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## Introduction

Postnatal depression is a common complication of childbirth affecting up to 15% of new mothers. There is concern that postnatal depression can have significant adverse consequences for the mother, her family and the new baby. (Cooper & Murray 2003) There are simple and effective treatments for postnatal depression (Boath and Henshaw 2002) Trained health visitors can reduce the prevalence of postnatal depression (Elliott, Gerard, Ashton 2001) however postnatal depression is often not identified or treated in the community (Hearn et al 1998). The appropriate, ethnically sensitive, care of mothers with postnatal depression is an important aim of Sure Start (2000 [www.surestart.gov.uk](http://www.surestart.gov.uk)). The Green Paper 'Every Child Matters' (Department for Education and Skills 2003) and the National Service Framework for Children, Young People and Maternity Services also emphasise the importance of providing services for new mothers who are depressed as part of a programme of support for parents (Department of Health 2004).

A local protocol combining sensitive screening and appropriate treatment for postnatal depression is rightly considered a priority area for service provision both for adults (DOH National Service Framework for Mental Health 1999) and child and adolescent mental health (Health Advisory Service 2000). Since services for new mothers who may be depressed are provided by a range of professionals in the community and hospitals, a clearly described written 'care pathway' (Campbell, Hotchkiss, Bradshaw, Porteus 1998) has been one approach used to describe, develop and audit services (London and South Thames Clinical Network in Perinatal Psychiatry 2004, Moos 2004)

This executive summary provides a brief description of a four-month trial and audit of a care pathway for the improved detection and treatment of postnatal depression, which was carried out in the Church Street Sure Start area of Westminster in 2004.

The project could not have taken place without collaboration between many enthusiastic and committed staff from health visiting, general practice, child and adolescent mental health, adult mental health, the Primary Care Trust, the voluntary sector and service users who came together in a steering group.

### **We would like to thank**

The health visitors at Lisson Grove and Paddington Green (particularly for their patient form filling.)

Dr Andrew Elder who originally set up the steering group and his general practitioner colleagues at Paddington Green and Lisson Grove.

Don Macleod and David Latimer at the PCT audit department

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Judith Barlow (chair) and the members of the steering group

Professor Elena Garralda for helpful comments on the draft report.

To the service users, who helped in preparing a video about postnatal depression.

A special thank you to Oma Ramroop (Sure Start Health Visitor) who initiated this work and whose local knowledge and contacts were invaluable in driving the project forward.

A more detailed project report is available from Church Street Sure Start on 020 7479 8763 or by emailing [jayne.vertkin@westminster-pct.nhs.uk](mailto:jayne.vertkin@westminster-pct.nhs.uk).

## Project work

- A local protocol/care pathway for the identification and management of postnatal depression and audit project plan was adapted and taken to the Church Street multidisciplinary postnatal depression steering group.
- The current practice and training needs of the Health Visitors at Paddington Green and Lisson Grove Health Centres were surveyed.
- A series of briefing meetings were held for health visitors, general practitioners, key public health staff and service managers in adult psychiatry to inform them about the project and seek their support
- A study half-day was held at the Primary Care Trust (PCT) in February 2004 to update local health visitors' skills and knowledge about postnatal depression and to introduce the care pathway.
- An audit tool was developed with assistance from the PCT audit department.
- St Mary's ethics committee considered our proposals and advised that this was an audit project and so ethical committee approval was not required
- Church Street Sure Start Project funded Tessa Leverton and Oma Ramroop to attend specialist Postnatal Depression Trainer Training at Reading University and Keele University. Representatives from the wider multidisciplinary team joined Tessa and Oma at the Keele training (Jenny Marshall Sure Start Health Visitor Queens Park, Gwynneth Hughes from Abbey Road CMHT, and Katie Robinson from the Health Support Team )
- The care pathway was piloted in the Church Street area with new mothers whose babies were born January – May 2004. Data from the audit was

entered on the computer and analysed with the assistance of the PCT audit team.

- A “feedback meeting” was held in July 2004 for the health visitors who had participated in the project to provide qualitative information about using the Care Pathway in everyday practice and thus inform the revision of the pathway.
- A one day postnatal depression conference “Improving Practice, Improving Wellbeing” attended by over 90 delegates was held at Regents College in November 2004 for Westminster staff and service users to present preliminary results from the pilot project. Professionals from Westminster and further afield described recent research and service innovations. A video describing the postnatal experiences of local service users and shown at the conference brought a memorable new perspective to our thinking.

## Key findings

Many local health visitors are already very skilled in the assessment and management of postnatal depression and incorporate this into their everyday work. They went to great lengths to see and assess women despite a heavy workload. Working closely with the local health visitors and other service providers we carried out a (limited) pilot of the care pathway in the Church Street area over a four month period in 2004.

- Health visitors made a postnatal mood assessment 60 of the 76 (79%) women potentially available to the study .The majority of women were assessed by their health visitors at 6-8 weeks postnatal.
- The health visitors' clinical judgement (informed by EPDS scales/(Cox and Holden 2003), how are you feeling? Illustrated booklets (CPHVA 2003) and a structured clinical interview (based on the DSMIV) was that of the overall sample **16/59 = 27% of the mothers assessed were suffering from postnatal depression . One third of the first time mothers were considered to be clinically depressed.** Two of the mothers identified as depressed by the health visitors had another psychiatric diagnosis (in addition to depression) and were already known to psychiatric services. **These rates are almost twice those quoted in the literature on postnatal depression.**
- The EPDS appeared to be acceptable to women. Some women had not initially appeared depressed, the EPDS and subsequent interview helped them express their feelings.
- There were mixed views about the "How are you feeling?" booklets (CPHVA) indicating a need for more discussion / training if these are to be used in Westminster.
- Health visitors are very committed to this aspect of their work. They went to great lengths to see and assess the women in the audit project despite a

heavy workload. The health visitors offered listening visits to depressed women themselves and referred fewer women to the Sure Start health visitors than anticipated. They recognise the need for training and supervision for this work

- Women were offered and received a variety of treatment approaches. Of the 16 women identified as depressed by health visitors two were already under the care of adult mental health services. Five community health visitors carried out listening visits with six women. Sure Start health visitors only took seven referrals and of these, only three women had a series of listening visits. In the study period the total number of extra contacts for listening visits was 16 for community health visitors and 10 for Sure Start health visitors. The Sure Start health visitors also carried out 3 assessments with women who were referred but who recovered
- We have limited data on outcomes as health visitors did not complete all the forms but from discussion / case note review it is clear that (11/16) 69% of the women considered depressed were judged by their health visitors to have recovered with the help provided. Of the five women who had not recovered six to nine months after the birth of their baby four women were receiving ongoing care; two from the CMHT, one from her own health visitor and one from the Sure Start family therapist. One woman had moved and no further information was available.

## Recommendations

- i. Given the high prevalence of postnatal depression identified by health visitors in this group of women (27% overall rising to 33% for first time mothers) and the likely impact of this on the women, their children and families it is important to offer assessment and prompt treatment in a consistent way across the city.
  
- ii. The care pathway needs revision to make it clear, concise and user friendly. Each mother should have a copy so she knows what care she can expect and to facilitate continuity of care if she moves. The pathway needs to include basic data (with space to record variance) so that it can be re-audited without the need for separate forms. Consideration needs to be given to integrating the care pathway with the revised health visiting records. The timings of the various contacts with mothers need to fit in with the Child Health Promotion Programme so that they can be rolled out together across the city.
  
- iii. Health visitors need to be trained to assess new mother's moods, to offer timely evidence based treatment (listening visits, cognitively informed counselling) or referral to other services as appropriate. Since there is significant staff turnover in Westminster there needs to be an ongoing training programme in the assessment and management of postnatal depression for new staff.
  
- iv. Health visitors need management support to allocate the time to this aspect of their work. Since this work can be complex and emotionally charged there is a need for adequate support and supervision.

- v. The postnatal depression conference we held in November 2004 to present preliminary findings from this audit was oversubscribed and attended by 90+ delegates including service users and representatives from many local statutory and voluntary services. There is a need to organise a similar conference perhaps on an annual basis to update skills and knowledge and inform service developments.
- vi. At present Westminster does not have a Perinatal mental health service .In the course of this small pilot project there were no acute mental health crises in this sample .The limited liaison service offered to the antenatal clinic at St Mary's is reliant on the special interest of a specialist registrar who is going on maternity leave in a couple of months. A 'needs assessment and audit' has just started in the antenatal clinic. **It is important to look more broadly at the need for perinatal mental health services across Westminster and to consider developing a consultant led service for local women and their families.**
- vii. While health visitors are often the first professionals in contact with new mothers who are experiencing difficulties it is essential that there is **integrated working across services to provide appropriate, comprehensive and joined up care.** Relevant statutory services include general practitioners, maternity services, adult and child mental health and social services. There is a flourishing voluntary sector in Westminster and service users can play a vital role in shaping services for the future. The multidisciplinary, multiagency steering committee brought together all the above (and more) for this project. There is no other comparable forum with such a diverse membership There needs to be a forum with representation from service users and the voluntary sector as well as professional from the relevant agencies and disciplines to work together to develop services for perinatal mental health across Westminster.

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