

Improving perinatal mental health in Yorkshire & the Humber

A local authority call to action

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Executive Summary

Councils make a significant contribution to the mental wellbeing of their local communities. A public mental health approach on perinatal mental health (PnMH) includes promoting mental wellbeing, preventing future mental health problems and recovery from mental health problems.

In line with the Prevention Concordat for Better Mental Health, actions are identified under the following action areas:-

Needs and asset assessment - effective use of data

- All joint strategic needs assessments in Yorkshire and Humber should feature PnMH;
- Local areas should consider doing a self-assessment for PnMH. The Maternal Mental Health Alliance Mother and Babies in Mind (MABIM) Mental Health Mapping Tool is widely used and is recommended as the preferred self-assessment;
- Women and families with lived experience of PnMH problems should be heard when identifying needs and assets.

Partnership and alignment

- Local health and wellbeing, mental health, and maternity strategies should include PnMH and actions should be aligned, including with sustainability and transformation partnerships;
- Every maternity service should have a specialist mental health midwife to champion the needs of women with perinatal mental illnesses;
- Develop effective partnerships within the local system, recognising the links across both the mental health and children's agendas, and ensuring that these are reflected in relevant strategy and policy documents;
- Women and families with personal experience of PnMH problems should be engaged in the development of strategies and action plans.

Translating need into deliverable commitments

- Public health specialists should have oversight of the local PnMH care pathways and work with commissioners to evaluate the impact of services on the local population;
- Action should be taken to explicitly target inequalities in health and aim to meet the needs of vulnerable and socially disadvantaged groups;
- [Community centred approaches to health and wellbeing](#) should be used to improve health and wellbeing at local level;

- Within any local action plan, consideration should be given to the father/partner's mental health;
- Local action plans should include work to challenge stigma, taking a social contact model (i.e. local people sharing their recovery stories);
- All 0-5 public health nursing services should ensure that women are asked about their emotional wellbeing at each routine antenatal and postnatal contact in accordance with NICE guidance¹
- All 0-5 public health services should be commissioned to provide evidence based interventions that are consistent with NICE Guidance²
- The role of children's centres should be maximised and, where appropriate, they should act as community hubs;
- Parents should have access to evidence-based programmes to support and improve parental sensitivity and strengthen the parent-infant relationship, avoid early trauma, build resilience and improve behaviour, as described in [Future in Mind](#). This includes provision of parenting support groups, parenting programmes and universal parent-infant interventions, such as baby massage. All such programmes need to be non-stigmatising in order to encourage access;
- All health and social care practitioners should be aware of the potential impact of poor parental mental health on the developing foetus, infant and child across the life course;
- Families should be provided high quality advice on how to access housing, finance and benefit support;
- Local authorities and partners should utilise technology and existing assets. This includes local services providing information on [BabyBump](#), [Baby Buddy](#) or [NHS Choices](#);
- Utilise the council's role in planning, and include mental wellness in planning and new developments³
- When commissioning services, ensure that mental health is considered as part of the support package. For example, where a person is experiencing substance misuse, is a smoker, or obese, their mental health should be part of their support package;
- Promote [mental health first aid](#) (MHFA) training so that it is considered a core skill, and is offered in schools, public and private sector workplaces. Recommend that MHFA is required for all first aiders;

¹ <https://www.nice.org.uk/guidance/qs115/chapter/quality-statement-4-asking-about-mental-health-and-wellbeing#quality-statement-4-asking-about-mental-health-and-wellbeing>

² <https://www.nice.org.uk/guidance/qs115/chapter/quality-statement-4-asking-about-mental-health-and-wellbeing#quality-statement-4-asking-about-mental-health-and-wellbeing>

³ Being Mindful of mental health. Local Government Association.
https://www.local.gov.uk/sites/default/files/documents/22.6_Being%20mindful%20of%20mental%20health_08_revised_web.pdf

- Ensure that mental health training, awareness, protocols and support are in place for local authority staff and elected members, and include mental health awareness in mandatory training;
- All local authorities should seek support from their elected members to sign up to the [Mental Health Challenge](#).

Defining success outcomes

All indicators taken directly from the [PCBMH JSNA toolkit](#) for PnMH should be considered.

Leadership and accountability

- Local 0-5 public health nursing services should have an identified PnMH champion or lead, and that lead should be part of a local specialist PnMH network;
- Public health specialists and practitioners should advocate for PnMH at every opportunity;
- DPHs will deliver upon the commitments made in the PCBMH consensus statement;
- Respond as a system, beyond local authority/NHS trust boundaries, to bids such as the community services development fund for PnMH;
- Scale up interventions such as anti-stigma campaigns or needs assessments where possible;
- Support and encourage innovation and research at a regional level;
- Innovate across local authority boundaries and work together to deliver comprehensive evaluations that contribute to the evidence base and service delivery;
- Ensure that there is local authority and PHE representation at the Y&H PnMH Clinical Network Steering Group.

DsPH will advocate for:-

- Increased capacity and capability by incorporating perinatal mental health into pre-registration training for all midwives, health visitors and GPs, and regular refresher training post-qualification;
- Parity of esteem for mental health;
- A focus on prevention and the wider determinants of mental health across the system in accordance with the Prevention Concordat for Better Mental Health
- Research that creates evidence of effective PnMH approaches and interventions;
- Improved data collection to enable areas to understand local need more effectively and to benchmark.

Improving perinatal health in Yorkshire and Humber

A local authority call to action

1. Context

Public health across Yorkshire and Humber, both within Local Authorities (LAs) and in the Public Health England (PHE) Centre, recognise that a sharper focus on perinatal mental health (PnMH) is needed. This call to action is intended to provide that focus by identifying shared commitments and tangible action across each local authority in Yorkshire and Humber.

The goal is to ensure that families get the support they need, as well as creating an environment that fosters positive mental health and wellbeing, with a clear focus on prevention and population public mental health.

The call to action compliments and should be used in conjunction with the [Prevention Concordat for Better Mental Health](#) (PCBMH) and the [prevention planning resource for local areas](#).

The call to action has been developed by the Children & Young People and Public Mental Health & Suicide Prevention Communities of Improvement (CoI). The actions set out what good looks like. The actions are informed by research, guidance and reports on the experiences of women and families with lived experience of PnMH problems. Progress against these actions will be reviewed annually by the communities of improvement.

2. Scope

Councils make a significant contribution to the mental wellbeing of their local communities. A public mental health approach on PnMH includes promoting mental wellbeing, preventing future mental health problems and recovery from mental health problems.

Public health specialists and practitioners also have a system leadership role, which includes being an advocate for public mental health and influencing within the health sector, across the local authority and within the broader public sector. The focus should shift away from medicalisation and mental ill health to a holistic approach that focus on prevention of ill health, the wider determinants of mental health and the promotion of good mental health.

Beyond the scope of this paper, there are wide ranging opportunities across the life course which offers the opportunity to fully integrate the philosophy of the Prevention Concordat and thus improve mental health outcomes.

3. Local Action

In line with the Prevention Concordat, actions are identified under the following headings:-

- Needs and asset assessment - effective use of data;
- Partnership and alignment;
- Translating need into deliverable commitments;
- Defining success outcomes; Leadership and accountability.

3.1 Needs and asset assessment

Comprehensive needs and asset assessment should be used to inform action on PnMH. As part of the PCBMH, the [Better Mental Health: JSNA toolkit](#) provides guidance on JSNA, as well as providing [specific guidance on PnMH JSNA](#).

PHE has published a [perinatal mental health data catalogue](#), which includes national datasets and indicators on PnMH at clinical commissioning group (CCG), local authority, and GP practice/provider level. The Royal College of Midwives' report '[Every mother must get the help they need](#)' provides invaluable insight from those who have direct or indirect experience of maternal mental health problems and should be referred to alongside bespoke local engagement when identifying local need.

The [Maternal Mental Health Alliance Mother and Babies in Mind](#) is the preferred tool.

Table 1: Tools and resources

Maternal Mental Health Alliance Mother and Babies in Mind Mental Health Mapping Tool

Sheffield City Council have completed a gap analysis of its Perinatal and Infant Mental Health services using a tool developed by Mothers and Babies in Mind which uses key national guidance and standards for perinatal services.

The gap analysis is a really useful exercise in auditing current provision, and developing common agreement about development priorities. The LA also involved a

service user in the exercise, who made a very powerful and constructive contribution.

NICE publishes a range of tools and resources to support implementation of relevant guidance ([CG192](#)) and quality standards ([QS155](#)).

Recommended actions

- All joint strategic need assessments in Yorkshire and Humber should feature PnMH;
- Local areas should consider doing a self-assessment for perinatal mental health. The [Maternal Mental Health Alliance Mother and Babies in Mind](#) (MABIM) Mental Health Mapping Tool is widely used and is recommended as the preferred self-assessment;
- Women and families with lived experience of PnMH problems should be heard when identifying needs and assets.

3.2 Partnerships and alignment

PnMH problems impact on many areas of individual and family life, and this impact can last for many years. No single organisation or discipline can address PnMH alone. It is therefore essential to align strategies that can influence positive PnMH and improve outcomes for mothers and babies.

Recommended actions:

- Local health and wellbeing, mental health and maternity strategies should include PnMH and actions should be aligned, including sustainability and transformation partnerships;
- Every maternity service should have a specialist mental health midwife to champion the needs of women with perinatal mental illnesses;
- Develop effective partnerships within the local system, recognising the links across both the mental health and children's agendas, and ensure these are reflected in relevant strategy and policy documents;
- Women and families with personal experience of PnMH problems should be engaged in the development of strategies and action plans.

3.3 Translating need into deliverable commitments

Understanding local needs and what is available in the community is essential in delivering action on PnMH. Locally there may be a wide range of advice, support, interventions and services available that could be helpful for women and their families as part of a community offer. This means that frontline public health practitioners should understand local pathways, be able to recognise signs of mental illness, and feel confident in accessing the right service in a timely manner. This means working in partnership in a complex changeable system, with the family at the centre.

Children's centres can play a vital role, offering a variety of family-orientated services across the perinatal care pathway, enabling care to 'wrap around' the woman, her partner, their baby and the wider family. This could include smoking cessation, health visiting, mental health services, social services and third sector services.

It is important to recognise that the mental health and wellbeing of fathers and partners is equally important, and that their mental health problems are also common during the perinatal period. Services need to work together to develop father inclusive practice and aspire to a perinatal mental health pathway that 'thinks family'.

Sharing practice with peers across the region supports continuous improvement of services and may identify opportunities to collaborate on action to tackle PnMH problems. Local authorities can sign up for the [Mental Health Challenge](#) to promote mental health across all of their business. Councils are encouraged to appoint an elected member champion for mental health and, in return, they get information, advice and support to lead the way in their areas.

There is a growing evidence base highlighting the association between exposure to adverse childhood experiences (ACEs) and long term harm. Being exposed to multiple stressful events, including living in a household affected by mental illness while growing up, can increase the risk of poor health outcomes and health-harming behaviours across the life course. Being 'ACE aware' understanding the impact of ACEs and how to support those affected, can reduce the impact of ACEs on long term outcomes for both the parent, who may have experiences ACEs, and their child.

Practice examples

- NHS Wakefield Clinical Commissioning Group has commissioned [Home-Start Wakefield and District](#) to deliver a 1 to 1 peer to peer support project.

The project aims to increase the number of women identified with PnMH needs, reduce stigma, decrease social isolation, and support/assist families into services appropriate to their needs, as well as improving parents' ability to develop secure attachments with their children.

- [From Dads to Dads](#) is funded by NHS England and run by Forging Families, a Sheffield charity that works to support, inform and act as a voice for Sheffield families. The website came into being to inform dads about pregnancy, birth and becoming a dad. The site consists of a number of vignettes, stories and pieces of advice from dads to dads, as well as some information and advice from birthing professionals.
- [Mindwell](#) has been commissioned by Leeds CCGs and developed in partnership with public health. Mindwell is the mental health website for people in Leeds, with information about services, mental health conditions and self-help for people living in the city, GPs, employers and other professionals.

Recommended actions

- Public health specialists should have oversight of the local PnMH care pathways and work with commissioners to evaluate the impact of services on the local population;
- Action should be taken to explicitly target inequalities in health and aim to meet the needs of vulnerable and socially disadvantaged groups;
- [Community centred approaches to health and wellbeing](#) should be used to improve health and wellbeing at local level;
- Within any local action plan, consideration of the father's/partner's mental health should be given;
- Local action plans should include work to challenge stigma, taking a social contact model (i.e. local people sharing their recovery stories);
- All 0-5 public health nursing services should ensure that women are asked about their emotional wellbeing at each routine antenatal and postnatal contact in accordance with NICE guidance ¹;
- All 0-5 public health services should be commissioned to provide evidence based interventions that are consistent with NICE Guidance ¹;
- The role of children's centres should be maximised and, where appropriate, they should act as community hubs;
- Parents should have access to evidence-based programmes to support and improve parental sensitivity and strengthen the parent-infant relationship, avoid early trauma, build resilience and improve behaviour, as described in [Future in Mind](#). This includes provision of parenting support groups, parenting programmes and universal parent-infant interventions, such as baby massage. All such programmes need to be non-stigmatising in order to encourage access;
- All health and social care practitioners should be aware of the potential impact of poor parental mental health on the developing foetus, infant and child across the life course;
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- Ensure that mental health training, awareness, protocols and support are in place for local authority staff and elected members, and include mental health awareness in mandatory training;
- All local Authorities shall seek support from their elected members to sign up to the [Mental Health Challenge](#).

3.4 Defining success outcomes

Measuring the impact of PnMH strategies and actions can present challenges, particularly in the short term, with no 'one size fits all' solution. All local authorities should have a clear logic model or action plan in place mapping interventions, with defined outputs and outcomes. Measures should be locally identified, describe what success looks like, and be regularly reviewed and monitored.

Appendix 1 pulls together possible indicators taken directly from the [PCBMH JSNA Toolkit](#) for PnMH. A number of the indicators are not currently collected but have the potential to be collected locally.

3.5 Leadership and accountability

There are some aspects of work to tackle PnMH problems that will benefit from collaborative action across a regional footprint, where the voice of fifteen local authorities speaking as one can be more powerful than that of a single public health team.

Public health specialists and practitioners also have a system leadership role, influencing within the health sector, across the local authority and within the broader public sector. Advocating for PnMH across the system is of vital importance.

Regional networking can also provide opportunities for sharing learning and good practice, as well identifying opportunities to support place-based leadership and development of the workforce at regional level. This includes the promotion of multi-agency perinatal and infant mental health champions that have received Institute of Health Visiting training, as well exploring how PnMH can be further incorporated into Making Every Contact Count (MECC).

With the transfer of early years health commissioning to public health teams, there is a direct role for services that we commission. Beyond the direct commissioning responsibilities of public health, there are opportunities to advocate for PnMH across other council services, including early intervention teams, children centres and troubled families.

Directors of Public Health (DsPH) have a key role in advocating for parity of esteem and, within that, PnMH. Advocating for research, especially with large local universities and taking a collective view on research priorities can enable regional or sub-regional research bids.

Recommended actions

- Local 0-5 public health nursing services should have an identified PnMH champion or lead, and that lead should be part of a local specialist PnMH network;
- Public health specialists and practitioners should advocate for PnMH at every opportunity;
- DPHs will deliver upon the commitments made in the PCBMH consensus statement;
- Respond as a system, beyond local authority/NHS trust boundaries, to bids such as the community services development fund for PnMH;
- Scale up interventions such as anti-stigma campaigns or needs assessments where possible;
- Support and encourage innovation and research at a regional level;
- Innovate across local authority boundaries and work together to deliver comprehensive evaluations that contribute to the evidence base and service delivery;
- Ensure that there is local authority and PHE representation at the Y&H PnMH Clinical Network Steering Group.

DsPH will advocate for:-

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- Parity of esteem for mental health;
- A focus on prevention and the wider determinants of mental health across the system in accordance with the Prevention Concordat for Better Mental Health;
- Research that creates evidence of effective PnMH approaches and interventions;
- Improved data collection to enable areas to understand local need more effectively and to benchmark.

4. Conclusion

The actions identified are aligned to the public mental health agenda and broader health and wellbeing agenda. Focusing on PnMH offers an opportunity to improve health and wellbeing at a critical time in a parent and child's life. Progress against and contents of the Call to Action will be reviewed annually, to ensure that it reflects the action needed in a complex and changeable operating environment.

Acknowledgements

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Appendix 1 - Prevention Indicators taken from [Prevention Concordat for Better Mental Health](#)

| Key: Available 1 2 3 4 5 Not available | | | | | | |
|--|---|--|-----------------------|--|--------------|--------------------------------|
| Area | Description | Published Geography (geographies to be published at a later date) | Data source/ owner | Frequency (Estimate when available) | Availability | Data link |
| Early antenatal booking | Percentage of women with booking appointment between 0 and 70 days gestation | Trust, Area Team, Commissioning Region, (CCG) | MSDS (HSCIC) | Monthly | 1 | LINK TO SOURCE |
| Antenatal classes | Attendances at antenatal classes, either provided by NHS or paid for e.g. NCT | | | <i>Data is not collected nationally, but could be obtained locally</i> | 4 | |
| Access to medicines advice | Women able to access a medicines helpline which gives advice about use of medicines while pregnant/postpartum/breastfeeding | | | <i>Data is not collected nationally, but could be obtained</i> | 4 | |

| | | | | | | |
|--|--|----|---|--|---|--------------------------------|
| | | | | <i>locally</i> | | |
| Midwives and Health Visitors trained in MH | Number of midwives and health visitors who have received training in mental health | | | <i>Data is not collected nationally, but could be obtained locally</i> | 4 | |
| Health visitor support to transition to parenthood - antenatal | Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above | LA | Health Visitor Service Delivery Metrics | Quarterly | 1 | LINK TO SOURCE |
| Health visitor new birth visits | Percentage of mothers who received a New Birth Visit with a Health Visitor within 14 days of birth | LA | Health Visitor Service Delivery Metrics Reported by PHE as an interim approach until the Maternity Children's Dataset is implemented | Quarterly | 1 | LINK TO SOURCE |

| | | | | | | |
|---------------------------------------|---|----|---|--|---|--------------------------------|
| Health visitor 6-8 weeks review | Percentage of mothers who receive face to face contact at 6/8 weeks NHS England service delivery metrics | LA | Health Visitor Service Delivery Metrics Reported by PHE as an interim approach until the Maternity Children's Dataset is implemented | Quarterly | 1 | LINK TO SOURCE |
| Attachment support programmes | Number of parents/families participating in attachment focused perinatal parenting programmes such as Mellow Parenting / Babies / Bumps | | | <i>Data is not collected nationally, but could be obtained locally</i> | 4 | |
| Parenting programmes | Number of parents/families participating in targeted programmes, including those run by the NHS and by charities, voluntary and not-for profit organisations e.g. Programmes kite marked by the “Can Parent” quality standard | | | <i>Data is not collected nationally, but could be obtained locally</i> | 4 | |

| | | | | | | |
|---------------------------------|---|----|---|--|---|--------------------------------|
| Targeted infant programmes | Women supported by intensive programmes for high-risk groups e.g. Family Nurse Partnership programme for mothers aged <20 | | | <i>Data is not collected nationally, but could be obtained locally</i> | 4 | |
| Enhanced health visitor support | Families on universal plus support programmes | | | <i>Data is not collected nationally, but could be obtained locally</i> | 4 | |
| Health visitor 12 month review | Percentage of children who received a 12 month review by the time they turned 12 months | LA | Health Visitor Service Delivery Metrics Reported by PHE as an interim approach until the Maternity Children's Dataset is implemented | Quarterly | 1 | LINK TO SOURCE |

| | | | | | | |
|---|--|--|--|---|---|--|
| Primary care preconception advice to women with SMI | The percentage of women on the SMI register (with schizophrenia, bipolar affective disorder or other psychoses) under the age of 45 years who have been given information and advice about pregnancy, conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 12 months | | | <i>Data may be able to be obtained locally through GP information systems</i> | 5 | |
|---|--|--|--|---|---|--|

| Key | Availability |
|-----|---|
| 1 | Datasets currently publicly available at the required geographies |
| 2 | Datasets not currently publicly available at national level, but relevant summary data can be made accessible with some intervention. Should be able to obtain locally. |
| 3 | Datasets/indicators not currently publicly available nationally but plans underway to make available in the future through new data collection, collation or linkage. Should be able to obtain locally. |
| 4 | Datasets/indicators exist, but not collected nationally. Should be able to obtain locally. |
| 5 | Datasets/indicators not known to be collected nationally. May be able to obtain locally. |