Local Authority Child Public Health Briefing (6): The Health Visiting contribution to maternal (perinatal) mental health

The Public Health Challenge

One in five mothers suffers from mental health problems during pregnancy or in the first year after childbirth. It costs around £8.1 billion for each annual birth cohort or almost £10,000 per birth. Yet fewer than 15% of areas have the necessary perinatal mental health services and more than 40% provide none at all. (HM Government, 2016) (bit.ly/1oCleES). Untreated perinatal mental illnesses (PMI) have a wide range of effects on the mental, physical and social health of women, their children, partners and significant others. They are also amongst the leading causes of death for women during pregnancy and the year after birth.

The costs of undiagnosed or untreated perinatal mental health problems include:

- **Avoidable suffering:** perinatal mental illness can cause intense, debilitating, isolating, sometimes long term and often frightening suffering for women.
- **Damage to families:** perinatal mental illness can have a long-term impact on a woman's self-esteem and relationships with partners and family members.
- **Impact on children:** perinatal mental illness can have an adverse impact on the interaction between a mother and her baby, affecting the child's emotional, social and cognitive development.
- **Death or serious injury:** in severe cases, perinatal mental illness can be life-threatening: suicide is one of the leading causes of death for women in the UK during the perinatal period.
- **Economic costs:** the economic cost to society of not effectively treating perinatal mental illness far outweighs the cost of providing appropriate services (Bauer, et. al., 2014).
- **Intergenerational transmission** of poor health and inequalities in health (Maternal Mental Health: Everyone Business; bit.ly/29Aw498 Maternal Mental Health Alliance (MMHA), 2015).

Approximately half of all cases of perinatal depression and anxiety go undetected and many of those detected fail to receive evidence-based forms of treatment (iHV, 2015). **If perinatal mental health problems were identified and treated quickly and effectively, many of these serious and often life-changing human and economic costs could be avoided.**

Shifting the curve

The prevention paradox (Rose, 2008), explains that the greatest impact is achieved by addressing needs across the population as a whole. This improves overall health as well as reducing the severity and number of cases with the greatest needs that will make the greatest demands on public services over the long term. Perinatal mental illness affects families across society as a whole, but there is inequality in access to treatment and support services (MMHA, 2015). When PMI is combined with other problems such as drug and alcohol abuse and domestic violence, the impact is particularly severe, with increased risk of harm (both immediate and long term) to young children due to the 'toxic stress' to which they are exposed. Addressing this effectively requires 'proportionate universalism' in the foundation years (0-5) for which health visiting is a core component.

The evidence base

Advances in the neuroscience of early childhood development and research on its interdependence with parental mental health has led to the current drive to ensure that the perinatal mental health (PMH) of all families is a public health priority. A study reported by Knapp, McDaid and Parsonage (2011) modelled the cost effectiveness of universal health visiting intervention to identify and support mothers with PMI using a standardised tool and found on a one-year horizon, health visiting interventions increased productivity for those who returned to work. Recent research (NSPCC, 2013; Wave, 2013; Boots, 2013) and in particular reports on *The Cost of Perinatal Mental Health Problems* (Bauer *et al*, 2014), *Building Great Britons* (WAVE, 2015) and *Saving Lives, Improving Mothers' Care* (Knight *et al*, 2015) bring this important area of public health into sharper focus and provide the case for local policies based on a commitment to raising parity of esteem for mental health, primary prevention and early intervention.

The Healthy Child Programme (HCP) is the evidence-based 'key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes' (PHE, 2015). The HCP includes the five child health and development reviews mandated by the commissioning of 0-5 services by local authorities. It operates on the basis of unsolicited proportionate universalism in a four-tiered manner to build

on the 'universal' spine of the HCP, to provide additional support directly (Universal Plus) and/or in partnership with others (Universal Partnership Plus) and, in accordance with the Harvard Center on the Developing Child (2007), the community level of service delivery is added to strengthen community capacity. The six high impact areas (Department of Health, 2014) bit.ly/1pK6fYx for public health outcomes in the early years are those for which there is evidence of sensitivity to health visiting interventions and for which the health visiting workforce is well equipped to deliver. These include 'Transition to Parenthood and the Early Weeks' and 'Maternal (Perinatal) Mental Health'. The Department of Health developed the 4/5/6 service model of health visiting bit.ly/29BcTi6 in England to clarify how, after the Health Visitor Implementation Plan (DOH 2011), the transformed health visiting service offer will work across four levels, through five mandated contacts to improve outcomes in the six high impact areas.

Interventions

The Core Service Specification for health visiting (NHS England, 2015, supported subsequently by Commissioning Guidance, PHE, 2016) states health visitors:

- Identify and support those who need additional support and targeted interventions, for example, parents who need support with parenting and women suffering from perinatal mental health issues including postnatal depression in accordance with NICE guidance;
- Promote secure attachment, positive parental and infant mental health and parenting skills using evidence-based approaches.

The initial antenatal visit in the HCP provides a relational basis for assessing perinatal mental health for mothers and fathers and supports parents to 'mentalise' their unborn child, laying the ground for parental bonding.

The Health Visiting Core Service Specification (NHS England, 2015) includes the expectation that health visitors assess mental health at the New Birth Review, at 6-8 weeks and at 3-4 months making use of evidence based tools and the skills that support a trusting relationship that is key to sharing concerns at a vulnerable time of life. This highlights the importance to the planning and commissioning of health visitor services that the five mandated elements form the basis for the fuller health visiting service provision.

Updated NICE (2014) guidelines highlight key contributions of the health visitor in the recognition of mental health problems in pregnancy and the postnatal period and referral; assessment and care planning in response to a suspected mental health problem in pregnancy and the postnatal period; and providing interventions as appropriate. The guidelines underline the importance of providing "culturally relevant information on mental health problems to the woman and, if she agrees, her partner, family or carer".

- The NICE guidelines endorse facilitated self-help, a strategy with value for treatment of mild to moderate depression in general. The iHV (2014) interprets this as deliverable through 'listening visits' provided by health visitors. These encompass a number of elements of support for the mother which may be delivered through a therapeutic relationship between the mother and the health visitor using a suite of low intensity interventions including, not only listening or non-directive counselling but also solution focused, Cognitive Behavioural Therapy (CBT and CBT based approaches), sleep hygiene, one to one relationship work, mindfulness, promotional & motivational interviewing, a strengths-based approach, supporting parental relationships and through directing the mother to other services or self-help. In 2009, the largest ever pragmatic randomised controlled trial of 'listening visits' (delivered by health visitors) for the treatment of postnatal depression demonstrated that this intervention was effective (Morell, *et al*, 2009).

NICE endorses the value of this fuller assessment that also affords health visitors scope to fulfil their role in supporting the quality of maternal–infant relationships, a further High Impact Area for the Early Years.

Health visitors have pioneered universal perinatal mental health services and are critical to the implementation of pathways to specialist services (DH, 2012; Green, 2015). In accordance with recent developments, health visitors not only seek out unrecognised postnatal depression and offer listening visits, but increasingly identify both anxiety and depression in mothers and fathers antenatally and postnatally and develop trusting relationships to support families directly or through referral pathways (NICE, 2014).

The community level of the health visiting service requires close engagement with Children's Centre services that include opportunities for community capacity building and support to overcome the isolation that is often associated with PMI. Evidence from research in Scotland (Scottish Government, 2015) indicates that such mothers may be least likely to access Children Centre services and rate highly the individual support and advice offered by health visitors as trusted sources of support.

Success factors

Success factors must not be limited to a basket of separate interventions, but encompass an integrated evidence-based programme applied within the framework of proportionate universalism. The Healthy Child Programme (PHE, 2015) provides the backbone for such interventions. The four levels of the transformed health visiting service offer (community, universal, universal partnership and partnership plus) is evidence based (Harvard Centre on the Developing Child) and supports proportionate universalism.

The quality of relationships between health visitors and parents is key to public acceptability and effectiveness for promoting sensitive and responsive parenting and to parents disclosing emotional vulnerability when experiencing mental distress. Health visiting services should be staffed and organised in order to facilitate and support such relationship-based interventions (Cowley, *et. al*, 2013).

The capacity to attend and be responsive to the needs of young children and their carers requires health visitors to maintain personal and professional resilience to remain courageous and compassionate as well as proficient when working with families experiencing vulnerability and mental distress. The support and supervision of health visitors, including a restorative function, is key to the quality of professional relationships, judgement and decision making.

The role of the Institute of Health Visiting

Institute of Health Visiting experts have produced the following resources:

- Training packages (including e-learning modules bit.ly/21flllu) for a national network of Champions for issues associated with perinatal mental health:
  - Perinatal Mental Health
  - Infant Mental Health
  - Domestic Violence and Abuse
  - Safeguarding and Child Protection

- Good Practice Points for Understanding Mothers' Mental Health & Wellbeing.
  Briefing Engaging with Fathers, Fathers' Mental Health, Healthy Attachment.

  The iHV (2015) has established National Standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for public health in the early years including 'Transition to Parenthood and the Early Weeks' and 'Maternal (Perinatal) Mental Health.

- Resources to support practitioners and managers/ employers to maintain the resilience with compassion needed to engage with families at times of vulnerability such as experiencing mental distress.

References

Bauer, A., Parsonage, M., Knapp, M., Lemmi, V. & Adelaja, B. (2014) *The Costs of Perinatal Mental Health Problems*. London: Centre for Mental Health. Available at: bit.ly/1NgPZWv

Boots Family Trust (2013) *Perinatal Mental Health Experiences of Women and Health Professionals*. Available at: bit.ly/1OAhaKQ

Cowley, S. *et. al*. (2013) *Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families*. London. National Nursing Research Unit, Kings College.

Department of Health (2011) *Health Visitor Implementation Plan – a call to action*. London. DoH. bit.ly/29uBimp [Accessed 06.06.2016].

Department of Health (2012) *Maternal mental health pathway.* bit.ly/1FMI2KT [Accessed 01.12.2014]

Department of Health (2014) *Overview of the six early years high impact areas*. London. DH / LGA. bit.ly/1LtupPY [Accessed 06.06.2016].

Green L., Miele M., Protti O. (2015) *Pan-London perinatal mental health network: perinatal mental health care pathways*. Available at: bit.ly/29szTOI [Accessed 06.06.2016]

Harvard Center on the Developing Child (2007). *Early Childhood Program Effectiveness* (In Brief). Retrieved from bit.ly/1hegC3f [Accessed 06.06.2016]

HM Government (2016) (bit.ly/1oCleES).

Institute of health Visiting (2015) *National Standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for child public health*. London. iHV.

Institute of Health Visiting (2014) Professional Briefing: NICE Antenatal and Postnatal Mental Health bit.ly/29Bihld [Accessed 06.06.2016]

Knapp, McDaid and Parsonage (Eds) (2011) *Mental health promotion and mental illness prevention: The economic case*. London. Personal Social Services Research Unit (PSSRU), London School of Economics / Department of Health. bit.ly/16ovhDC [Accessed 06.06.2016]

Knight, M., Tuffnell, D., Kenyon, S., Shakespeare, J., Gray, R., Kurinczuk, J.J. (Eds.) on behalf of MBRRACE-UK (2015) *Saving Lives, Improving Mothers' Care – Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13*. Oxford: National Perinatal Epidemiology Unit, University of Oxford. Available at: bit.ly/1vTi3ch

Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010*. bit.ly/29p0Yls [Accessed 17.08.2015]. Maternal Mental Health Alliance (2015) Everyone's Business campaign. Access at: bit.ly/1SaDSOZ

Morrell, J., Slade, P., Warner, P., Paley, G., Dixon, S., Walters, S.J., Brugha, T., Barkham, M., Parry, G.J., Nicholl, J. (2009) *Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care*. BMJ. 338:a3045. Available at: 1.usa.gov/1k631wC NHS England (2015) 2015-16 National Health Visitor Core Service Specification [Accessed 06.06.2016]

NICE (2014) *Antenatal and postnatal mental health: clinical management and service guidance – CG192*. London: National Institute for Health and Care Excellence (NICE). Available at: bit.ly/1GGNRTP

NSPCC (2013) *Prevention in mind – All Babies Count: Spotlight on Perinatal Mental Health*. Available at: bit.ly/1k61YwG

Public Health England (2015) *Healthy child programme: rapid review to update evidence*. London. PHE. bit.ly/29pVp4K [Accessed 06.06.2016].

Public Health England (2016) *Best start in life and beyond: Improving public health outcomes for children, young people and families: Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services*. London. PHE. bit.ly/1PyBnAP [Accessed 06.06.2016]

Rose, G. (2008) *Rose's strategy of preventive medicine*. Oxford. Oxford University Press.

WAVE (2013) *Conception to age two: the age of opportunity*. London. Wave Trust. Available at: bit.ly/1GQGVt3

WAVE (2015) *Building Great Britons*. London. Wave Trust. bit.ly/29QV6Qu [Accessed 06.06.2016]