Early Years High Impact Area 2 – Maternal (Perinatal) Mental Health
(What and why including context)

Maternal mental health, which is referred to as being perinatal during the period from conception to the child’s first birthday, is a key Government focus following robust evidence on the impact of maternal mental health during pregnancy and the first 2 years of life, on infant mental health and future adolescent and adult mental health with:

- Children at higher risk of poor outcomes, emotional, social and educational.
- Cost implications to the wider system – conduct disorders, social care costs, child and adolescent mental health and adult mental health services, welfare costs due to unemployment, health care costs and justice system.

Maternal mental ill health is common, with around 1 in 10 mothers experiencing mild to moderate postnatal depression. The condition can have a significant impact not only on the mother and baby, but also on her partner and the rest of the family. The effects can be of particular concern in the absence of other carers able to provide the quality emotional contact every infant needs. A much smaller percentage of mothers develop the serious life threatening mental health condition, puerperal psychosis, that requires specialist psychiatric intervention and support.

Most pre and postnatal mental health issues including anxiety, obsessive compulsive disorder, post-traumatic stress disorder and perinatal depression go unrecognised, and are under detected and under reported. There is also a lack of recognition and awareness of mental ill health per se, and its signs and symptoms, particularly in some black and ethnic minority groups. Research shows that across all cultures, some women are reluctant to disclose how they are feeling and seek help, due to the stigma associated with mental illness and fears that they may be judged to be an unfit mother, resulting in their baby being removed from their care.

Some women are at higher risk of experiencing mental health problems eg postnatal depression. For example, teenage mothers often have higher rates of poor mental health for up to 3 years after the birth.
Other risk factors include:
- Previous history of mental illness
- Traumatic birth
- History of stillbirth or miscarriage
- Relationship difficulties
- Social isolation

There is an increased risk to the baby when risks are combined with other factors such as domestic violence and abuse or substance misuse. Safeguarding is central to all of the work that the health visitor does and the role includes links to social services in higher risk situations. The health visitor’s role is early identification of risk and early intervention.

Mental health issues including postnatal depression can impact on a mother’s ability to bond with her baby and be sensitive and attuned to the baby’s emotions and needs. This in turn will affect the baby’s ability to develop a secure attachment. As a result of the transformation of the health visiting service and the roll-out of the Universal Healthy Child Programme, health visitors will offer at least one antenatal contact to all pregnant women providing an opportunity to assess and discuss previous, current and future mental health needs. Close working with midwives is essential to share risk factors identified during pregnancy ie by midwives with health visitors.

Health visitors undertake additional training and are skilled in assessing mental health, including the use of assessment and screening tools such as the Edinburgh Postnatal Depression Scale or Whooley Questions as recommended by NICE, alongside professional judgement. They provide support to women and their partners and families where they identify mild to moderate depression, understanding the illness and its impact on the infant, family and society. They also identify women at higher risk of severe illness and can arrange referral to perinatal mental health services. In more serious cases they will work with other professions such as GPs, child and adolescent mental health services and social care to ensure the baby’s wellbeing, and support the woman and her family through recovery.

Working with specialist practitioners, health visitors contribute to awareness raising, education and training of the wider early years workforce and working with early years professionals in Children’s Centres. The health visitor can lead the implementation and delivery of group based postnatal support and other preventive or early interventions to promote mental health, such as promoting physical activity, peer support groups and fathers groups. They also provide information on issues that impact on mental health and wellbeing such as benefits.
Measures of Success/Outcome Measures
(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placeholde, interim proxy measure, measure of access and family experience)

- **Access**: Indicator in development: The proportion of women who are asked about their mental health/mood at 3 time points: antenatal booking, the early postnatal period, and 9 months to 1 year postnatal; referrals to Improving Access to Psychological Therapies service.
- **Effective delivery**: evidence of development and implementation of local multi-agency pathways setting out evidence-based assessments, identification and interventions for perinatal depression and communication required between all relevant professionals via NHS England Area Team dashboard.
- **Outcomes**: Indicator in development. While you were pregnant or in the first year after the birth of your child, did you experience any problems with your mental health, such as depression or anxiety? (asked retrospectively around 1 year postnatal by Health Visitor);

Experience: Indicators in development: Did you feel comfortable speaking to your health professional about mental health and emotional issues (or mood and feelings)? (asked at 1 year postnatal); Did you seek and/or receive treatment or other assistance from a health professional for your depression/anxiety? (asked 1 year postnatal)

Connection with other policy areas and interfaces
(How does it fit/support wider early years work)

The High Impact Area documents have been developed to support delivery of the Healthy Child Programme and 0-5 agenda, and also to highlight the link with a number of other interconnecting policy areas eg early intervention, health inequalities, troubled families, vulnerable children and social justice. The importance of effective outcomes relies on strong partnership working between all health partners (primary and secondary), Local Authority partners including early years partners, and third sector (voluntary) partners.

- Early intervention
- Giving every child a better start
- Promote mother infant attachment
- Focus on multi-agency working
- Troubled Families Agenda
- Vulnerable Child priorities
- Chief Medical Officer guidance on physical activity
- No Health without Mental Health
- Foundation Years
- Conception to Age 2 – The Age of opportunity – Department for Education/ WAVE Trust
- 1001 Critical Days – cross party manifesto
<table>
<thead>
<tr>
<th>System Levers</th>
<th>Improvement</th>
<th>Professional/Partnership Mobilisation</th>
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<tr>
<td>- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and NHS England</td>
<td>- Improved accessibility for vulnerable groups</td>
<td>- Multi-agency training and supervision to identify risk factors and early signs of perinatal, postnatal depression, paternal and other mental health issues</td>
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<td>- NHS England Service Specification supports the high impact areas and delivery of the Healthy Child Programme</td>
<td>- Integrated IT systems and information sharing across agencies</td>
<td>- Multi-agency training in approach for discussion with mother to obtain information</td>
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<td>- Information sharing agreements in place across all agencies</td>
<td>- Development and use of integrated pathways</td>
<td>- Multi-agency training in evidence based early intervention and safeguarding practices</td>
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<td>- Integrated commissioning of services</td>
<td>- Systematic collection of user experience eg Friends and Family Test to inform action</td>
<td>- Effective delivery of universal prevention and early intervention programmes</td>
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<td>- Partnership working with Children’s Centres to support integrated planning, delivery, monitoring and review</td>
<td>- Increased use of evidence-based and multi-agency interventions to improve parenting and attachment</td>
<td>- Improved understanding of the Joint Strategic Needs Assessment and Health and Wellbeing Board information</td>
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<td>- Information sharing from Joint Strategic Needs Assessment (including Early Years Foundation Stage Profile data, health data and information about families and communities) to identify and respond to joint priorities</td>
<td>- Improved partnership working eg maternity, school nursing and early years settings</td>
<td>- Integrated working of health visiting services within existing Local Authority arrangements to improve services for children, parents and families through a holistic approach</td>
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<td>- Development of competencies to identify maternal mental health issues</td>
<td>- Consistent information for parents and carers</td>
<td>- Identification of skills and competence to inform integrated working and skill mix</td>
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<td>- Place measure completed</td>
<td>- CBT trained staff in place</td>
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<td>- Identify early predictors of maternal depression</td>
<td>- Increased integration and working with early years providers/ Children’s Centres to offer range of services/ activities to promote emotional wellbeing and positive mental health</td>
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<td>- Direct referral to primary care and mental health including Cognitive Behavioural Therapy (CBT)</td>
<td>- Parental mental health pathway</td>
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<td>- CBT services in place to ensure adequate supply against demand</td>
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**How will we get there?**
Associated Tools and Guidance (including pathways etc)

- Healthy Child Programme: Pregnancy and the first five years, Department of Health 2009
- CG37 Routine postnatal care of women and their babies NICE clinical guideline 2006 http://guidance.nice.org.uk/CG37
- Conception to Age 2 - The age of opportunity – Department for Education and WAVE Trust http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity
- No Health Without Mental Health https://www.gov.uk/government/publications/the-mental-health-strategy-for-england
- Chief Medical Officer guidance on Physical Activity https://www.gov.uk/government/publications/uk-physical-activity-guidelines