

Research Report re Formal Mental Health Service

Input into the SureStart Alumwell/Pleck

Programme

Sandra Harrison, June 2004

This report is based on research commissioned by the SureStart Alumwell/Pleck programme in March 2004. It was undertaken in the period late March to May 2004. The aim of the research project, as identified by SureStart, was as follows:

- Would SureStart Alumwell/Pleck and the community it serves be best served by formal involvement of mental health professionals? And if so how?
- Evaluate the possibility of professional mental health input being primarily on a supervisory/training/consultancy basis. Enhancing the skills of workers and aiding examination of practice through group supervision.
- Assess the potential for direct work with families in raising mental health awareness and working in group settings to address areas of mental well-being for families and children, e.g. attachment, positive parenting, children's mental health needs.

In pursuing the research aims, face to face interviews were conducted with SureStart employees, local parents and other professionals working in the area. Interviews were semi-structured. Individual experiences of the development of SureStart Alumwell/Pleck and impressions of the local area and its needs were sought to give background and context to the research. Interviews encompassed the following:

SureStart Employees

- (a) What mental health issues workers are currently encountering in their work.
- (b) How resourced workers feel to address these issues with regard to their own experience, knowledge base and existing skills.
- (c) Workers' experience of local mental health provision in terms of accessibility, quality and gaps in provision.
- (d) How far existing and previous arrangements for supervision, consultation and training in respect of mental health issues meet staff needs.
- (e) What additional arrangements for supervision, consultation and training they might value.
- (f) Workers' ideas for developing SureStart services to further address mental health needs in the area.

Local Parents

- (a) What mental health difficulties they have experienced or are experiencing, how those are impacting on their lives, including their relationships with their children.
- (b) What mental health difficulties their children may be experiencing, how they understand these, how they might be affecting the parent-child relationship and where and how they and their children are supported in addressing these difficulties.

- (c) What mental health resources do they know of in the area. If they have accessed these resources, what are their perceptions of them in respect of accessibility and quality.
- (d) With regard to their mental well-being, what support services would they like there to be available in the community.

Other Professionals Involved in Supporting Local Families

To identify a number of different professionals (four to six) working with children and families in the area.

- (a) Their experience of mental health issues in the Alumwell/Pleck community including trends and areas of unmet need.
- (b) The mental health services available to residents, particularly to children and families.

Eleven SureStart employees were interviewed. This included all the team members working directly with families. Two members (midwife and speech therapist) worked part-time with Alumwell/Pleck SureStart by way of service level agreements with the midwifery and speech and language services. Five local parents, all SureStart service users were interviewed. Six further professionals based or working in the area were also interviewed.

Interview Findings

SureStart Employees

Whilst the project manager had been in post since September 2002, the majority of staff interviewed had been in post less than a year, and some for a matter of weeks. Perception of and identification of mental health issues in the community varied according to role and professional background. Some staff were familiar with a mental health perspective, others were less used to thinking in these terms. All were open to thinking about mental health issues. There was a high level of co-operation with the research project.

A range of situations giving rise to mental health problems was identified. Actual case examples where staff were working with mental health issues included domestic violence, single parenthood, large families, teenage pregnancy, previous problem pregnancies and cot death, asylum seekers and some ethnic minority women living as part of their husbands' extended families but isolated from outside contact. Drugs and prostitution were cited by some interviewees as issues in the local community, but did not feature in actual case examples.

Domestic violence featured prominently. (Staff awareness of this issue seemed to have been raised by recent training). The health visitor on the team felt there was a high incidence of post-natal depression. Depression in young mothers where there were several children was noted. Examples of raised anxiety and depression in pregnancy following

previous problems in pregnancy or cot death were cited. The midwife, via the ante-natal clinics, was also identifying women with problems pre-dating pregnancy. These included abuse, eating problems, drugs and domestic violence.

Workers' perceptions of service users' willingness to disclose mental health difficulties varied. Some team members felt women were comfortable in acknowledging depression, in being 'down'. Others felt there was reluctance based on anxiety about losing their children. Serious depression was seen as more likely to be hidden or denied. There were no reported cases of psychotic illnesses.

Much of the current SureStart work in Alumwell/Pleck seems to be with women. Apart from a new father who in a previous relationship had lost a child through cot death, there was little material in respect of men's mental health. With regard to children's mental health and mental well-being, a number of issues emerged. A significant one was in respect of development through play. It was felt that in many families, the role of learning through play was unrecognised; also that some parents had difficulties, based on their own experience in knowing how to play. Much of the speech therapist's work seemed to be in addressing language delay related to limited parent-child interaction. The health visitor was concerned about attachment relationships arising from inter-generational patterns of parenting and the consequent issues for infant development and infant mental health. Other workers gave examples of children with behaviour problems and of children who appear to have been traumatised by witnessing domestic violence.

In terms of how resourced staff felt to address mental health issues, the majority felt under-resourced in terms of their current knowledge base and experience. Others felt unresourced in respect of services. In particular, there seemed to be little provision based within the Alumwell/Pleck area that was designed to serve the local community. Whilst the midwife appeared to have networks as part of her wider role, other staff were not sure what was available. One member noted that there was no directory of services or clear mechanisms for sharing knowledge of resources. Lack of information about mental health resources might in part reflect the short time some staff had been in post.

Access to talking therapies appeared to be very limited. One worker described difficulties in accessing therapy for a mother and her child dealing with the psychological effects of domestic violence. Some workers commented on the insularity of local people and a reluctance to travel outside the area to access services.

A picture emerged of limited resources, both in the Alumwell/Pleck area and in the wider community. There appeared to be a general lack of information about mental health services and a lack of contacts. There appeared to have been no accessing of services through Walsall Camhs Social Services were perceived as offering little in the area. Examples of miscommunication and of families being alienated by a heavy handed approach seemed to have left staff wary.

With regard to existing arrangements for supervision and consultation, a number of concerns were identified. In particular, a desire for more opportunities to talk in depth about individual families was identified. The recent innovation of team discussion of

cases was welcomed but, at this stage, not fully established. Some team members said they would like more supervision and for line managers to be more available. Communication across professional disciplines was problematic in some instances. At present, there appear to be no existing formal arrangements for consultation outside the SureStart team.

Access to training generally so far appeared to have been good. Recent training on domestic violence had been appreciated.

All team members were positive about the possibility of further training in respect of mental health issues. Assessment of mental health needs, attachment theory, mental health issues in children and working with parents of children exhibiting emotional and behavioural difficulties were identified as possible topics. Whole team training was regarded as valuable as team building and as a way of addressing some communication issues within the team. Developing a shared perspective and understanding was seen as potentially unifying.

Similarly, staff were very positive about further opportunities for supervision and consultation. A desire for a reflective space was identified within which a fuller assessment of individual cases, a formulation of difficulties and a plan of intervention could be arrived at. A staff member, who had received supervision via Camhs in a previous local authority, welcomed the idea of such an arrangement with Walsall Camhs. The value of a link person in the wider authority re mental health issues was also identified.

Some members of staff drew attention to the need for careful timetabling of any training and supervision.

In considering the development of SureStart services, to more fully address mental health, the following were identified:

- More in-depth, focused work
- More concerted, co-ordinated interventions
- Development of registration as an assessment tool
- More strategic thinking
- Accessing mothers through ante-natal services
- Development of the role of parents in decision-making.

Local Parents

Five mothers were interviewed. One father who agreed to interview was subsequently unavailable. Of the five interviewees, three were non-white including one asylum seeker. One mother was a single parent.

All the women interviewed were positive about SureStart and the support and services accessed. This had included help and support from individual team members in different capacities, attendance at a range of groups, courses and special events and careers help and

guidance. In all cases SureStart had made a contribution to their mental well-being. In four cases, this contribution was very significant.

With regard to mental health difficulties, the sample included experiences of being a first-time mother at home, history of cot death, unplanned pregnancy, serious difficulties in pregnancy, post-natal depression, history of physical abuse and a young mother with limited support.

Their accounts included the following comments:

“It lifts my spirits”, “greater confidence”, “sense of achievement”, “enriched her life”, “very quiet before”, “empowered”, “able to share difficult things from the past”.

In all cases, SureStart had significantly reduced isolation.

Four mothers had made friends through SureStart activities. They had also introduced other friends and relatives to SureStart. It had enabled them to become much more informed about other local activities for mothers and children and, as a result, they had much better networks. Several had valued the training courses and were looking to develop their skills further in the future, both within SureStart and through further training and employment. One mother and her partner had received enormous emotional and practical support with seriously debilitating levels of anxiety.

With regard to issues with children, a number of examples were given. One mother had problems getting her children to sleep in their own room. With the guidance of the health visitor, she had successfully been able to implement a programme. She had gained great confidence in her mothering from this. The mother who was an asylum seeker, spoke of how much it meant for her to see her child play with other children.

A mother of three had felt enabled to breast feed her youngest child. She linked this to a more secure attachment with this child and to his better development compared with his older siblings. Having attended a behaviour management course, she had significantly changed her parenting style. She was shouting less and finding her children more co-operative.

Little was forthcoming about mental health resources in the area. Nursery and infant schools were significant for those parents with school-age children. In some cases the church had offered support. The lack of awareness and information in Asian communities about post-natal depression was highlighted. One interviewee’s sister had attempted suicide whilst post-natally depressed. The husband had been taken to see the GP in order to learn about his wife’s condition. Difficulties in acknowledging depression or domestic violence in the Asian communities were also mentioned. Two mothers described friends who had been anxious about joining SureStart. They linked this to low self-confidence following childbirth.

Other Professionals

Six professionals were interviewed. These included a local health visitor, a community psychiatric nurse, two Camhs workers (a community based worker and a manager), a worker with an Asian Outreach Project and an academic from a local university researching maternal mental health.

The interviews with professionals provided an interesting range of perspectives. All were working to a wider catchment area than Alumwell/Pleck. Along with other parts of Walsall, Alumwell/Pleck is seen as an area of significant socio-economic deprivation. Seven Walsall wards are in the poorest 10% in England.¹ Two wards in the north of the borough are in the poorest 5%. The incidence of lone parents, low educational attainment and poor socio-economic circumstances is significantly higher than the national average. These constitute risk factors which are associated with a higher incidence of mental health problems.²

The Camhs manager noted the high incidence of self-harm in its client group (0-17 year olds); also, the high numbers of looked-after children (480) in the borough. With regard to the Alumwell/Pleck community, the community health visitor noted the high incidence of drug taking and prostitution. A few babies had been born suffering withdrawal symptoms. She felt there was a high number of single parents, often with few family networks and a lack of structure to their lives. Domestic violence was seen as a significant problem. There were also a lot of child protection issues. Eczema and asthma presented big problems.

Problems with speech delay, feeding patterns and development through play were evident in some Asian families and were linked to generational influences, although this was seen to be changing.

With regard to depression, the health visitor saw a lot of depression in men, related to poor life chances and limited opportunities. With regard to post-natal depression, she thought a lot of women dealt with this by smoking and alcohol. A wide spectrum of anxiety was also evident. The health visitor felt that, in some cases, anxiety and depression affected the way the mother treated her children. Her perception was that people were open about their mental health problems; “they don’t have a front”.

The CPN felt there was a slightly higher incidence of post-natal depression in the south of the borough than in the north. She felt CPNs only saw cases of post-natal depression that health visitors could not cope with. Unlike the health visitor, she believed women were reluctant to disclose mental health problems for fear of losing their children. She thought some mothers did not see how their depression affected their baby. Others were anxious about the impact of their depression. Midwives, identifying mental health problems in ante-natal clinics, were a source of referrals to CPNs.

The use of the Edinburgh scale for assessing post-natal depression seemed to be uneven. There appeared to be a shortfall in training in the use of the scale, but also mixed feelings about its value. Professor Sallah, from Wolverhampton University, is undertaking

research into maternal mental health. He believes health visitors have questions about the accuracy of the scale and its usefulness. Professor Sallah believes women are aware of the purpose of the assessment and either avoid completing it or are able to change their responses to affect the rating. Professor Sallah noted the rising incidence nationally of suicide in new mothers. In the majority of cases, the mother also kills the child. The increase in domestic violence also has implications for the safety of unborn and new babies. Whilst Professor Sallah's research found women were wary of being labelled by post-natal assessment tools, he also thinks that mothers have become more aware of what they can cope with and are speaking more openly about their difficulties.

The Asian outreach project aims to provide advice, guidance and training for women wanting to get into work. The worker noted the number of referrals they received involving domestic violence. Low self-esteem, depression and isolation were all associated problems. Instances of forced marriage were known. She believes many Asian women are reluctant to seek advice. Some have very limited access to the outside world and lack resources to live independently. She commented on the stigma and shame about mental health problems within some parts of the Asian community. The Camhs community worker also noted how ethnic minority groups stay out of mental health services. Mental health needs of asylum seekers did not feature in the interviews as a demand on professional services.

With regard to resources for mental health needs, the overall level of provision seemed to be poor. As well as a lack of resources, there seems to have been a general lack of strategy in the development of services. As a consequence, services seemed to have grown on an ad hoc basis, leading to rather piecemeal provision. Different practitioners were able to identify a range of voluntary and statutory services in the borough. However, it is questionable how adequate they are for the level of need, and certainly how accessible they are to the Alumwell/Pleck community, whether in terms of information, locality or referral routes.

The Camhs community worker identified the lack of clear cut referral pathways. The Camhs manager noted that Tier One practitioners have traditionally found it hard to access Tier Two services. Camhs views Tier One services as those which are not specifically set up for the prime purpose of mental health, but who directly or indirectly influence the mental health of children and young people through their work. Tier One includes GPs, social workers, voluntary sector workers, school staff, school nurses, health visitors, etc. SureStart would be regarded as a Tier One service. Tier Two services for Camhs would include individual specialist mental health professionals. They are often members of multi-disciplinary child and mental health teams. There was no evidence of links between Camhs and any of the practitioners interviewed. Whilst Camhs nationally has been under-resourced, Walsall Camhs has been the worst resourced in the country. Staffing levels amongst health visitors and midwives seemed poor and individual practitioners, whether in their SureStart or community capacity, seemed very busy.

With regard to providing services to ethnic minority communities, the lack of language skills amongst frontline workers seemed problematic. The diversity of the ethnic minority population makes it difficult to access treatment groups for anxiety and depression. There

were also difficulties in accessing interpreters for assessments. Take-up of services was not always good. The Asian outreach worker felt there was a higher population of traditional communities in Walsall. Resistance to education, reliance on transport and language problems all presented problems in the take-up of services. One practitioner felt that generally there was a lack of motivation to work at addressing problems, clients wanted a 'magic wand'. Another felt a lack of skills and confidence, combined with a lack of geographical cohesion and a suspicion of intruders contributed to a reduced autonomy. The paucity of non-religious venues for community activities was deemed problematic. Within the Alumwell/Pleck area, there is only one GP surgery and consequently a lack of choice.

Professionals also noted gains in the area. The health visitor felt SureStart was giving hope and lifting spirits; also that there were some signs of increased prosperity and improved housing. There are other examples of increased government funding and initiatives. Walsall Camhs is undergoing a major restructuring and the input of additional resources. The proposed appointment of Camhs mental health workers with a community based remit might serve to give an overview of mental health needs and promote the development and integration of services.

Discussion re Aims of Research

Promoting mental health and mental well-being for children and families is inherently a multi-level and multi-faceted agenda, involving psychological, social and economic initiatives. It encompasses the development of secure mother-infant attachments, the internalisation of psychological structures as well as ongoing opportunities for development and access to safe, meaningful relationships and life-chances. The SureStart remit of promoting physical, intellectual and social development of pre-school children through better access to family support, advice on nurturing, health services and early learning is essentially a mental health initiative. In order to better meet its targets, a further recognition of the range of mental health problems and difficulties experienced by children and parents would add depth to its work. Such knowledge and awareness could promote, more in-depth assessment, the possibility of focused interventions where emotional or behavioural difficulties present, and a more informed referral on as and when appropriate.

The contribution of SureStart to mental well-being was clearly evident in the interview with parents. A recurring phrase was 'lifting of spirits'. Reducing isolation, meaningful sharing and participation, improved parenting, increased self-confidence and self-esteem, a greater sense of agency were all evidenced. In one instance, disabling levels of anxiety were being worked with on an ongoing basis.

The staff group described a range of mental health issues for their client group. Perceptions and reference points varied according to role, professional background and previous experience. All desired the opportunity to work in more depth with individual families. It is important to remember that a significant contribution to maintaining workers' mental health is through the knowledge that they have done a good job, i.e. that

what could be done was done. Without this, staff in helping professions are vulnerable to guilt, anxiety and depression.³

All SureStart staff were positive about the possibility of training in mental health issues. Opportunities for ongoing supervision were also welcomed. Whole team training could help develop a shared knowledge base and framework for thinking about mental health issues. This could help underpin an holistic approach within the team and reduce the possibility of a child or parent only focus. Whole team training could also be valuable team building and promote integration, particularly for staff with joint SureStart – wider community posts. These staff provide valuable links with mainstream services. Split roles and competing pressures can leave them on the peripherals of teams.

Opportunities for ongoing supervision and consultancy were also welcomed. Staff were clearly looking for an arena within which they could think more deeply about individual families and find ways of addressing underlying problems. There may, however, be very real logistical problems in providing whole team supervision. Careful consideration would need to be given to maintaining inclusivity and participation, especially in the early stages of forming a supervision group. Smaller supervision groups might have advantages in terms of scheduling and participation. Consideration would then need to be given to whole team dynamics. More groups clearly also has financial implications.

The research proposal identifies Walsall Child and Adolescent Mental Health Service (Camhs) as a potential provider of supervision/training/consultancy re mental health. There are a number of advantages to this proposal. It would be consistent with the objectives of the current restructuring of Walsall Camhs. The proposal is to bring community Camhs, Ablewell (provider of clinical services) and the psychological services into a single service. The new service plans to apportion its time into one third clinical work, one third consultancy and one third training. A key part of the Camhs' strategy is to enable staff working at Tier One to recognise their contribution to the mental health of children; to prevent mental health problems through early intervention and through providing support from primary mental health workers and to enable Tier One workers to identify mental health problems that require Tiers Two/Three support. ⁴ This strategy would be consistent with the development of SureStart's awareness of itself as a Tier One provider re mental health promotion and prevention. The Camhs' manager is confident that she has the staffing resources and expertise to provide training and consultancy in a range of mental health issues. It seems that there may also be the possibility of a training needs assessment. In view of the fact that the Camhs' restructuring is still in progress and of the history of under-resourcing in Walsall Camhs, careful consideration would need to be given to the feasibility of delivering a service in a suitable time frame.

An arrangement with Walsall Camhs could provide access to relevant knowledge and expertise and promote links with a key mental health provider. This may help address issues of information re resources and, over time, promote and integration.

With regard to direct work with families in order to raise mental health awareness and the possibility of using group settings to address areas of mental well-being, there would seem to be scope for such initiatives. Four of the five parents interviewed had benefited from

group participation. One had clearly benefited from being able to explore aspects of her self, her past and her parenting in a group context. Others had gained understanding and skills from training courses. How far parents feel able to be open about different mental health issues is unclear. Depression seems to be more openly acknowledged, although serious depression may be denied. Awareness of and understanding of post-natal depression in Asian communities seem to be problematic. Domestic violence is typically significantly under-reported, as is sexual abuse.

Clearly any group work intervention, particularly those encouraging disclosure of difficulties, needs careful planning and preparation. Resourcing staff with appropriate supervision is essential.

Conclusion

SureStart staff, parents and relevant professionals were interviewed re mental health issues in the Alumwell/Pleck area. Consideration was given to the possibility of professional input from Walsall Camhs in the form of supervision, consultancy and training in order to resource staff to meet those needs.

Interviews indicated that SureStart staff were encountering a range of mental health issues as part of their work. They welcomed the opportunity for further training and supervision in order to develop the knowledge and skills to intervene more effectively and in more depth.

The local Camhs service would seem to be an appropriate provider of such training and supervision. This would be in line with their current development strategy of more effectively resourcing Tier One services. Given that they are undergoing a period of considerable change, consideration would need to be given to their capacity to deliver any negotiated training and supervision in an appropriate time frame.

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