

# Maternity and Mental Health in Torbay

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# Introduction

Healthwatch England commissioned Healthwatch Torbay to engage with our local population and service providers to explore mental health support, during pregnancy, throughout the perinatal period and up to 3yrs beyond. We agreed the scope to include:

- the impact of deprivation issues on the experience of maternity, identified in the Public Health Local Authority Health Profile for Torbay
- the experience of maternity for people (including partners) where English is not their first language
- Interviews with staff, including both mental health and maternity professionals, to understand their challenges and aspirations for the Long Term Plan in maternal mental health

Many mothers in Torbay live under challenging circumstances. Torbay has three towns each with their own characteristics. Slightly higher than England average numbers of children are born into low income families or depend on single parents. A significantly higher percentage of people live with mood or anxiety disorders in areas described as deprived and where home is in privately rented accommodation (source Torbay 2018 Joint Strategic Needs Assessment).

At the beginning of 2019 Devon achieved a Mother and Baby Unit to add to the acclaimed Perinatal Health Service which has been running since 2011 and has a community outpatient unit in the maternity unit of the acute hospital. Before this time, mothers with serious mental health issues were required to move, often being far away from their home base. There is also a local Depression and Anxiety service offering Cognitive Behaviour Therapy and other evidence based therapies.

There are four Children's Centres across Torbay run by Action for Children following the closure of the Sure Start programme in Torbay

When speaking to health professionals we picked up on their concerns about the high level of depression and anxiety in the local population and their fear that the bar for access to support services was getting higher, with statutory community services becoming more stretched and financially compromised.

In spite of these challenges the Healthwatch Torbay team found examples of success in both the statutory and non-statutory sector, working together with mothers and families to make a difference to their wellbeing.

This report can only be considered as a snap-shot of maternity and mental health as shared with us in the few weeks we talked to mothers and service providers. At every interview we were given additional details of other practitioners or organisations. We did not contact them all but regularly reflected, iteratively, with those working in the field, to quality assure that our findings reflected the reality of Torbay.

At the end of our journey we reviewed our findings. Our conversations highlighted some critical success factors for providing support for mental health to mothers and families. These are:

- A universal offer of a perinatal mental health service with locally based Mother and Baby Unit.
- A strong primary care and community multidisciplinary infrastructure including Health Visitors and Midwives wrapping around the whole family
- The choice to access mental health focussed Peer Support organisations in the community, working in partnership with the statutory sector to support both the mother and father at this time.
- Children’s centres in the community with excellent links to Health Visiting and the capacity to innovate in response to the needs of parents and others caring for the child.
- We also questioned the current method of information provision to mothers and fathers. This does not seem to be timely or in the right format resulting in key “red flag” messages missing their mark.

## How we gathered intelligence

We gathered the mental health experience of mothers by visiting

- Mother and Toddler groups meeting in Torbay Children’s Centres (4)
- a vulnerable young parent’s accommodation and outreach service
- a shared faith church play group based in one of the areas of indicated deprivation
- an impromptu focus group with the volunteers working in a Community Larder
- A Polish Saturday School to speak to parents about their maternity experiences

This gave an audience of approximately 40 people, giving comments and case studies from approximately 15 people.

In addition we were offered anonymised feedback and illustrative case studies gathered by non-statutory community practitioners who offered their support.

- Little Bluebell,
- Action for Children
- one of our Healthwatch Torbay champions who provides Peer support as a member of Doula UK and the PANDAS network of practitioners)

Data from mothers was also collected through an on-line survey based on the standard Healthwatch England survey tool for this topic area giving 26 responses. We hoped to pick up more views of fathers by this tool, but on the whole we were not successful in this. We probably only gained the views of one or two fathers.

We gathered the experience of statutory service providers/practitioners through a series of 1:1 meetings achieved by word of mouth recommendations. This followed our understanding of a mother's likely contacts and support in this part of their life course. We interviewed 12 practitioners with support from Torbay Public Health team to fill the gaps.

We did not do large-scale promotion of the involvement work as our focus was narrow. The lead administrator/co-worker for the project approached potential groups by:

- a search of the Devon database of health and wellbeing groups to add additional local contacts to our own champions and used networking to identify key people and groups
- used a map of Torbay provided by Torbay Public Health, indicating areas of deprivation, to identify the appropriate geographical location for potential contact groups
- posted a message on social media, including a closed Facebook group of mostly Eastern European people in Torbay, to promote the survey, in both english and polish

The lead administrator made extensive attempts to contact appropriate groups in the non-statutory sector but found that some leaders were protective of their clients and did not wish to participate. We respected their concerns, realising that this was based on their knowledge and skill in a complex situation. We did not anticipate a large number of responses to our survey work. As a result, we do not underestimate the value of the intelligence, knowledge and dedication from those able to support us.

# Building on good evidence

To ensure that we made good use of our brief contacts we used the Open Athens resources to identify a few papers providing qualitative systematic reviews, preferable of the meta-analysis type. Access to full text was provided through an agreement with the healthcare library service based in the local acute Trust education centre. This gave a narrative to work alongside the NICE guidance, the NHS perinatal health care pathways and the preliminary work by Healthwatch England. We also picked up on grey literature including research carried out by relevant charities and Trusts e.g. Boots Family Trust Alliance and Action for Children, the Centre for Mental Health/Maternal Mental Health Alliance

Topics covered:

Impact of socio-economic deprivation on maternal perinatal mental illnesses presenting to UK general practice (Ban, L et al, 2012)

Ethnic and social inequalities in women's experience of maternity care in England: results of a national survey (Raleigh, VS et al, 2010)

Diagnosis and management of perinatal depression and anxiety in general practice (Ford E et al, 2017)

The impact of children's centres (Department for Education, 2015)

Perinatal mental health: experiences of women and health professionals (Boots Family Trust, 2013)

Falling through the gaps (Centre for Mental Health, 2015)

The recent Debate Pack for a House of Commons debate on Perinatal mental illness was a useful summary of the current landscape of care (House of Commons Library, 2018).

Following from initial conversations, we were intrigued by the often casual mention from mothers about the enduring friendships they established during this transitional period of their lives. We only identified one small study from a reliable source, who themselves had realised that there was no Cochrane review at the time of their research:

Making friends at antenatal classes: a qualitative exploration of friendship across the transition to motherhood (Nolan, M et al, 2012)

We are also grateful to be given insight on the STP work on Better Births in Devon in draft format at this time.

From these reviews we expected to find in our community:

- socio-economic deprivation increased the risk of all mental illness and persisted with increasing maternal age
- General Practitioners use several strategies depending on background training and access to therapies
- Ethnic minority women, single mothers and those with an earlier age at completing education have poorer experiences
- Peer support can help people feel more knowledgeable, confident and happy and less isolated and alone

In reality we found exceptions as we are well aware that our sample size was not large enough to show all these indicators.

In listening to women and practitioners we were keenly aware of the NICE/NHS Pathways values statement

i.e. ... a commitment to ensuring that mental health care is delivered in a person-centred, compassionate and supportive way ... should be needs-led, responsive and ... empowers people to build on their strengths ...

## The woman's voice (with some comments from the fathers)

The Voices we heard came from

- our own visits to parent and toddler groups and by speaking to vulnerable young parents
- feedback work from non-statutory community practitioners
- the public (Healthwatch England) on-line survey also offered to the participants after their interviews with us

We talked informally to the mothers about their understanding of mental health issues in pregnancy: (transcribed, recurring themes conversations)

- *I was aware of mental health issues as I had depression before I became pregnant.*
- *After having my first child, my understanding and awareness of mental health issues was not very good. I had postnatal depression and I really didn't know what was happening to me. My knowledge got better after I had 3rd child as I was more open and willing to talk about mental health issues.*

- *My understanding is not that good. I have been feeling very anxious, especially about going out by myself. I haven't had any support with that as I am 17 years old and I was told I have to be 18 to be able to receive any help.*
- *I had been facing mental health issues since I was teenager, therefore, I could say that I have some sort of awareness around mental health issues in general but also around pregnancy and afterwards.*
- *I am very aware of mental health issues. I was diagnosed with bipolar disorder a few years ago.*

We knew from the literature and from our conversations that the transitions of pregnancy impact on anxiety and mood disorders. Women discussed change of body shape, shifting relationships, the impact on a career sometimes leading to not belonging and loneliness, not unusually the need to change the location of home to cope with the financial considerations of being a single mother. The women we interviewed described their anxiety (as they identified it), even though they had not reached the threshold for a mental health diagnosis. In some cases this led to their seeking help by self-referral in the post-natal period to a service they had found for themselves. In many cases they shared with us that they needed re-assurance “Is this normal?” “Does this happen to other women?”

Women told us that they valued the friendships made at this time. They often lasted until the children went to school, normalised change by checking with each other and gave shared fun and support in their relationships.

Where possible we spent time interviewing mothers in more depth to develop case studies, these are examples in their own words with their permission, demonstrating recurrent themes.

#### Case study 1

*“I have had a depression before I became pregnant. I had to wait to be seen by healthcare professional for a very long time. I was put on medication (antidepressants).*

*I had to stop taking them, as they were stopping me from getting pregnant. GP did talk to me about alternative options, however, I decided not to take anything while trying to get pregnant/ and when I was pregnant.*

*My depression kick off again after the birth. My Health Visitor has noticed that I was feeling down when she visited me at home. She did offer support and left me useful leaflets, however, at that time I was not ready to ask for help. When my daughter was a few months old, I called the perinatal team and referred myself. Perinatal team was FANTASTIC. They managed to see me very soon and the support I have received from them was Amazing!*

*When I did not have a child, I had to wait for a very long time to be seen by healthcare professional, however, after having my daughter I was seen within 1 week. WOW what a difference.*

*I have been attending sessions at Brixham Children Centre - Bluebell. It's a fantastic group and they even take care of my daughter by providing crèche. One of the member of staff will look after my daughter while I will go upstairs and attend the session. Bluebell is not NHS funded, it has been funding by Comic Relief. I feel, I am definitely getting better !”*

## Case study 2

*“I have got three children and with all of them I did struggle with postnatal depression. However, with my first one I did not do anything about that. I was trying to hide it well as I was embarrassed of showing/telling people I was not coping well. I have been wheelchair bound for some time now and I did not want people to feel sorry for me. I was really afraid of what people will think of me so I was suffering in silence.*

*After my second child was born, I did suffer with postnatal depression, however, this time round (when my son was 4 months old) I have decided to talk to somebody about the way I felt. I went to see GP, and was put on medication straight away. I was pleased to receive some sort of help - medication, however, GP did not talk about other alternatives such as, therapy. He only prescribed me the medication and that's all. No more discussion, options offered etc. The medication sort of helped me out, but I had to change them as I was getting side effects.*

*When I got pregnant with my 3rd child, GP told me to STOP taking the medication I was on. Again, I was not given any other options, no discussion about an alternatives. I was just told to stop taking the medications and that's all. Throughout my third pregnancy I was not receiving any support. I was off medication and the health professionals did know that I had a postnatal depression after my 2nd child, however, I was left alone....*

*After given birth to my 3rd child, I was back on medication straight away and this time the midwife has referred me to Perinatal Team and the Perinatal Team has offered me Therapy - CBT.*

*I have to say, CBT was really good. It did help me a lot. I was attending the sessions for 11/12 weeks. CBT plus medication was the right support for me and I have to say my mum did help me a lot too. I am feeling much better now and feel like I am overcoming my postnatal depression.*

*I used to attend the ‘Baby and Toddler Group’ in Brixham as a mum, and now I have been attending the session as a member of staff. I feel like I have to help other mums, as going through postnatal depression by yourself is not great. You need somebody to talk to and you need the support in order to get better. I did received that after my 3rd child and I am happy that I am recovering.*

*I do regret about not talking about my mental health issues earlier, as I have suffer after my 1st child, however I did not do anything about that. I have opened up after my 2nd child. I have unnecessary suffered in silence..."*

### Case study 3

*"I am a very young parent as I had my son at the age of 18. Unfortunately, my son doesn't live with me. He lives with my mum and I only see him once in two weeks. That is really heart breaking not being able to see my boy as I has been missing on his development a lot.... I have been missing on the first things that baby do ... like crawling, saying first words etc....."*

*I am currently working alongside social worker due to my son's dad. The social worker is saying that I am doing really well, and in 3 months' time I will be able to see my son more. I can't wait for that to happen. I feel really down now and depressed as I can't be with my boy...*

*After the birth, I had been feeling really down as I have been struggling to breastfeed my son. He was not putting on weight much and the health professionals were telling me I am not feeding him right. They didn't really support me much. They were blaming me for not breastfeeding him correctly, I felt really bad as I wanted to do that right... I was trying my best but I knew something was not right. I was doing all I could to make sure the breastfeeding will work but for some reason it was not working and he was not putting on weight much...*

*My mum has been helping me a lot and she has also notice that there is something not right with my son... We were seeing different GP's in order to find out why I was not able to breastfeed him. After 4 months one of the GP told us that my son has a tongue tie. I was so angry as if I could have known earlier I still will be breastfeeding him. I had to stop that when he was one month old as he was not putting on weight.... And I was getting the blame...*

*My birth was quite traumatic but I had to say that the team at the hospital were brilliant. Very supportive and helpful. And my mum has been extremely supportive too!*

*After birth, I have been felling quite low, but with a help of my mum and my support worker I feel much better. I haven't seen any professional to talk about my feelings as I see on a regular basis my support worker and she is always very helpful and listen to what I am saying.*

*As I had my baby quite young age, I have been put on Young People Plan, and because of that I was receiving extra help when I was pregnant. I found them really supportive too."*

Although the on-line survey included a question about where women found information to answer their questions, we introduced a prompt in the interviews to gain immediate information.

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*"I googled and found DAS (Depression and Anxiety service for people over 18yrs old), I self referred. They offered me an App which I am working through at my own pace when I have time on my own"*

*"I don't join in the [on-line] conversations but I like to watch to see what others are asking about"*

*Use of leaflets seemed to be of less importance "Oh! Yeh, not sure what I did with them" and the value of screening-tools were dismissed "Just a check list"*

From the small sample where we had this information prompt, the order of use (not significantly reliable) was

- Local groups of mothers and professional support as the most popular, then friends and family and on-line web sites (Googled), with Apps and social media as the least popular.

We asked about working in partnership with the professional people they met and especially their experience of the 6-8week review with the GP, where the literature proposes that many do not attend. The extent of organisation needed to make the appointment at the surgery was one of the reasons offered. Especially when the GP did not offer a home visit and when there were other children in addition to the baby.

- *The 6 week post birth review was AWFUL!!! I don't know long long it should last for but mine lasted max 4 minutes!!! The GP rushed it very much, not asking me any questions about Mental Health even knowing that I had depression before I had my daughter. He was not bothered in talking to me, just saying to himself 'you are fine', 'all is good'.*
- *After my 18 birthday, I have received better help/support. I have found postnatal care really good. After having a baby I was diagnosed with PTSD and I am waiting now for counselling.*
- *Sorry I don't remember much from that meeting. My youngest child is 2 now*

# The voice of non-statutory organisations

In this section we reflect the voice of three local organisations supported by fund-raising. Women can be referred to them or self-refer. They have in common the concept of Peer Support - where “People, families and communities can play a key role in managing their own health and wellbeing. Peer support involves people sharing knowledge, experience or practical help with each other” (Nesta and National Voices)

Little Bluebell support parents with their emotional wellbeing, during pregnancy and after birth, up until 2 years post-natally, in the Torbay and South Hams areas. They have professional links with an Occupational Therapist and Devon Partnership Trust (the mental health Trust in Devon) and use children’s centre locations to carry out their work. They are proud to say that one of their main funders is Comic Relief. The small team consider that one of the critical success factors for them is to have a creche. Mothers can find again “who they are” knowing that their baby is well cared for without them. Their work follows a structured evidence based programme and aims to be fun. They also run 1:1 support from trained buddies with lived experience. The team shared their feed-back with us:

- *“I’m not feeling so alone and I am feeling more confident in myself”.*
- *“It (The course) has honestly been amazing, it has made me smile again”.*
- *“It has helped my confidence very much and helped me to cope”.*
- *“I have made so many friends that support me.”*
- *“My overall wellbeing is much better than it was before I started, Very happy!”*
- *“I am so grateful for the support I have received from the programme”.*
- *“It has been lovely to sit and have a cup of tea, knowing that the children are safe in the creche, and meeting other Mums feeling the same way as me. I loved the dream catcher week, Zumba and medications as well.”*
- *“I liked the morning text telling me what is happening that day”.*

Action for Children provides meeting spaces to support families by providing expert advice, support and parenting programmes including Toddler groups. The Centres in Torbay run a successful Parent Champion programme where volunteers with lived positive experiences offer parents and carers of young children advice and support for their mental health. Central to this approach is an opportunity for training and building on personal strengths.

This programme aims to support mothers to attend their mental health treatment appointments by providing a safe space for the toddler. The champion not only provides 1:1 peer support but becomes a friend trusted with short-term care of the toddler, in the Children’s Centre, for the duration of the appointment. The programme has an equally important second agenda to give the volunteer champion the coaching and encouragement

to regain their own confidence as a leader and advocate to re-enter the world of work. “We keep losing them!”, said the volunteers’ organiser, proudly.

The Children’s centres gave the opportunity to speak to women where their origins were from outside the UK. We found that this sample did not match the research. The women we spoke to had good command of English, had a high level of education and had taken advantage of the support on offer. Although their own mother may not be in the UK, they had developed coping skills and confidence to use the skills of Health Visitors and Midwives. An illustrative case study is:

#### Case study 4

*“I enjoy my own company so I don’t really need people around me. Although I take my younger one out to play every weekday and have made lots of good friends through them. I believe that even a tiny baby knows instinctively what is right for them so I have let go of trying to control or worry too much. Plus I know that if there is a difficult moment that will pass. I know that if I have a problem or worry I have people to turn to and in this day and age there is always Google (smiley icon). I know that only a tiny fraction of Mums comment and that you have to know the right question to ask. ... when I need some time alone I get up at 5.30 am and only do important stuff that needs to be done, I don’t feel bad about sticky floors and dusty shelves. There is so much to appreciate about having kids that I am not willing to pay too much attention to difficult moments”*

Health Visitors use the Children’s Centre as one of their bases. Mothers become friends and feel confident in sharing their concerns. Often a quiet space is provided to do this. One mother shared her appreciation of this:

*“I was amazed at how quickly I had support, even for small worries, I just had to ask and there she was on the doorstep, I did not even have to go out!”*

The visiting team did, though have some concerns about the financial pressures on Children’s Centres as funding reduction from the Local Authority starts to bite. One centre had been moved from a location where there was free parking and sufficient space to create social spaces for the mothers and fathers. The new location was in the town centre (which may have been part of the reason for the move), but now had an unwelcoming outside appearance straight onto the pavement, was isolated in a block on a busy through road and without free parking. Torbay has a notorious approach to parking fees, which are barriers to low income families. Attendance had dropped.

Mothers First operates by word of mouth and referral from a health professional and provides continuity of care throughout the pregnancy and beyond. They rely on donations for financial support. Mothers and fathers work with the lead practitioners who are registered as a Doula (a non-medical birth companion with their own lived experience including that of mental health support).

Mothers have access to their support by telephone and home visits and have control over their level of interaction.

*“We find that their need for support reduces over time as the mothers and their partner gain in confidence”*

Case Study 5 (interview by the lead practitioner and shared with us with the mother’s permission)

*“I became aware there was an issue approximately 3 months after giving birth, I had been induced and had experienced a particularly long and difficult labour. My baby was born healthy and we were both discharged. Initially I felt ok, I put my low mood down to what my Health visitor had said, to be the “baby blues”. Her Midwife explained she may feel a bit overwhelmed and tired but she would recover and feel fine.*

*My experience was a succession of “dips” which I assumed was part of being a mother, and having lack of sleep. I expressed my concerns regularly to my health visitor, but was assured I was doing well and not to worry. My husband began to notice that I was becoming detached from my daughter and began to struggle in our relationship. My husband was becoming exasperated as he found it more and more difficult to communicate with me. He rang the hospital to ask what he could do to support me, they gave him some advice tips, but he felt that someone should have informed him of the risk of mental health issues in new mothers.*

*This was not mentioned to either of us and we continued to struggle, I began to have suicidal thoughts and would imagine dying. I felt that I became numb to emotion and only felt deep sadness, I shut myself away from my family and friends and couldn’t eat. I didn’t want to breast feed as I began to feel disgusted at the touch of my baby who was nearly 6 months by this time. I stopped reaching out to my GP and other medical staff, as I started to feel ashamed for being a bad mother. I didn’t know what to do, who to talk to, or what was wrong. It didn’t occur to me that I have postnatal depression. My levels of anxiety became more and more exaggerated and I felt I could see germs everywhere.*

*It came to a point where I was not getting dressed and felt like killing myself, I had imagined how I was going to do it and was preparing to die. When my husband came home I told him how I felt, he didn’t respond to it with any sense of urgency as he thought I was only expressing a feeling, and not realising how deeply distressed I was. It got to 1 am and I woke my husband and told him to take me to A&E or I would be dead by the morning. He didn’t understand but was afraid and didn’t know what A&E would be able to do for me. He couldn’t manage my erratic behaviour and it hadn’t occurred to either of us there were mental health issues.*

*I was taken in and it was explained I may be suffering with postnatal depression. I was sent to a mother and baby unit in Winchester where I had very good treatment, but was lonely without my husband and family and friends around me. I responded well to the unit and began to feel myself again with the daily support and advice. I also took medication which also lifted my spirits, I had a lot of time to look after myself and enjoy crafting and eating healthy. I felt well and was discharged, but after a few days I began to feel very*

*low and again started to see germs. I rang for help, but didn't receive any. My baby was around 10 months old and I was beginning to fear the return of all my anxieties and depression. I felt I had been left, I had such a wonderful level of support in the unit and once released there were no follow up meetings, or counselling or anything for me to latch onto as a support network. I became very low and started to search for solutions by myself, but I feared no one would understand and felt lost. My husband also began to fret for my safety and that of our daughter. I was fortunate enough to have been able to afford to pay for additional home help, with experience in PND & anxiety disorders, this led to continuous support through skype, email, phone calls & visits.*

*Without the support of my husband and my determination to find help myself, I know I may not have survived this experience. Still 2 years on I have days where I have a small dip but on the most part I am well, and back to myself. I am happy to be able to disclose this information in the hope that my story will be of use to others.”*

Community larder: In exploring the issues associated with low income we were invited to attend a local community larder. This was a re-start following the closure (due to Local Authority financial pressure) of a well-loved community charity providing a range of donated materials including food. The town church had provided storage and accommodation for the larder, which is now supported by local people and supermarkets. The manager and volunteers considered that there was much more to be done in creating a community space for people to make friends and support each other, but this will take time and it needs business skills support.

## The voice of statutory organisation professionals

Our investigative journey was used to gain the views of Midwifery, Health Visiting, General Practice and Perinatal Psychiatry, relative to the Long-term Plan for perinatal mental health. We also interviewed the CCG commissioner for perinatal mental health within the STP. At each visit we asked what worked well and what are the challenges for the future, including one “Big Ask”. The Public Health team also shared their thoughts. Torbay is one of the early adopters of integrated care and the move towards “shifting the centre of gravity” to community support and prevention. Social prescribing is beginning to gain traction in some primary care practices and Patient Activation Measures (PAM) is one of the tools being trialled.

The high level of depression and other mental health problems in Torbay are constantly under review, within the knowledge that these have an impact on the future population's wellbeing. The specialist perinatal health service in the Maternity Unit and the county's

new Mother and Baby Unit means that mothers experiencing acute mental health diagnosis can remain closer to home and in contact with their families. The Maternity service has recently gained permission for fathers to stay on the unit overnight.

The interviews raised many unanswered questions demonstrating the complexity of mental health in maternity:

**Midwifery:** we had confirmation that the mother had the same midwife throughout her journey unless holiday time or illness interrupted.

Comments included

*“Bereavement does not have a specific follow up, the mother is supported through hospital based pastoral care and referred back to the GP. An annual service of remembrance is “packed”.*

*It is unknown why women do not attend for primary care appointments as no consistency in follow up “why do they disengage?” and “is the reason for screening understood?”*

**Commissioning** comments included:

*“Is there a gap in crisis response as perinatal teams do not operate out of hours? There is a shortage in psychiatry training” “How do we promote supportive conversations?”*

Comments from the **perinatal mental health team** included:

*“Being based in the Unit makes a huge difference for networking; good signposting underpins the level of confidence for mothers to self-refer; good, supporting relationships with Health Visitors; the initiative from Children’s Centres to support women to attend hospital appointments are all essential”*

*“the next big thing must be a focus on fathers and men’s experience, they can feel excluded, more evidence for good practice needed and their inclusion in things like 6-8 week checks”*

*“More community based work is needed including support for troubled families”*

Comments from **Public Health** included

*“The direction of travel is towards more home-based contact”,*

*“Prevention work including reduction in the use of alcohol and smoking” was considered to be a critical success factor for the Long-term plan*

**Health Visitors** expressed concern about the future of their capability to deliver the Universal Offer of contact with the family. The service is due to be re-procured by the Local Authority with an expectation of a reduction in funding. We were told in one town

of the challenges to deliver a service, where the number of Health Visitors has halved in recent years. We discussed the role of the father and the expectations of the community.

We were shown the thoroughness of screening tools and support approaches for mental health. These included not only the standard tools but also the use of the Solihull Approach model to increase emotional health and wellbeing in the population as a whole, which has been universally adopted across all services. We realised that the extent and value of monitoring and screening is probably not understood by the parents.

*“Building capacity in young people in school, especially boys”*, was considered to be a critical success factor for the Long-term plan.

**General practice:** The Royal College of General Practice has a clinical champion for perinatal mental health and a suit of training tools. The co-authored report from the Centre for Mental Health to the Department of Health *Falling through the gaps* (2015) fully describes the challenges we found in Torbay. It identifies problems and suggested solutions which mirror the situation as presented to us.

*Falling through the gaps* states “It was clear that midwives and health visitors (rather than GPs) now play a key role at these earliest opportunities for detection of perinatal mental health difficulties. However, the location of these practitioners outside GP practices and the transfer of health visitor funding to Local Authority Commissioners in 2015 has in some instances undermined collaborative working with GP practices and led to GPs feeling deskilled in this area of work.”(p36)

Our interview with a **local GP** raised the following issues

*“There can be false expectation of the role of the perinatal mental health service. Prescribing advice given to the mother by the GP may not be accepted. Good communication across disciplines is essential but there are barriers to multidisciplinary working, even at the level of lack of accommodation to facilitate team working and inappropriate IT infrastructure to share information.”*

*Managing expectation in general practice* was considered to be one of the critical success factors for the Long-term plan.

# Thank you

We achieved this report by the generosity of time given by parents and practitioners. We are especially grateful to those who shared their experience whilst it was still emotionally difficult to do so. And, of course, thank you to those lovely toddlers who knew exactly what was going on!



# Appendix 1

## The survey outcome

Healthwatch England also asked that we compile the following data to add to the national survey (26 responses) 25 gave consent to use their data (Qu 1)

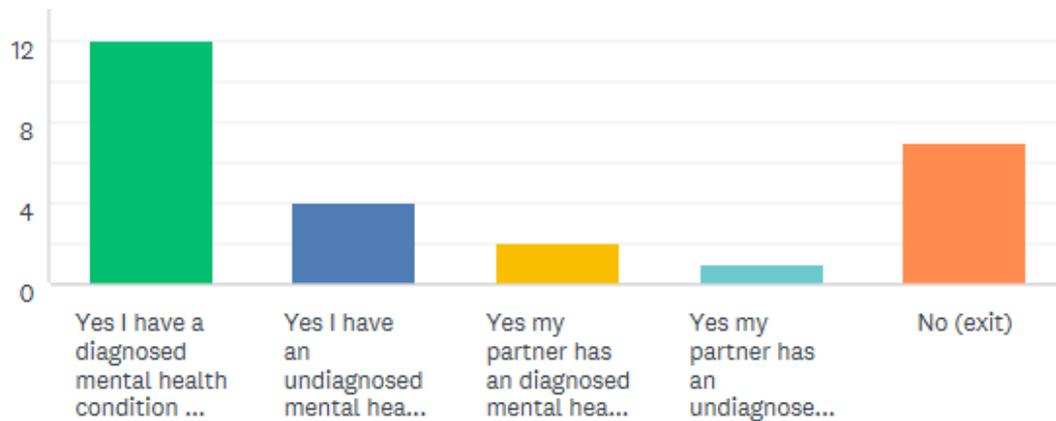
2. Responders: 3 male, 23 female

3. Tell us about your current situation:

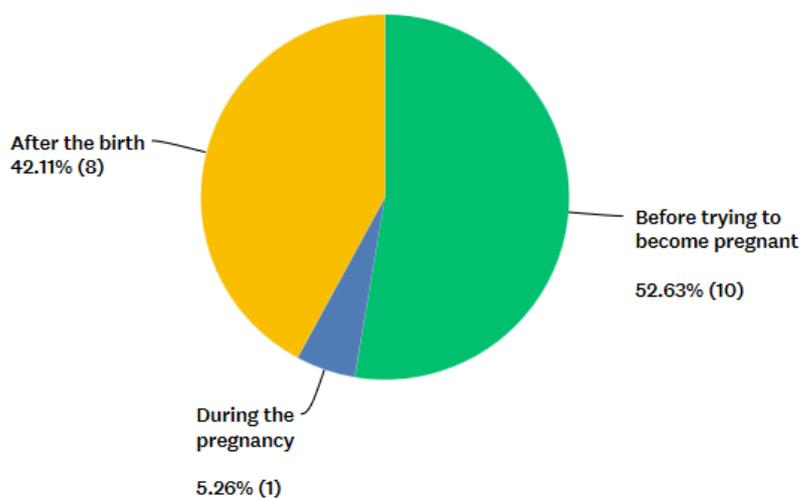
21 responses had a baby in the last 3 years;

4 responses my partner had a baby in the last 3 years

4. Do you or your partner have any mental health conditions or challenges?



5. When did you or your partner experience poor mental health?



6. Were you or your partner receiving any mental health support?

Yes - 7 responses

No - 11 responses

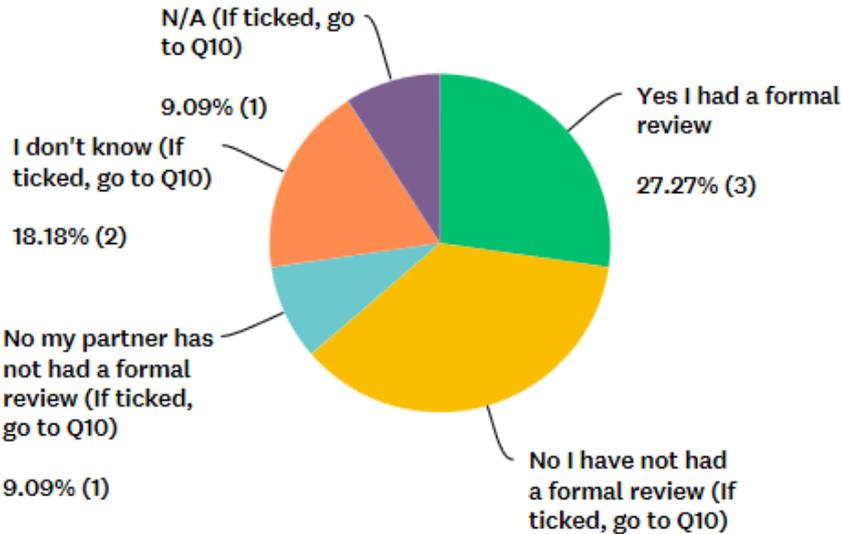
7. If you were taking medication as part of your mental health treatment, what advice were you or your partner given about the impact of continuing or stopping medication before became pregnant or after conception?

12 responses with 6 including additional information. 6 replied “not applicable” implying no advice shared with the survey

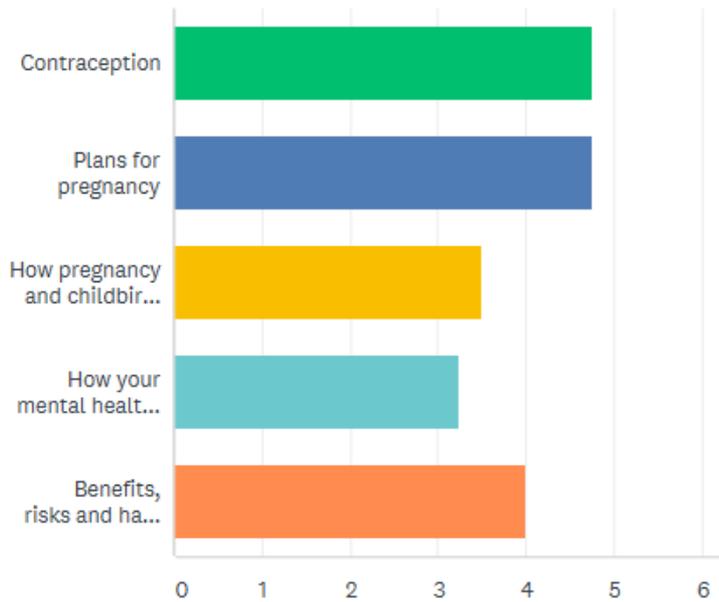
- I have just started medication. My GP said it would help after 2 weeks
- I had to stop taking the medication as by taking them I could not get pregnant. GP did talk about an alternative options but I have decided not taking any medication while trying for a baby and becoming pregnant
- My GP told me to STOP taking the medication immediately! He did not even discuss an alternative option with me
- Was advised to stop medication when pregnant with 2nd child
- That its safe in pregnancy & breastfeeding
- We weren't told much at all.

8. If you have a diagnosed mental health condition, as part of your treatment for mental health you should be undergoing a formal review at least once a year with a mental health professional. Please confirm whether or not you have had a formal review within the last 12 months?

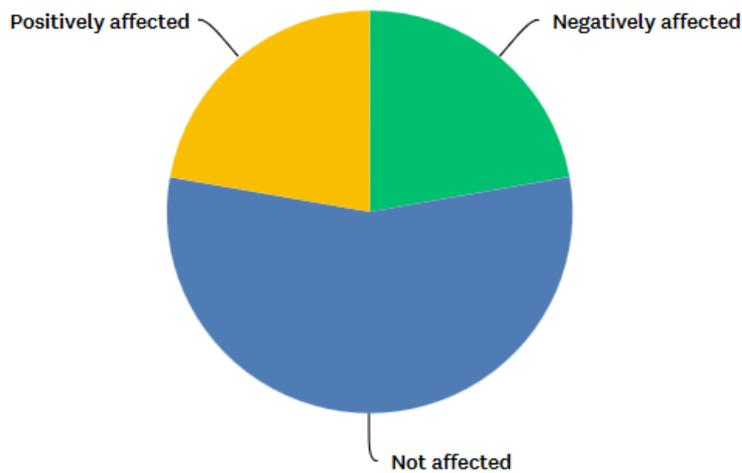
11 responses



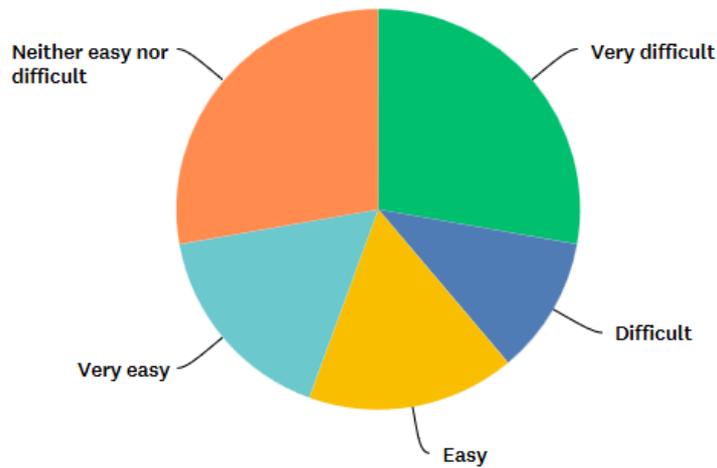
9. After your mental health review, please tell us how informed you felt about the following on a scale of 1-5. 1 being not informed and 5 being fully informed:  
4 responses



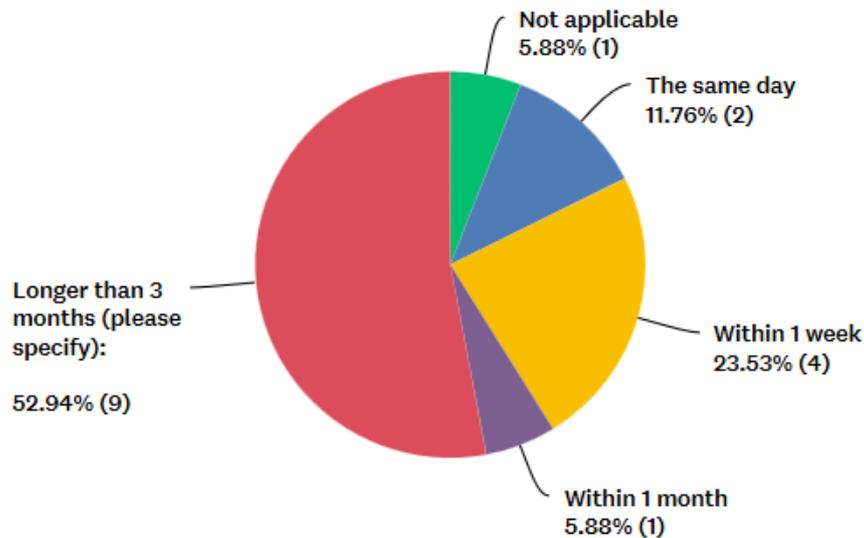
10. Do you feel the maternity care you receive is affected by your mental health needs?  
18 responses



11. How easy was it to get support for your mental health?  
18 responses



12. How long did it take between asking for mental health support and receiving it?  
17 responses



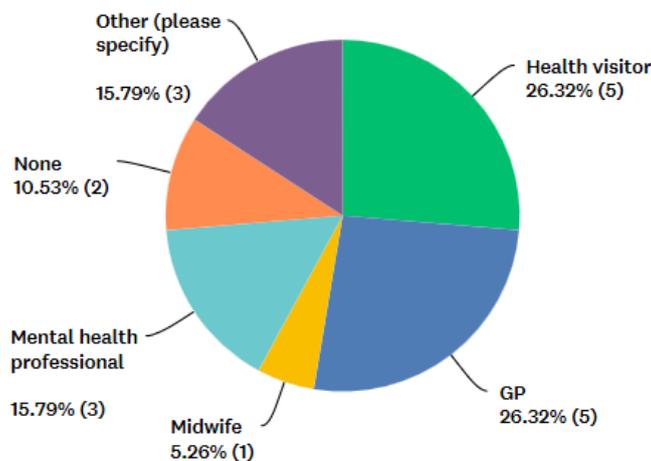
longer than 3 months:

- not received
- 4-5 months
- I didn't say for a while, my doctor gave me the tablets straight away
- 6 months

- I was told that I have to wait till I am 18 to receive any support. I am 17years ol
- I don't remember but it wasn't that long. When I was under 18 years old, I had to wait 9 months to be seen by the Service I needed. After I became adult (+ 18 years old) the waiting list got better. I didn't need to wait that long for receiving support
- Am still waiting !
- Did not actually receive any
- 18 months

13. Please tell us which health professional/s have offered you/your partner mental health support?

19 responses

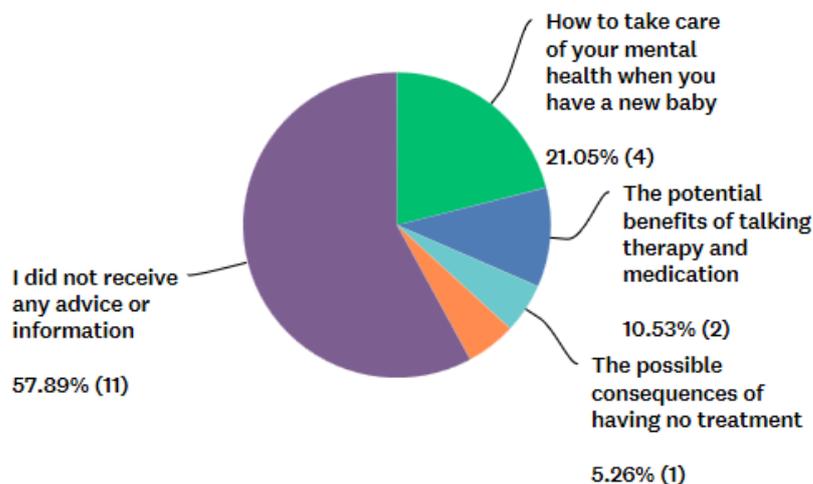


“Other” statement (3)

- Health visitor questioned but no follow up
- Health visitor and GP
- Health visitor, GP and Midwife

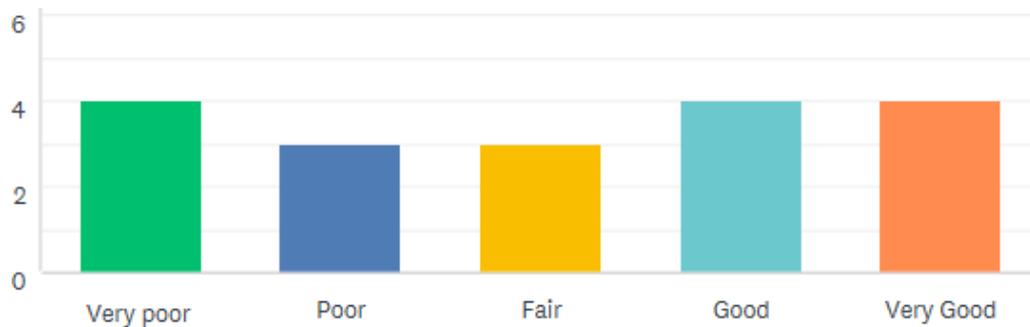
14 Please tell us what information and advice you have been given about maternity and mental health

19 responses



15. How would you rate the quality of mental health support given by health professionals such as your GP/midwife/health visitor?

18 responses



16. Is/was there a care plan in place that considered both maternity and mental health needs?

19 responses

3 - yes

10 - no

6 - I don't know

17. Do/did you feel involved in decisions about care?

17 responses

Yes - 10

No - 7

18. Considering how your mental health has been supported during maternity, what would you have done differently?

- Now I know what was going on I would ask for more help
- Said sooner. I know now that my Health Visitor asked me questions, but I didn't want to answer some questions
- Not much unfortunately
- Google!
- Talk about my mental health issues sooner as I have opened up after my 2nd child was born
- My mental health was supported by my support worker and colleague not the health professionals
- NOTHING - I SOUGHT ADVICE STRAIGHT AWAY + WAS SUPPORTED THROUGH PREGNANCY
- would have asked for support sooner if I would known I was suffering with PND/A
- gone to counselling more
- My mental health was not supported during maternity. I felt like I was left with my problems on my own. Nobody cared enough to help me. I am on my own
- Actually given support
- I would hope to have the confidence to go ahead with prenatal care from the mental health team

- my own research, and pushed for help... but i probably would not have been able to due to being so unwell.

19. If you have more than one child, have you noticed a difference in how your mental health was supported throughout pregnancy and in the first three years of pregnancy?

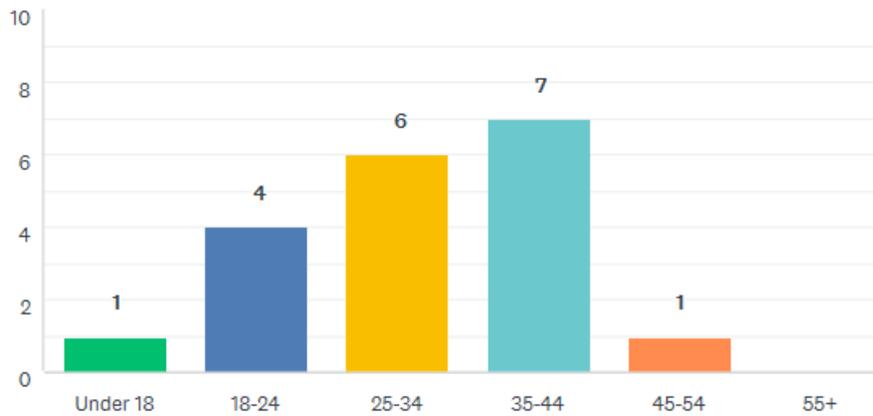
16 responses

- There was better support with first child 2003 more contact with midwife
- Not sure. Get asked more questions but never open up
- There was more questions this time
- big difference
- I have got one child
- After my 2nd child the support was good ish; after my 3rd child the support was better. I have definitely received better care. WHY? I think that after my 3rd child I was more willing to talk about my mental health issue
- only got one son
- NO
- Suffered with PND/A with my first. Fantastic support 2nd time round (again) to prevent happening again
- Yes as I was first diagnosed after my 1st Baby 5-years ago
- I have got one child - one year old boy
- I have got one daughter - 14 weeks old
- I have got only one child
- Yes after developing PTSD after first labour my wife received no extra support
- After my first child I felt that health visitors didn't really ask questions about mental health. They would ask if I suffered depression before and that was it
- no

20. If you have any further comments, please write them below

- the Health Visitor should say why she asks questions and to be truthfull so they can help. The questions made me feel like a bad mum.
- the potential benefits of talking therapy and medication - the potential harms of treatment - the possible consequences of having no treatment
- I would like to see more early screenings for mental health for both partner and pregnant woman - part of routine check ups to normalise discussion of mental health
- Fantastic support received when suffering from Health visitor, GP + Midwife
- Recently had my 8 week check and although I was asked how I was. They didn't make it clear if it was physical or mental
- I have not received any support from Mental Health Services since moving to the area - this is a year now.

Your age:



Your ethnicity:

- Asian British 1
- Caribbean 1
- White British 14
- Japanese 1

Which town do you live in?

- Torquay 8
- Paignton 6
- Brixham 5

Do you consider yourself to have a disability?

- 6 - Yes
- 13 - No

Which of the following best describes you?

- Heterosexual 17
- Gay or lesbian 1
- Bisexual 1

Which, if any best describes your religious belief?

- Buddhist 1
- Christian 5
- Hindu 1
- Muslim 1
- No religion 6
- I'd prefer not to say 5

# Appendix 2

## Supporting journal articles

Ban, L. Impact of socioeconomic deprivation on maternal perinatal mental illnesses presenting to UK general practice. *British Journal of General Practice*, Online First 2012; DOI:10.3399/bjgp12X654801

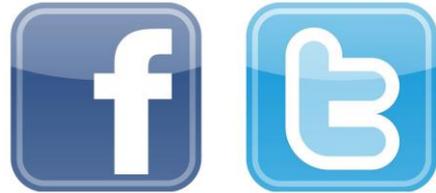
Ford, E. Diagnosis and management of perinatal depression and anxiety in general practice: a meta-synthesis of qualitative studies. *British Journal of General Practice*, Online First 2017; DOI: <https://doi.org/10.3399/bjgp17X691889>

Nolan, M. Making friends at antenatal classes: a qualitative exploration of friendship across the transition to motherhood. *The Journal of Perinatal Education*, 21(3), 178-185

Raleigh, VS Ethnic and social inequalities in women's experience of maternity care in England: results of a national survey. *Journal of the Royal Society of Medicine* 2010: 103: 188-198 DOI 10.1258/jrsm.2010.090460

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