Support for mothers with Post Natal Depression

Overview of report

The aim of this report is to reflect on what the programme has achieved in the last 2 years in relation to providing support to mothers with Post Natal Depression (PND) and to make recommendations for the future development of the service.

The programme has been working toward the target of 'having agreed and implemented in a culturally sensitive way, ways of caring for and supporting mothers with PND' by funding a part time Health Visitor without a regular caseload to focus on PND.

The activities undertaken by the PND Health Visitor since being appointed in March 2002 include:

- Training as a PND Trainer, allowing her to provide PND Training to newly qualified Health Visitors/ SureStart staff and PND Refresher Training to experienced Health Visitors
- Contributing to the development of a more comprehensive set of guidelines for the management of post natal illnesses, which are now the accepted protocol for managing PND for all health professionals in the Borough
- Providing individual support to women experiencing PND & their partners
- Providing group based support to women experiencing PND
- Offering relaxation sessions for mothers
Introducing Baby Massage Courses

Raising awareness of PND amongst the community, GP’s and people working with families with young children

Key observations

The scale of the problem

- It is estimated that between 16 and 32 new moms living within the SureStart Smethwick area will experience PND each year.
- However data is not available to show the actual number of women diagnosed with PND as this information is not collated at PCT level.

Mainstream service

- Local clinical guidelines specify that antenatal screening for PND should be conducted on pregnant women if a woman is seen to be at higher than normal risk of PND. However this is not something that has been explored as part of this evaluation.

- Local clinical guidelines also specify that all women in Sandwell should be routinely assessed for PND at 6-8 weeks after childbirth and, if appropriate, that further assessment should take place at 10-14 and 20-26 weeks. Those diagnosed with PND should be offered 'listening visits' by their Health Visitor - an intervention that research shows to be an effective way of treating PND.

- Local Health Visitors feel that there is a very good chance that women with PND will be detected and that once detected, there is a very good chance that women will receive appropriate support. They perceive the potential problems to be:
  - Language barriers preventing diagnosis or effective treatment
  - Women not acknowledging their depression either due to the stigma attached or other problems being more salient
  - Routine assessment only taking place at 6-8 weeks, which might mean that PND starting at a later stage might be missed. The guidelines recommend additional screening at 20-26 weeks, but this is not routine and the Health Visitors spoken to say that they rarely feel they have time to do this.
  - Women not being screened, either through choice, or a Health Visitor being unable to make contact. The number of women falling into this...
group is reportedly small, but asylum seekers & refugees are particularly hard to reach.

What is appropriate care?

- Health Visitors and women who have experienced PND agree that appropriate care:
  - Differs from individual to individual
  - Should allow women to talk about how they feel, normalise this and to receive practical advice and guidance
  - Is about giving a woman time and attention, being patient and enabling her to open up

SureStart service

- The most significant achievement of the SureStart PND service has been the contribution the PND Health Visitor made to formulating the guidelines for the management of postnatal illness in Sandwell and the training and peer support she has provided to mainstream Health Visitors working with women who have PND

- Second to this is the one to one support the PND Health Visitor has provided to moms in the area. This support has been well received by the women concerned and by mainstream Health Visitors.

- However this could be seen as replacing rather than enhancing mainstream provision and this practice should be reviewed.

- The introduction of baby massage courses is a promising initiative given that research shows that this can help address difficulties with bonding, social interaction and communication between mother and baby. However courses run to date have been poorly attended and so the promotion of such courses should be reviewed and crèche facilities provided for all sessions.

- Offering PND treatment groups has not been successful due to very poor attendance. Health Visitors and women who have experienced PND feel that such groups should be available and there is evidence to suggests such groups can be effective way of supporting women with PND. If this practice is to be continued, SureStart should considering running cross programme groups to access a wider pool of women with PND and review the way groups are promoted/ women encouraged to attend.
What else would women who have experienced PND like to see?

- The women spoken to were broadly satisfied with the support provided to them. The most important thing for them was reassurance, support and practical advice. They suggested it would be beneficial if the following support was available:
  - More activities for moms with very young children
  - Support for the partners of women with PND
  - More support during pregnancy
  - More practical support for new moms (e.g. how to bath a baby)
  - Education about PND - perhaps a video to watch
  - Meeting women’s needs as adults as well as their needs as parents - to help them accept the changes having a baby makes to them & help them stop feeling ugly

Recommendations - the way forward for the SureStart PND service

- It is recommended that the SureStart programme reviews its service in discussion with the PCT.

- The Programme should aim to continue the following aspects of the service:
  - An effective link with local Health Visitors so that they know what additional support is available to moms
  - Ensuring SureStart staff have knowledge about PND and can refer to Health Visitors if appropriate
  - Baby massage course

- It should consider discontinuing:
  - 1:1 support
  - Providing training and peer support to mainstream Health Visitors
  - PND groups
It should consider looking at:

- Additional ways of working with local Health Visitors to help them work with women who don’t speak English
- Ways of responding to the suggestions made by women, as detailed above
- How the service is delivered and the practitioner(s) best placed to deliver the service
Contents:

What is PND? .......................................................................................... 6
Why the interest in PND? ................................................................. 6
How big is the problem? ................................................................. 7
What mainstream support is available to women with PND? ................. 7
What if any gaps exist in mainstream service? ..................................... 8
What is the SureStart PND Service aiming to do? ................................. 10
What results has the SureStart PND service achieved? ......................... 11
What do mothers supported by the SureStart PND service say about it? ....... 16
The way forward for the SureStart PND service .................................... 18
References ............................................................................................ 21
Appendix A – Research Methodology ................................................. 22
Appendix B – Impact of evaluation ....................................................... 24

What is PND?

PND is depression experienced by a mother within the 12 months following childbirth, usually within the early weeks after the birth. Many new mothers will experience anxiety to some degree, but a mother with PND will exhibit other symptoms such as exhaustion, guilt, hopelessness, inadequacy, irritation, loss of libido, loss of concentration and some may also feel ambivalent about their baby.i

Why the interest in PND?

Providing support to women with PND is one of the targets given to all SureStart programmes for 2001 to 2003. The reason for this is not only because maternal depression is painful for the mother and her family, in addition, research shows that it is associated with a range of unwanted outcomes for children ii iii. For example, babies of depressed mothers are at increased risk of:

  ❖ poor emotional adjustment and

  ❖ insecure bonding.
In addition, children whose mothers have experienced PND:

- perform less well in tests of understanding & reasoning at 18 months
- are more likely to be rated as behaviourally disturbed by teachers during their first year at school

Research suggests that at least one in ten mothers experience a period of medically diagnosable depression in the early months following birth and that mothers who are already under stress, for example from social disadvantage are more likely to suffer from PND.

How big is the problem?

There are approximately 4,000 live births/year within Sandwell and approximately 160 in the area covered by SureStart Smethwick.

If we assume that 10% of mothers suffer from PND we are talking about approximately 400 mothers/year or 33 per month within Sandwell and 16/year or 1.3/month within SureStart Smethwick.

If we assume that up to 20% of mothers suffer from PND, as some suggest we are talking about approximately 800 mothers/year or 66 per month within Sandwell and 32/year or 2.6/month within SureStart Smethwick.

Unfortunately, there is no data available to show the number of women within Sandwell/the SureStart area who have actually been diagnosed as having PND.

What mainstream support is available to women with PND?

Within Sandwell, local clinical guidelines specify that Health Visitors should screen all women for PND at 6-8 weeks after the birth of a baby and, if appropriate at 10-14 and 20-26 weeks. The screening tool used is the Edinburgh Post Natal Depression Scale (EPDS), a well recognised and widely used tool for diagnosing PND, which is used in combination with clinical judgement.

The local clinical guidelines also specify that ante-natal screening should be conducted to identify women at risk of PND, however this is not something that has been explored as part of this evaluation.

The guidelines further specify that women presenting with severe PND should be referred to a GP or CPN (Community Psychiatric Nurse) and that those presenting with
mild/ moderate PND should be offered "listening visits" a form of counselling and provided with information on PND and support groups in the area. Health Visitors are also advised to liaise with GP’s and CPN’s as appropriate.

Research shows that counselling by Health Visitors is an effective and valuable way of supporting women with PND. For example, one study found that a group of mothers who received counselling showed a reduction in their depression whereas a group of mothers who didn't showed no reduction\textsuperscript{x}. Another found that a group who received counselling reported fewer behaviour problems with their child at 18 months than a group of mothers who didn't receive the support\textsuperscript{x}.

All Health Visitors working within Sandwell receive training in PND, including how to administer the EPDS and conduct listening visits. Those working within the Oldbury & Smethwick PCT can also draw upon support and advice from the PND Health Visitor - a Health Visitor without a caseload, employed to develop & enhance support for women with PND. The post holder works 1.5 days a week for the PCT & 2.5 days a week for SureStart Smethwick.

**What if any gaps exist in the mainstream service?**

In principle, the mainstream service in Sandwell is providing appropriate care for women with PND but, in practice, is it able to provide the thing that SureStart Programme Areas must seek - for "100% of women with PND to receive appropriate care/ support, implemented in a culturally sensitive way"?  

**What does the data show?**

The first place to look to answer this question is the records of the Child Health Surveillance (CHS) team who support all of the NHS Trusts within Sandwell by managing a database of information relating to the health and NHS contact with individual children within the Borough.

Unfortunately the data held on the system is not able tell us if 100% of women with PND are receiving appropriate care/ support. The main reason for this is that the information held on the system does not show if a woman has been identified as having PND. The only information recorded is if the EPDS has been administered and if listening visits have taken place. Because neither the EPDS score nor the Health Visitor’s view as to whether the mother is depressed is recorded it is impossible to know the % of mothers suffering from PND or if all of those who are have received support. A secondary issue is that it appears that a number of Health Visitors are not recording activity on the CHS database, possibly because they are using their GP practice information system in place of, rather than in addition to the CHS database.
If local Health Trusts are interested in tracking the incidence and management of PND, the information recorded on the CHS database should be reviewed and steps taken to ensure Health Visitors update the system as appropriate. A decision will need to be taken about whether to alter the current system or to wait for the new IT system due to be implemented circa 2006. It might be useful for one of the PCTs to pilot a new way of recording information about PND that can be rolled out across the Borough when the new IT system is in place.

What do local health visitors think?

As an alternative way of identifying gaps in the mainstream services, a number of Health Visitors working within the Oldbury & Smethwick area were interviewed to find out their views on the support available to women with PND. 3 interviews were undertaken, 15% of all local Health Visitors. Interviews were semi-structured, following the interview guide attached at appendix A. For the sake of clarity, views put forward by the Health Visitors interviewed, and the PND Health Visitor will be attributed to ‘Health Visitors’. Naturally we can’t say for sure whether or not all Health Visitors in the area share these views.

Is PND being detected?
The Health Visitors think that routine use of the EPDS combined with clinical judgement, means that there is a very good chance that PND in Sandwell women will be detected. However they feel that women can fall through the net due to:

- **Language & literacy**: Health Visitors, quite understandably, have found it harder to diagnose PND in women who don’t speak English, or who have English as a second language. Interpreters can be used, but are not an ideal solution. In addition, Health Visitors find that women with low levels of literacy are harder to diagnose, as they can find it harder to express how they are feeling.

- **A woman’s readiness to acknowledge being depressed**: Health Visitors suspect that some women are more reluctant to acknowledge depression - they feel culture and social class can play a part but that individual differences are the most important determinant of this. In addition factors such as housing and relationship problems are important - some Health Visitors have found that PND can be the least significant of a woman’s problems.

- **Routine assessment only taking place at 6 to 8 weeks**: PND that starts at a later stage might be missed. Whilst local guidelines recommend additional screening at 20-26 weeks, this is optional, and it appears that screening is not routinely conducted at this time.
EPDS not being administered: either due to a Health Visitor being unable to make contact, or a woman not wishing to complete the EPDS. The number of women falling into this category is reported to be very small. However asylum seekers and refugees may be particularly effected as they tend to move around quite frequently.

What is appropriate care and does it differ according to culture? Health Visitors feel that appropriate care differs from individual to individual and depends on the severity of the depression. They feel that it is important for the woman to help choose what support she wants and that the focus should be on activities that allow a woman to talk about how she feels, that normalise how she feels and that increase her sense of self worth. In addition that a holistic approach should be taken - one that helps a woman deal with other pressures, rather than focussing exclusively on her PND. Health Visitors feel that a woman's culture should be taken into account, but there is no clear understanding of whether or how the needs of women from different cultures diverge.

Are women with PND receiving appropriate care? Health Visitors feel that where PND is diagnosed, there is a good chance that a woman will receive appropriate care. However they are very aware of the fact that the support available in addition to the listening visits they offer differs according to geographical area within the area covered by the PCT. They also see take up of services as an issue. One remarked that the services are there, but that the difficulty is encouraging and empowering women to make use of what is there.

What else would Health Visitors like to see? Suggestions made included:

- A form of buddy system to put women in contact with someone they can call if they are down.
- A better link between Midwifery and Health Visiting to ensure early identification of women having difficulty
- More support for partners and family members - such as information on how to support a woman suffering from PND

What is the SureStart PND service aiming to do?

The service operates on three levels:

- To support local health visitors - this includes training, providing advice & support both generally & in relation to specific cases, undertaking listening visits for individual cases if a Health Visitor is unable to do so
To provide direct support to women with PND - this includes 1:1 support, running PND groups, providing baby massage training and organising relaxation sessions from mothers

To raise awareness about PND - this includes training SureStart in relation to PND, and providing information to practitioners and the public about the nature of PND.

What results has the SureStart PND service achieved?

The most obvious way of reporting the progress made by the PND service would be to look at the uptake of the different aspects of the service, to seek feedback from those who have used the services and, where appropriate, to look at levels of depression before and after service use. Unfortunately the last source of information cannot be explored because post intervention assessment has not been undertaken. However uptake and some user feedback is reported below.

A lesson to learn is that evaluation should be considered at a very early stage in a project so that appropriate data collection systems can be put into place.

To support local health visitors - the time spent supporting local visitors, or the number who receive support is not recorded. However the PND Health Visitor estimates that this accounts for approximately 30% of her role. Within this time 30 Health Visitors have attended the initial PND training and an annual refresher course across the 3 PCTs within Sandwell.

Local Health Visitors acknowledge the value of the training and have found the ongoing support useful, to refer cases, seek general support and to seek advice in relation to specific cases. They have also found it a useful way of finding out more about the service offered by SureStart and feel they know more about the work of SureStart Smethwick than the work of the other 2 SureStart programmes in the area. They feel that this is partly due to these projects not having a Health Visitor on the team, although it is important to note that these programmes are also much newer and have been in operation for less than a year, compared to the 3 years of SureStart Smethwick.

This work and the contribution made to developing more comprehensive borough wide guidelines for the management of postnatal illness is perhaps the most significant result achieved by the service because it will have long term impact.

Providing 1:1 support to women - 1:1 support has been offered to women since the PND Health Visitor started working with SureStart.
24 women received 1:1 support from the PND Health Visitor between April 2003 and March 2004. These women were visited between 1 & 7 times, depending on their individual needs. On average though, women received 3 visits.

This form of support is similar to that provided by mainstream Health Visitors. The reason SureStart supported these women was because their own Health Visitor was unable to do so, either due to time constraints or because she felt ill-equipped to provide the support the woman needed.

There is strong research evidence \(^{ix,x}\) to show the value of such 1:1 support and the feedback from mothers detailed in the next section of the report shows that they found it beneficial.

Mothers and Health Visitors have obviously found it valuable for SureStart to provide mothers with 1:1 support when Health Visitors were unable to. However it is important to consider whether it is necessary and appropriate for SureStart to continue to provide the service given that it could be seen to equate to SureStart replacing mainstream provision rather than enhancing it.

An important angle to consider, is that feedback from women who have received 1:1 PND support from SureStart suggests that they found it easier to talk to the PND Health Visitor than their own Health Visitor. Their comments suggest that this is due to a combination of the following factors:

- the skill and experience of dealing with women with PND that the PND Health Visitor has,
- that the PND Health Visitor appears to have more time to spend with mothers,
- that Health Visitors are perceived as ‘official’ – that is not to say that they are seen as ‘officious’ or even as unsympathetic, but it appears that the fact they visit all new moms and that recording information is an important part of their role can lead mothers to feel that they are auditors/ people who deal with practical issues rather than a source of emotional support.

Therefore SureStart and the PCT should consider if there is a need for 1:1 support to be available over and above that offered by mainstream Health Visitors, and if so, how this should be provided.

PND Groups – SureStart Smethwick has provided PND Groups, in one guise or another, since 2002, they are jointly run by the PND Health Visitor and the programmes Clinical Psychologist. The initial intention was to run 3 groups a year, each consisting of a block of 8 sessions.
Since then, 4 separate groups have been run. Two groups took place in 2003/4. The monitoring data for the sessions is unfortunately not complete, but according to the records, 3 women attended the first group and just one attended the second.

The aim of running groups is to give women with PND an opportunity to talk about how they are feeling with others in the same situation. It is felt that this should provide a different level of understanding to that provided by practitioners and act as a way of normalising PND and reducing stigma - by helping women realise they are not alone. The groups run within SureStart Smethwick are treatment rather than self-support groups, they run for a set period of time and have a loose structure around them in which practitioners aim to educate the women about PND and encourage the women to identify ways of helping themselves and accessing services. In many ways the groups have similar aims as 1:1 support has, however the group setting is, in principle, more cost effective and has the benefit of enabling women to meet others in the same situation.

The group dynamic is an important element of the sessions and as such women would be expected to join the group on the first or second session and then attend subsequent sessions. A woman would only be able to join a group at a later stage in exceptional circumstances and with the consent of existing members.

Health Visitors and women who have experienced PND feel it is important to be able to offer women with PND the chance to attend some form of group session, geared toward women with PND to provide information and to provide social support/ show the woman she is not alone. However attendance at all of the groups run has been poor, despite the fact that women received individual visits prior to the group starting to provide information and reassurance about the group. The reasons for the poor attendance are not entirely clear as the women who did not turn up or who dropped out were not followed up. Indications from the women spoken to and from Health Visitors suggests that women in the area covered by the SureStart programme suggest that groups, in the current form, might not be a viable solution in this area:

- 2/3 women taking part in the discussion group all felt that groups should be available but that weren’t appropriate for them as individuals (one because she does not consider herself a ‘group person’ and the other because the group she attended was ‘all talk and no answers’).

- Generally, the reach of the SureStart programme is lower than would be expected of a Round 3 programme operational since 2002 which suggests a generally hard to reach community.

In addition, the PND Health Visitor feels that the women in the area would have concerns about confidentiality of coming along to a PND Group at SureStart in case their neighbours or family members found out they were suffering from PND.
So should the practice of running PND groups be continued?

First we need to consider if PND groups are effective. Unfortunately due to low attendance and time constraints the impact of groups run by SureStart has not been evaluated. Although the rationale for running them is sound, and other practitioners have found PND Groups a successful way of treating PND.

Secondly we need to consider if there are enough women experiencing PND to make group sessions viable. If we assume that 20% of women in the area experience PND there is a pool of 32 women a year, which seems sufficient to warrant the 3 groups a year originally planned. However it is unrealistic to think that all women will be interested in attending a group and it doesn’t take into consideration timing. As mentioned above, women would only be able to join a group after the 2nd week in exceptional circumstances. This means that a woman identified as having PND in the third week a course is running would have to wait up to 4 months before she could join a group. She would hopefully have received alternative support in this time and so would hopefully not need to sign up for this group.

This suggests that if SureStart Smethwick wishes to continue offering groups it should consider running joint sessions with other local SureStart Programmes to increase the pool of women and/or consider changing the format of the sessions so that a woman could join the group at any stage.

The experience of the PND Health Visitor has highlighted that transport can be a problem for local women with PND, even when groups are held very locally. Therefore if joint groups were implemented then consideration should be given to providing transport.

Baby Massage – There is evidence to suggest that baby massage can help address difficulties associated with bonding, social interaction and communication between mother and baby.

Baby massage training, at which parents are invited to 4 sessions to learn how to massage their babies has been offered to parents since 2003. The training was open to all new moms in the area rather than just those suffering from PND, but women suffering from PND were encouraged to attend the sessions.

The first course was held in May 2003. 8 women attended at least 1 session, although on average, there were 4 women at each session. A further course started in March 2004. Just one parent attended the first session, the only session with attendance
data when this report was prepared. Anecdotal feedback suggests that those attending found it an enjoyable and useful experience.

The evidence base and the popularity of the sessions suggest that SureStart should continue to provide Baby Massage sessions. However the way sessions are promoted should be reconsidered. It might be worth making a link between the programmes baby club and the baby massage sessions. The PND Health Visitor feels that an alternative venue should be sought due to a lack of space at the SureStart building. She also reports that it was not possible to provide a crèche facility, which prevented some Moms from coming.

**Take a Break** - SureStart ‘take a break’ sessions are an opportunity for mothers to leave their children in the care of SureStart staff and relax in the company of other mothers. Initially the session was intended for women with PND, although quite soon was opened out to all moms.

Take a Break sessions started in 2002. 40 sessions have been held between April 2003 and March 2004 and 44 women (approximately 5% of local mothers) have attended at least one of these session. Most of these have attended 1-3 sessions, although 4 women have attended more than 10 and one has attended 30. The number of people attending a session ranges from 1 to 14. On average there have been 4 people at each session but its popularity appears to have grown recently meaning that the programme has had to turn people away from the session.

The impact this group has on women with PND has not been monitored although intuitively it seems that some women with PND would find such a session beneficial.

There are issues to be considered in relation to the Take a Break Group, such as whether regular ongoing attendance is what was intended and how to avoid having to turn people away but these are separate to the consideration of PND. The issue of PND brings another question about the group - if the Programme intends to consider this as one of the ways it is supporting women with PND it should consider ‘ring-fencing’ a number of places at each session so that women referred to the group as a result of having PND are not turned away.

**Raising Awareness** - It is difficult to quantify the activities undertaken, but the type of activity includes training SureStart staff & providing information about PND at parentcraft sessions & play sessions. The PND Health Visitor feels this is an important part of her work and that identification of PND is best when not far from the front of people’s mind. For example a local paper did a 4-page spread about PND when the local
care guidelines were published, something the PND Health Visitor feels contributed to a
increase in the number of women identified with PND.

Additional work – in addition the areas outlined above, the services has:

- Introduced postnatal ‘goody bags’ for men and women that focus on pampering
  them as an adult rather than just as a parent
- Contributed to two pilot studies one looking at using picture book/ translated
  versions of the EPDS the other using audio translation of the EPDS. The results
  of the audio translation study have not been made available and to date the
  books have only been used on a handful of occasions
- Access to exercise classes supported by SureStart
- Drop in session with Midwife set up - but poorly attended
- Parentcraft programme extended to cover emotional support and raise
  awareness of PND. Programmes were held on Saturday mornings, but again,
  unfortunately, were poorly attended.

What do mothers supported by the PND service say about it?

Efforts were made to speak to a number of women who had received support for PND
from SureStart. Unfortunately just 3 women were able to attend one of the two
discussion groups organised. Due to the sensitive nature of the topic to be discussed it
was not felt appropriate to ‘chase’ participation beyond one follow up call – none of
which secured contact. The views detailed below are those of the 3 women attending a
discussion group. Naturally it is not possible to say if other women would share similar
views.

1:1 support: All 3 women received 1:1 support from the PND Health Visitor. All of the
women found the 1:1 support valuable as an opportunity to talk about how they were
feeling, the concerns they had and to receive specific advice and support. All of the
women said that SureStart was their primary source of support and that they felt
unable to talk to their own Health Visitor. The reasons given for this were varied but
centred on the PND Health Visitor having the skill and time to help people open up and
that Health Visitors are seen as official – in the words of one woman "Health Visitors
write everything down in the red book - I didn’t want the kinds of things I was feeling
written down for everyone to see”.

PND Group: 2 of the women had attended a PND group. One felt it was fairly useful
because it had answered some of the questions she had about being a new mother.
However she also said that talking to SureStart staff and other mums was as good or
better as it provided the detailed practical advice she sought, such as getting out the Argos Catalogue and choosing a blender to prepare baby's meals.

The other woman didn’t find the group helpful, because it was “all talk and no answers”. The other feels that she is “not a group person”.

Interestingly, despite their own experiences, all of the women felt that some form of new mums group should be provided. Two felt women with PND should attend a separate group to share experiences and one felt it should be a general group as this would be less stigmatising. Between them they agreed that both should be offered, giving women a choice.

They felt such groups should be local, but that a less local group would be fine, if transport were provided.

**What is appropriate care?:** the kind of support the women feel is required is something that “reassures a mom that she is doing OK”, “that others feel as bad or worse”, “that it's OK not to know things/ have to ask & that no question is too trivial”, and “that whilst it might not seem like it, things will get better”. In addition, “something that shows someone cares and gives the mother time and attention - someone who you can talk to and who will listen”.

**What else should be available?:** the women were broadly satisfied with the support provided. As outlined above, the most important thing for them was reassurance, support & practical advice. However the following suggestions were made:

**More for babies:** They suggested that SureStart should provide more things to do with young children, as many of the sessions run are inappropriate for very young children. Only one was aware of the baby club that has recently started up and the 2 others expressed an interest in coming.

**Support for partners:** They also suggested that it might have been helpful for SureStart to be open for one evening a week, for example from 6.00 to 8.00 so that their partners could have had a chance to speak with a health visitor alone.

**Support during pregnancy:** The women feel their problems started during pregnancy and that if support had been available at this stage, they might not have got so low.

**More practical support:** information about breastfeeding and bathing baby... all of the things that are supposed to come naturally but don’t necessarily.

**Education about PND:** to show women that they are not alone and demystify what they are going through. One woman suggested that a video to watch might be useful.
Meeting their needs as an adult as well as their needs as a parent: to give women time out, help to accept the changes having a baby makes to their body and help them to stop feeling ugly.

What advice would you give to anyone trying to offer support to women with PND?

- Reassure the woman, let her know she is not crazy and not alone in feeling the way she does
- Remember the importance of first impressions – ensure staff are caring, listen and don’t judge
- Have more Health Visitors like the PND Health Visitor – the key is giving woman time and being patient and that certain something that makes a woman talk and open up

The way forward for the SureStart PND service

The way forward for the service is influenced by 2 key factors:

- The fact that PND currently enjoys a much higher profile than when the service was established and is now most definitely a part of “mainstream” service.
- That the targets assigned to SureStart local programmes for the PSA period 2003-6 do not include a target specifically related to Post-Natal depression. This means that post March 2004, the Programme is free to decide whether or not it is still necessary/ appropriate to allocate resources to PND support, a decision that must be made in light of community need & expectation and the extent to which mainstream services are addressing the needs of the community.

Given what we know about the far reaching effects of PND on children and that social deprivation increases a woman’s chance of suffering from PND there is certainly a strong case for SureStart to continue its work in this area. However this is a decision the programme must make in light of competing priorities.

If the programme is able to continue to support this work it should review the aims of the service in light of the enhanced mainstream service available and review how the service is delivered to make best use of resources.
Aspects of the current PND service that SureStart should aim to continue:

1. Ensuring local Health Visitors have a good link to the programme, so that they know what services are available to refer women to and that they understand what additional support SureStart can provide to families.

2. Ensuring that all SureStart staff are aware of and receive regular refresher information about PND so that they can pick up early warning signals and refer on to the Health Visitor if required.

3. Provision of baby massage sessions, either directly, or by training other practitioners working in the area to provide this support.

Aspects of the current PND service that SureStart should consider discontinuing:

1. Offering 1:1 support to women when their own Health Visitors are not in a position to.

This is a policy decision rather than something that can be informed by evaluation and is something that should be discussed by the SureStart Programme and Oldbury & Smethwick PCT. The competing points of view are that:

<table>
<thead>
<tr>
<th>For</th>
<th>Against</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service is used, implying need and Local Health Visitors and women who have used the service have found it valuable.</td>
<td>The service could be seen to replace rather than enhance existing mainstream service.</td>
</tr>
<tr>
<td>A woman’s own Health Visitor might not always be the best person to offer support.</td>
<td>The service is only sustainable in the long term if funded by a mainstream agency.</td>
</tr>
</tbody>
</table>

It should also talk to the PCT about the peer support and training provided to Health Visitors and whether the PCT can fund the ongoing need for this.

If these aspects of the work are something that the PCT could manage without input from SureStart, funds from SureStart could be used to look for ways to address some of the current gaps in mainstream provision, including:

- Additional ways of helping Health Visitors diagnose and support women with PND who do not speak English
Helping Health Visitors to respond to a woman’s wider needs by Family Support Workers and Outreach Workers providing befriending support and help with any practical assistance a woman needs

Looking at ways of helping partners and family members support women with PND

Enhanced antenatal support

Some of these are things that SureStart programmes across the Borough might wish to look at together.

2. Running PND Treatment groups

The continuation or not of groups is something that should be discussed. Objectively, the evidence suggests that groups are not a viable solution. However, both Health Visitors and women who have suffered from PND feel that such groups should be available to women. Given this, it might be worthwhile to run a further, thoroughly evaluated session, perhaps jointly with other local programmes.

How best to deliver the service in the future:

When the programme has determined what its PND service will look like in the future it should assess the skills and experience needed to deliver the service - in order to determine which professionals should contribute to it. It might be appropriate that the service continues to be delivered by a part time Health Visitor, although the Programme should be open to considering if other approaches would be more suitable. One of the key things women who have experienced PND feel is important is that the person offering support should have time, patience and the ability to help a woman open up and talk. Whilst this could describe a Health Visitor - it could equally describe a number of other professionals.

The programme should also consider how the time and skills of other staff employed by the programme could be used to support and supplement the work of mainstream Health Visitors. For example if Outreach or Maternity Support Workers could be trained to undertake joint visits with Health Visitors, to provide additional, practical support to women receiving listening visits, or to use their language skills to help Health Visitors support women who do not speak English.
References

i Sandwell Local Clinical Guidelines for the Management of Postnatal Illness

ii Roberts, H (2000), What Works in Reducing Inequalities in Child Health, Barnardo’s


vi Sandwell Community Information Department (April 2004)

vii Local Programme Monitoring Data (April 2004)


xi SureStart Somerstown (2002) Addressing Post Natal Depression www.ness.bbk.ac.uk,

MacInnes, A (2000) Findings of a Community-Based Group for Women with PND, Community Practitioner Val 73 (9)

Appendix A – Research Methodology

Ethics - LREC approval for this project was not sought, however in principle it probably should have been. This will need to be considered for any future investigation of PND services.

However, ethical principles were naturally adhered to, in particular the informed consent of all participants was sought, and participants were informed of their rights to confidentiality and to withdraw from the research at any point. The views of individual participants have not and will not be made known to anyone apart from the researcher.

The discussion group had the potential to re-create uncomfortable feelings in participants. Therefore the PND Health Visitor selected participants carefully, using her clinical judgement to ensure that only those women she felt would be able to speak comfortably about their experiences were invited to take part. Whilst not directly involved in the discussion group, the PND Health Visitor was on hand during the 2 focus group sessions, should any of the women wanted to leave the group, or talk with her. Lunch was provided after both of the sessions as an opportunity for the women to relax and switch off from the discussion about PND.

As can be seen from the discussion guide below, discussion focussed on the support received rather than the woman's experiences of PND. All of the women involved appeared open and comfortable speaking about this.

Discussion guides -

Interview with Health Visitors:

Your Work

- Role:
- Patch covered:
- In what way are you involved with women at risk from/ suffering from PND? (aim is to understand if workers role is to identify, support or both and the work they do with the woman)
- What support have you had from the SureStart PND HV? Has this been sufficient?

Identification of PND

- In your work, what mechanisms exist to identify women suffering from PND? How effective are they? (what are the barriers to identification, are women going undetected, has system improved over last 12 months - how?)
- What do you think would contribute to more effective identification of PND?
Appropriate Care

- What do you feel is "appropriate care" for a woman with PND?
- Do you think "appropriate care" is different for women of different cultures?
- If so, how?
- What support is available in your area for a woman with PND?
- How effective do you think each of the different forms of support is & why?
- Are you happy with the amount of information you have about the different types of support available to women with PND in your area?
- Do you feel that all women in your patch with PND receive appropriate care? *(what proportion do you feel do?)*
- If no - why not? *(are there any groups of women who are particularly hard to reach?)*
- Do you think the care currently available is sensitive to culture differences? Why?
- What else would you like to see made available for women with PND? Why?
- What if any support is available to the families of women with PND in your area?
- What else would you like to see made available? Why?

Discussion Group with Service Users:

- What support did you receive when you were suffering from PND? *(aim - want to understand the nature of the support provided, who provided it, how they accessed it)*
  - What was good & what could be improved?
  - What helped the most?
- What do you feel is "appropriate care" for a woman with PND?
- What other support would you like to have been available when you were suffering from PND? Why?
- What if any support was available to your family when you were suffering from PND?
- What else would you like to have been available to your family? Why?
- What helped you realise you were suffering from PND?
- What would you like to see available to Women with PND?
  - Specific training/ support groups or access to 'general' services?
  - Location

What would you suggest SureStart does to make it easier for women suffering from PND to access support?
Appendix B: Impact of the evaluation

This report was presented to the programmes management board on 8th December 2004. All of the recommendations were sanctioned.

Between February and June 2004 the SureStart research officer worked alongside the PND Health Visitor employed by the programme to evaluate the support the programme was providing to mothers with PND.

A report detailing key findings and recommendations has already been circulated to Board members.

On 10th November 2004, the Programme Manager & Research Officer met with Liz Green, (the Integrated Service Manager for the PCT) and Pearline Mills (the PCT’s Maternal Mental Health Lead and previously the PND Health Visitor for the programme) to discuss the recommendations arising from the evaluation & discuss a way forward. The recommendations arising from the evaluation and suggested action are detailed below for consideration by the Board.

It is important to note that the programmes PND Health Visitor left in June 2004 and that the post has not been filled, pending consideration of the findings of the service evaluation.

The Programme should aim to continue the following aspects of the service:

- An effective link with local Health Visitors so that they know what additional support is available to moms
  - The programme is in the process of recruiting a Health Co-ordinator who will take a lead on liaising with mainstream Health Visitors. He/She will also ensure that local midwives are kept informed about the work of the programme. The programme manager is due to attend the next public health forum meeting, which will help to remind mainstream health visitors that SureStart is a resource they can tap into to help support local families.

- Ensuring SureStart staff have knowledge about PND and can refer to Health Visitors if appropriate
  - The PCT’s maternal mental health lead is in the process of developing a training package for family support workers that will raise awareness of
PND and enable the workers to support women experiencing PND. To do so they will need appropriate support/supervision, which can be provided by the programme’s Health Co-ordinator and a family’s own Health Visitor. The cost of this training is not yet confirmed as the training package is still in development. However it is likely to be minimal, simply to cover venue & administration costs. It should be possible to deliver the training from a SureStart building, which will further reduce costs.

- Baby massage course
  - The programme’s Midwife is able to deliver baby massage training, but this is unlikely to be feasible given that she only works for 1 day/week. The programme is in the process of finding out the cost of training other staff to deliver baby massage training. Agreed to buy in a course to start in Jan 05.

It should consider discontinuing:

- 1:1 support - with view to the PCTs taking full responsibility for this
  - The PCT have already taken this on board

- Providing training and peer support to mainstream Health Visitors - with view to the PCTs taking full responsibility for this
  - The PCT have already taken this on board

- PND groups, unless the approach is altered to increase attendance
  - Given the 1:1 support available and the practical barriers to running an effective group it does not seem sensible to continue to offer this service
It should consider looking at:

- Additional ways of working with local Health Visitors to help them work with women who don’t speak English
  - The Department of Health has recently acknowledged that the ‘picture book’ method of screening for PND, which SureStart Smethwick helped to pilot, represents good practice. The PCT is currently exploring the costs of implementing this, which will involve additional training for Health Visitors and purchase of booklets. They won’t be in a position to confirm their position until next financial year (April 05).
  - If SureStart staff receive the PND training outlined above it will be possible for mainstream Health Visitors to draw upon the language skills of SureStart staff.

Ways of responding to the comments & suggestions made by women & Health Visitors:

- Possibility that PND in refugees & asylum seekers will be missed due to Health Visitors being unable to make contact
  - A project called the Greenfield Project is being set up in the area to work with refugees and asylum seekers. The PND awareness training will be offered to their staff & the workers will be made aware of the services offered by mainstream Health Visitors and by SureStart.
  - SureStart to explore training available to make staff more aware of issues related to working with asylum seekers and refugees to increase their engagement with SureStart.

- Women not acknowledging their depression or it being missed due to starting later than 6-8 weeks
  - By increasing the number of staff with knowledge of PND, the likelihood of PND being identified should be increased

- More activities for moms with very young children, more practical support for new moms & more support during pregnancy
  - The programme has already introduced a baby club and as mentioned before is considering re-introducing baby massage training. In
addition Maternity Support workers aim to visit all women ante and postnatally to make them aware of services available and to provide additional, practical support

- Meeting women’s needs as adults as well as their needs as parents
  - The programme has a ‘Take a Break’ session that offers pampering sessions whilst children are looked after in a crèche. Programme staff can advise parents on local exercise classes.

- More support for the partners of women with PND
  - The programme is attempting to set up services for men/ encourage men to access existing services.

- Education about PND
  - Resources are available that can be used. In addition the PCT is looking to work more closely with Midwifery to make women aware of, and pick up early warning signs of PND antenatally.

How the service is delivered and the practitioner(s) best placed to deliver the service

- As mentioned, the PND Health Visitor left in June 2004 & to date the post has not been filled. Given that the PCT has taken on a number of the tasks she fulfilled it does not seem necessary to fill the post.

- The PCT also has plans to create a number of paraprofessional roles to work alongside professionals. They have indicated that it will be possible to train the Health Visitor Support Workers to provide support in relation to PND. This is a longer term solution as such workers are unlikely to be practicing for at least 2 years. If the training outlined above is provided to SureStart staff this will act as a stepping stone. An additional benefit of the creation of the paraprofessional roles is that the PCT will be looking to fill the posts from within the local community - presenting opportunities to local parents.