

Draft Report on Aromatherapy Massage for Women with or at risk of Post Natal Depression

1. Introduction

This evaluation focuses on the Aromatherapy Project provided by Sure Start in partnership with North Tyneside NHS Primary Care Trust (PCT). By considering the period from the beginning of the project in September 2002 until July 2003, this study sought to identify recipient's views on the project and explore ways in which to take the project forward.

Background

The need for an aromatherapy project for women with or at risk of post-natal depression (PND) was identified by a Health Visitor working within the Sure Start programme area, who as well as being a qualified nurse and Health Visitor, has a diploma in aromatherapy (note: her title will be presented in italics throughout the rest of the report to distinguish between her as provider and other Health Visitors spoken to during the evaluation study). The evidence base for the project was:

- the perceived benefits of the aromatherapy offered to patients at St Georges Hospital in Morpeth
- the work of the Alternative Therapies Group in Newcastle
- findings from the Rakes Lane database (a research resource) showing that aromatherapy does act as a 'de-stresser' and relaxant.

These sources had enabled the *Health Visitor* to show that aromatherapy massage can have a wide range of physical and psychological benefits, by helping to:

- relieve stress
- relax tired and aching muscles and relieve pain
- increase blood circulation
- assist the improvement of muscle tone
- help rid the body of waste products
- help clients feel more relaxed.

In 2001 the *Health Visitor* raised the idea for the project at a whole systems event. As the need for such a project had been identified during public consultations prior to the development of the Sure Start programme, the Sure Start Health Co-ordinator suggested the programme support a pilot, which would also contribute toward the achievement of the following Sure Start target:

100% of those in the area identified as having PND or being at risk of PND are supported in an appropriate way.

A working group was then developed (consisting of the *Health Visitor*, the Sure Start Health Co-ordinator, the Sure Start Community Psychiatric Nurse (CPN), a Clinical Psychologist and a public health worker) to develop the bid

and agree criteria for referrals. The Sure Start CPN also wrote an alternative therapies policy for the PCT, while the programme team provided practical support to the *Health Visitor*, including assistance with advertising.

It was agreed to focus the project on the Killingworth area in the first instance and to run it from the surgery where the *Health Visitor* was based. Sure Start provided funding for set-up and on-going costs (crèche, transport, materials, etc.), and to buy out three hours of the *Health Visitor's* time each week in term time; premises costs were met by the PCT as the project was being run from their surgery.

2. Methods

This evaluation study took place between June and September 2003 and used the following qualitative methods:

- The collection and analysis of background information including: the bid to Sure Start for funding, monitoring data, a presentation about the project and evaluation questionnaires used by the project.
- An in-depth semi-structured interview with the *Health Visitor* providing the aromatherapy.
- A semi-structured interview with the Sure Start CPN who had helped develop the project and knew some of the women who had used it.
- A group discussion using Participatory Appraisal (PA) techniques with project users.
- A group discussion and semi-structured interviews with Health Visitors who had referred women to the project.

The PA group with project users was arranged following advice from the *Health Visitor*. All of the women were contacted via a letter written by the evaluator and distributed by Sure Start. 17 letters were sent, and although all of the women had previously received one-to-one aromatherapy the majority said they would be happy to come to a group discussion. Ultimately seven came to the group, three planned to but were unable to and seven could not attend, although two gave their views in letters (comments from which are included in this report). The group met from 10-11.45 am in the Sure Start offices (which are in the same building as the surgery where they had aromatherapy), a crèche and refreshments were provided. The evaluator was assisted by the Sure Start CPN and two PA tools, a graffiti wall and H form, were used. The discussion focused on the women's experience of the aromatherapy project; at no time did the evaluator refer to their current or previous medical condition.

The notes taken during the group were sent to participants for further comment, together with a proforma containing some additional questions. Five women responded and their comments are included in this report.

Meanwhile, the group discussion with Health Visitors took place at the beginning of a regular locality meeting and was supplemented by telephone interviews with two Health Visitors who had previously made referrals to the project but were no longer based in the locality.

3. Project Description

The project runs from a treatment room in the White Swan Surgery in central Killingworth, a crèche is provided and transport costs can be re-reimbursed. The room is made comfortable with appropriate lighting and music. Each woman receives six one-hour sessions of aromatherapy with a maximum of one session per woman per week. Initially three hours of the *Health Visitor's* time was bought out by Sure Start each week in term time to provide the service (thereby providing three sessions a week), but demand was so great that the PCT agreed to support the provision of three additional weekly sessions. This reduced the waiting time from 3 months to two weeks.

The project is seen very much as complimentary to the conventional treatments (listening visits by Health Visitors, support from CPNs, medication, counselling, etc.) many of the women already receive.

4. Users

By June 2003 the *Health Visitor* had worked with 15 women, eight of whom were from the Sure Start area and had another Sure Start mum waiting to start treatment. The majority of the women had completed the treatment, however one had attended four sessions but then had 'too much on at home', while another had been to five before she became pregnant again, at which time aromatherapy is not recommended.

The women came from a range of backgrounds and from all parts of the practice area. As the *Health Visitor* explained:

'The majority of cases relate to the birth of a child and previous life experiences e.g. depression.....; some have experienced domestic violence and tell horrendous stories and for them to come to the sessions is amazing'.

5. Referral

This section of the report outlines the criteria for referral to the project, how it was promoted and users thoughts on first being offered the treatment.

The criteria for referral to the project are:

- Referral by Health Visitors, CPN, GP and midwives (only in the North West Locality).
- Clients must be suffering from anxiety, depression or stress.
- Clients must have a child under the age of 18 months.
- Written referrals will be accepted using the standard form.
- Written feedback will be provided to the referrer.
- Clients will receive written information about the treatment.

The *Health Visitor* met with other Health Visitors to raise awareness of the project and asked them to make local GPs and CPNs aware of it, however she did meet with some initial scepticism from GPs asking 'Who needs it?'

She also developed a leaflet outlining the treatment and what it involves, which is used by Health Visitors thinking about referring a client. As one Health Visitor explained:

‘the leaflet is good, we give it to them and they have time to think about whether it is something they want to do - there’s no pressure - it is done slowly and sensitively - they are not pushed into it’.

Despite the leaflet the *Health Visitor* acknowledges that:

‘A lot of people are nervous when they come as they don’t know what to expect’.

This is reflected in the comments made by the women attending the PA group when they were asked ‘What were your thoughts on first being offered aromatherapy?’

- ‘Fantastic’.
 - ‘Good opportunity’.
 - ‘Excellent’.
 - ‘Surprised’.
 - ‘Surprised it was offered by my own Health Visitor’.
 - ‘Nice surprise, interested in aromatherapy’.
 - ‘Unusual thing to offer, but pleased’.
 - It was an ‘opportunity to have something/sessions that I would not normally be able to afford’.
 - ‘It was a luxury’.
 - ‘I thought it was a thing that only rich people do’
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- ‘It could have been offered in a different way, but not sure if it was the way I was feeling’
 - At first it was a ‘scary, new experience’
 - ‘Felt so down I did not feel I deserved it - why would somebody give me something so nice?’
 - ‘I almost feel apologetic for taking up the services’
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- I was ‘willing to try anything.’
 - Didn’t realise there was a connection between stress and massage ‘it really helped’.
 - Saw it as an ‘alternative to medication – stepping stone to getting better’.
 - It was a ‘good chance as it was an alternative to medication’.
 - It was a ‘nice potential alternative, a breathing space.’

6. The aromatherapy sessions

Here the content of the aromatherapy sessions is described, alongside the women’s observations on their experiences of them.

The first session

During the first session the *Health Visitor* finds out about the woman's background, how she was referred, some case questions are asked and the woman is asked to complete a self-evaluation questionnaire (this focuses on how they are feeling). The *Health Visitor* then moves on to ask questions which identify which oils and pressure points she will need to use; tongue and voice diagnosis, dousing and an analysis of the woman's energy levels may be employed. The woman completes a consent form and receives a taster of the aromatherapy she will receive in session 2.

The women made the following observations on their first sessions:

- 'I enjoyed, appreciated the chat at the beginning'.
- 'It helped to have medical chat in first session'.
- 'You are given massage using different oils depending on mood'.
- 'She used crystal to point to different oils'.
- The *Health Visitor* 'put me at ease immediately and we discussed in depth the problems I have with my youngest son, and the appropriate treatment that I would receive for the six sessions'.

The middle sessions

In session 2-5 the woman provides feedback on how she felt following the first session, what sort of a week she has had, how she is feeling now and whether any adjustments need to be made to the treatment. The oils are selected and the aromatherapy begins. Afterwards she completes an evaluation questionnaire.

As the women explained:

- 'The middle sessions followed the same format – did not do anything different.'
- 'At each session we would discuss any changes that had occurred since the previous session and *the Health Visitor* would change the treatment to suit my needs'.
- It helped with a caesarean section wound which had caused the woman to feel unwell for the previous nine months and which she said conventional medicine had been unable to help. However, after her third session of aromatherapy the infection came out of the wound during the night. The woman explained how she told the *Health Visitor* what had happened, she arranged with the woman's GP for her to be given antibiotics and how following two further aromatherapy sessions it had cleared completely. She declared herself 'quite amazed', explaining 'it really did help', 'other medication from doctor didn't help', 'its very positive' and 'I've had proof that it does work'.
- In two instances the women's periods had started half way through sessions and they believed the aromatherapy had 'seemed to kick start them'.

The *Health Visitor* pointed out that during this phase of the treatment 2-3 of her clients who were not already using anti-depressants decided to begin taking them - again stressing the complementary nature of the aromatherapy.

The sixth session

The final session consists of the treatment and the completion of a post stress questionnaire and self-evaluation form (for comparison with the form from session one). The women are also asked about their short and long term goals, because the *Health Visitor* admits 'I've just scratched the surface' and recognises 'they need continuing support', so she likes to give details on the discharge sheet of what might interest each woman next. She knows that some have gone on to learn more about aromatherapy, while others have requested counselling or other forms of support (often provided by Sure Start) linked to self-esteem and confidence building. Furthermore, she highlighted the benefits of the advocacy work undertaken on behalf of her clients by the Sure Start CPN which had encouraged GPs to either move away from the medical model, agree to change the client's medication or to consider referring them to Relate about domestic violence.

Although the treatment is usually completed within 6 weeks, it can be spread over a longer time period - the longest so far being ten weeks.

The women taking part in the PA group made a range of comments about the last session, highlighting the need for the treatment to be followed up:

- 'I felt lost at the last session'
- 'By the third session I felt fantastic and at the last I felt really down and not sure where to go next.'
- 'I would have liked some more'
- 'I felt panicky at the last session, bit of a void'
- There was 'no follow-up'
- You're 'not always in right frame of mind to follow-up'
- 'I asked if she does it privately to continue with sessions because they helped, but no'.
- 'I did not know that Sure Start had a CPN until the evaluation session and I do attend Sure Start courses and am registered under Sure Start. The only option from my GP after the aromatherapy was medication, which I was scared of taking (stigma, long term addiction, side effects). I backed out since I really didn't feel I had the GPs time to discuss options and am still suffering from PND months later. The evaluation session introduced me to the CPN and I hope I'll be able to find the best solution for me through her.'

While some would have liked more information on aromatherapy:

- 'It would have been nice to have been given a list of oils that had been used'.
- '*The Health Visitor* has a more in-depth knowledge of oils than you can get from books, so would have liked more information'.
- 'I would have liked to know what oils to mix with others'.
- To have an 'idea of what to do, how to do it'

One final issue related to the thank you gift that the *Health Visitor* had mentioned to some and which resulted in the following comments:

- ‘*The Health Visitor* said if she got funding she would be looking to give out a book on aromatherapy – but nothing- would be good to have a thank you letter’.
- ‘I know that mothers-to-be are given lavender oil – so could mothers on aromatherapy also get some?’
- ‘I was given a bottle of Botanicals’.
- ‘The sessions were really beneficial to me. I personally don’t think that us mams needed to be thanked by anyone for using this service, gifts are nice but the help that the massage gave me was worth more than any material item. The thanks should go to *the Health Visitor* and the people who were responsible for setting up this project.’

Additional issues

A variety of other issues relating to the sessions were also raised in the PA group, these have been grouped under the following headings:

The need to know more about practical issues before attending the first session

- ‘You’re not sure what to expect, you need a warning to bring a brush and mirror’ and ‘that you will be oily afterwards and smell of the oils – just in case you are going on somewhere’.
- ‘I did not appreciate how strong the oils would be’
- ‘Not sure how my baby would react to the smell of the oils, how it would affect breast-feeding’.
- ‘More conscious of the affect on child’
- ‘Child slept better on nights following the session – don’t know if it was the oils or me being more relaxed’ – ‘need more information on the effects on the child’.

The room

- ‘Room very cool- needed to be warmer’, ‘two towels not enough’.
- ‘Hear people making tea’ if you can hear other people, can people hear your conversation – need confidentiality’
- ‘Need a mirror to sort your hair out’

Crèche

- It was ‘wonderful that they provided a crèche and I didn’t have to worry about babysitters’.
- It was ‘good having a crèche facility’.
- It was ‘difficult putting my child in a crèche for the first time’.
- My ‘child was not used to crèche’.
- ‘Could hear child screaming in crèche – poor layout, unable to relax initially’.
- ‘Later the crèche room changed - it was upstairs so I couldn’t hear my child.’

The self-evaluation questionnaires

- 'We didn't get any feedback on the self-evaluation questionnaires'.
- 'The questionnaires were not easy to fill in – they need to be clearer – it was the way the questions were worded and coded – its easy to fill in wrong and easy to misinterpret, therefore any results from them will probably be invalid'.

Having an appropriate end to each session

- 'The end of the session is a bit harsh, you need more time to get up and get ready. You're not sure if supposed to get up, how long you have to get dressed? have you time to get a drink?'
- 'Had to snap out of it really quickly'
- 'Need 15 minutes to have a drink on your own and then pick up your child from the crèche'.

7. The benefits for the women

This section highlights the benefits of the aromatherapy for the women from the perspectives of the *Health Visitor*, other health professionals and the women receiving it. Due to the women's focus on the attributes of the Health Visitor the question of what other type of worker could provide the service was also explored.

The *Health Visitor* highlighted the following benefits:

'It's something that is just for them and not their child'

'They don't feel they have to perform - there isn't the stigma - it's a very humbling experience learning about their lives - women telling their story to another woman'.

'Having the time, crèche, someone listening, a source of support, a good resource person about other projects'.

'A focus and moving on – it's the start of a way forward. Say no magic wand I'll do what I can.

'Health Visitors are not hands on - but why is baby massage so popular? Nursing is very mechanical and society is not very 'touchy feely'.... but this project offers contact - both physical and emotional- I don't know if there is a comparable service in the country?'

When asked to give examples of the project's achievements, the *Health Visitor* highlighted the case of the woman with the caesarean wound infection and of a second woman, who:

'had had a still birth in the past and was in a poor relationship and on anti-depressants - she cried for the first three sessions and said the

Health Visitor was the first person she had been able to talk to, she had never cried'. The *Health Visitor* referred her to a CPN.

Meanwhile the Sure Start CPN identified the following benefits for the women who had received the aromatherapy:

- increased self-esteem and confidence
- mood improvement
- improved sleep patterns and attitudes

While local Health Visitors who had referred women for aromatherapy treatment said:

- 'I think aromatherapy helps but does not cure'
- 'Very positive, as I have some clients with a long history of depression and low self-esteem and they are very positive about it'.
- 'I have personal experience of aromatherapy and know it is beneficial and worth while to offer it'.
- 'It takes pressure off Health Visitors, giving mums time to talk with crèche provided is very good.

They added:

- 'The feed back from the mums is its wonderful and can everyone have it.'
- 'There has not been any negative feedback they have all found it a very positive experience on a number of levels: they all like *the Health Visitor* and they found the 'protected' time with someone else looking after their child very therapeutic.
- 'The women definitely experience a lift in mood... It is a positive experience and helped their motivation to get out and it has been helpful'.
- 'The mums all felt very positive - it was time for them and relaxation. Plus the provision is more a nurturing thing'.
- 'All have felt some benefit - some then arranged private sessions - all enjoyed it, plus it was asking about their health not the baby - it was in a nice room, with nice music and good quality oils - they appreciated an hour away from their baby'.

However, the Health Visitors and CPN recognised that as the aromatherapy had been used as a complementary therapy it was difficult to know exactly what medical difference it had made:

'But the aromatherapy has always been in combination with medication so don't know what is making the difference *the Health Visitor* or prozac'.

'They were also on medication and getting individual support so difficult to know what has caused what'.

'The mood of some definitely improved, but was it a placebo effect?'

When asked 'what was good about the provision?' the women attending the PA group highlighted its emotional benefits and the skills of the *Health Visitor*.

Emotionally:

- 'It gave me a boost'
- 'It was a good start to the week on a Monday', set me up for the rest of the week, if Monday was good the rest of the week might be OK.'
- 'Felt better and able to cope'
- 'Openness and trusting'
- It was 'a release'
- 'Gave you self-worth that some one could take time out to do that for you.'
- 'Fantastic'
- 'Felt important'
- 'Sure Start was my life line' they were people who were there for me.
- 'It helped a lot'
- 'Its a treat'
- 'At such a difficult time for my family and me I found that during treatment I was more relaxed, which made me feel more open to suggestion of other coping mechanisms given by *the Health Visitor*'.
- 'It was a good opportunity to talk to some one each week.'
- 'I found it very up-lifting, relaxing and stress relieving all in one go.'

The skills/attributes of the provider:

- *The Health Visitor* is 'professional', 'caring' and 'safe'
- She 'could talk and offer insight and help'
- 'She is open and enthusiastic about her job'
- 'She does know what she is doing.'
- 'She took a lot of time thinking about it before hand - made you feel really special and important.'
- She was 'somebody to talk to'
- 'A big amount of effort was put into it.'
- 'She always seemed concerned about me.'

This focus on the attributes of the *Health Visitor* providing the aromatherapy resulted in the following question being asked ' Could any other type of worker provide the service?' and the women responded:

- 'A health visitor is on your own wavelength'.
- 'If you have PND you need someone who is aware of it. *The Health Visitor* spent time talking to me.'
- 'Due to her medical background I did not mind showing my body'.
- 'If done by a non-Health Visitor then it would not have been the same. You need some one with a medical background - it might be good for a CPN to do it.'
- 'A CPN could do it or a GP - you need to be able to talk about your feelings, .. I would not be comfortable if it was a man'

- ‘Trained counsellors could do it but would need to be up on PND as it is a medical condition’.

When the women who responded to the proforma following the PA group were asked ‘what effect do you feel the aromatherapy provision has had on you, your child and your family?’ they provided these observations:

- ‘I felt much calmer and better able to cope after the sessions. This meant I was more relaxed with the children and didn’t argue so much with my husband’.
- ‘The sessions helped me to get back some of the ‘calm’ I had had before PND’.
- ‘Tension seemed to be much less between me and my older child’.
- ‘On the whole due to me feeling a lot calmer this helped our family to be a much nicer unit. Not so many rows and tears’.
- ‘I felt relaxed and positive about myself during the aromatherapy classes, although feel a bit lost now all come to an end and left to ‘get on with it’.
- ‘My husband was pleased I was getting a ‘treat’.

They were also asked to score the project out of ten, four of the respondents chose to give scores of 10, 9, 8 and 7, with the one who gave the 7 adding ‘but with some amendments, as in the group discussion notes, it could easily be a 10/10 service’.

8. Potential areas for improvement

In response to the question ‘what was not so good about the provision?’ the women taking part in the PA group suggested that the following improvements be made:

Prior to aromatherapy:

The need for more information/re-assurance was highlighted. As one woman explained:

‘Some people choose not to do it because they feel uncomfortable about taking their clothes off. It may be better to give them the option of something else like a neck massage, at least at first until they become more comfortable with it.’

The need for support from GPs, because it was not uncommon for the women’s GP to respond negatively to the idea of aromatherapy:

‘I got a negative response from my GP to the idea of having aromatherapy.’

‘My doctor just laughed’

‘I felt my GP was patronising.’

'I have very little respect for the GPs when it comes to mental health issues'.

However one woman did say that her female GP had been more supportive.

Information and support following completion of the sessions

One woman felt there had been 'no closure' at the end of the sessions, others wanted more information about aromatherapy and classes they could join, however the main request was for a clear link between the therapy and on-going support. This ranged from:

'You need some one to talk to'

'Excellent sessions although you could have half an hours session just to talk things through for a few weeks after - instead of a sudden end.'

'You need more Sure Start information and help from professionals'

'Your Health Visitor should follow-up after the last session'

'It needs to fit into conventional treatment, you need to be able to talk to someone like a CPN, it needs to be part of a proper framework.'

'You should be referred to a counsellor or CPN, etc and the end of the sessions - have a proper plan of after care.'

'It should have been combined with conventional approaches, may have been better if seen a CPN first'

Some within the Sure Start area had felt able to find support from programme workers:

'I was able to fall back on Sure Start'

'Sure Start kept me together'

Indeed the *Health Visitor* agreed:

'The support networks and choice of provision is much better due to Sure Start'.

But those from outside the area found it more difficult to find the support they needed:

'I live outside the area ..., so I rang the mainstreaming team and left an answer phone message but no one got back to me'.

'Not living in the Sure Start area I'm not sure what I can access'.

This need for further support was highlighted following the group discussion, as the Sure Start CPN who had assisted the evaluator had come away from the group with two self-referrals from participants.

Suggestions for improvement to the provision

In addition to the above the women's other suggestions included:

the provision of more sessions to women with PND:

'I would recommend the service to those who feel they have 'hit a brick wall' and the only improvement I could suggest is that *the Health Visitor* is given more time to carry out her aromatherapy sessions with more patients'

'If possible a longer run of sessions - 6 weeks went very quickly'

'Could you have more sessions if still not well and if you felt the first lot helped? I don't think I would need anymore but I'm sure some of the mums would'

Indeed one woman said

'I think every new mother should have at least three sessions regardless if they are suffering from post natal depression or not.'

9. Emerging issues

This study has drawn attention to the following observations and questions:

- The benefits of the aromatherapy, in relation to self-esteem, its nurturing approach, its focus on the mother – rather than on the child- and how it is valued by the women as a potential alternative to medication.
- To what extent can any improvements be attributed to aromatherapy?
- The high demand for the provision
- The support needs of the *Health Visitor*.
- The resource constraints facing the Primary Care Team to which the *Health Visitor* belongs.
- Uncertainty about the future of the project.
- Ideas for practical improvements to the project.

These are considered below.

The benefits of the aromatherapy

Self-esteem: The boost the aromatherapy gave to the women's self-esteem was clear, for as two explained, when they had first been offered aromatherapy:

'I felt so down I did not feel I deserved it - why should someone give me something so nice'.

'I almost felt apologetic for taking up the service'.

Yet they came to view it as being given:

'an opportunity to have something, sessions, that I would not normally be able to afford'.

'a luxury - I though it was something only rich people do'

A nurturing approach: As the Health Visitors observed:

'It's not just the aromatherapy, its having the one-to-one time with *the Health Visitor* that makes a difference and being touched'

'The provision is more of a nurturing thing.'

Focus: Again the Health Visitors acknowledge the benefits of:

'Protected time away from their child, providing a time for relaxation - time out.'

'The mums felt very positive - it was time for them and relaxation'.

Its value as a potential alternative to medication: As the women highlighted:

'It's an alternative to medication - a stepping stone to getting better'; 'a good chance'; 'a breathing space'.

This was acknowledged by the *Health Visitor* who acknowledged:

'A lot of people aren't keen to have anti-depressants.... people see anti-depressants as a stigma.'

While another Health Visitor stated:

'Mums appreciate it more than medication, but I don't know if that makes it more effective, but that they appreciate it makes it important.'

All of the above makes value for money difficult to determine, but as the CPN commented:

'it uses a lot of resources in terms of staff time, etc. but if the women had deteriorated it would have cost a lot more'.

To what extent can improvements be attributed to aromatherapy?

While the feedback from the women cited in section 7 shows their conviction that the aromatherapy 'really did help'; others highlighted the need to combine

it with 'conventional approaches'. Indeed, as the following comments from the Health Visitors and CPN illustrate, this study raised questions about the extent to which any improvements in the women's well-being could be attributed to aromatherapy which was being provided as a complementary therapy along side conventional treatments:

'For example the lady who talked about her c/section - its been a big improvement, but as CPN I have also worked with her - but whether it was the massage or the massage together with the CPN the benefits are huge'.

The CPN also explained how she had seen two women for a number of sessions who had also received aromatherapy:

'however both were on anti-depressant drugs at the time so it is hard to know what to attribute to the aromatherapy - that is why we say it is in addition to other approaches.'

While Health Visitors observed:

'Don't know what had the biggest effect, but they all reported enjoying it and feeling better and I think it was sustained - a definite improvement'.

'Its difficult to know what makes the difference, our listening visits, seeing the GP, etc. as there hasn't been a patient preference trial, so don't know if it is the aromatherapy. But have seen a difference and improvement in my clients in terms of their motivation, mood lifting, being less tearful'

When asked had it been sustained? The she felt it had in three cases, but possibly not in two.

'The mood of some definitely improved, but was it a placebo effect. It was part of a package of care, but it was very positive as there was no one who didn't enjoy it'.

High demand for the provision

The service is very much welcomed by the women who have used it and the Health Visitors who have referred them. There also appears to be a great deal of demand for the service, therefore:

- provision was limited to one practice area and to women with children aged under 18 months
- only 6 sessions were offered to each woman, and
- although information was sent to the whole Primary Care Team, the service was only actively promoted to Health Visitors.

For as the CPN, the *Health Visitor* and another Health Visitor colleague acknowledge:

'We would have been swamped if we had opened it up to the whole area'

'We said if you have a child under 18 months or we would have been inundated. We started by offering 3 hours a week, but had to increase to 6 as we were inundated.'

'I try to see the women ASAP- the max wait is now two weeks, but I did have a waiting list of 3 months, but doubled the hours.'

'*The Health Visitor* is already at capacity and there is a waiting list - it is an issue of supply and demand. She is already doing it in addition to her current workload.'

Supporting the provider

As the above comment and those presented below highlight, more thought needs to be given to how *the Health Visitor* can be supported:

'She is the only person providing the service - so there are problems if she is off sick.'

'It would be lovely if some one else is trained and could give the *Health Visitor* back up. Its a lot of responsibility and she has come in when she's not well so as not to disappoint them.'

Although *the Health Visitor* herself explained:

'Massage is a benefit to me as I find doing it relaxing - a nice balance to my main work',

the CPN highlighted that:

'The therapist at St Georges did quite a few hours and found it very fatiguing, so if we want to expand the service we need to involve more people.'

Finally, when asked about how she copes with some of the highly emotive issues the women present with the *Health Visitor* explained that although she 'can chat with colleagues', she might not get additional support 'when she needs it, but do eventually' and realises she needs to raise the issue at appraisal.

How can demand be met within current resource constraints?

The *Health Visitor* providing the aromatherapy has a rare combination of skills and experience. Therefore if the decision is made to a. continue to provide the service and b. to expand it, it will take time to train the appropriate staff.

In the meantime there is a lack of primary care workers who are trained in aromatherapy, a shortage of Health Visitors in the locality, caseload management issues and, as illustrated above, a need to support the *Health Visitor*.

There is one other Health Visitor working in another part of the Sure Start area who is also a trained aromatherapist and plans to start provision soon, plus an Auxiliary Nurse who has almost completed her aromatherapy training, but is likely to focus on a different client group.

There is a shortage of Health Visitors in the locality, and as one Health Visitor put it:

'the Health Visitor (providing the aromatherapy) has a long list... there is one caseload without a Health Visitor and that must be a threat to the service'

While others added:

'The problem is there aren't many Health Visitors and we are covering a lot of extras'.

'We've been four permanent staff down and still covered'.

The first going on to explain that:

'our current way of working restricts the way we can support colleagues, so we are trying to develop a more corporate caseload which we can share and work on as a team not individually - that will help. It will hopefully be in place by December or January, so it will be easier to release the Health Visitor and offer support'

Uncertainty about the future of the service

As the provision of the aromatherapy has been a pilot project and has been implemented within the context of staff shortages, the *Health Visitor* was uncertain about its future:

'Initially I thought it was funded from September 2002 to July 2003, but don't know.. - no one has said stop yet.... I'm not sure about the length of funding, but think it could be mainstreamed if the evaluation is positive - I know the Director of Nursing is positive.'

'I have no users rolling on into September, but if receive referrals for September I'll have to clarify how I use my time. ... I'd be happy to deliver a business plan and ask the Director of Nursing if she could take it forward'.

Continuation of the provision would be supported by both previous users and referring Health Visitors, as one said:

'I feel it's really, really worth while... it would be good if it could be developed further.'

Suggested practical improvements

Was the project to continue it was suggested that the following improvements could be made:

Information resources: As the women identified more practical information would be welcomed prior to the start of the aromatherapy sessions. Plus as one Health Visitor suggested:

'It would be nice if there was a budget for nice posters and leaflets - not photocopied which *the Health Visitor* has to do herself.'

While one of the women highlighted the need for more information for the husbands of women with PND:

'My husband was pleased I was getting a 'treat'. I think he thought that it would solve the problem though. Husbands tend not to know/understand what PND is and how it manifests itself, partly because women hide their feeling and also they are not included in the treatment. Leaflets for men with partners suffering from PND may be useful.'

Finally, a more supportive attitude from GPs towards aromatherapy would be welcomed.

The aromatherapy room: In addition to the suggestions made by the women that the room should be warmer, more sound proof and that they should be given more time to relax following a session, colleagues noted that the *Health Visitor's* own room is not big enough for the aromatherapy. She therefore uses another which is also used by a counsellor and physiotherapist, but this involves transferring and setting up her equipment prior to each session. So one of the other Health Visitors suggested:

'It would be good if she had a room for herself, as it takes a lot of time to set up and pack away'.

Crèche support: Again, further to the comments made in section 6 about the crèche provision, both the *Health Visitor* and her colleagues highlighted issues linked to the reliability of the crèche provision:

'getting crèche workers, *the Health Visitor* has been let down and had to draft in nursery nurses' or in one instance another colleague to help'.

'Crèche has been a problem, you spend time wondering if they will come.'

Meeting the need for on-going support: Although the aromatherapy is provided in conjunction with other support and treatment that link needs to be strengthened and made more apparent to the women receiving the therapy. As section 6 shows some of the women reported feeling 'lost' and 'panicky' when their six sessions were complete and would like to have had more.

However, while acknowledging that six appointments is 'a valid end point' having heard the comments made by the women, the Health Visitors and CPN recognise the need for a planned discharge:

'There needs to be more sign-posting and a definite plan, e.g. your Health Visitor will see you in a week and offer you other things.'

'The provision should be combined in a package with parent craft, baby massage and coping with anxiety'.

'I am aware when *the Health Visitor* is treating women and when the sessions end, but nothing happens at the end, although it would be good practice to offer them a home visit for the following week - I'll look into that.'

10. Conclusions

Both the women receiving the aromatherapy and the Health Visitors who know them acknowledge the benefits the women have derived from their treatment, however questions will continue to be raised about the extent to which such changes can be attributed to the aromatherapy. One way to assess this may be to run a patient preference trial.

Demand for the aromatherapy appears high and both groups are keen that the provision continue and if possible be extended, although as the Health Visitors identify a number of issues relating to training and capacity exist. Furthermore there needs to be greater clarity between Sure Start and the PCT about the future of this project, where it is provided, by whom and what roles the programme and the trust will take.

In the meantime a number of small, practical changes should be implemented, for example providing more practical information for mothers prior to the first session, making changes to the self-evaluation questionnaire used by the Health Visitor, and ensuring a consistent approach to follow-up once the sessions are completed.