

**SURE START PINEHURST AND PENHILL LOCAL  
EVALUATION.**

**POST-NATAL DEPRESSION OUTCOMES REPORT**

Dave Moore  
Bridge Consulting Partners  
69 Arley Hill  
Cotham  
Bristol BS6 5PJ

Tel: 0117 904 6923  
Email: [bridge\\_consulting@blueyonder.co.uk](mailto:bridge_consulting@blueyonder.co.uk)

**April 2005**

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# Executive Summary

## Background

- SureStart Pinehurst and Penhill is a third wave programme approved in August 2001, its lead and accountable body being the Swindon Primary Care Trust
- There is a core team of 22 staff working from newly refurbished offices in Penhill, North Swindon
- There are 854 (December 2004) children aged four living in about 630 families, 40% of which are single parent families. The population is 10,065 with about 195 births per year. 97% of the local population is White.
- Post natal depression support consists of:
  - The 'Understanding Post Natal Depression' course run once per week over a six week period, three times per year, each session lasting two hours. There have been six courses since its inception in April 2002.
  - Home visits by the health visitors, midwives and nursery nurses
  - Individually based homeopathic services run fortnightly over four hour sessions

The home visits and homeopathic services do not necessarily confine themselves to post natal depression.

## Methodology

- This evaluation involved a literature search of background evidence, examination of mothers' feedback forms from the Understanding Post Natal Depression course, an analysis of Edinburgh Post Natal Depression Scale scores (and General Health Questionnaire scores) both for mothers having attended the Understanding Post Natal depression course and Swindon wide, a unit costing exercise and a background analysis of e.g M7 (Public Service Agreement target) forms and SureStart Action Plan Targets
- The main thrust, however, was a questionnaire exercise to 34 mothers who had undertaken the Understanding Post Natal Depression course or received an advice/home visiting or homeopathic service. There was also a follow up discussion with four mothers.

## Findings

- Most of the Public Service Agreement and Action Plan targets have been met
- 22 mothers have attended the six Understanding Post Natal Depression courses since inception in April 2002, and 15 mothers have received a homeopathic service. Advice/home visits for post natal depression are not specifically recorded.

- The main finding is that the SureStart post natal depression services and the Understanding Post Natal Depression course in particular are clearly seen as high value, quality services to those using the services within the area.
- The stated aims and objectives of the course to improve mothers' health, mental states and baby/child relationships in a safe, welcome environment which emphasises peer support, understanding mental states, coping techniques and self worth are, from mothers' feedback, clearly being met.

Examples of this from course feedback forms, the questionnaire exercise and in depth discussions with mothers are;

- 19 of 19 felt the group was a safe place to come
  - 19 of 19 felt they got support from other members
  - 19 of 19 felt they had learnt ways to help themselves
  - 19 of 19 felt that they had learnt new ways to cope with depression and daily activities
  - 18 of 19 felt that the baby massage session was helpful
  - 17 of 19 (plus 1 'partly') felt the course helped them to understand why they had been feeling depressed
  - 15 of 19 (plus 3 'partly') felt they had learnt how to cope
  - 8 out of 9 felt they had been challenged in the way they thought about themselves
  - 8 out of 9 felt they had been helped to 'break the cycle of depression'
  - 8 out of 9 felt the course was 'right for their needs'
  - 6 out of 8 said they felt positive in the longer term
  - 6 out of 9 felt that their relationship with their child had changed positively (two 'no change')
  - 6 out of 9 felt their relationship with their partner had changed positively (one 'no change', two negatively)
  - 8 out of 9 felt that continued support is available after the course should they need it.
- It is clear that the group situation brings major benefits to mothers in terms of reducing feelings of isolation, realising that they are not alone as post natal depression sufferers and drawing on other members of the group for support.
  - The Understanding Post Natal Depression course curriculum is appropriate with the outcomes bulleted above being linked to specific elements of the sessions such as 'coping with stress' and baby massage (which also enhances mother/child relationships).

- Health Visitor and GP support is greatly valued whilst post natal depression is being identified with professionals being involved at the outset in most instances.
- A great deal of emphasis is given by SureStart staff to ensuring that potential Understanding Post Natal Depression course attendees are contacted and instilled with the confidence to attend. It is clear that SureStart staff have been successful in this respect, with almost all (8 of 9) mothers feeling that the level of support before attending the course was about right.
- All the mothers who responded felt that the course built on the prior support they had been given by their Health Visitor or GP
- The length, time, content etc. of the course are seen as appropriate from both a mothers' and external (observation by a non SureStart Health Visitor) perspective. There were however, calls for a post course follow up session and this has been recommended for consideration.
- The existence of the SureStart Understanding Post Natal Depression course is disseminated effectively to health visitors across Swindon, however its practical application may not be fully understood by those health visitors and recommendations have been made to address this.
- Whilst the referral pathways above seem to be appropriate there is work to be done in raising awareness with regard the existence of the course and Sure Start post natal depression services for mothers in the area.
- From feedback about SureStart postnatal depression services it is clear that (certainly for those who attended the Understanding Post natal Depression course) mothers' relationships with children and partners/child(ren)'s fathers have been enhanced. There were calls, however, from mothers for some form of formalised support for partners/child(ren)'s fathers (though scepticism that the partner/child(ren)'s father would attend) and this has also been recommended for consideration.
- There were also calls for greater availability of literature on e.g. self esteem and this has been recommended
- Indications from analysing the attendance dates of mothers attending the Understanding Post Natal Depression course are that the benefits may be long term, as positive responses are consistent regardless of how long ago mothers attended. Four out of nine attended over a year prior to this report, three of them in 2003. Further some mothers who attended the discussion group reported that they learned extended skills in terms of confidence which are taken forward to other aspects of their lives.
- There may be some conflicting evidence to the above, however, in that only four of nine felt they could fully move on and 'go it alone' longer term though there seems to be no link between these responses and when the mothers attended the course.

- The mean Edinburgh Post Natal Depression Scale score for mothers attending the course improved from 18.36 to 11.14, and the mean General Health Questionnaire score improved from 23.24 to 12.24.
- A unit cost per mother attending the course has been calculated at £497. An alternative costing method has been applied showing that the cost per course is an estimated £3313. A value judgement needs to be made by management on this, however it should be noted that this figure encompasses six two hour course sessions plus an element for home visits and extended support.
- From discussions with mothers (some from outside the SureStart area), an analysis of the outcomes to those mothers in terms of value added benefits to themselves, children and partners/child(ren)'s fathers and discussions with the Health Visitor from whom an external perspective was gleaned, a conclusion to be drawn would be that the Understanding Post Natal Depression course format/model is transferable to other parts of Swindon.
- Part of the conclusion to this evaluation is that the Understanding Post Natal Depression course and post natal depression services in general offered by SureStart are positive contributors to the Every Child Matters outcomes framework. This is especially the case with regard the desired 'Be Healthy' (mentally and emotionally) outcome for both mothers accessing the services and, importantly, their children. Further, it is felt that contributions to this outcome, will lead to less tangible contributions to the other four Every Child Matters outcome areas.

### **Recommendations**

- better links should be made with mothers-to-be across Swindon in terms of the dissemination of SureStart post natal depression information leaflets.
- further, part of the focus of these leaflets should be to dilute the stigma associated with the location of the course in the Pinehurst/Penhill area.
- a programme of attendance on the Understanding Post Natal Depression Course (or some of the sessions) for external (other parts of Swindon) Health Visitors should be offered/considered.
- the target (maximum) number of mothers attending any one of the Understanding Post Natal Depression course sessions should be 6-8
- more work should be undertaken to attract mothers who live in the SureStart area to the Understanding Post Natal Depression course, as a proportion of total attendees.
- the notion of a partner/ child(ren)'s father session should be further investigated and SureStart Somerstown be contacted to assess how best to attract partners/ child(ren)'s father.
- the notion of a follow up session some weeks after the main course has been completed should be further explored.
- a library of information such as self esteem books should be considered

- a method of monitoring/estimating the resource involved in the wider post natal depression support service (home visits etc) should be considered
- a more in depth comparator exercise with mothers suffering from post natal depression across Swindon (including type of intervention) should be conducted in order to better assess the value added benefits of the course
- training for local volunteer support workers and volunteer support should be reviewed to assess whether this continues to be a necessity/priority as shown in the SureStart Pinehurst and Penhill Action Plan.

## **1. Introduction**

SureStart Pinehurst and Penhill, Swindon is a third wave programme approved in August 2001. The programme is managed by a partnership board which has representation from local statutory agencies (Local Education Authority, Social Services, Health and the Police), voluntary agencies (NSPCC and Swindon Care and Repair), community groups and parents.

There is a core team of 22 staff working from a newly refurbished centre in Penhill which also comprises a Neighbourhood Nursery, with Service Level Agreements with a further four external service providers (NSPCC, Community Toy Library, Homestart and Trio Childcare Connections).

The lead and accountable body for the programme was originally Wiltshire and Swindon Healthcare Trust which in April 2002 became the Swindon Primary Care Trust and assumed this responsibility.

Working with evaluators from Bath University the programme evaluated its Play Start service and Health Visitor service in 2003, and, as part of the ongoing evaluation programme, identified the following areas for evaluation in 2004-05:

- Post-Natal Depression Support Outcomes
- Fathers Development Work
- The Role of the Social Worker and Family Support Staff
- Longitudinal Studies

Following a tendering exercise Bridge Consulting (as lead consultant) was awarded the contract to undertake the evaluation in late October 2004.

This report gives the findings into the evaluation of Post-Natal Depression Support Outcomes.

## **2. Background**

### ***2.1 Demographics and Community***

The community of Pinehurst and Penhill includes part of Pinehurst and Gorsehill ward and Penhill ward in its entirety and is situated to the North of Swindon. The catchment area is contained within 'pram pushing' distance. Penhill is a 1950's estate whilst Pinehurst was built between the two World Wars. There is a stable

core of long established residents, but new families are constantly moving into the area without extended family within the neighbourhood.

There are 854 (December 2004) children under four in the SureStart catchment area, living in about 630 families, of which 583 families are Sure Start members, with 40% of these being single parent families. Figures for 2004 from Swindon Borough Council put the total population of the SureStart area at 10,065, with 195 births in the year 01/04/03 to 31/03/04 (Swindon PCT).

Unemployment is low in Swindon as a whole but just under half of the under 4's in the SureStart area live in workless households. There is a small ethnic population, however 97.2% of the total population is white.

## **2.2 Post Natal Depression Support within Pinehurst and Penhill SureStart**

There are various definitions of post natal depression. The Mental Health Foundation estimate that up to 10% of mothers develop full blown post natal depression, beyond 'baby blues', which is a short term of mild depression which many mothers experience after having a baby. Symptoms are varied and may include crying, feelings of not being able to cope, health (and baby health) worries, panic attacks, lacking in energy, difficulty sleeping, poor appetite etc. A small minority of mothers may develop puerperal psychosis which may include manic behaviour, hyperactivity, aggression and possibly severe or manic depression and/or possibly delusions.

Treatments may vary from talking, counselling and helping to understand post natal depression, to General Practitioner prescribed anti-depressants, and possible psychiatric treatment in the case of puerperal psychosis. It is the 'milder' forms of post natal depression, short of GP treatment, that post natal depression support provided by Pinehurst and Penhill SureStart is aimed at.

Post natal depression support within Pinehurst and Penhill SureStart was developed in early 2002, with the first six week support course on 'Understanding Post Natal Depression' being run in the month commencing April 2002.

As well as the above course, there are also listening visits to families on a 1:1 basis, which may involve the two Health Visitors, the three Nursery Nurses plus the two Midwives. These were operational prior to the development of the specific Understanding Post Natal Depression course (though they have only been formalised for about one year), however, the visits may not be specific to post natal depression and may be recorded as Family Support visits. There is

also a series of drop ins, however these may again not be post natal depression specific

Further to this, since July 2002, services have been provided by a homeopathist, working on a sessional basis with individual mothers in the SureStart area. This service runs on a once a fortnight, four hour session basis with the first session for individuals lasting about one hour and follow up sessions lasting up to 30 minutes. The service operates independently of the SureStart team. The Homeopathist does go into the Understanding Post Natal Depression course sessions to talk to mothers, though there is no formal, regular slot which the Homeopathist feels would be appropriate. The service was evaluated in January 2004 by the University of Bath, which highlighted the value that parents place on the service.

Approximately 15 individual mothers having been seen since this part of the service started.

### **2.3 The 'Understanding Post Natal Depression' Support Course**

The 'Understanding Post Natal Depression' course has specific aims and objectives laid down, namely;

Aims:

- To improve the health and well being of the women attending
- To improve the mental state - lift their mood
- To improve the interaction between mother and baby/child

Objectives:

- To provide a safe environment in which to come and feel welcome
- To receive peer support from other women and know they are not alone
- To understand why they may feel depressed or stressed
- To understand how to cope with and reduce stress
- To learn self help, coping techniques to manage for themselves in their daily life
- To provide space to value themselves as women
- To understand how babies and children communicate and to develop new ways in which to play and enjoy being with their baby/child

The course is open to mothers who have had an Edinburgh Post Natal Depression score of 12 or above, based on professional judgement, and for mothers with babies or children aged between 3-12 months.

Further, mothers either need to live in the SureStart area or be registered with a general practice that is part of the Psychology and Counselling Service run by the Clinical Psychologist.

In terms of course content, the course is run over 6 sessions, over 6 consecutive Mondays from 9.45 am - 11.45pm at the SureStart Centre, Penhill. The course is run by the SureStart Midwife covering child development aspects, and the Assistant Psychologist, Dept of Clinical Psychology, Avon and Wiltshire Mental Health Partnership, who covers the Cognitive Behavioural Therapy aspects of the course. The course session plan is laid out at Appendix A.

Each session also has a detailed session plan for those running the course setting out activities to be covered, the group leader and resources to be used, with week one including coverage of e.g. protocols and guidelines to be followed.

Further, the Assistant Psychologist covers topics which dovetail with the training she provides to health visitors across Swindon on post natal depression (see below) on e.g. daily activity scheduling, thought challenging, thinking errors, how to activate yourself etc.

It is felt by the Assistant Psychologist that the course content is fairly standard in comparison to other courses across the country, covering similar components. This is returned to in the literature review section below.

## **2.4 *SureStart and Every Child Matters Objectives***

Underpinning this evaluation are the four SureStart objectives as put forward under the Public Service Agreement 2003-06, and the desired outcomes of the 2004 Government Green Paper 'Every Child Matters'.

The four SureStart objectives are;

- Improving Social and Emotional Development
- Improving Health
- Improving Learning
- Strengthening Families and Communities

Specifically, work around post natal depression is aimed at the objective of improving social and emotional development with the target being for 'all SureStart programmes to have agreed and implemented in a culturally sensitive way, ways of caring for and supporting mothers with post natal depression'.

The Every Child Matters Outcomes are;

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Well-Being

## **2.5 Evaluation Aims and Objectives**

The aims and objectives of the evaluation of post natal depression outcomes as specified by SureStart Pinehurst and Penhill are clear;

Aim:

- To evaluate the efficacy, cost effectiveness and viability of post natal depression support available through the Sure Start programme.

Objectives:

- To conduct a literature search
- To review the service objectives
- To assess service delivery against objectives
- To evaluate the value and outcomes for service users including -
  - Identification of condition
  - Referral for appropriate support
  - Support from Sure Start staff
  - Ongoing support
- To assess the outcomes against other types of service provision
- To report on findings, make recommendations and disseminate the results

## **3. Methodology**

The methodology for this evaluation was conditioned by the evaluation aims and objectives and also discussions with National Evaluation for SureStart officers who stressed that evaluations should highlight service outcomes backed up by robust data driven evidence.

A literature search was conducted examining various sources of background evidence, such as;

- Mental Health Foundation website
- NESS guidance documents
- Other SureStart post natal depression evaluation reports such as Portsmouth, Somerstown
- SureStart Pinehurst and Penhill Action Plans and Public Service Agreement targets

A database of mothers (from both within the SureStart area and elsewhere in Swindon) having attended the Understanding Post Natal Depression course, or having received advice/home visits was identified and these mothers contacted by letter with regard their willingness to take part in the evaluation.

Evaluation feedback forms from those having completed the Understanding Post Natal Depression course were examined both qualitatively and quantitatively.

The main thrust of the evaluation involved a questionnaire exercise to 34 mothers, 14 of whom responded, who had either attended the Understanding Post Natal Depression course sessions at Penhill, received advice and support from SureStart outside the group sessions or received homeopathic support and/or treatment.

A discussion group was undertaken with four mothers who indicated their willingness to participate as part of the questionnaire exercise.

An analysis was undertaken of Edinburgh Post Natal Depression scores and General Health Questionnaire scores pre and post Understanding Post Natal Depression course for those who attended the course.

An analysis was undertaken of Edinburgh Post Natal Depression scores for 820 mothers across Swindon for the period April 2003 to September 2004.

Costing information was obtained and unit costs of the post natal depression service calculated.

## **4. Findings**

### ***4.1 General 'reach' information and the appropriateness of post natal depression support***

One of SureStart's Public Service Agreement targets is 'one hundred percent of families with young children to be contacted within two months of birth by a

member of the SureStart programme'. As contextual background, a combination of figures from the Swindon Primary Care Trust and the SureStart Local Programme indicate that over the three years from the beginning of April 2001 to the end March 2004, the following numbers and percentages of families have been 'reached'.

|   | 2001-02** | 2002-03 | 2003-04 |
|---|-----------|---------|---------|
| Number of babies living in the Sure Start area whose families have been contacted by the programme within the first 2 months of their child's birth | 56        | 164     | 163     |
| All babies who reached the age of 2 months within the measurement period  | 63        | 186     | 198     |
| % of families with young children contacted within 2 months of birth by a member of the Sure Start programme  | 89%       | 88%     | 82%     |

\*\* Data collection for new birth visits started 01/11/01

Further, figures again from the Swindon Primary care Trust and the SureStart Local Programme indicate the following for the three years from 2001 to 2004 (with the Public Service Agreement target being 'all local SureStart programmes to have agreed and implemented, in a culturally sensitive way, ways of caring for and supporting mothers with post natal depression');

|  | 2001-02** | 2002-03 | 2003-04 |
|--|-----------|---------|---------|
| Number of mothers with PND appropriately* supported                                    | 23        | 22      | 47      |
| Number of mothers identified as having PND in the first 12 months of their baby's life | 23        | 22      | 47      |
| % of mothers receiving appropriate care  | 100%      | 100%    | 100%    |
| Number of mothers with a live birth measurement  | 178       | 213     | 195     |
| % of mothers identified with PND   | 12%       | 10%     | 24%     |

\* appropriate support - mothers being offered advice and support, post natal depression support groups, counselling, GP referral - medication, follow up visits etc.

Note: the figures are taken from the Epex3 system, input by Health Visitors

## 4.2 Start point data from the SureStart, Pinehurst and Penhill Plan

The SureStart, Pinehurst and Penhill Plan shows some Edinburgh Post Natal Depression scale start point data for the year 1999/00 sourced from the Wiltshire and Swindon Health Care NHS Trust Information System, indicating that the percentage of mothers suffering from post natal depression was higher for the SureStart area than for Swindon as a whole.

| Sure Start screening |                |                  |             |                |                  |
|----------------------|----------------|------------------|-------------|----------------|------------------|
| 6 weeks              |                |                  | 12 weeks    |                |                  |
| No screened          | 84 of 188      |                  | No screened | 106 of 188     |                  |
|                      | 8 (9.5%) mild  | 8 (9.5%) severe  |             | 7 (6.6%) mild  | 6 (5.6%) severe  |
| Swindon screening    |                |                  |             |                |                  |
| 521                  | 45 (8.6%) mild | 19 (3.6%) severe | 638         | 37 (5.8%) mild | 21 (3.3%) severe |

Further, the plan contains milestones for the following years. This is shown below with notes indicating whether or not the milestones have been achieved.

| Year 1 2001-02  |          | Year 2 2002-03   |          | Year 3 2003-04  |          |
|---|----------|--|----------|---|----------|
| 100% of women with post natal depression have been identified and have been offered appropriate support   | √<br>(a) | Maintain 100% of women with post natal depression being identified and offered appropriate support | √<br>(a) | Maintain 100% of women with post natal depression being identified and offered appropriate support                | √<br>(a) |
| All new mothers being screened at 6 weeks and 3 months  | √<br>(a) | All new mothers being screened at 6 weeks and 3 months   | √<br>(a) | All new mothers being screened at 6 weeks and 3 months  | √<br>(a) |
| In partnership with post natal depression care pathway group provide update and training in Edinburgh screening tool, management of mild postnatal depression and referral pathways for moderate and severe post natal depression | √<br>(b) | Development of tool for early identification of post natal depression risk factors in pregnancy    | √<br>(c) | Tool for early identification of post natal depression risk factors in pregnancy offered to all expectant mothers | √<br>(c) |
| Develop information system for capturing treatment rates  | √<br>(d) | Core staff able to offer non directive listening for mildly depressed mothers                      | √<br>(e) | On-going training and updating for staff  | X        |
| Establish support groups for mildly depressed mothers   | √        | All depressed mothers informed of support group  | √        | All depressed mothers informed of support group   | √        |
|   |          | Develop training for local volunteer support workers   | X        | Local volunteers support depressed mothers  | X        |

a) via Health Service

- b) half day training to team provided by Health Visitor
- c) as part of pathway for Health Visitor screening using Edinburgh Post Natal Depression Scale, but not universal; for those with previous history only
- d) Epex
- e) To Health Visitor/Midwife level.

**4.3 Health Visitor awareness with regard SureStart post natal depression service**

It is clear that for the referral pathway for SureStart services to be successful, Health Visitors need to be aware of the existence of these services. To that end, the Assistant Psychologist (see above) runs training sessions on post natal depression for all (approximately 35) Health Visitors across Swindon, which includes one full day introduction to counselling and a further half day. Health Visitors are made aware of SureStart services in these sessions. The topics covered are given in framework at Appendix B

This point was probed with a Health Visitor from the West Swindon Health Centre who had attended the Understanding Post Natal Depression course held at the SureStart Centre. The feeling of this particular Health Visitor was that (having seen the course in operation) whilst Health Visitors are aware of the course, they may not necessarily be au fait with the course content. This would seem to be an area to be explored and is returned to in the recommendations.

**4.4 Referral pathways for mothers and 'Understanding Post Natal Depression' course attendance**

SureStart held figures show that for the six Understanding Post Natal Depression courses run at the SureStart Centre between October 2002 and September 2004 there were 75 referrals, of which 26 were SureStart referrals.

Further to this, figures received from the Assistant Psychologist show that in the recent past, referrals to the SureStart post natal depression services (though they may not have attended the Understanding Post Natal Depression course) have come from:

|   |    |
|---|----|
| Health Visitors (including Sure Start)      | 12 |
| General Practitioners                       | 2  |
| Counsellors/Psychologists from primary care | 9  |
| Unknown                                     | 8  |

Discussions with the Homeopathist reveal that referral pathways for this service are also diverse, with a mixture of professionals, self referral and word of mouth referrals.

Further, the identification of post natal depression and the referral pathways mothers took is explored as part of the questionnaire exercise to mothers (below).

In terms of sessions attended, 22 mothers completed the course of which five were from the Sure Start area. 39 of those referred did not attend, six attended one session only, four attended two sessions, three attended three sessions and one attended four sessions.

Full details are given at Appendix D

#### **4.5 Course Feedback: end of Understanding Post Natal Depression course evaluation sheets**

At the end of each Understanding Post Natal Depression course, attendees fill out an evaluation sheet. Along with the questionnaire and discussion group exercises this provides valuable information with regard mothers' views on the value of the 'Understanding Post Natal Depression' course.

From the five courses run between October 2002 and September 2004, a total of 19 evaluation sheets were completed as follows;

| <b>Course</b>  | <b>Sheets</b> |
|----------------|---------------|
| October 2002   | 3             |
| February 2003  | 6             |
| June 2003      | 3             |
| February 2004  | 2             |
| September 2004 | 5             |

Where possible a quantitative analysis of the responses given to each evaluation question has been undertaken and this is tabulated below. It is clear from this that overall those completing the evaluation sheets found attending the course a positive experience.

| <b>Question</b>                              | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Did the group feel a safe place to come?     | 19         | 0         |
| Was the location at Pinehurst Sure Start OK? | 19 (1 Y&N) | 0         |
| Did you get support from the other members?  | 19         | 0         |

| Question  | Yes          | No           |
|---|--------------|--------------|
| Do you understand why you have been feeling depressed?  | 17           | 1 (1 Partly) |
| Do you know how to cope with the stress now?  | 15           | 1 (3 Partly) |
| Have you learnt ways to help yourself?  | 19           | 0            |
| Have you learnt new ways to cope with depression and daily activities?  | 19           | 0            |
| Do you feel that you have been able to concentrate on you as a woman?   | 14           | 4 (1 Partly) |
| Was the baby massage session helpful?   | 18           | 1            |
| Is there anything you would change about the group?   | 8            | 10           |
| Would you volunteer to help with refreshments and welcoming women to the next group and sharing your experiences? | 10 (1 maybe) | 0            |
| Did you feel it helpful to have someone from a previous group attending?  | 3            | 0            |

Where comments were made with regard changes to the course the emphasis is on making the course longer, with follow up sessions. Also there were two references to a session for partners, one negative reference to the dynamics of group talks, and one negative reference to the time/day the sessions run.

Further to the quantifiable comments above, three open questions were asked, the first of which concerned what mothers found most helpful about the group. All 19 attendees made some comment, with an emphasis on listening and 'talking through' in a shared environment, realising others are in the same situation and being given the tools to cope with their situation.

From the above comments it is clear that the group situation brings major value added benefits to mothers in terms of reducing feelings of isolation, realising that they are not alone as post natal depression sufferers and drawing on other members of the group for support.

Further, the appropriateness of the Understanding Post Natal Depression course curriculum (given at Appendix A) is highlighted; the outcomes above being linked to specific elements of the sessions such as 'coping with stress' and baby massage (which also enhances mother/child relationships).

By contrast a question was asked with regard what the mothers found least helpful about the group. Seven comments were recorded with four reinforcing *positive* experiences, one call for more prior information, one call for a longer course and only one indicator of a negative experience.

Finally, any other comments were asked for. Ten comments were made, all of which emphasize the positive nature of the experience of attending the course

Full comments for both the quantifiable and open questions are given at Appendix C

#### **4.6 *SureStart satisfaction survey November 2004***

In order to gauge satisfaction with all of SureStart services 109 parents took part in a survey administered from the SureStart Centre. Five previous users of the post natal depression service responded and of these four were happy with the service, the remaining respondent making no comment.

#### **4.7 *Questionnaire exercise***

The major thrust of this evaluation was a questionnaire exercise to;

- Mothers who had attended the Understanding Post Natal Depression course at the SureStart Centre since its inception
- Mothers who had received one to one advice/home visits from SureStart with regard to their post natal depression
- Mothers who received a homeopathic service

34 questionnaires were distributed, 18 to former Understanding Post Natal Depression course attendees (of which eight were from outside the SureStart area), 13 to mothers who received advice/home visits and three to mothers who had received a homeopathic service.

Nine responses were received from former Understanding Post Natal Depression course attendees and five responses were received from mothers who had received advice/home visits.

The questionnaires were tailored to the target groups above, however there was a great degree of commonality. Further, the questionnaire frameworks were tailored around the evaluation objectives, sub bullet points to bullet point 4, given in 2.5 above.

The final question on each questionnaire was whether mothers would be willing to attend a discussion group at the SureStart Centre, Penhill. Eight indicated that they would, four of whom subsequently attended the discussion group. Discussion group outcomes are returned to below.

The following summarises the results of the questionnaire exercise, however a full question by question analysis including full verbatim comments is given at Appendix E.

Identification of post natal depression and the referral process for appropriate support.

Respondents were asked what information they had been given about post natal depression when they were pregnant. It would seem that this is an area of weakness in the overall post natal depression process in that eight of the 13 respondents were not given any information. Where advice was given, it came from a mixture of word of mouth, leaflets and one instance of 'midwives, family workers and SureStart'. The responses are tabulated;

|                  | None | Advice given |
|------------------|------|--------------|
| <b>Group</b>     | 4    | 4            |
| <b>Advice/HV</b> | 4    | 1            |
| <b>Total</b>     | 8    | 5            |

With regard to who identified the condition, this is wide ranging, with the condition being identified by a professional for 10 of the respondents and self referral starting the process for four of the respondents;

|                  | HV | GP | GP&HV | MW/HV | Self/GP/Hosp |
|------------------|----|----|-------|-------|--------------|
| <b>Group</b>     | 2  |    | 2     | 2     | 3            |
| <b>Advice/HV</b> | 2  | 2  |       |       | 1            |
| <b>Total</b>     | 4  | 2  | 2     | 2     | 4            |

Further, again for 10 of the respondents, identification led to a referral to a GP;

|                  | Referred | Not Referred |
|------------------|----------|--------------|
| <b>Group</b>     | 7        | 2            |
| <b>Advice/HV</b> | 3        | 2            |
| <b>Total</b>     | 10       | 4            |

Whilst the condition was being identified it is clear that the level of service provided by the Health Visitor is greatly valued, with 11 of the respondents giving positive answers with regard their opinion of the level of support they were given. Positive comments frequently included the words 'fantastic', 'great' etc., the one

negative comment indicating that two weeks between Health Visitor visits was too long in that case.

|                  | +ve | -ve | Other |
|------------------|-----|-----|-------|
| <b>Group</b>     | 9   |     |       |
| <b>Advice/HV</b> | 2   | 1   | 1     |
| <b>Total</b>     | 11  | 1   | 1     |

Similarly, GP support is highly valued with nine of the 12 comments received being positive (with two onward referrals to counsellors), and none negative

|                  | +ve | -ve | Other |
|------------------|-----|-----|-------|
| <b>Group</b>     | 5   |     | 2     |
| <b>Advice/HV</b> | 4   |     | 1     |
| <b>Total</b>     | 9   |     | 3     |

In summary with regard to identification of post natal depression it would seem that professionals are being involved at the outset in most instances and become part of the process in all instances. In terms of the appropriateness of the support again it would seem that support offered is highly valued.

*Support from SureStart prior to attending the 'Understanding Post Natal Depression' course*

As previously mentioned, nine responses were received from mothers who had attended the Understanding Post Natal Depression course at the SureStart Centre, Penhill.

With regard to the ways in which respondents heard about the course, seven heard of the course via their Health Visitor and two via the SureStart Midwife. This would seem to indicate that Health Visitors are aware of the course and be positive back up for the work undertaken by the Assistant Psychologist in raising awareness given at point 4.3. Though seemingly aware of the course however, it is not clear how aware Health Visitors are with the detail of the course content and the practical application of the course, as indicated above at 4.3 and in the external perspective comments at 4.9 below.

Discussions with the SureStart Midwife who runs the course indicate that a great deal of emphasis is given to contacting potential course members in order to re-assure them and instil confidence prior to the course starting. From questionnaire responses it is clear that SureStart staff are being successful in this respect with

all except one respondent (who enrolled only a couple of days before the course started) saying that they received extensive contact via telephone calls or home visits.

Further, respondents felt that the level of support they received from SureStart before the course started was;

|                    | <b>Resp</b> |
|--------------------|-------------|
| <b>Too much</b>    | 0           |
| <b>About right</b> | 7           |
| <b>Not enough</b>  | 1           |

the one respondent feeling there to be not enough support stating, 'It might have been nice to have a quick 1:1 with the instructor before the course to familiarize myself with her and go over what would be covered in the course'.

Building on the above it was felt that it would be worthwhile exploring whether there was any element of mothers being put off from attending due to lack of confidence. Clearly this can not be demonstrated for anyone who may not have attended at all due to lack of confidence, but of those nine who responded, eight felt they were confident enough the first time they attended without more support, whilst one felt more support was needed.

One of the mothers who responded they felt 'confident enough' qualified this by saying 'It was a bit hard to find. Maybe somebody could have been at the main entrance to show you where to go, or bigger posters', whilst the respondent who wanted more support added, 'would have liked to have a friend to first session for support, even just first few minutes'.

#### *Outcomes for mothers attending the Understanding Post Natal Depression course*

From discussions with the SureStart Midwife and the stated aims and objectives of the course given at 2.3 above it is clear that course success factors revolve around building on professional's earlier support work, improving the mental state of attendees, enhancing their relationships (with their child), and building confidence, self help techniques and coping strategies.

To this end all seven mothers who responded felt that the work of SureStart built upon support they had been given by their Health Visitor or GP, with an emphasis on the advice, understanding and time they were being given.

With regard to improving 'mental states' it is clear from the feedback extracted from the course evaluation forms shown at 4.5 above that the course was successful in this aim. To build upon this some specific questions were asked as part of the questionnaire exercise with;

- eight out of nine respondents saying that the course had helped them challenge the way they thought about themselves, the remaining one saying 'partly'.
- eight out of nine respondents saying that attending the course had helped them break the cycle of depression, the remaining one saying 'partly'
- eight out of nine respondents saying that overall the course was right for their needs, the remaining one saying 'partly'
- four out of nine respondents saying they could move on and 'go it alone' after the course finished, four saying that they could 'partly' go it alone and one saying she could not go it alone.
- six out of eight respondents saying that the course made them feel more positive in the longer term, the remaining two saying 'partly'

Continued support following the course was also probed with eight of the nine respondents feeling that continued support for them, e.g. via the telephone is available should they need it and one feeling that it is not; that respondent feeling that the course itself should have been longer.

*Relationship outcomes for both those attending the Understanding Post Natal Depression course and those receiving advice/home visits*

With regard to building relationships with their children and partners/child(ren)'s father both the Understanding Post Natal Depression course attendees and those who simply received advice/visits from SureStart staff were asked for feedback. The responses for those who received advice/visits are returned to later.

With regard to whether those who attended the Understanding Post Natal Depression course the feeling was that the advice and support they received has changed their relationship with their children. Six of the mothers felt that their relationship with their children had changed positively, two that the relationship hadn't changed and one that the relationship had changed negatively.

For the mother who felt there was a negative change this was qualified with the comment, 'I feel like the kids change with the weather and at times I don't know what to do. I get more bad days than good.'

For those who felt that their relationship with their children had changed positively comments reveal that the mothers now have more time for their children and appreciate what they can do with their time. Further that they do not 'waste time' with anxieties, and that their own enhanced moods have transferred to those closest to them.

With regard to relationships with their partner/child(ren)'s father brought about as the result of attending the course, six respondents felt that their relationship with their partner/child(ren)'s father had changed positively, one that there had been no change and two that there had been a negative change in relationship.

For those who felt there had been a negative change one felt that she realised that her problems were not her own fault and felt 'stronger', whilst the other had further personal problems and felt that, 'my partner seemed to expect me to be cured after the course which is why I think the support for partners should be an important part of helping depression sufferers'. This point is returned to below with regard to whether and what support respondents feel should be given to the partner/child(ren)'s father.

With regard to those who made positive comments with regard to their relationship with their partner/child(ren)'s father, those comments show that there is clearly a better mutual understanding, less anxiety and a greater ability to communicate.

Alluded to above, of note is that all eight respondents who attended the course felt that it would be beneficial if there was more support for partners/child(ren)'s fathers.

On probing this further, suggestions were wide ranging with regard to what support was felt could be given to the partner/child(ren)'s father with most revolving around a course or session(s) for partners/child(ren)'s fathers, attendance at the Understanding Post Natal Depression course session(s), a Health Visitor meeting with both partners and specific literature.

#### *Understanding Post Natal Depression Course: Organisation and Housekeeping*

Notwithstanding the personal, emotional and developmental aims of the course, organisational and housekeeping aspects of the course are also felt to be important with regard to waiting times, time of day, course length, number of etc.

It seems clear that the course is organised appropriately in these terms with all respondents feeling the day and time the course ran was appropriate and all

feeling that the number of people on the course was about right. Two felt that the length of time (number of sessions) the course ran for was too short/few and this is a theme also evident from the course evaluation feedback sheets analysed at 4.5.

Further, respondents were asked if they felt they would like to have more literature available on e.g. self esteem, with all nine feeling that they would like more literature available.

#### *Outcomes for mothers receiving advice/home visits only*

Moving away from those who attended the Understanding Post Natal Depression course, the mothers who received advice/home visits were asked a different set of questions with regard to their experience of their contact with SureStart. There were five respondents.

For this group of respondents, with regard to knowing how to get advice and support from SureStart, three knew through Health/Home Visits, whilst two showed some element of an initial lack of knowledge, one telephoning her Health Visitor and getting SureStart 'accidentally' and one initiating contact herself after some time.

This *may* (given the size of the sample) indicate some lack of awareness of SureStart services, however all five respondents felt it was 'easy to make contact' in a follow up question, though one did qualify this by saying 'SureStart needs more promotion'.

Four of the five respondents received a home visit to discuss their post natal depression and this does seem to form the major means of support. There were also two comments from mothers who were asked if they would like to attend the Understanding Post Natal Depression course at Penhill but declined to go.

Clearly, however, the support and advice given was of value with all five respondents feeling that they were helped. Four of them made qualifying comments similar to those elicited from respondents who had attended the Understanding Post Natal Depression course at the SureStart Centre, with regard to increased confidence, peace of mind, challenging negative thoughts and improving relationships with the child.

Only one of the five respondents however felt that the help and advice given by SureStart built on the support they had been given before by their Health Visitor or GP, the remaining four feeling that it had not. Further, three of the five feel that

continued support is available should they need it, but the remaining two feel that it is not. This may indicate enhanced benefits of attending group sessions.

Though difficult to assess due to the small sample size, the enhanced benefits of attending group sessions seems also to come through when looking at those questions regarding relationships with children and partner/child(ren)'s father which were common to both course attendees and those who received advice/home visits.

Whilst 67% (six of nine) of those who attended the Understanding Post Natal Depression course felt that their relationship with their children had changed positively, 60% (three of five) of those who received advice/home visits felt their relationship with their children had changed positively, with two saying 'no change'. As mentioned it is difficult to draw conclusions from this, however the comments made by those attending the course were more in-depth and explanatory than those made by who received advice/home visits, which may indicate a greater understanding.

Further, this pattern seems to continue when looking at relationships with the partner/child(ren)'s father with 67% (six of nine) of those who attended the Understanding Post Natal Depression course saying that relationships were now more positive (though two did say they were more negative), whilst only one (25%) of those who received advice/home visits felt that relationships with their partner/child(ren)'s father were more positive, the remaining three saying there had been 'no change'.

Notwithstanding the above, however, it is clear that those who received advice/home visits concur with those who attended the Understanding Post Natal Depression course with regard to feeling that it would be beneficial if there was more support to their partner/child(ren)'s father, with all five respondents feeling that more support to partners/child(ren)'s fathers would be beneficial.

With regard to what type of support should be given, those who received advice/home visits were less specific with one suggestion for leaflets, one for advice or groups and two non-specific comments.

#### **4.8 Discussion group findings.**

As mentioned above, respondents to the questionnaire exercise were asked if they would be willing to attend a discussion group to further explore their views on the services offered. Eight mothers indicated that they would be willing to attend, however only four were able to attend on the arranged day and time. Two

of those who attended live within the SureStart area and two in other areas of Swindon.

The discussion session took place in the SureStart Centre, Penhill and was independently led by a Health Visitor from the West Swindon Health Centre (see 4.9 below).

Discussions were informal and took as their starting point the collated responses and analysis of the questionnaire exercise.

The first point explored was how mothers learned of SureStart and the post natal depression services and what information they received. There was a feeling that more information is needed (nothing was mentioned at ante-natal classes for at least one of the four mothers) and none of the mothers could remember SureStart information at clinics. The question was, however, posed whether they would take any notice of leaflets at that stage.

With regard to Health Visitor knowledge, however, three of the four specifically mentioned that their Health Visitor put them in touch with SureStart as they were aware of the course and were very praising of the support they received from the SureStart staff they were put in contact with. However there were differing views with regard the support given by Health Visitor and GP's; this seeming to be dependent on individual styles, with two describing their Health Visitor support as 'brilliant'.

The contact made by SureStart prior to the course from e.g. the SureStart Midwife was felt to be very important in persuading mothers to attend and the feeling was that the mothers only realised how important this contact is with the benefit of hindsight.

Further, in terms of post course support, one of the mothers was highly praising of support received in terms of home visits some time after the course.

With regard the wider use of SureStart services the two mothers who live within the SureStart area now consider SureStart to be their first port of call for a range of services, whilst the two who live outside the area felt there is confusion over which services they can call on. On a related point the feeling is that, certainly in terms of post natal depression support, being able to confide in someone who is not 'too close' to them is very important.

Neither of the two who live outside the SureStart finished the course (though both stressed its importance to them) but carried on seeing the Assistant

Psychologist. Neither, however, were told whether or not they could draw further on SureStart services.

With regard to promoting the services there is definitely a feeling that SureStart is only for the Pinehurst and Penhill area and further that there is work to be done in reducing the stigma attached to accessing services within that area from elsewhere in Swindon.

With regard to the group scenario and topics covered etc. the notion of the importance of 'group' and the value added benefits of attending a group in terms of reducing feelings of isolation as seen from the analysis of evaluation sheets above was reinforced.

Further, the cognitive behavioural therapy techniques were of great benefit and the mothers agreed that they had found these techniques were transferable to other aspects of their lives and enhanced their overall life skills e.g. in terms of confidence to attend other groups.

The length of the course was explored and although the feeling was that the course was long enough there was agreement that a follow up session with information and literature to take away would be beneficial.

Further, the number of mothers on the course was explored and it was felt that six was about the right size, with two of the mothers recalling that there were about 12 at the beginning of their (same) course and that this caused some problems with sufficient creche spaces, with two mothers not being able to attend because of this lack of places.

The feeling that this sort of course would be transferable to other areas of Swindon was apparent ('feelings are universal'), and it was felt in other groups the mothers had attended e.g. mother and baby groups, because the issue of post natal depression was not being directly addressed those attending were very defensive with regard their true feelings.

The area of the mothers' relationships with their children was also pursued in more depth. It was clear that relationships had been enhanced with one mother feeling that she could 'go out' without feelings of guilt. Further one mother noticed a definite change with her older child to whom she has become far closer and less impatient.

It was noted that from questionnaire responses there was a strong depth of feeling that something for fathers would be beneficial. However none of the

mothers thought that their partners could be persuaded to attend (two had tried) and the feeling was that this could only be done if both partners attended and the partners were then 'split away'.

In summary it was apparent that all of the mothers valued the course greatly ('it's been critical to me') and that whatever money is being spent it is definitely worth it.

#### **4.9 *Understanding Post Natal Depression Course: external perspectives.***

Notwithstanding feedback from mothers who have attended the Understanding Post Natal Depression course, it was felt of value to obtain the views of one of the Health Visitors based at the West Swindon Health Centre who has first hand experience of the course in an observational capacity.

The Health Visitor attended five of the six sessions and felt that the course in its totality was excellent with the balance of input between child development and the input of the Assistant Psychologist on Cognitive Behavioural Therapy particularly good.

The feeling was that the sessions were very good in terms of course members exploring feelings, being able to relate to others and gaining a better understanding of their post natal depression. Further, that the group dynamic was particularly useful, with mutual support and the fact that some course members intended to remain in contact a telling factor. The course content was felt to be appropriate, as were the materials and it was felt that an improvement could be seen in the mothers' state at the end of the course compared to the beginning. One mother did leave the course, however this was because she had moved past a certain stage and felt that she would not like to have revisited former feelings.

One observation was, however that there was a feeling that the crèche may have been 'too close' in that the mothers could hear the children, though it was also felt that this may or may not be appropriate depending on the individual mother.

With regard to Health Visitor awareness, notwithstanding the training course provided to Health Visitors by the Assistant Psychologist, the feeling is that most Health Visitors are aware of the course, but not necessarily au fait with the course content and that there may be some value in visiting Health Visitor groups to give them a more in-depth understanding of the value of the course.

There was also the feeling that the model would be transferable to elsewhere in Swindon, however this would of course depend on available funding.

Further to the above, discussions were held with the Assistant Head of Primary Care, Avon and Wilts Mental Health Trust, who feels that there is good collaboration between SureStart and the Avon and Wiltshire Mental Health Partnership, with SureStart gaining a good psychological perspective and ideas sharing being of particular value.

#### ***4.10 Longer term benefits of attending the Understanding Post Natal Depression Course***

An exercise was undertaken to assess whether there were any indicators that the positive outcomes of attending the Understanding Post Natal Depression course, were experienced longer term for those mothers attending. The course attendance dates of the nine respondents to the questionnaire exercise were analysed showing that (whilst might be expected) five attended the September 2004 course, three attended courses in 2003 (one February, two June) and one in early 2004.

Though a small sample, the pattern of benefits for those who attended the earlier courses seems consistent with those attending later courses. Further, one of the mothers attending the discussion group undertook the Understanding Post Natal Depression course in July 2003 and specifically said that she felt longer term benefits in terms of increased confidence and now considered SureStart her 'first port of call'.

In terms of specific responses to the questionnaire, however, there is slightly conflicting evidence in that, whilst six out of eight said they felt more positive 'in the longer term' only four said they felt they could fully move on and 'go it alone' longer term, a further four saying they could 'partly' do so. Looking at the dates these mothers attended the Understanding Post Natal Depression course, however there seem to be no link with the nature of the responses and attendance dates.

#### ***4.11 Post natal depression scores and comparators***

From SureStart records, 14 mothers who completed the SureStart Understanding Post Natal Depression course received both the pre and post Edinburgh Post Natal Depression scores. Further 17 mothers received both pre and post course General Health Questionnaire scores, as follows:

| Course date | Pre EDPS  | Post EDPS | Pre GHQ | Post GHQ |
|-------------|-----------|-----------|---------|----------|
| Oct -02     | 17        | 2         | 18      | 6        |
|             | 16        | 14        | 24      | 17       |
|             | 19        | 18        | 27      | 22       |
| Feb-03      | 19        | 9         | 28      | 11       |
|             | 12        | 3         | 17      | 2        |
|             | 28        | 23        | 32      | 33       |
|             | 19        | 7.5       | 26      | 6        |
|             | 16        | 11.5      | 10      | 6        |
|             | 21        | 20        | 31      | 10       |
| Jun-03      | 27        | 7         | 27      | 7        |
|             | 21        | 9         | 13      | 7        |
|             | 15        | 14        | 24      | 14       |
| Dec-04      | 21        | 10        | 28      | 14       |
|             | 6         | 8         | 6       | 6        |
| Mar-04      | Not taken | Not taken | 30      | 11       |
|             | Not taken | Not taken | 23      | 13       |
| Sep-04      | Not taken | Not taken | 31      | 23       |

As can be seen above, all but one of the mothers achieved an improved post EDPS score, and all but two mothers achieved an improved post GHQ score, one of which was the same pre and post score.

The mean pre EDPS score was (257/14) 18.36, compared to a mean post EDPS score of (156/14) 11.14.

The mean pre GHQ score was 395/17 23.24, compared to a mean post GHQ of 12.24

Though a small sample it would seem, on face value, that attending the course does make (as stated in the aims and objectives in the course) a difference to mental states.

Whilst accepted that much more work on interventions for individuals would need to be carried out, an exercise was undertaken looking at Pre and Post Edinburgh Post Natal Depression scores (obtained from the PCT) across Swindon. The scores for 820 mothers for the period April 2003 to September 2004 were analysed. There is no consistent pattern of elapsed time between tests/re-tests with some gaps being up to several months and this would also need to be considered should more work on interventions be undertaken.

The bandings obtained recorded by the PCT are; (noting that the SureStart Understanding Post Natal Depression course is open to mothers with EDPS scores of 12 and above which equates to EPN2 below):

|       | <b>EDPS Range</b> |
|-------|-------------------|
| EPN1: | Under 12          |
| EPN2: | 12-15             |
| EPN3: | 16 +              |

The analysis findings are that:

560 (70%) mother's EPN score remained within EPN1 band.

15 mothers did not have a re-test, however for the remainder;

- 14 (1.7%) mothers who were initially within band EPN1 improved their banding
- 107 (13%) mothers who were initially within band EPN2 or EPN3 improved their banding
- 32 (4%) mothers remained in a same banding other than EPN1
- 12 (1.5%) mothers who were initially within band EPN0 moved into a worse banding
- 66 (8%) mothers who were initially within band EPN1 moved into a worse banding
- 14 (1.7%) mothers who were initially within band EPN2 moved into a worse banding

Whilst it is clear that a clinical judgement can not be made due to the small sample size of the Understanding Post Natal Depression course and the lack of intervention knowledge with regard the cross Swindon group of mothers this may prove a fruitful area of research as the number of mothers attending the Understanding Post Natal Depression course increases.

#### **4.12 Staffing and costs**

Over time several staff members have been involved with post natal depression services and the services themselves have obviously developed in terms of their content etc. For example one of the Midwives has little involvement with direct post natal depression services.

Further, no records are kept for the reason for home visits, which makes allocating resource dedicated to post natal depression a complex area given that home visits may or may not be directly related to post natal depression.

This costing exercise therefore confines itself to costs related directly to the Understanding Post Natal Depression course for the three courses (the number run per year) run from December 2003 to September 2004 (using April 2004-March 2005 budget figures) plus a notional cost attributed for Health Visitor and Midwife home visits relating to post natal depression.

The SureStart staff (Midwife and Health Visitor) have estimated that 13% of their time has been/is spent on preparing for and running the Understanding Post Natal Depression course(s). A further 2% of annual costs has been attributed for Health Visitor and Midwife home visits. An estimated 25% of time for post natal depression has been allocated to the Homeopathist.

With regard to both direct and indirect overheads, SureStart employs 22 core staff and these have been apportioned 2:22 X 15% for the staff directly involved in services. 15% has also been applied to the staff training allocation.

Costs have therefore been calculated as follows:

| <b>Cost/Organisation</b>           | <b>Service</b>  | <b>Annual Cost</b> | <b>Directly attributed</b> |
|------------------------------------|---|--------------------|----------------------------|
| <b>Staffing costs</b>              |   |                    |                            |
| Swindon & Marlborough HT           | 1.4 f.t.e. Midwives/wk  | £48,736            | £3,110                     |
| Primary Care Trust                 | 0.6 f.t.e. Health Vis/wk  | £20,736            | £3,110                     |
|                                    | Homeopathist £100 per clinic (fortnightly). Not always pnd; est 25%                     | £2,600             | £650                       |
| Avon & Wilts MHT (PCT)             | Psychologist - £288 per course  | £864               | £864                       |
| <b>Training &amp; Creche costs</b> |   |                    |                            |
| Training                           | £250 per person   | £500               | £75                        |
| Creche*                            | £9 per hr per worker (sessions 2.5 hrs, min 2 staff, 3 children per worker, max 3staff) | Approx £1,013      | £1,013                     |
| <b>Overheads</b>                   |   |                    |                            |
| Direct **                          | Maintenance, cleaning, admin, services etc.   | £43,200            | £590                       |

| <b>Cost/Organisation</b> | <b>Service</b>                   | <b>Annual Cost</b> | <b>Directly attributed</b> |
|--------------------------|----------------------------------|--------------------|----------------------------|
| Indirect                 | PCT 5% (Personnel, finance etc.) | £38,750            | £528                       |

- \* 3 courses of 6 sessions x 2.5 hrs x £9 x approx 2.5 workers per creche
- \*\* Maintenance, repairs, water& sewage, electricity, gas, security, recruitment, audit fee, cleaning, telephone, stationery, consumables, rates

Given the complicating factors above, the following unit costing can only be approximate. Further, no template unit costing exercises have been uncovered in literature searches involving evaluation reports on post natal depression services in other SureStarts on the National Evaluation of SureStart website.

The total directly attributable cost per annum above is estimated at £9076

As has been mentioned, though difficult to assess as records are not kept and home visits/homeopathic services may be for conditions other than post natal depression, an element of these services has been retained as most of the mothers who attended the Understanding Post Natal Depression course will have received 'extended' services such as home visits.

Notwithstanding that figures for the January 2005 course are not available to this report, Appendix D shows that 20 mothers (not all completing) attended the last three (the number run per year) Understanding Post Natal Depression courses held at the SureStart Centre, Penhill from December 2003 to September 2004.

A unit cost has therefore been estimated at (£9940/20) £497 per course attendee.

As an alternative unit costing method a cost of (£9940/3) £3,313 per course has been estimated.

Clearly, with no comparator figures or templates, a balanced view must be taken in terms of the representation of value for money, however the case would seem to be that this does represent value for money this would seem to be the case given the strength of comments of those who have benefited from the service, the number of sessions the course runs for and the fact that an element of this cost relates to the extended home visits.

#### **4.13 Literature Review: Other SureStart post natal depression evaluations**

As part of this evaluation a literature search was undertaken, the overall extent of which is given in the methodologies section.

Specifically the National Evaluation of SureStart website was interrogated to look at reports of evaluations which have been undertaken elsewhere in the country. The following reports were examined:

- SureStart Bridlington South: Evaluation of Personal Development Course for mothers with post natal depression
- SureStart Somerstown (Portsmouth): Addressing Post Natal Depression
- SureStart West Everton and Breckfield: Supporting Mothers and Families in the Antenatal and Postnatal Periods
- SureStart Bramley (Leeds): Summary of Local Evaluation Report
- SureStart Whitehaven: Summary of Local Evaluation Report

All the above reports vary in length, content and style, however an attempt has been made to extract some points which may be pertinent to SureStart Pinehurst and Penhill

##### Sure Start Bridlington South

This report evaluated an eight week pilot programme for mothers scoring high on the Edinburgh Post Natal Depression Score. The profile of post natal depression was similar to SureStart Pinehurst and Penhill in that 23% of mothers in the area were found to have raised EPDS scores.

The course was designed for no more than eight mothers and was run for eight weeks at 1.5 hours per week in January 2003.

Five mothers were assessed after they had completed the course, their EPDS score having dropped from 35% up to 75%. Note this compares with an average drop of 40% for those mothers attending the SureStart Pinehurst and Penhill Understanding Post Natal Depression course.

Further, the reported benefits to mothers were similar to those gleaned from mothers in this SureStart Pinehurst and Penhill evaluation, namely;

- Linking in with mothers in the same situation
- Accessibility of centre and course leaders
- Having to work on problems at home

- Sharing their news each week
- Time out
- Personal needs met
- Reduction in stress levels
- Learning coping mechanisms
- Learning relaxation techniques
- Promotion of positive mental attitude
- Support received
- Friendship received
- Improved self confidence

As noted in the discussion group feedback at SureStart Pinehurst and Penhill, mothers attending the course at Bridlington South have gained in confidence to move on to other groups and training.

With regard course content, it is difficult to assess how similar this is to the Penhill course, however differences do seem apparent especially with regard to Cognitive Behavioural Therapy techniques, the Bridlington South course content being:

- Kinesiology – go back to find out when started to be depressed, muscles tense etc.
- Meditation – including a CD to take home to play in the bath
- Angel Letter – write a letter to someone who hurt you. After 24 hours burn it
- Emotional Stress Release – acupuncture points
- Circle Time – sharing with each other
- Box – make a box with message for Valentine's Day
- Pamper Day – Reiki, massage salon etc.

#### SureStart Somerstown (Portsmouth)

In 2002 the percentage of mothers identified with post natal depression was 17%.

The SureStart Somerstown post natal depression course consists of a 10 week treatment course for a maximum of eight mothers, each session lasting 1.5 hours, run by a mental health professional and other health professionals and a drop in support group run by a volunteer (mother from the group), facilitated by Home Start.

At the end of the course the mother's GP is sent a formal discharge summary making sense of their experience. As with Pinehurst and Penhill outside referrals were accepted to ensure sufficient attendance. (There was an awareness of the necessity to raise the profile of the group).

There is a booster session (session 10) four weeks after the last session (which has also been suggested by a number of the Understanding Post Natal Depression course mothers in Pinehurst and Penhill), with continuous support also available.

The structure of the sessions would, in comparison to Bridlington South, seem to be closer to the Pinehurst and Penhill model in that there are three phases:

- Behavioural interventions
- Cognitive Behavioural Therapy
- Relapse Prevention and Evaluation

Again the group approach is based on cost effectiveness, shared experience, lessened isolation, social engagement, challenging self beliefs, critical learning.

Of note is that a father's group was held at the end of the first Post Natal Depression Treatment Group and three fathers attended, the finding being that mothers whose partners attended confirmed that their partners had started to understand them and post natal depression better. Further, there are lessons in the full report which may be taken on by SureStart Pinehurst and Penhill.

The evaluation report in itself is very extensive showing a number of findings which are similar to the findings contained in this evaluation report, and it is recommended that it is read in its entirety.

#### SureStart, West Everton and Breckfield

It has been noted above that whilst there is Health Visitor awareness of the SureStart Pinehurst and Penhill post natal depression services across Swindon via the Assistant Psychologist, Health Visitors may not be au fait with the practicalities of the Understanding Post Natal Depression course content. Of interest in the West Everton and Breckfield evaluation is a pointer to training on a national training programme run by Dr Sandra Elliott, under Keele Perinatal Mental Health Education Unit. Further, that the two members of the SureStart team have run a number of training courses over seven sessions with local health visitors, midwives and parent support workers. It is felt that this may be worth investigating.

Further, the evaluation in its conclusion highlights the higher EPDS scores in the area compared to outside and the value of SureStart and other professionals working with these mothers and their families towards feeling better.

### SureStart Bramley (Leeds)

This is a summary evaluation which highlights outcomes of parents moving on to become volunteers and a literature review which indicates that fathers support for partners experiencing post natal depression should be prioritised. That part of the evaluation has involved the recruitment of a male worker.

## **5. Recommendations**

Taking into consideration the findings above, the following recommendations are made:

- better links should be made with mothers-to-be across Swindon in terms of the dissemination of SureStart post natal depression information leaflets.
- further, part of the focus of these leaflets should be to dilute the stigma associated with the location of the course in the Pinehurst/Penhill area.
- a programme of attendance on the Understanding Post Natal Depression course (or some of the sessions) for external (other parts of Swindon) Health Visitors should be offered/considered.
- the target (maximum) number of mothers attending any one of the Understanding Post Natal Depression course sessions should be 6-8
- more work should be undertaken to capture the potential number of SureStart area mothers to the Understanding Post Natal Depression course, compared to those from outside the SureStart area
- the notion of a partner/child(ren)'s father session should be further investigated and SureStart Somerstown be contacted to assess how best to attract partners/child(ren)'s fathers.
- the notion of a follow up session some weeks after the main course has been completed should be further explored.
- a library of information such as self esteem books should be considered
- a method of monitoring/estimating the resource involved in the wider post natal depression support service (home visits etc) should be considered
- as the sample base for Understanding Post Natal Depression course attendees expands a more in depth comparator exercise with mothers suffering from post natal depression across Swindon (including type of

- intervention) should be conducted in order to better assess the value added benefits of the course
- training for local volunteer support workers and volunteer support should be reviewed to assess whether this continues to be a necessity/priority as shown in the SureStart Pinehurst and Penhill Action Plan.

## **6. Conclusion**

It is clear that the post natal depression services offered by SureStart, Pinehurst and Penhill are of high quality and valued by those using them. The Understanding Post Natal Depression course has been successful in its aims and objectives to improve mothers' health, mental states and baby/child relationships in a safe, welcome environment which emphasises peer support, understanding mental states, coping techniques and self worth. Some work has been undertaken on unit costing (cost per mother attending the Understanding Post Natal Depression course) and it has been left to management to place a value judgement on those costs.

It is felt that the Understanding Post Natal Depression course model is transferable outside the SureStart area and that the course and post natal depression services in general offered by SureStart are positive contributors to the Every Child Matters outcomes framework. This is especially the case with regard the desired 'Be Healthy' (mentally and emotionally) outcome for both mothers accessing the services and, importantly, their children. Further, it is felt that contributions to this outcome, will lead to less tangible contributions to the other four Every Child Matters outcome areas.

**Understanding Post Natal Depression Course Session Plan**

Session 1

- Understanding Postnatal Depression and Parenthood
  - Postnatal depression
  - The role of the parent

Session 2

- Introducing techniques to help you cope with stress
  - Thoughts, feelings and behaviour
  - Coping with stress
  - Other ways to manage stress

Session 3

- Problem solving and coping with babies crying
  - Problem solving
  - Why babies cry

Session 4

- Managing relationships and changing our thought patterns
  - Relationships
  - Thought held and thought patterns

Session 5

- Baby massage and taking stock of where we are now

Session 6

- Treat session

**Swindon Health Visitor Training Course Framework: Assistant  
Psychologist**

**Course 1: Effective Counselling Skills and Brief Interventions for Post Natal  
Depression**

- What is effective counselling?
- What are effective counselling skills?
- Attending behaviour
- Observation skills
- Open and closed questions
- Empathy
- Reflection of feeling
- Reflection of meaning
- Feedback
- Social Support
- Potential problems with seeking support
- Encouraging support seeking
- Other ways to help
- Practical ways to help
- Cognitive-Behavioural approaches
- Role play
- Unhelpful thinking patterns
- Conclusions and summary

**Course 2: Further CBT Techniques for Post Natal Depression**

- Interaction model
- CBT Triad
- Thoughts-Feelings-Behaviour triangle
- Decision making tables
- Daily activity schedules
- SMART goals
- Thoughts and Feelings
- Negative automatic thoughts and strategies to help
- Thought challenging
- Thinking errors

**Solution focused techniques**

**The Post Natal Depression Course Evaluation Feedback Form Questions**

*Note; each respondent has been given a number, shown on the left hand side. Y or N indicates a Yes or No quantified response.*

*Did you feel that the group was a safe place to come?*

- 1 Once I was here
- 3 Made me feel very welcome
- 6 Y Felt awkward on first session, but safe knowing I was in the same boat as everyone else
- 8 Y Initially I was apprehensive but that quickly faded
- 11 Y It was good to know other mums felt the same and what we talked about is confidential
- 13 Y Everyone has been very friendly and welcoming
- 14 Y Definitely
- 16 Y Good location
- 18 Y We were not judged
- 19 Y It has been great to have a place where I know I won't be judged and can say exactly how I feel and others sincerely empathise

*Was the location at Pinehurst Sure Start OK?*

- 6 Opposite side of town; bit difficult with traffic. Easy to find though
- 8 Y Very easy to get to as I live in the area
- 10 Y Very helpful with taxi
- 13 Y I had a taxi pick me up and take me home
- 14 Y No problems getting here
- 16 Y I like the Pinehurst location
- 19 Y Easy to get to, ample parking, good facilities

*Did you get support from the other group members?*

- 3 Lovely group of people
- 4 Y It really helped to hear our views and realise that others feel the same way
- 5 Y Very supportive and encouraging
- 6 Y Hearing others experience and advice has really helped
- 8 Y Sharing our experiences and views helped me to see things differently. I felt everyone understood
- 10 Y Helpful hints and tips
- 11 Y Very friendly people and we shared new ideas that have really helped me
- 13 Y After the 3<sup>rd</sup> week we all seemed to open up and talk to each other

- 14 Y Small group so all able to get a say if required
- 15 Y It was great to talk openly with others who could empathise
- 16 Y I found the rest of the group very open and helpful
- 18 Y The group bonded really well and supported each other
- 19 Y From week 1 I relaxed as I realise other people feel the same and I am not alone

*Do you understand why you have been feeling depressed?*

- 5 Y Course helped to clarify a lot of thoughts about PND
- 6 Y I think I have realised a lot of the trigger factors and dealing with them has helped
- 8 Y It took a while, but I feel better about it now. It's almost like I've been given permission to feel this way.
- 12 Y Going through the symptoms and identifying them on the first week made me want to continue to come
- 14 Y Understand negative thought patterns
- 15 Y What we learned on the course helped me to understand and gave me some tools to cope
- 16 Y I know now that my high level of anxiety has contributed to my PND
- 19 Partly - Beginning to understand - a long way to go. Would help if course was longer

*Do you know how to cope with stress now?*

- 3 Y Putting it into practice when I have a bad time isn't always easy, but now I know I can change how I'm feeling and start again
- 4 Y The breathing exercises; breathing out for longer helped
- 5 Y Given techniques which help
- 6 Sometimes
- 7 Y But I find it difficult to put in action the tools we've been taught
- 8 Y I'm learning
- 10 Y But putting it into action is harder
- 12 N It still does not come naturally to me. However the skills I have learned and shared/listened to will help me through
- 13 Y Planning, Organisation
- 14 Still a hard area
- 15 Y The techniques learnt have been invaluable. I still have a lot of work today, but have made a start
- 16 Y Much more able to cope with stress
- 17 Y I know it can still get difficult but I feel stronger now to face those moments
- 18 Y I think I would not have recovered/started to recover without this help and guidance
- 19 Partly - the course has given me tools, now I have to learn to use them

*Have you learnt ways to help yourself?*

- 4 Y Relaxation techniques and learning to turn thoughts around has really helped
- 5 Y Given techniques which help
- 6 Y With help from the group sessions
- 8 I have found the breathing exercises particularly beneficial
- 10 Y Learnt that not everything has to be done 'now'
- 12 Y Excellent practical points learned. Thank you a million
- 15 Y The models and tools were so helpful. I want to learn more
- 16 I am finding it much easier to challenge the negative thoughts that trigger the PND
- 17 Y Thought challenging and SMART goals were particularly helpful
- 18 Y Only with the guidance given by the Sure Start Team
- 19 Y Already recognising where I go wrong in terms of negative thinking

*Have you learnt new ways to cope with depression and daily activities?*

- 5 Y Given techniques which help
- 6 Y With help from the group sessions
- 7 Y But I find it difficult to put in action the tools we've been taught
- 8 Y Taking a few minutes to assess and calm down has changed my attitude to facing things when they arise
- 10 Y Thinking of something to do rather than feeling low
- 11 Y If I've got something to be doing I think 'just do it'
- 12 Y Excellent practical points learned. Thank you a million
- 16 Y I feel so much better now that I have learnt ways of coping
- 19 Y Again already beginning to use the tools the course has given me

*Do you feel that you have been able to concentrate on you as a woman?*

- 1 Yes, with effort and skills taught within the group
- 4 Y I have tried hard to make more time for myself and to make more of an effort with my experience
- 5 Y Given confidence to say 'I need this'
- 6 N I do still seem to be last to get ready and 'do myself up'.
- 7 Y&N Still feel very guilty
- 8 Y I have started taking a little time for myself and feeling it is ok to do so.
- 9 Y I have had time for myself during the day
- 10 Not much - but I try to find at least 5 mins a day
- 11 Y I've started treating myself to new clothes and nights out
- 12 N Although I feel less anxious than several months ago. I need to learn to let go and take more time out for myself
- 14 Y It has been difficult but I have tried to make me time
- 15 Y During the course yes. Also began exercising regularly
- 16 Y I have had problems with this in the past but now understand how important this is
- 17 Y The treat session was great and I'm thinking of doing it more often

18 Y Now appreciate time for me

*Was the baby massage session helpful?*

1 Yes - the ability to still talk after was good though

3 Yes and No. The environment wasn't ideal. Didn't feel relaxed

4 Y Found the tummy massage really helpful

5 Y Will definitely try this at home

6 Y Did do it already, but helpful to know proper movements

8 Y It certainly helps relax us both

16 Y It was a lovely bonding experience

17 Y My son is a bit older now but I want to try and give him massage more often

18 Y Found this really beneficial for (name) as a person

19 Y I had already done a baby massage course, but would have been helpful if I hadn't

*Is there anything you would change about the group?*

3 N Now that we have an opportunity to meet on a Tuesday

4 Maybe longer courses; the six weeks went too quickly. Maybe a one off session for the men

6 Longer - I am worried I may go down without help of group. May also be helpful for partners to attend a session

7 Y I'd like to have had a very brief rundown from each person (ages of babies)

8 N The group was a good size. The group leaders were considerate and helpful

9 More sessions for discussions. I really liked coming to the group

13 Y I would like it to carry on longer and to have follow up sessions

14 Y make the course longer or have a follow up session a month later

16 N The group was fantastic but I would have liked to have had a couple more handouts

17 Y I felt chatting was sometimes a bit too long and negative without being challenged

19 Y The time. 9.45 on a Monday was difficult to get to. The length, 6 weeks is not enough

*What was most helpful about the group?*

1 Talking about challenging your negative thoughts, breathing and relaxation exercises

2 Talking to other women going through the same

3 Understanding why this was happening to me

4 Listening to other women and their problems and points of view

5 Confidential environment, sharing experiences

6 The thinking errors and thought patterns

7 Other people in the same boat as me, knowing I'm not the only one

- 8 The camaraderie and friendly atmosphere. The guidance from (name) and (name) and supportive attitudes
- 9 The week planners. My day is much more organised now.
- 10 Learning ways to cope with different situations. Knowing that other people are in the same group and that it doesn't matter if it doesn't get done
- 11 Everything. Just learning about myself and I'm not the only one feeling like this
- 12 (name) calling and leaving a message on the Sunday evening before the very first session. The practical, common sense approach. Handouts.
- 13 Talking
- 14 Activity charts and understanding thought patterns
- 15 Tools for challenging thoughts. Putting my child in the crèche has helped me overcome anxiety. Being able to talk openly about thoughts regarding being a mother
- 16 The tools for challenging unhelpful thoughts and realising I was not alone
- 17 Talking with other mums and knowing a bit more about PND. Realising I'm not alone with it.
- 18 Meeting other people in the same situation and realising it's not just me
- 19 Realising that I am not alone and there is light at the end of the tunnel

*What was least helpful about the group?*

- 1 Everything talked about was useful
- 3 The group was great, but I found that I wasn't given enough information before I started by the Health Visitor. I nearly didn't come
- 14 Nothing was unhelpful
- 15 Nothing
- 16 That it only lasted 6 weeks. I would love to keep coming and making more progress
- 17 During one session I felt we talked too much and negatively without getting anywhere
- 18 Nothing

*Would you volunteer to help with refreshments and welcoming women to the next group and sharing your experiences?*

- 1 Yes - If (name) could come to crèche or with plenty of notice I may be able to arrange a sitter
- 11 Y I feel I could tell them that you will be ok very soon. It is hard at first but now I feel better than ever
- 16 Y Would love to help in any way I can. Very worthwhile

*Did you find it helpful to have someone from a previous group attending*

- 11 Y It was reassuring
- 16 Y It was useful seeing how she had got better, as at the beginning you feel hopeless
- 17 It was good to know someone who benefited from the group

*Are there any other comments you would like to make?*

- 1 Thank you. I feel very lucky that I was able to come here and I know that there are many women who are suffering and I appreciate that there are facilities able to help
- 3 I'm glad I came. I feel I've learnt a lot about myself
- 11 Thank you, it's been the best help
- 12 The crèche staff have been fabulous with my baby. The pace, re-capping and support from all three facilitators has been excellent. I have learned so much and looked forward to coming for the past six weeks; what you have shared has been brilliant. Thank you very much.
- 14 Really worthwhile group. I'm glad I was persuaded to attend. It would be great if more women could access groups like this.
- 15 Thanks for your hard work and help. It has been invaluable
- 16 Fantastic course. I feel so much better. Thank you.
- 17 I am grateful about what I've learnt in this group and hope to keep in touch with the other members
- 18 It is a shame this course can not go on over a longer period of time. I would like to thank (name) and (name) especially for the support they have provided over the last 6 weeks.
- 19 Just grateful to have had the opportunity

## Appendix D

### Understanding Post Natal Depression; Course Referrals and Attendance

| Date   | Referrals |                       | Course Attendance |                       |                |        |        |        |        |        |
|--------|-----------|-----------------------|-------------------|-----------------------|----------------|--------|--------|--------|--------|--------|
|        | Referrals | Of which SS referrals | Completed         | Of which SS completed | Did not attend | 1 sess | 2 sess | 3 sess | 4 sess | 5 sess |
| Oct 02 | 10        | 5                     | 3                 | 1                     | 6              | 1      |        |        |        |        |
| Feb 03 | 12        | 4                     | 6                 | 1                     | 4              | 2      |        |        |        |        |
| Jun 03 | 9         | 5                     | 3                 | 2                     | 5              | 1      |        |        |        |        |
| Dec 03 | 15        | 7                     | 2                 | 0                     | 12             |        | 1      |        |        |        |
| Mar 04 | 9         | 5                     | 3                 | 1                     | 3              |        | 3      |        |        |        |
| Sep 04 | 20        |                       | 5                 |                       | 9              | 2      |        | 3      | 1      |        |

## Questionnaire Analysis

## Post natal depression group and those receiving advice/home visits

*What, if any, information was given to you about post natal depression when you were pregnant?*

|                  | None | Advice given |
|------------------|------|--------------|
| <b>Group</b>     | 4    | 4            |
| <b>Advice/HV</b> | 4    | 1            |
| <b>Total</b>     | 8    | 5            |

Where advice was given it came from a mixture of word of mouth, leaflets and one instance of midwives, family workers, Sure Start. Comments are listed;

- I was told post natal depression could happen and that I could be given a prescription straight away if I felt I could be prone to it.
- I think there was some info within the Bounty Pack.
- Leaflets, advice from midwives, family workers, Sure Start.
- Just in the books I had.
- Covered in NCT classes.

*How was your condition identified and by who?*

|                  | HV | GP | GP&HV | MW/HV | Self/GP/Hosp |
|------------------|----|----|-------|-------|--------------|
| <b>Group</b>     | 2  |    | 2     | 2     | 3            |
| <b>Advice/HV</b> | 2  | 2  |       |       | 1            |
| <b>Total</b>     | 4  | 2  | 2     | 2     | 4            |

*Were you referred to your GP?*

|                  | Yes | No |
|------------------|-----|----|
| <b>Group</b>     | 7   | 2  |
| <b>Advice/HV</b> | 3   | 2  |
| <b>Total</b>     | 10  | 4  |

*What did you think of the support provided by your Health Visitor whilst your condition was being identified and you were being referred (if applicable in the case of advice/HV)?*

|                  | +ve | -ve | Other |
|------------------|-----|-----|-------|
| <b>Group</b>     | 9   |     |       |
| <b>Advice/HV</b> | 2   | 1   | 1     |
| <b>Total</b>     | 11  | 1   | 1     |

Full comments:

Positive - Group;

- Fantastic support, she gave me help and advice and put me in touch with the support group.
- Excellent
- Really supportive.
- Fantastic - very supportive. Took time to explain things, made me feel normal.
- Fantastic - (name) has been invaluable, even now.
- I thought all of my professionals were a real credit. I could talk to any of them without a worry.
- I thought the support given by my Health Visitor was very good.
- I thought it was great. My Health Visitor rang every week to see if I was ok.
- Infrequent but helpful and supportive.

Positive - Advice/HV;

- My Health Visitor was really good with me; and Sure Start Health Visitor, (name).
- I had a lot of support but I don't really remember much about the whole thing.

Negative - Advice/HV;

- My Health Visitor came to see me every couple of weeks, not enough support, two weeks is a long time.

Other - Advice/HV

- OK, but looking back now I needed more support.

*If applicable, what did you think of the support you received from your GP?*

|                  | +ve | -ve | Other |
|------------------|-----|-----|-------|
| <b>Group</b>     | 5   |     | 2     |
| <b>Advice/HV</b> | 4   |     | 1     |
| <b>Total</b>     | 9   |     | 3     |

Of the positive respondents 4 gave qualifying comments providing more information;

- Fantastic again - he was very understanding, offered a range of solutions and 'tailored' remedies to suit me.
- My GP was quite good, he sent me to counselling which helped me too.
- 'Very good. He even rang me at just to say hi! At one point.'
- Good referred to counsellor.

The 'other' comments were;

- Fine, not brilliant.
- Was referred but didn't see him, no support.
- Not too bad. I did not like seeing a male doctor, but was ok on the female one.

### **Post natal depression group**

Before attending the course.

*How did you hear of the post natal depression course being run at SureStart?*

7 respondents heard of the course via their Health Visitor and 2 via the SureStart Midwife.

*What support were you given by the Sure Start Health Visitors before attending the course?*

1 respondent did not see the SureStart Health Visitor because she was enrolled literally a few days before the course started. The remaining 8 comments reveal that there was extensive contact either by telephone or via home visits before the course started;

- Lots of advice in dealing with situations and how to deal with them as they arise.
- Several phone calls to make arrangements.
- A home visit explaining the course. Really supportive. It was like talking to a best friend. I didn't feel ashamed to talk about it with (name), whereas it was so awful to talk about it to my friends.
- Contacted me several times to reassure me, answer questions etc.'
- Weekly visits.
- I had extremely good support from (name) whilst I was waiting to attend the course.

- Rang to see how things was going as every day is different when you are depressed.

*Did you feel that the support (phone calls, visits etc.) Sure Start gave you was?*

|                    | Resp |
|--------------------|------|
| <b>Too much</b>    | 0    |
| <b>About right</b> | 7    |
| <b>Not enough</b>  | 1    |

A qualifying question was also asked to those who thought not enough contact was being made, the one respondent commenting;

- It might have been nice to have a quick 1:1 with the instructor before the course to familiarize myself with her and go over what would be covered in the course.

*If you felt that the support provided by Sure Start before the course was appropriate, did you feel that it built on support you had been given before by e.g. your Health Visitor or GP?*

All 7 respondents to whom this question was applicable felt that Sure Start support did build on previous support, although 1 seems still relate to previous Health Visitor support. Qualifying comments are given;

- By the Health Visitor, Yes. I had visits from the Health Visitor and she gave me lots of advice, and what she said made sense. Going to the group carried on the support, I didn't feel alone any more.
- Helped me feel like my concerns were being addressed and there was help on the way to make me feel better.
- Yes, my Health Visitor; even when Sure Start took over my Health Visitor still always asked how I was getting on and that was re-assuring.
- Again they were understanding, helpful and took time.
- I felt that everyone gave me the same kind of advice so I felt quite sure of what I was doing.
- When I went to the first group it helped as you know that you are not the only one that feels the way you do. The health visitor was great in between as she also gave you advice as well.

*How long did respondents have to wait between asking to go on the course and the first session?*

The longest time anybody had to wait was 6 months, though the next longest was 6 weeks, with the shortest time being 'a few days. In full; 1 responded 6 months, one 6 weeks, 1 a few weeks, 3 responded 1 month, 1 responded 2 weeks, 1 responded 1 week and 1 responded a few days.

*Was the day and time of day the course ran appropriate?*

|             | Yes | No |
|-------------|-----|----|
| <b>Day</b>  | 9   |    |
| <b>Time</b> | 9   |    |

There was, however, 1 qualifying comment;

- The time was ok, but I had a young baby and toddler, it was a little early.

*Were you confident enough, or did you feel that you would have liked more support (say an escort) the first time you came to the course?*

|                            | Resp |
|----------------------------|------|
| <b>Confident enough</b>    | 8    |
| <b>Needed more support</b> | 1    |

1 respondent qualified this, saying;

- It was a bit hard to find. Maybe somebody could have been at the main entrance to show you where to go, or bigger posters.

Further, the respondent who needed more support added;

- Would have liked to have a friend to first session for support, even just first few minutes.

*Did you feel the number of people on the course was?*

|                    | Resp |
|--------------------|------|
| <b>About right</b> | 9    |
| <b>Too many</b>    | 0    |
| <b>Too few</b>     | 0    |

*Did you feel that the number of sessions (weeks) the course ran for was?*

|                    | Resp |
|--------------------|------|
| <b>About right</b> | 7    |

|                 |   |
|-----------------|---|
| <b>Too many</b> | 0 |
| <b>Too few</b>  | 2 |

*Did you find that the course helped you challenge the way in which you thought about yourself?*

|               |             |
|---------------|-------------|
|               | <b>Resp</b> |
| <b>Yes</b>    | 8           |
| <b>No</b>     | 0           |
| <b>Partly</b> | 1           |

*Did you feel that attending the course helped you break the cycle of depression?*

|               |             |
|---------------|-------------|
|               | <b>Resp</b> |
| <b>Yes</b>    | 8           |
| <b>No</b>     | 0           |
| <b>Partly</b> | 1           |

*Overall, did you feel that the course was right for your needs?*

|               |             |
|---------------|-------------|
|               | <b>Resp</b> |
| <b>Yes</b>    | 8           |
| <b>No</b>     | 0           |
| <b>Partly</b> | 1           |

*Did you feel you could move on and 'go it alone' after the course finished?*

|               |             |
|---------------|-------------|
|               | <b>Resp</b> |
| <b>Yes</b>    | 4           |
| <b>No</b>     | 1           |
| <b>Partly</b> | 4           |

*Has the course made respondents you feel more positive in the longer term?*

|               |             |
|---------------|-------------|
|               | <b>Resp</b> |
| <b>Yes</b>    | 6           |
| <b>No</b>     | 0           |
| <b>Partly</b> | 2           |

*Do you feel continued support (e.g. via telephone) is available should you need it?*

|               | <b>Resp</b> |
|---------------|-------------|
| <b>Yes</b>    | 8           |
| <b>No</b>     | 1           |
| <b>Partly</b> | 0           |

There was, however, 1 qualifying comment,

- through my own Health Visitor.

Further, the respondent who felt continued support wasn't available responded;

- course to have been longer

*Do you feel you would like to have more literature available on e.g. self esteem?*

|            | <b>Resp</b> |
|------------|-------------|
| <b>Yes</b> | 9           |
| <b>No</b>  | 0           |

### **Advice/home visit respondents**

*How did you know you could get advice/support from SureStart?*

- 'Accidentally rang for my health visitor and got a Sure Start one instead.'
- Home Visitor.
- When I lived in Pinehurst our support lady took us to the Sure Start group and my Health Visitor put me through to (name).
- I didn't know at the time and I got in contact with them after, which was a great help.
- Through my Health Visitor.

*Did you find it easy to make contact?*

|            | <b>Resp</b> |
|------------|-------------|
| <b>Yes</b> | 5           |
| <b>No</b>  | 0           |

1 respondent, however feels that,

- Sure Start needs more promotion.

*Did you receive a home visit to discuss your post natal depression?*

|            | <b>Resp</b> |
|------------|-------------|
| <b>Yes</b> | 4           |
| <b>No</b>  | 1           |

*What advice/support did you receive from SureStart?*

- Regular visits from a Health Visitor offering general advice and support.
- Offered to go to group - didn't go. Home visit.
- (name) came out a lot to see how I coped at home with my son.
- None at the time, but was in contact after. Sure Start had only just come to Penhill. No-one knew what it was.
- I had (name) visit me. She used to help me with the children. I was invited to the groups, but it was hard for me to socialise.

*Did the advice/support given help you?*

|            | <b>Resp</b> |
|------------|-------------|
| <b>Yes</b> | 5           |
| <b>No</b>  | 0           |

*In what ways did the advice/support given help?*

- Put things into perspective, gave me aims/goals and offered support at an incredibly low period in my life.
- Home visit helped as I felt I couldn't go out.
- Talking to someone showed me that I was doing well with my son. Gave me confidence.
- When I got in contact with Sure Start that was great peace of (mind).
- It helped me to challenge my negative thought processes and start going out again.

*Did you feel that any support and advice given by Sure Start built on the support you had been given before e.g. by their Health Visitor or GP?*

|            | <b>Resp</b> |
|------------|-------------|
| <b>Yes</b> | 1           |
| <b>No</b>  | 4           |

The 'Yes' comment added;

- It's easy to forget info when you're ill, so with lots of people all saying the same things to you, you can't forget as easily.

*Do you feel that continued support e.g. via telephone is available should you need it?*

|            | <b>Resp</b> |
|------------|-------------|
| <b>Yes</b> | 3           |
| <b>No</b>  | 2           |

Those who answered no, qualified their response with the continued support they would like to see.

- Once things looked bright for me I stopped having regular contact with my Health Visitor – a phone call would be nice, you don't want to feel a burden, but knowing the support is there if needed should be reinforced.
- More home visits maybe once a week.

Both those who attended the PND group and those who received advice/home visits were then asked questions with regard their relationships with their children and partners.

### **Post natal depression group and those receiving advice/home visit**

*Do you think attending the course/ the advice and support you received has changed your relationship with your child/children?*

|                  | <b>+ve</b> | <b>-ve</b> | <b>No change</b> |
|------------------|------------|------------|------------------|
| <b>Group</b>     | 6          | 1          | 2                |
| <b>Advice/HV</b> | 3          | 0          | 2                |
| <b>Total</b>     | 9          | 1          | 3                |

A number of qualifying comments were made;

Group:

- I took them out more, sticker charts for the older child, I started to bond with the baby.

- Gave me an avenue to talk about and explain my feelings which in turn helped my husband understand me and allowed him to help.
- I feel happier, so therefore my children feel happy too. I can deal with crisis now, so we are more relaxed, before things were very tense.
- I appreciate the time I have with him more, and do not waste time with anxieties and worries as much as I used to. Therefore I have more quality time with my son.
- I have learnt to appreciate what I have got and make the rainy days easier to deal with.
- I only went to the first class as I was seeing a counsellor from the maternity ward called (name). I had intense support from her which I felt that when I went to the first class that covered post natal depression I had moved on and felt that was beneficial for me as I had covered all the topics with (name). I rang (name) to tell her that I had moved on from what the classes were going to cover and that I was not going to go to the other classes and that it was only fair to give my place to someone who was feeling how I used to feel. I was extremely grateful for the opportunity of being given a place in the post natal depression class. I will always be grateful to (name) for her time and support and her home visits towards my recovery of post natal depression.

The negative comment was;

- 'I feel like the kids change with the weather and at times I don't know what to do. I get more bad days than good.'

Advice/Home visits:

- I am a lot happier with my son now.
- After getting in contact with Sure Start everything was better.
- I am a more confident mother and I understand their needs more.

*If applicable do you think attending the course/the advice support you received has changed your relationship with you partner/child(ren)'s father?*

|                  | +ve | -ve | No change |
|------------------|-----|-----|-----------|
| <b>Group</b>     | 6   | 2   | 1         |
| <b>Advice/HV</b> | 1   | 0   | 3         |
| <b>Total</b>     | 7   | 2   | 4         |

Qualifying comments were made as follows;

Group – positive:

- We deal with problems better now. We are much closer now. Before I was too depressed to let him in on my feelings.
- I understand how I feel and why so can explain it to my partner. Also I do not feel 'abnormal' so can be more open and honest about my feelings.
- We communicate more. Brought us closer together.
- I can talk to him more now and explain what I am feeling.
- Able to talk and express more. Less self contained. Less snappy. Talk openly about PND

Group – negative:

- 'Because I realised the problems I had weren't all my fault. He cheated and I blamed myself, made me stronger to realise I could do it by myself.'
- 'Due to my mother dying and myself having to have 3 major operations since the course. My depression has lingered. My partner seemed to expect me to be cured after the course which is why I think the support for partners should be an important part of helping depression sufferers. We have now split up.'

Advice/home visits – positive

- Being able to cope with life better.

*Do you think it would be beneficial if there was more support for partners/fathers?*

|                  | Yes | No |
|------------------|-----|----|
| <b>Group</b>     | 8   | 0  |
| <b>Advice/HV</b> | 5   | 0  |
| <b>Total</b>     | 13  | 0  |

*What support do you think should be given to partners/fathers?*

Group:

- Maybe a group session to explain why women can get post natal depression and how it can make them act to enable more understanding from their partner.
- Course, support workers.
- Maybe they could come to sessions.
- Maybe Health Visitor could request a meeting to talk to both partners together, sometimes husbands don't listen to wives.
- My husband is a house husband. I don't feel he copes as much as he says he does. A father's depression group would be good.

- More literature available specific to fathers, more publicity that it can affect men, more available counselling, something to help with work issues as most employers do not understand the issues, videos to explain the hows and whys, family help/liaison.
- Because it may have helped my husband to understand why I was like I was and also given a greater understanding of post natal depression. He has always said he felt helpless.
- Similar to women's PND course

Advice/home visit:

- Something on paper as I know my husband wouldn't go to a group. Leaflets to explain why women get post natal depression and how they can help.
- Help fathers who don't see their children much.
- If only to make them understand and give them an insight as to how it feels to be suffering from such a debilitating illness.
- Advice or groups so that they understand what the mothers are experiencing.