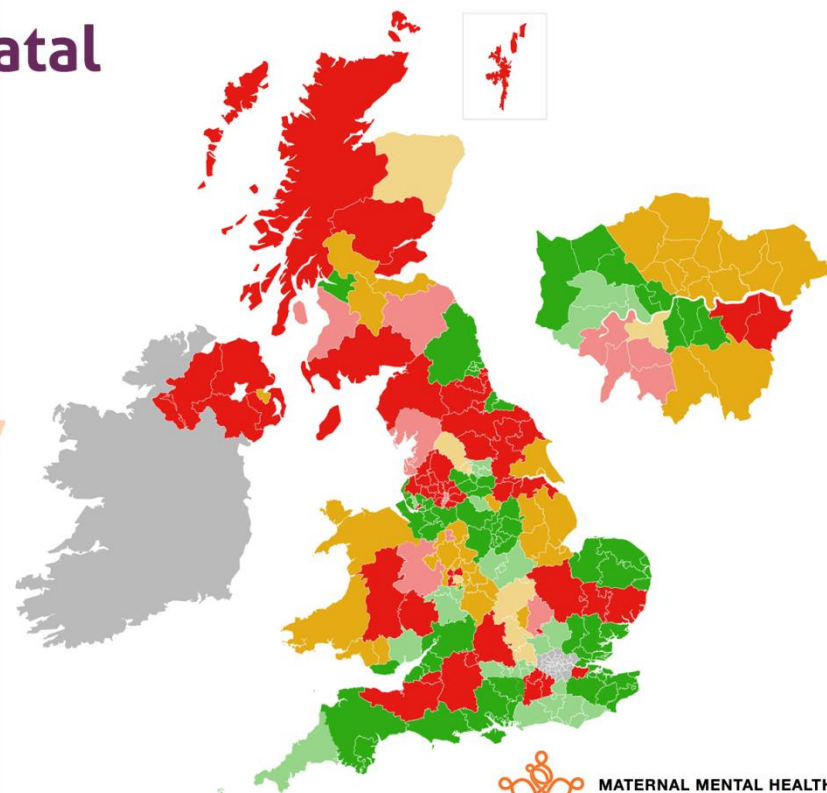
MBRRACE-UK
Mothers and Babies: Reducing Risk through
Audits and Confidential Enquiries across the UK

UK Specialist Community Perinatal Mental Health Teams



2015

2017

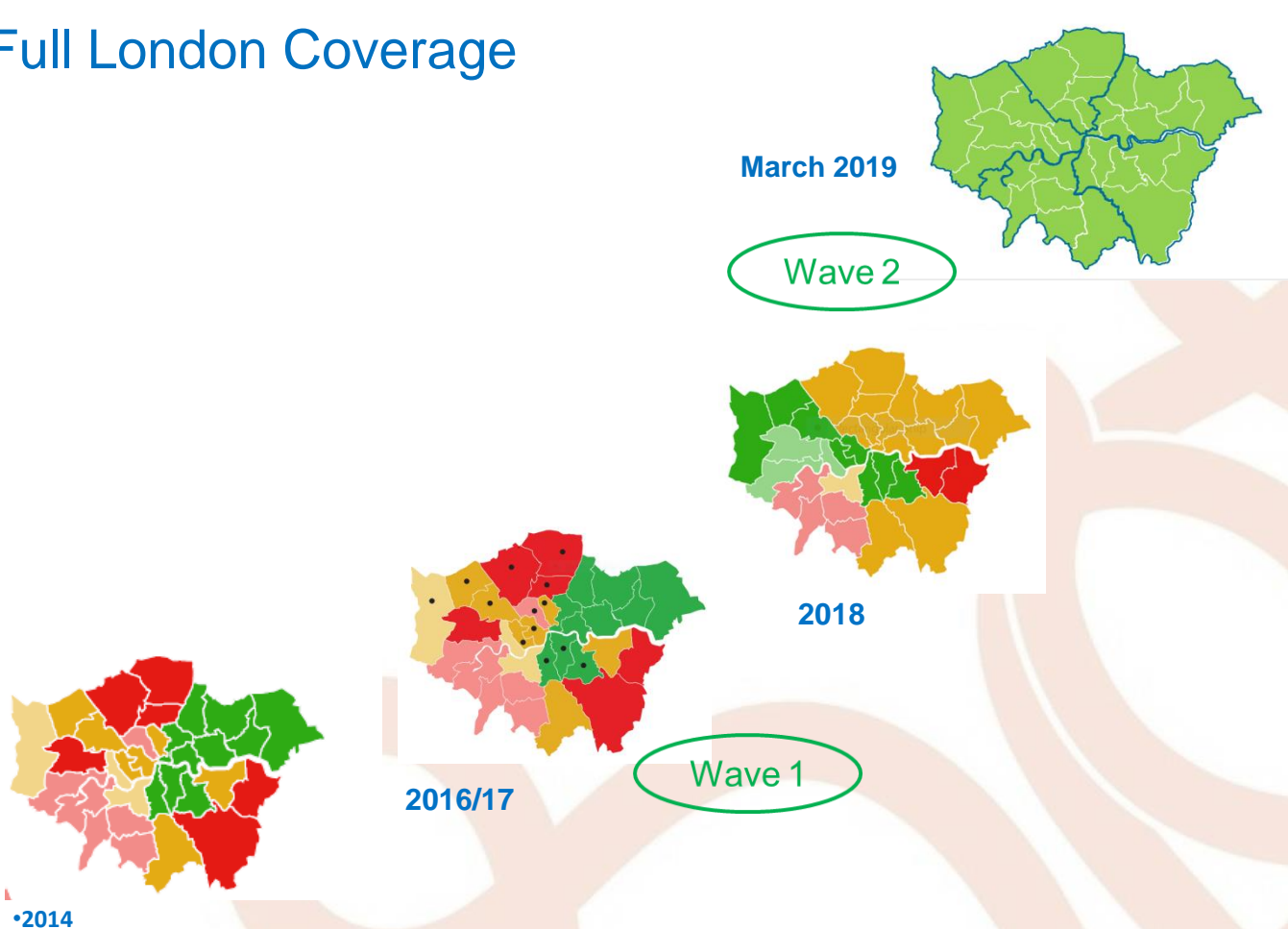


Turn The Map Green

www.maternalmentalhealthalliance.org/campaign

 MATERNAL MENTAL HEALTH
everyone's business

Full London Coverage



**In Wales or Northern Ireland,
there is still not a single MBU**



MOTHER AND BABY UNITS

Wales = 0

Northern Ireland = 0

Scotland = 2

England = 19

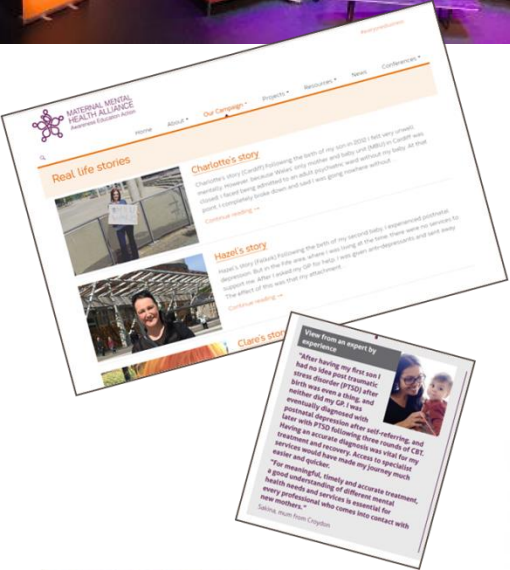
Why services are so important: children and families

- Increased risk of depression in children of mothers with maternal mental health problems
- Not inevitable – serious impacts can be avoided by good parenting, support for mother and getting her well again

Prevention

- Proper management of an existing mental illness can prevent it from escalating during the perinatal period.
- Early detection and action to tackle problems in pregnancy or postnatally can prevent them continuing and escalating.
- Early action to treat mothers with serious mental illness can prevent serious harms to them and their baby.
- Supporting mothers to provide sensitive, responsive care to their babies can prevent any adverse outcomes for babies.

Champion Network



Why specialist perinatal mental health services make a difference

"We have experienced perinatal mental health problems and specialist perinatal mental health services should be available for all in Wales. Early prevention saves the Government money but, most importantly, saves lives too."

Michelle and Mark Williams
Perinatal Mental Health Campaigners



www.maternalmentalhealthalliance.org/campaign

How specialist perinatal mental health services make a difference

"Perinatal mental health training for any health professional in contact with a pregnant woman and new mum is vital, as well as information and support for fathers and partners. Families need access to specialist services."

Raj, Dad from Berkshire whose wife developed stress-induced psychosis during pregnancy






Adventures in Self-Care



"I'm not claiming to have cracked this, but I'm getting there slowly. It can be done. A big part of it, for me, has been having time and space to process, reflect, and forge meaning from my experiences. We also need to do those things which uplift us, restore us, keep us going, remind us what we're about."

Laura Wood – Everyone's Business campaign champion and lived experience facilitator for maternal mental health peer support project at Mind and the McPin Foundation

This blog is available from: <http://www.mentalhealthchallenge.org.uk/adventures-self-care/>



How specialist perinatal mental health services make a difference

"In my first pregnancy, OCD led to all-consuming terror and to feeling like I couldn't go on. In my second pregnancy I received coordinated services: medication, supportive frequent visits from specialist perinatal mental health staff and talking therapies. Completely life-changing for our family."

Kirsten, mum from Peterborough






Hiding behind a smile: using my suffering to break the stigma



"When my son was born I looked like a mum who had everything together. He slept through the night from 10 weeks of age and I joked about how lucky I was. My social media accounts were full of happy photographs and I would smile agreeing how amazing my life was to everyone I met. The reality was inside I was falling apart."

Leanne Howlett – Chair of By Your Side service user forum and peer support

This blog is available from: http://www.mentalhealthchallenge.org.uk/hiding_behind_smile/



Barriers to seeking help

- Fear of being thought a bad mother or children taken away
- NCT - 46% “I was worried they would think I wasn’t capable of looking after baby”

Dads mental health

- 38% of new dads are worried about their mental health – NCT
- Dads play important role for children where there are maternal mental health problems

Call to ACT NOW

- New funds announced for specialist community multi-disciplinary perinatal mental health services must not be wasted, absorbed elsewhere or misspent – they should deliver well planned and coordinated services in England and Wales
- Outstanding areas of need must be funded in Scotland, Northern Ireland and Wales
- Women and families must have access to specialist multi-disciplinary perinatal mental health services as part of an integrated pathway of care

Women and families need it all

Good care from the right professional at the right time

- Sustainable specialist resources
- Robust care pathways
- Specific permanently funded roles and activities

Effective education and training of non-specialists



Call to ACT

The Maternal Mental Health Alliance's (MHHA) Everyone's Business campaign is calling for all women throughout the UK with perinatal mental health conditions to receive the treatment they need, when and where they need it, as outlined in numerous national guidelines.



MATERNAL MENTAL HEALTH
everyone's business

Take Action

eBulletin Issue 15 Summer 2019

#everyonesbusiness

Turning the map green in England: fantastic progress, but risks remain

We were delighted to hear the announcement from NHS England (NHSE) about specialist perinatal mental health (PMH) services opening in the remaining areas of England, meaning all women should be able to access life-saving care in their community.

National commitment to PMH has enabled **great strides forward** and it is important to acknowledge the impact this is already having on women and families.

Risk 1: Local commitment

All Clinical Commissioning Groups (CCGs) have now received money intended to strengthen specialist PMH service provision in their local area. Whilst it is encouraging to see NHSE monitoring procedures in place (see page 2), we are concerned about local competition for funds and the lack of clarity on how spend will be reported.

"As mental health commissioners, it is our job to ensure that specialist perinatal community services are purchased and provided on our patch to meet the needs of women experiencing PMH problems. There is now money in baselines

throughout England for increasing and improving specialist services which women and families urgently need."



Dr Phil Moore,
Chair of the Mental
Health Commissioners
Network, NHSCC

Risk 2: Workforce numbers

Funding is one thing, having the workforce to recruit from is another. In order to have quality specialist PMH services, workforce is paramount!

"Providing everyone with access to the right care in the right place has always been our hope, and it's now finally being realised in England. Hopefully this will cause a tipping point for other nations too. We now need to focus on building the PMH workforce whose job it will be to deliver these vital services."

Dr Trudi Seneviratne, Chair of the Perinatal Faculty at the Royal College of Psychiatrists



Risk 3: Training for staff across the pathway

It is vital that all professionals who work closely with families in the perinatal period can distinguish normal emotional changes from a PMH problem and are aware of when and how to make referrals.

"After becoming a mum, I became acutely aware of the gaps in my clinical knowledge of PMH. It has been great to see investment in education for GPs, but in order to make sustained progress this funding needs to be protected, so we can educate the next generation to confidently identify and manage maternal mental health problems."

Dr Laura Davies, GP Champion for PMH in Devon and expert by experience



Keep in touch and lets work together

... share ideas with us so we can support each other when campaigning for sustainable perinatal mental health services, and we can continue to turn the map **GREEN** for women and families!

To receive our e-bulletin please contact

info@everyonesbusiness.org.uk

Subscribe to the Everyone's Business eBulletin by going to our website
www.maternalmentalhealthalliance.org/campaign



Printed on sustainable paper -
please recycle.

Parental Mental Health

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DEFINITION

Parent is experiencing mental health difficulties that is also impacting on the child's emotional well being

(Parent is usually experiencing multiple stressors)



CONTINUUM OF SERVICES IN ISLINGTON

Parent and Baby Psychology Service – under 1 years delivered in the community (interface with perinatal services and community services)

Growing Together – 1 – 5 years old where both the parent has mild to moderate mental health needs or is experiencing psychological distress and the child also has needs.

PICT Service for Families First (Early Help Offer) – Families with children 5 upwards - Psychologically Informed Consultation and Training provided into Early Help Service by Adult mental health clinicians from local AMH Trust. (Not direct intervention)

Universal service offer via HV,s Midwives and Primary Care (Practice based Mental Health Teams) all of whom have a relationship with the above

Childrens social Care via innovation funding are working towards a model of Trauma Informed Practice, using motivational Interviewing Techniques, working through trusted relationships.

Islington Safeguarding and Family Support Services: CAMH services embedded in our children's social care services, and are looking to further embed CAMHS into our children's social care service to deliver 'THINK FAMILY' approach and support whole family work through a single trusted professional (where possible and appropriate)

Keel Project – multi-agency Domestic Violence and Abuse initiative which has CAMHS and AMHS embedded working with parent survivors, as well as DVIP working with perpetrators



WHAT IS HAPPENING IN ISLINGTON

In Islington our shared approach across council and CCG is to encourage all services to ‘Think Child, Think Parent, Think Family’. E.g. Service delivery plans across Children’s and Adults’ Services specify how each service is moving to a whole family approach, without losing sight of the need for child protection services to focus primarily on the safety and wellbeing of the child.

Monitoring and review processes - Commissioners ask How Think Family is being embedded across services – what does that mean for your service area?



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Parent and Baby Psychology Service

A clinical psychology service offering interventions for parents experiencing emotional difficulties in relation to adjustment to parenthood (e.g. postnatal depression) and enabling parents to develop positive relationships with their babies.

The service supports the early identification and intervention of mental health difficulties in the perinatal period and raises awareness of parental mental health and its impact on parenting and relationships with children through delivery of consultations and trainings to HVs/midwives/FSWs etc.



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Parent and Baby Psychology Service

Who we see

The most common presenting difficulties included depression and anxiety, followed by relationship difficulties with baby and role adjustment (see below).

Of the parents seen and closed:

- **58%** reported experiencing mental health difficulties in the past
- **19%** reported past or present domestic abuse
- **22%** were open to children's social care
- **33%** were being offered family support
- **12%** were homeless
- **24%** were unemployed
- **27%** were lone parents
- **10%** were young parents (under the age of 21)

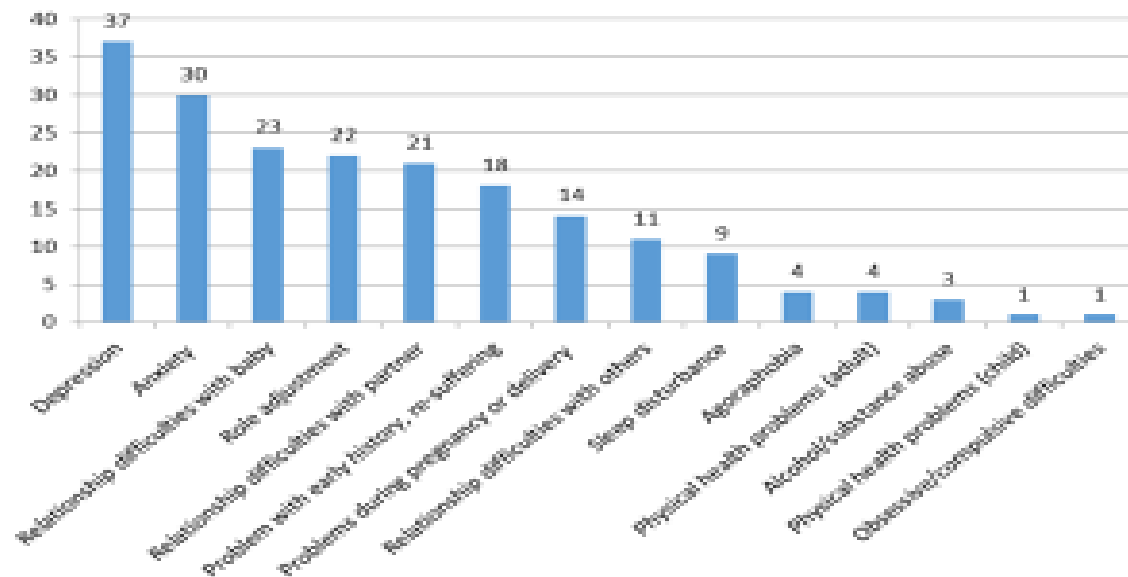


Parent and Baby Psychology Service

Who we see

Islington CAMHS PBPS

Presenting difficulties



Parent and Baby Psychology Service

Direct clinical work

- Over the last year, the Parent and Baby Psychology Service received **98** referrals and saw and closed **77** cases.
- **656** appointments were offered with an **84%** attendance rate.
- **75** parents were mothers and **2** were fathers. **33** partners joined for at least one session during treatment.
- Parents were aged between **17** and **44** years.
- The ethnicity of parents seen was fairly representative of the ethnicity of the adult population of Islington.

Parent and Baby Psychology Service

Outcomes

The desired outcomes were evaluated by the Clinical Outcomes in Routine Evaluation (CORE) questionnaire to measure parental mental health and the My Baby questionnaire to measure changes in the relationship between parent and baby. Of the **77** cases seen and closed this year, **31** parents had complete sets of data for the CORE and **27** for My Baby. Outcomes for these parents are reported below:

- **97%** of parents who completed the CORE showed improvement by the end of treatment.
- **90%** of parents showed an increase in wellbeing, a reduction of problems or symptoms (such as unwanted thoughts) and improvements in functioning (coping and managing aspects of daily living). The level of risk is generally low among the parents seen by our service. This year however, 7 parents scored within the clinical range for risk and all but 2 of the scores improved to a lower, non-clinical risk range following intervention.
- My Baby data showed that 81% of parents reported increases in warmth and 59% of parents reported decreases in levels of invasion (difficulty 'tuning in' to baby) in the parent-baby relationship.



Parent and Baby Psychology Service

Outcomes

In addition to outcome measures, parents were asked to set up to three goals to monitor their progress over the course of treatment. Overall, **69 goals** were collected from **26 parents** across at least 2 time points. Goals were measured from 1 (poor) to 10 (good). The average time 1 goal score was 3.19 and moved to 7.56 at time 2.

- On average, parents' goals increased **4.4 points** from the beginning to the end of treatment.
- **96%** of goals improved by the end of treatment.

69% of parents were seen within six weeks of referral.

94% of parents were seen within eight weeks of referral.

Of **77** cases closed, satisfaction questionnaires were returned by **26** parents:

- **85%** of parents said that coming to the service had 'helped a great deal' with the referred problem and **15%** of parents said that it had 'helped a bit'.
- **77%** of parents said that coming to the service had 'helped a great deal' with their relationship with their baby, whilst **15%** of parents said it had 'helped a bit'.
- **100%** parents said that if they were to want help again, they would come back to the Parent and Baby Psychology Service.
- **100%** parents reported feeling 'very satisfied' or 'satisfied' with the service.



Parent and Baby Psychology Service

Consultations

14 Health Visitor consultations took place across Bright Start Islington areas.

Consultations took place approximately six-weekly, for an hour and half and were in a group context. Group sizes ranged from **5** to **11** health visiting staff, with an average group size of 8 staff members per consultation session. Outcomes of the consultations offered were measured via an End of Consultation Feedback Questionnaire.

- **115 Health Visiting Staff** completed the questionnaire between April 2018 and March 2019.
- **89%** of staff reported to have found consultations “**very helpful**” and **10%** found them to be “**a little helpful**”.
- Most people reported that the consultations:
 - a. had given them ideas about what to do with similar dilemmas in the future and
 - b. had supported them with the development of their skills in working with parents and babies.

Parent and Baby Psychology Service

Training

4 sessions of perinatal mental health training were delivered to professionals over 2 days in May 2018.

20 staff members attended the first day of training and **10** health visitors attended the second day. Staff who attended the first day of training included health visitors, midwives, family support workers and family health advisors.

Feedback was collected after each of the 4 sessions and **58** responses were collected.

- **100%** of staff found the training helpful or very helpful.
- **100% of staff found the training relevant or very relevant.**
- **98%** of staff would recommend that the workshop be made available to other staff members in the future.



Growing Together

National and local Context for the development the Growing Together Service

1 in 4 people will suffer from a mental health difficulty at some point in their life; 68% of women and 57% of men with a mental health difficulty are parents (Royal college of Psychiatrists). Parental mental health difficulties **increases the risk of children having mental health difficulties** (Weissman et al, 1996) and decreases the parent's ability to use parenting strategies and therapeutic support offered for their children (Chronis et al 2004). Offering support to families at an early stage can improve outcomes for parents and children, both in the short and long term.

Five Years Forward (2014) put an emphasis on increasing access to services, early intervention and building resilience for children, increasing the workforce in mental health, and waiting times and outcomes.

Islington Child and Adolescent Mental Health Service (CAMHS) and iCope (Primary care Adult Mental Health Service) have been delivering services separately for their client groups in Islington for many years, developing a comprehensive range of interventions. There is a targeted service for parents with mental health difficulties who have a child under a year old, but there was a gap in the delivery of services to meet the mental health needs of parents and carers who have children aged 1-5 years. iCope and CAMHS wanted to develop a shared, co-ordinated approach to meet the needs of these families that is operationally integrated and developed jointly to build on the existing services. Growing Together provides an adult and child psychological therapy service to deliver a range of interventions to address the adult mental health problems, the child difficulties and the parent-child relationship.



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Growing Together

The service is offered to parents:

Who have a good chance of treating to recovery

Who have a good chance of making significant clinical progress

Where deterioration can be prevented.

In order to evaluate this work we use the adult IAPT minimum data set, with the goals of:

- a) recovery
- b) significant clinical change and also appropriate disorder specific measures which offer a fine tuned approach to specific clinical disorders.
- c) we also use measures of child wellbeing and the parent / child relationship.



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Growing Together: Objectives

1. To provide highly skilled interventions for families across the borough, for parents with mental health issues and their children (1 – 5 years old) with their own emotional wellbeing needs, including adult mental health interventions, Mellow Parenting groups, Personalised Individualised Parent Training (age range 1-7), systemic therapy and parent -infant psychotherapy.
2. To improve parental mental health, child wellbeing, and parent-child relationships
3. To provide destigmatised, accessible services to families in community –based and family friendly settings
4. To provide consultations and training to professionals working in adult mental health or with families, in order to increase identification of families affected by mental health issues and increase skills and confidence in working with them
5. To outreach to families in the community through open-access workshops, linking with local groups of parents, and attending community events.



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Growing Together: Support summary

Adult Psychological Therapies

Evidence based support for parents experiencing emotional stress or distress e.g. anxiety or low mood

Parent-Infant / Child Psychotherapy

Support for parents and children together, aiming to improve the parent–child relationship and promote attachment.

Family and Couples Therapy

Working with individuals, families and couples to explore and promote better relationships, understandings and communication.

Child Behaviour and Parenting Advice

Working with families to understand child behaviour and develop positive strategies to approach common problems in early childhood e.g. sleep, eating and behaviour.

We also offer consultations to professionals.



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Growing Together: Groups and workshops

Mellow Parenting

A 14-week course to help parents manage the emotional challenges of parenting and children

Mind Skills

A 6-week course to learn CBT skills to manage depression or anxiety tailored for parents

Stress Less

A 2 hour workshop to help to reduce stress in parents.

Mindfulness

A 2 hour workshop to help parents to focus their attention on the present moment while parenting.

Calmer Nights

A 2 hour workshop to explore ways to improve both parents' and children's sleep



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Growing Together: Training for professionals

Our training is provided for free to any professional working with children and/or families in Islington. We offer training to groups of professionals at a time and location that is convenient for them.

Popular training topics:

- What is *Growing Together*?
- Child and Adult Mental Health Services
- Talking about Mental Health
- Introduction to Adult Mental Health
- Parental OCD
- Adult and Child Attachment Difficulties
- Engagement



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Growing Together: Data

	Number of families referred	Number of individuals referred
January – March 2019	55	113
October – December 2018	38	80
July – September 2018	78	156
April – June 2018	44	88

From 1st January to 31st March 2019, Growing Together received referrals for 55 families, consisting of 113 individuals.

68 individuals (36 families) entered treatment between 1st January 2019 and 31st March 2019. 644 appointments were offered and 493 were attended.

97.1% of service users attended their first appointment within 6 weeks. The average time between receiving a referral and completing an initial appointment was 21 days.



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Growing Together: Priority Data

44% of the families Growing Together saw from January 1st 2019 to March 31st 2019 had two or more of the following characteristics:

Domestic Violence	Past/Present Children's Social Care	Past/Present Family Support	Homeless	Unemployed	Lone Parent	Young Parent
60%	32%	59%	8%	59%	56%	17%

Table 2: The percentage of service users with different indices of complexity who underwent treatment with Growing Together from 1st January 2019 to 31st March 2019.



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Growing Together: Priority Data

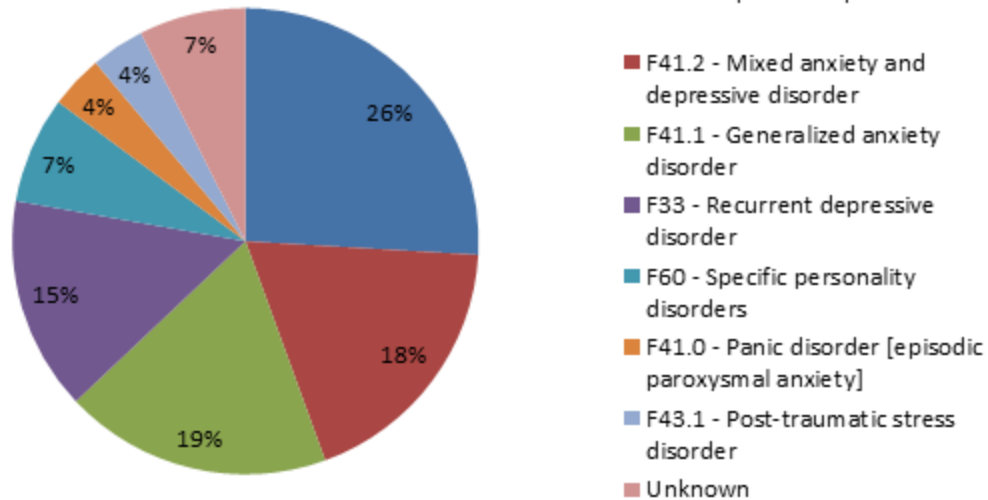


Figure 2: The percentage of parents with each diagnosis who were seen by Growing Together from 1st January 2019 to 31st March 2019.

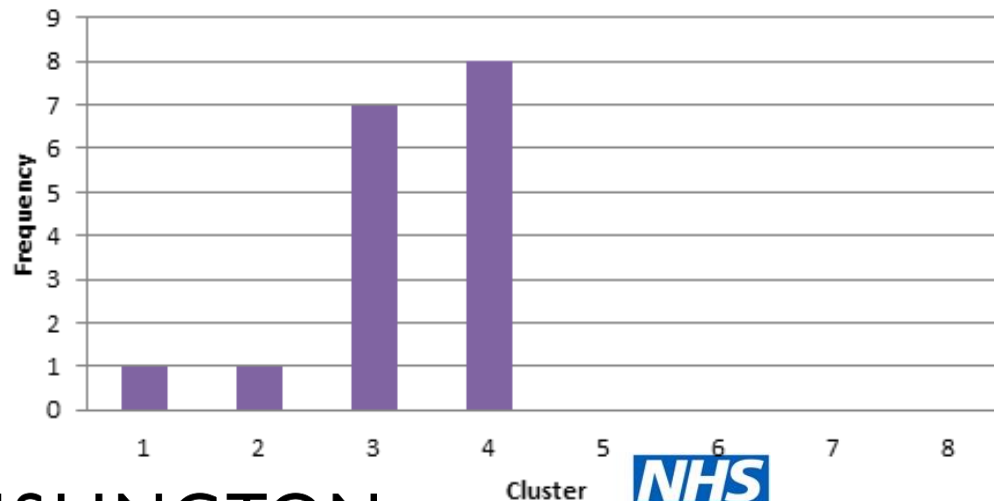


Figure 3: The number of service users with a mental health diagnosis in each cluster who were seen by Growing Together from 1st January 2019 to 31st March 2019.



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Growing Together: Outcomes

Goals

100% of the parent self-rated goal scores improved (number of goals =23)

91% of parent goals set improved by at least 50%

89% of the parent-rated child goal scores improved (number of goals =18)

83% of child goals set improved by at least 50%.

86% of the parent-rated parent and child goal scores improved (number of goals =14)

64% of parent and child goals set improved by at least 50%.



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Growing Together: Training

Growing Together ran **7 training sessions** for staff this quarter:

- *About Growing Together (attachment and children in adult mental health services) x3*
- *Inter-parental conflict/ engagement*
- *Parental OCD*
- *Identifying mental health needs*
- *Introduction to adult anxiety issues*

These trainings were delivered to a range of staff, including: Parent House staff, Manor Gardens Health advocacy service, PWPs and family support workers

87% of colleagues who returned and completed a feedback form **‘Strongly Agreed’** or **‘Agreed’** that they would recommend the training they received to a colleague.

Staff training feedback showed that staff had learnt the following from the training:

‘The effect of parental conflict on very young children in key attachment period’

‘How we can help as practitioners. Understanding the cycle of change and how to work with this. Where to go when we need support and to acknowledge this need.’

‘Revising strategies about opening up a conversation with clients about possible referrals to relevant services’

‘What is OCD and parental OCD especially ways of recognising it and what kind of key questions once recognised’



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Growing Together: Workshops

Stress Less and Sleep workshops were run once a month (**3 workshops** over 3 months):

89% of parents who returned feedback forms **‘Strongly Agreed’** or **‘Agreed’** that the topics covered and materials distributed were relevant to them.

78% of parents **‘Strongly Agreed’** or **‘Agreed’** that adequate time was provided for questions and discussion.

67% of parents **‘Strongly Agreed’** or **‘Agreed’** that they would recommend the workshop to a friend.

Parents reported that they had found the following areas useful about the workshop:

‘A chance to talk about issues with a psychologist and other mums’

‘Stress bucket is interesting’

‘Understanding what’s normal for her age and steps I might take’

‘Sharing experiences with other parents and being provided with information about good sleep hygiene and how to implement strategies to improve sleep routines’

‘Hearing other parents experiencing similar sleep problems. Useful handout with tips.’



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