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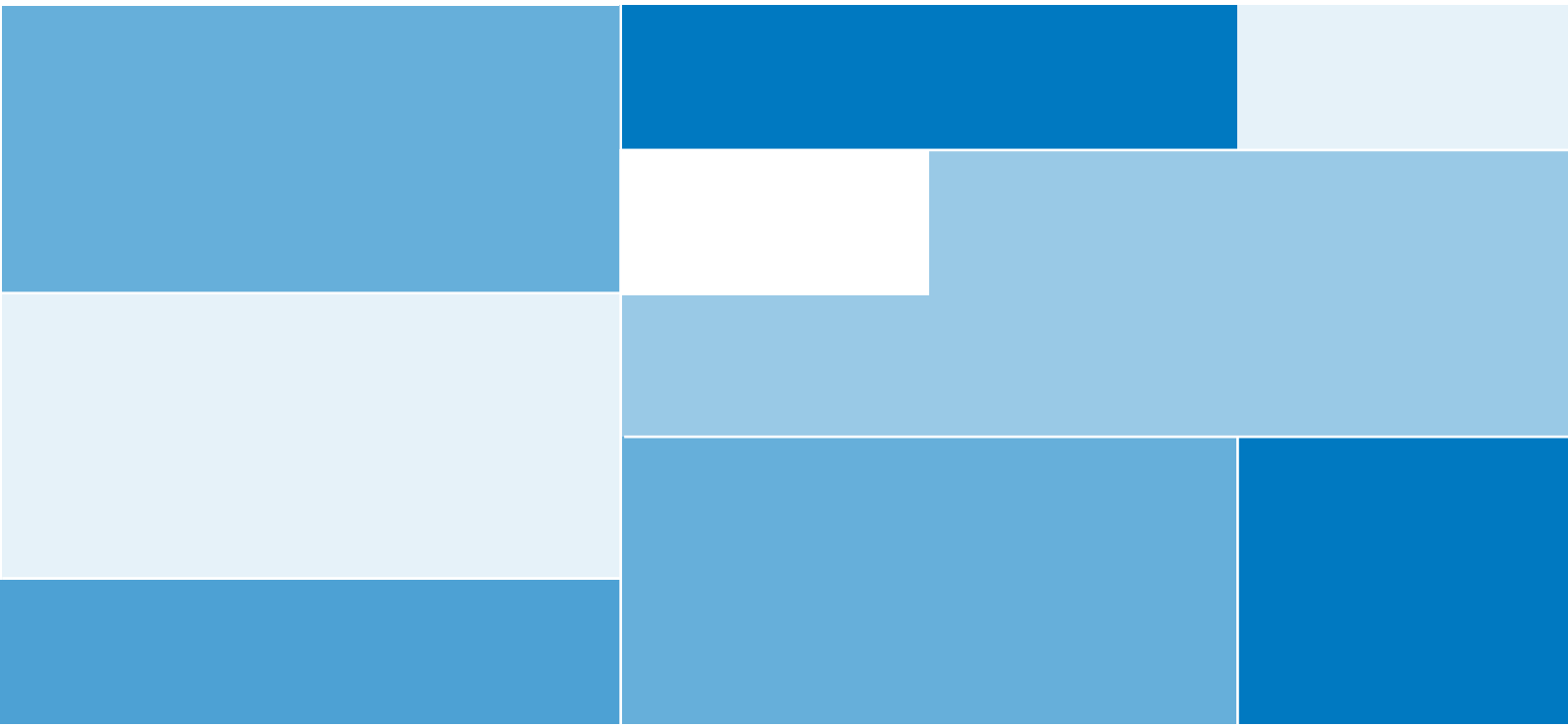
Improving Access to Psychological Therapies

NHS

Perinatal

Positive Practice Guide



January 2009

"Relieving distress, transforming lives"

Perinatal

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1. Background and policy framework

1.1 Pregnancy and the period after childbirth can bring a range of emotional changes for the mother, her partner and other members of the family. Many mothers find that these changes are a positive experience, but some undergo emotional upheaval that can result in mental health problems. This is also a time for preventive perinatal interventions in order to promote strong attachment and positive parenting, thereby reducing mental health problems later for both mother and child.

1.2 The National Institute for Health and Clinical Excellence (NICE) *Guidance for Antenatal and Postnatal Mental Health* (April 2007) recognises that mental health disorders during pregnancy and the postnatal period can have serious consequences for the health and wellbeing of the mother, her baby and other family members.

1.3 Mothers in the perinatal period (that is during pregnancy, childbirth and the postnatal year) in this situation frequently do not receive the care that they need, even though perinatal mental health has been recognised as a significant public health concern.[1]

1.4 There is extensive evidence that investment in mental health provision for the perinatal period has a very significant cost–benefit effect in terms of future use of health and social services, by both parents and children.

1.5 Improving Access to Psychological Therapies (IAPT) services should be commissioned to meet the needs of everyone in the community who will benefit from them, including those with perinatal mental health problems.

1 Oates, M. (2008) 'Managing perinatal mental health disorders effectively: Identifying the necessary components of service provision and delivery', *Psychiatric Bulletin*, 32: 131–133

Hertfordshire IAPT Pathfinder

A Joint Strategic Needs Assessment identified perinatal mental health provision as an area that the local primary care trust wanted to develop further. Stevenage and Letchworth Enhanced Primary Care Mental Health Services (EPCMHS) were commissioned to develop a pilot service for mild to moderate anxiety and depression in the perinatal period, for use within the overall IAPT service.

In the first eight months of setting up the IAPT service, 11% of the referrals to Stevenage EPCMHS and 5% of referrals to Letchworth EPCMHS were perinatal. This represented a significant percentage of overall referrals to IAPT service. It suggests that commissioners need to develop services that are effective for those individuals with perinatal mental health problems, and essentially to provide resources for an unmet need that has major implications for the future health of parents and their children.

A major concern was that many of the perinatal referrals were at step 3 (complex) and were only referred after other health professionals (such as health visitors) had gone as far as they could within existing services.

1.6 Recent policy initiatives have emphasised the need for a perinatal mental health strategy in every locality.[2,3]

1.7 The National Service Framework (NSF) for Mental Health[4] promoted the identification and treatment of postnatal depression within primary care, and required protocols for its management to be agreed between primary care and specialist mental health services. The NSF for Mental Health also recommends that health visitors should be trained to use their routine contacts with new mothers to identify postnatal depression, and treat its milder forms. Maternity and support staff can do much to help, and can be used to refer into the IAPT service.

2 Department of Health, Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services,* London, Department of Health

3 National Institute for Health and Clinical Excellence (2007) *Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance*, London, NICE

4 Department of Health (2000) *National Service Framework for Mental Health: Modern Standards and Service Models*, London, Department of Health

1.8 The Maternity Standard of the NSF for Children, Young People and Maternity Services[5] recommended that "all those concerned with the care of women and their families at this stage need to be familiar with the normal emotional and psychological changes that take place during pregnancy and the postnatal period".

1.9 The Confidential Enquiries into Maternal Deaths (CEMACH) reports for 1997–1999,[6] 2000–2002[7] and 2003–2005[8] found that suicide and psychiatric causes were a leading cause of indirect maternal death in the UK. The reports highlight the need for availability of perinatal mental health services for all women who need them.

1.10 The updated *Child Health Promotion Programme*[9] that was published in March this year places a greater emphasis on the emotional health and wellbeing of child and mother, and on the importance of early identification of mental health problems.

5 Department of Health, Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*, London, Department of Health

6 Department of Health, Scottish Executive Health Department and Department of Health, Social Services and Public Safety, Northern Ireland (2001) *Why Mothers Die 1997–1999: Fifth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom*, London, RCOG Press

7 Lewis G. (ed) (2004) *Why Mothers Die 2000–2002: Sixth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom*, London, RCOG Press

8 Lewis G. (ed) (2007) *Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer 2003–2005. Seventh Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom*, London, CEMACH

9 Department of Health, Department for Children, Schools and Families (2008) *The Child Health Promotion Programme: Pregnancy and the first five years of life*, London, Department of Health

2. Understanding the needs of people with perinatal mental health problems

2.1 Commissioners must fully understand demographic profiles and epidemiological data for their local community in order to provide appropriate IAPT services for the whole population, including mothers, infants and their families during the perinatal period. However, it is important to recognise the normal anxieties and concerns associated with this time, and the normal problems of adjustment associated with the perinatal period.

2.2 Researchers, policy makers, health professionals and service users have identified that mental health problems during the perinatal period have wide-ranging societal effects.

2.3 The most common perinatal mental health problem is postnatal depression. Between 10% and 15% of women have postnatal depression in the first year after birth.[10] Many research studies have identified profound effects on relationships, families and children that are linked to:

- higher rates of depression in partners;
- higher levels of divorce;
- lower levels of cognitive development in children;
- lower levels of emotional security in children;
- higher levels of behavioural problems in children; and
- higher levels of psychological disorders among children.

2.4 Depression during pregnancy has been less well-documented, but antenatal depression has been found to be the largest single predictor of postnatal depression (Beck 1996).

2.5 Maternal perinatal mental health is closely linked to that of the infant. Research increasingly shows a need to focus on the infant as well as the mother, and on the developing relationship between mother and baby. Working with mothers and their infants to improve

10 Department of Health, Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*, London, Department of Health

their interaction and attachment is important in preventing mental health problems from developing in children.

2.6 It is important for commissioners to ensure that IAPT services are able to meet the needs of both the mother (and/or father) and the infant. There is growing evidence that treating maternal (or paternal) mental health problems can reduce the future incidence of mental health problems in children. It is crucial for commissioners of adult mental health services to work together with commissioners of children's mental health services, and commissioners of children's services, so that the needs of mothers and/or fathers and infants are met effectively and concurrently. This has the added benefit of reducing duplication of interventions.

Hertfordshire IAPT Pathfinder

Hertfordshire IAPT Pathfinder is to pilot an integrated cognitive behavioural therapy and infant massage group for new mothers and their infants who have been referred to the IAPT service within the EPCMHS in Stevenage. This pilot is to be located within a local children's centre and is in line with the existing evidence on what constitutes an effective programme for both parent and infant mental health. An experienced adult mental health worker, who is also a certified infant massage instructor, will run the group.

2.7 Most perinatal mental illness research has been concerned with depression, but commissioners also need to be aware of anxiety disorders, such as obsessive-compulsive disorders and post-traumatic stress disorder. Psychological therapies should be available to pregnant and new mothers (and new fathers) for both depression and anxiety disorders, as it is now well established that high levels of stress and anxiety in the mother during the pregnancy will have a detrimental impact on the infant.[11]

11 Glover, V. and O'Connor, T. (2002) 'Effects of antenatal stress and anxiety', *British Journal of Psychiatry,* 180: 389–391

3. Removing barriers to access

3.1 Anyone accessing psychological therapies for depression and anxiety will have potential barriers to overcome, such as the perceived stigma of being labelled as someone with mental health problems. However, there may be additional barriers that face a pregnant woman or new mother (and/or new father) and commissioners of IAPT services should consider these barriers when developing and designing the service.

3.2 Three other important factors with the potential to affect access to psychological therapy services are described below. These are the views, attitudes and behaviour of:

- the person experiencing perinatal mental health problems, who would benefit from psychological intervention;
- primary care professionals; and
- people working in specialist mental health services.

3.3 **The views, attitudes and behaviour of those with perinatal mental health problems** may prevent a person from receiving psychological therapies if they:

- believe that mental health problems are shameful and should be hidden from everyone, including GPs, health professionals or people in a position to help or provide information;
- have physical health problems that distract them (and their GP) from recognising the co-morbid mental health problem;
- use language to express their problems that fails to communicate the seriousness of those problems;
- wish not to 'cause a fuss', bother a busy GP or burden other people with their problems;
- self-medicate with alcohol (particularly men), masking their moods or problems and stopping them being detected; or
- feel too hopeless to ask for help because they are depressed or anxious.

3.4 An additional barrier may be the mother's (and/or her partner's) fear that mental health diagnoses will invite investigation by child protection services and could result in the removal of the infant from

their care. These fears may increase the severity of the depression and/or anxiety disorders and prevent them from discussing or acknowledging any mental health problems they may be facing.

3.5 A pregnant woman or a new mother breastfeeding her baby may be reluctant to discuss or disclose her mental health problems in case medication is prescribed that has side effects on the baby.

3.6 **General practitioners (GPs)** and other primary care professionals may also inadvertently prevent people with perinatal mental health problems from accessing psychological therapies services because they may:

- have time constraints in their surgeries that prevent them from diagnosing mental health problems effectively;
- recognise symptoms of depression or anxiety but fail to recognise that they can be treated with psychological therapies;
- believe that treating physical health problems is a higher priority than treating mental health problems, and consequently do not refer patients to psychological therapy services;
- mistakenly believe that psychological therapies do not work; and/or
- not have the skills to identify and manage perinatal mental health problems.

3.7 **Specialist mental health services** may inadvertently prevent people with perinatal mental health problems from accessing services providing psychological therapies because they:

- lack confidence in working with people with perinatal mental health problems;
- do not understand the significance of the mother's (and/or father's) mental health in relation to the child's development, attachment and mental health; and/or
- consider that psychological therapies would be better used on other people.

Salford IAPT Pathfinder site

The Perinatal Project was originally established in November 2004 in partnership between Salford Primary Care Psychology Service (Bolton, Salford and Trafford Mental Health Trust), Midwifery Services (Salford Royal Hospitals Trust) and Sure Start Salford. The aim was to address the (higher than average) rates of postnatal depression in the relatively deprived areas of Salford.

Referrals were taken from midwives, health visitors and GPs who had identified women who were suffering from, or at risk of developing, depression antenatally or up to one year after birth. The team provided rapid access to a range of psychological therapies, signposting to support groups and other services, and consultancy to health care professionals.

The Perinatal Project staff also provided training for other health professionals, such as health visitors and midwives, to improve knowledge, skills and understanding of perinatal mental health and to raise awareness of the perinatal IAPT service.

The project closed in March 2008 when Surestart funding came to an end.

4. Engaging people with perinatal mental health problems

4.1 Commissioners should ensure that proper and effective engagement with pregnant and new mothers (and/or new fathers) is undertaken in designing and evaluating IAPT services, so that the needs of people with perinatal mental health problems are met.

Salford IAPT Pathfinder sites

The Salford Perinatal Project was able to take referrals only from the five relatively deprived Surestart areas of the city. It received approximately 160 referrals per year from these areas, and estimates based on birth rates and incidence rates for postnatal depression are that, if the service were provided across the city, around 360 referrals would be received per year. Approximately 60% of women referred went on to access therapy within the service, the remainder either being signposted to other services as appropriate, or failing to access the service.

4.2 IAPT services will have to take a flexible approach when providing effective psychological therapies for individuals (or families) with perinatal mental health problems. Some mothers (or fathers) may need:

- to bring their baby to the appointment;
- home visits;
- appointments at specific times or dates (in order to accommodate childcare arrangements for the baby or other children), or appointments may need to coincide with the baby's routine or carer availability etc.;
- longer sessions than others because of having to change or feed the baby; and/or
- additional support from therapists or the presence of an additional carer to watch the child.

4.3 It is important to raise awareness of the IAPT service and its referral routes through:

- GPs;
- obstetric and maternity services;

- midwives;
- health visitors;
- child and adolescent mental health services (CAMHS);
- adult psychological and/or psychiatric services;
- children's centres;
- social workers; and
- occupational therapists.

Hertfordshire IAPT Pathfinder site

Hertfordshire IAPT Pathfinder developed a *Guide for Professionals*, which included information on referral and care pathways, in collaboration with the EPCMHS teams in Stevenage and Letchworth, other community mental health team professionals, including psychologists and psychiatrists, and local midwives and health visitors. The guide was distributed to all local participating GPs, midwives, health visitors and other professionals and agencies encountering expectant and new parents. The guide also provided general information about the IAPT service and informed where to refer pregnant and postnatal women and their partners for assessment and support where it was suspected that the patient was suffering from mild to moderate anxiety and depression.

4.4 The voluntary sector and self-help groups also have an important role in ensuring that pregnant and new mothers (and/or new fathers) engage with IAPT services when necessary. Local community groups should be encouraged to recommend IAPT services, which may improve referral and care pathways for people with perinatal mental health problems.

Hertfordshire IAPT Pathfinder site

Hertfordshire IAPT Pathfinder carried out a scoping exercise of existing services for pregnant and new mothers and their babies in Stevenage and Letchworth. This exercise identified voluntary sector organisations and self-help support groups within the local community.

The purpose of the scoping exercise was to ensure that the perinatal services within Hertfordshire's IAPT service were developed to add value and complement existing voluntary sector services in the local area. The exercise provided Hertfordshire with the relevant knowledge to develop an IAPT service that delivered an unmet need.

Hertfordshire's IAPT service was also able to develop good relationships with the local voluntary sector organisations, which have helped to raise awareness of the IAPT service.

4.5 Commissioners will want to ensure that the location of IAPT services encourages engagement. A service located in an independent environment, such as a children's centre or early years nursery, would encourage engagement. Also, a location that offers some form of anonymity would be helpful to individuals worried about the perceived stigma attached to mental health services.

4.6 The Child Health Promotion Programme (CHPP) is a programme of health reviews, screening, parenting support and health promotion from pregnancy to adulthood. Drawing on a review of the evidence by Warwick University, the recently updated CHPP recommends a proactive role in identifying and promoting the social and emotional wellbeing of young children and their parents. The CHPP is a progressive universal service, which means that it is offered universally to all families with children and includes additional and different services and programmes for those with further needs and risks. As a universal, non-stigmatising service, the professionals delivering the CHPP (especially health visitors) are ideally placed to identify mental health problems and ensure access to psychological therapies.

Family Nurse Partnership programme

The Family Nurse Partnership (FNP) programme is an intensive, nurse-led and preventive home visiting programme for first-time young mothers. The programme has been developed over 30 years in the US, where three randomised controlled trials have demonstrated significant short- and long-term benefits for mothers with low psychological resources, and their children. We are currently testing this in England and the findings of the first-year evaluation look promising.

The family nurses visit weekly, fortnightly and monthly from early pregnancy until the child is two years old. The programme is strength-based and focused on client goals. The programme consists of structured home visits using materials and activities that aim to build self-efficacy, change health behaviour, and improve care giving and economic self-sufficiency. At the heart of the model is the relationship between the client and the nurse. A therapeutic alliance is built by highly skilled nurses and maintained over several years, which enables the most at-risk families to make changes to their behaviour and form a more secure attachment to their infant.

The programme material opens up personal issues such as past or present loss and/or trauma, and any resulting mental health problems. The nurses are trained in a solution-focused, strength-based approach and also in motivational interviewing, which enables them to establish the aforementioned therapeutic alliance. This therapeutic relationship often enables the family nurse to contain mild to moderate mental health problems and in this respect, family nurses could be seen as functioning as Tier 1 and 2 psychological therapists, particularly by alleviating the impact of the mental health problems of the parent(s) on the developing child.

Through their early engagement with the family and their trusting relationship, the family nurse is also able to help with the early identification of more complex mental health problems for onward referral. They will then work collaboratively with the IAPT service while continuing to deliver the FNP programme.

5. Training and developing the workforce

5.1 It is an important principle that the IAPT workforce should reflect and be representative of the local community. The capacity and capability of therapists must be appropriate for the people that they will be seeing. IAPT services need to recruit, develop and retain a workforce able to deliver high-quality services that are fair, accessible, appropriate and responsive to the needs of people with perinatal mental health problems.

5.2 Commissioners developing IAPT services that are effective for people with perinatal mental health problems should ensure that therapists understand the (sometimes highly specialist) needs of expectant and new mothers, new fathers and the infant – and the relationship to the child's development, attachment and mental health.

5.3 Commissioners should ensure that therapists are able to identify and respond to violence and abuse, and have training in safeguarding issues and child protection processes. Therapists should understand that referrals for those with perinatal mental health problems might need to be made quickly, in order to ensure the safety of both adult and infant. Other staff, such as midwives and health visitors, may already deliver low-intensity interventions for this group.

Acknowledgements

Perinatal Special Interest Group

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Angelika Wieck	Consultant Psychiatrist, Manchester
Jane Hamilton	Perinatal Psychiatrist in Maternal Health
Marion Fantom	Specialist Midwife, Manchester

Mel Parr	Psychology Lead, Hertfordshire Pathfinder Site
Sarah Barratt	Assistant Psychologist, Salford
Marjorie Finnigan	Perinatal Mental Health Worker
Michael Lilley	Director, My Time
Pauline Slade	Clinical Psychologist, Sheffield
Suzanne Truttero	Midwifery Adviser, DH

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