Addressing Post Natal Depression

Summary Evaluation Report
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List of Abbreviations

EPDS Edinburgh Postnatal Depression Scale
FMM Feeling and Moods Motherhood
FSW Family Support Worker
GP General Practitioner
HV Health Visitor
NESS National Evaluation of Sure Start
PND Post Natal Depression
PNDT Post Natal Depression Treatment
PNDSS Post Natal Depression Social Support
SP Service Provider
SSS Sure Start Somerstown
SECTION 1: INTRODUCTION

1.1 AIMS OF THIS REPORT
This report is a case study on services provided for those experiencing Post Natal Depression (PND) and to what degree different agencies work together to address it in Sure Start Somerstown (SSS). It is an example of SSS's progress towards ‘making a difference’ in the Somerstown area and towards the specific government target concerning this.

1.1.1 PND and effective treatments.
The key questions addressed in the evaluation are:
- What are we doing about PND?
- How well are we doing it?
- Are the SSS PND provisions reaching the right people?
- Are the services of a high standard?
- Is the range of professionals and volunteers we employ appropriate to meet the need?
- How well do the services we actually have match the needs identified before we began?
- How successful has been the involvement of parents in the planning and delivery of services?

1.1.2 Somerstown and PND – courses and groups established by Sure Start.
It should be noted that both the PNDT Course and the PNDSS group were thought to be successful by management before the evaluation started. Both groups are Sure Start initiatives rather than enhancements of existing services. There was no citywide initiative at the time of this study.

1.2 METHODS OF ENQUIRY
1.2.1 Preparation.
Service Providers and mothers were consulted prior to interviews taking place. Information sheets told them the purpose of the evaluation and assured them their views would be confidential and anonymous. It also suggested some topics for discussion, as well as details of the interview itself. Participants were asked to agree statements on a consent form by signing it. Codenames were chosen by both groups to protect their identity.

1.2.2 The interviews.
1.2.2.1 Mothers:
Focus group discussions were used to interview mothers as it was felt that they would be more confident in a group environment. These focus groups were semi-structured, loosely following a list of prepared topics, which the mothers knew beforehand. The session was very informal with free narrative being encouraged. These discussions were taped. The service providers were not present in these discussion groups. The mothers involved were invited to individual interviews if they felt they wanted this, either as well as or instead of the focus group interview. None of the mothers felt they wanted to do this. Mothers were given a small gratuity in recognition of the value of their contribution.
1.2.2.2 Service Providers:
Service Providers were interviewed individually. All but one of these interviews was taped. Extensive notes were taken during the untaped interview. A draft of appropriate sections of the full report was referred to Service Providers to confirm accuracy.

1.2.2.3 Other interested parties:
Health Visitors were seen in two short structured group interviews. Two members of the HV team were only able to attend one interview. The evaluator also attended a home visit with one of the Health Visitors, to observe the PND identification process in practice. This was not taped and there was no intervention by the evaluator in this process. Family Support Workers also had a structured group interview.

1.2.3 Supporting evidence.
Service providers gave freely of supporting evidence and evaluation, demonstrating how satisfied mothers have been with the services provided. Copies of published are held in the appendices of the full report.

SECTION TWO: FINDINGS

2.1 INTRODUCTION
The two groups addressing Post Natal Depression (PND) in Sure Start Somerstown (SSS), the Post Natal Depression Treatment (PNDT) course and the Post Natal Depression Social Support (PNDSS) group, are entirely different and serve completely different aspects of supporting mothers with PND. However, together, with support from HV team and FSW team they provide a comprehensive package of support.

Mothers interviewed validated the service facilitated by SSS hugely, particularly around quality of service provision and appropriateness of staff. However both mothers and service providers identified some gaps. This conclusion summarizes the findings from the interviews, more details of which are held in the full report.

2.2 IDENTIFYING NEED
2.2.1 Are we reaching the right people?
2.2.1.1 Identification and Referrals
Assessments to identify PND are not carried out at three post natal stages, (and the ante-natal visit is not done, or not done consistently) because enormous HV case-loads do not allow enough time.

As case loads cannot be reduced, connected as they are with the Somerstown catchment area, extra staffing or resources should be found to fulfill this part of the HV function at SSS. Alternatively the service level agreement may need revision.
2.2.1.2 Assessment
The PNDT Course SP conducts rigorous assessment. Commitment to attend the course is gained and there have been no drop-outs. This is good practice, which should be migrated to other PNDT courses as they arise.

No formal assessment in PND is considered necessary for the PNDSS group. Home-Start, the Service Provider, might like to reassure itself that facilitators are confident in dealing with crises, and that this procedure is documented.

2.2.1.3 Tracking support
It has been almost impossible to track figures of women currently identified with PND and receiving ‘appropriate support’. Closer monitoring of these mothers probably is being done by Health Professionals, but this is not transparent. In short, tracking what happens to these mothers needs to be seen to be done and be more easily accessible, in accordance with the Data Protection Act. The following could be held on the monitoring database:
- Snapshot of exactly how many mothers currently residing in SSS have been identified as having PND
- What course of action these mothers have opted to take as support (or state none if mother has declined support).
- Alternatively a separate database could be designed for the Health Visitors to record this information and capture it more easily.

2.2.1.4 Outreach
The absence of mothers from ethnic minorities in either of the groups is a complicated issue that needs further investigation.

2.2.1.5 Raising profile/awareness
Statistics suggest that 11 of the 23 mothers identified with PND are supported outside the PNDT course and/or PNDSS group. While groups are not compulsory, a higher profile should be given to the support available. These suggestions came from the mothers interviewed:
- Flyers could be put in Bounty Packs given out by midwives to pregnant women
- Support and co-operation from midwifery services and GPs surgeries should be sought actively so that they are fully informed and can pass on this information.

There is no provision for supporting mothers with PND who do not wish to attend a course or group. HVs said they could offer one-to-one Cognitive Behaviour Therapy (CBT) at the mother’s home, time and training permitting. A feasibility study should be conducted. If CBT is offered by HVs on home visits, there should be some liaison with the PNDT course.

Professionals throughout the city should also be more aware of the groups and good practice should be shared. A road-show, giving information to different groups should be considered. (post research note: an information sharing workshop was held in January 2003.) Sure Start Staff should be better informed about the groups. This is in discussion and should go ahead.
2.3 QUALITY AND DELIVERY OF SERVICE

2.3.1 Are the services of a high standard?
Mothers overwhelmingly validate the services being provided. Both groups can be seen as positively contributing to how SSS addresses the issue of PND in the area and in contributing to meeting government targets. Though gaps were identified, the quality of the service of both groups is reported as “excellent”.

Groups were slow to start. This was due, in part, to a lack of Health Visitors. This situation has now been resolved as SSS is functioning with a full complement at the time of this report.

2.3.1.2 PND Treatment course
Though the course was ‘very tough’ for many of the mothers, they all reported that they reaped enormous benefit – ‘had a breakthrough’ - from it, though at different points in the course.
Three main areas, unique to how the course runs at SSS, contribute significantly to the success of the project.
- Rigorous pre-course assessments, conducted by the SP. It means commitment to the course is secured at an early stage.
- Parallel ‘out of group’ one-to-one support by the SP.
- Past members of the course contacting upcoming members of the course to talk about their experience, a kind of parent-to-parent contact.

2.3.1.3 PND Support group
Very well administered project that absolutely fulfils its brief, facilitating support within and outside the group.

Sure Start funding allows the Home-Start scheme to respond quickly within the Sure Start area. This has inevitably led to criticism about the lack of an ‘equitable service’. The infrastructure is already in place to roll out similar support groups following this model. Therefore approaches to other initiatives, such as On Track (presently being considered) or Portsmouth Networks (formerly Early Years and Childcare Service) and to the Statutory Agencies should be strongly considered.

There is the potential for this group to become a victim of its own success. Mothers feel a genuine loyalty to the group and are reluctant to leave it. Though they do attend other groups, they still gravitate back to this one. Some mothers might need to be moved on to a more general parent and toddler group or another counselling/skills/personal development type course that can be made available through SSS and free up some capacity for new mothers.

2.3.2 Is the range of professionals and volunteers we employ appropriate to meet the need?
The nature of people who undertake to deliver these kinds of services is that they perform ‘over and above the call of duty’. However this not only distorts
the costs of projects, but also is a false economy. It is a practice that, with management support, should be discouraged. Mothers with PND sometimes find it difficult to make themselves attend groups and courses. A named ‘meeter-greeter’, based at reception for the duration of the session, might encourage mothers. The PNDSS group, run by Home-Start provides Home-Start volunteers for this purpose if required. Management should discuss further with SPs to identify whether such a requirement does, in fact, exist. If so, it could be addressed by
- a volunteer or a dedicated mentor from a parent-to-parent scheme (Parents Forum, currently being developed at SSS).
- a member of the HV team, who has expressed an interest in expanding her training in PND
- Home-Start, who already provide this service for the PNDSS group

2.3.2.1 PNDT Course
SPs were highly trained and experienced in PND – a necessity for this kind of course. Mothers said SPs were not only ‘excellent’ individually but also ‘worked brilliantly as a team’. However, projects can become ‘personality dependent’ and this tendency should be monitored. This dependency carries the obvious risk that losing staff associated with the projects could seriously impair the effectiveness of service provision. Robust structures to maintain the standard of delivery should be consolidated so that new staff can follow procedures and practices that obviously work well. Experience of the SPs should be shared as best practice to any other agencies interested in running this kind of course. A network of interested professionals, as suggested by the SP, should be encouraged. SSS could take the lead on this.

2.3.2.2 PNDSS group
There were some concerns that there was a potential for dangerous situations to occur that the facilitator was not trained to handle. However, mothers felt confident that the back-up resources were in place through Home-Start. A better understanding of the objectives of this particular group might give the assurance that it is not necessary or even appropriate that Health Professionals run the group. (see 2.2.1.5 Raising Profile/Awareness, above) Further training in PND should be given to the facilitator if required. The group has been ‘taken over’ by the parents themselves, with Home-Start playing an important but hands-off role. SSS parental involvement and empowerment strategy is working appropriately and successfully here. Mothers expressed an interest in becoming Home-Start volunteers at the appropriate time for them. The training given by Home-Start could, perhaps, be integrated into SSS’s current drive to provide training to parents and interested members of the community. This training would include a variety of courses concerned with community development, (though it is anticipated the needs will be family led).

2.3.2.3 Health Visitors
Training sometimes takes a long time to occur and this causes some frustration. It should be given a much higher priority as delays at this stage have a huge knock-on effect on projects.
Further training of a junior member of the team would allow more involvement in projects.

2.4 MATCHING NEEDS

2.4.1 How well do the services we actually have match the needs identified before we began?

2.4.1.1 Making a difference
Mothers overwhelmingly endorse the projects and testify to the difference made to their lives, not only in terms of outputs but also in terms of outcomes. ‘Making a difference’ was demonstrated most effectively at the Home-Start Conference (November 2002) when mothers, who had previously been too depressed or anxious to step outside their front door, talked confidently about their PND experiences to the audience at the Portsmouth Guildhall.

2.4.1.2 Gaps identified/Future suggestions
As projects develop gaps in service provision are identified and suggestions for future development include:

- An information/support group for partners and families.
- There may also be a requirement for some structured sessions to construct coping strategies for the families also affected by the mothers’ PND. Perhaps the SP could poll the mothers past and present of their courses and groups to establish potential requirement.

2.5 INVOLVEMENT

2.5.1 How successful has been the involvement of parents in the planning and delivery of services?
Generally, parents are involved in the management of SSS, being on the Partnership Board. Further a parents’ forum is in the process of being formed to date. Both these bodies can influence strategy. Specifically, mothers are fully involved in running the PNDSS group and their requests are acted upon by Home-Start, the service provider. Evaluations are conducted for both groups and the comments appear to be acted upon.

As the PNDT course is structured, the opportunity for parental involvement is limited. However, mothers are consulted within the framework of the course and their suggestions or requirements are acted upon. The SPs are best placed to decide whether it is appropriate for parents to become more involved in the planning and delivery of the course.

2.6 HOW AGENCIES WORK TOGETHER

2.6.1 SSS
Despite some gaps, and after some initial apprehension, the two groups now complement each other, providing a comprehensive package of support. The support by other services addressing the issue of PND in Sure Start Somerstown (SSS) is recognized but the degree to which they integrate with these two key groups is varied. Information and awareness-raising sessions with staff and other project workers within SSS is highly recommended. (as 2.2.1.5 Raising Profile/awareness above).
Some administrative work does not need the particular specialist expertise currently involved. A system of administrative support should be properly organized – perhaps by booking time required from a team of administrative support within the SSS Centre.

2.6.2 SSS partners
The PNDSS group in particular draws on the experience of its service provider, Home-Start, and interacts with many other agencies in a way that is exemplary.

A lack of detailed paperwork, distinguishing between PNDT course and other Health provision caused many investigative difficulties. SSS should detail the project aims and costs more specifically and should closely monitor the underlying administrative systems to maintain this standard.

2.6.3 Portsmouth City
The lack of provision for PND across the city of Portsmouth has meant that non-SSS mothers have attended the groups intended for SSS (but to no detriment to the SSS mothers). Now numbers of SSS mothers have risen, the non-SSS mothers will have to get support elsewhere. This could be addressed if PND support across the city took the form of:
- Running groups in partnership with other agencies across the city, with a greater degree or flexibility, (drawing from a larger pool of participants),
- Providing free transport (and crèches).
A network of interested professionals, sharing information and skills, could help roll out the programme across the city and ensure projects are not isolated. SSS could consider taking the initiative, but should certainly be involved with this. Best practice in these areas should be offered to the new wave Sure Start (Sure Start ABC)¹ and to statutory agencies and other initiatives citywide.

2.7 FINAL COMMENTS
The Post Natal Depression Treatment course and Post Natal Depression Social Support group, together with support from Health Visiting team and Family Support Workers team, provide a comprehensive package of support for mothers identified with PND.

All concerned with Sure Start Somerstown – management, staff and families - should be justifiably proud of this achievement.

The process of setting up and running these projects has not been without difficulties, but these difficulties have, in the main, been overcome. As projects have developed, aims and aspirations have also developed – an organic process that is to be applauded.

¹ Home-Start are already involved with Sure Start ABC.
This research was not conducted in a void, and during its course, as issues and topics were discussed, service providers were proactive in addressing those areas identified for improvement. Thus many of the gaps and suggestions for the future have already been dealt with to some extent.

The mothers, who were interviewed, validated the service facilitated by SSS without reservation. The final words should come from them.

Gradually my confidence returned and I was back in the swing of things.

Knowing that you’re not alone

Getting to like yourself again

Coming away with skills for coping

Lot more patience

Nice to get some ‘me’ time

Even if a session wasn’t a trigger point for you, there was someone else in the group for whom that session was really meaningful . . . . That made you feel more positive.

Having the support to get through it has changed my life completely

Didn’t feel isolated

Even if a session wasn’t a trigger point for you, there was someone else in the group for whom that session was really meaningful . . . . That made you feel more positive.

Just to say a really big thank-you for all your help & support over the last few months. I really think that you are wise and lovely women . . . Please keep up the good work.

Isolation is a key factor. It helps to see other people who feel like that.