Maternal Mental Health Alliance

Institute of Health Visiting
Excellence in Practice

# Supporting High-Quality Perinatal Mental Health Care

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## Informing High-Quality Perinatal Mental Health (PMH) Care

At least 1 in 5 women experience a PMH problem[1], making mental illness the most common serious health problem that a woman might experience in the perinatal period. Without treatment, PMH problems can have a devastating impact on individuals, families, communities and society as a whole[2].

This resource has been produced by the Institute of Health Visiting (iHV) in partnership with the Maternal Mental Health Alliance (MMHA) and it draws together principles collated from a comprehensive desktop evidence review of current policy, research, reports and literature on what good PMH care looks like. The resource aims to support individuals, services, pathways, multiagency groups and networks across health, public health, social care and non statutory services to consider:

### Where are we now?

- What works well currently?
- What are we most proud of about the care we provide?

### Is the care we currently provide good enough?

- What do service users say is good about their care?

### What do families want mental health care in the perinatal period to look like?

- What would help our service be even better?
- What do we need to help us improve the quality of care we offer?

The evidence review has been undertaken to support high-quality mental health care of women, birthing people and their families in the perinatal period. The review has examined existing publications, policy, guidance, and research, alongside reports of professionals and lived experiences to identify the key principles to inform and enable good PMH care. It aims to bring wider themes from literature into one place to make them easier to access, in order to support local discussions and quality improvement plans. This resource is not a replacement for quality standards in PMH, and services still need to undertake full quality reviews against national standards, benchmarks and targets. National quality standards for all services are envisaged and we hope will be available in the future.

For some communities and groups, accessing and getting quality care can be especially difficult, and we know there are additional barriers for women facing multiple disadvantages and systemic inequality[3]. Trauma, deprivation and discrimination impacts heavily on the experiences of new and expectant parents. This requires services to move from a 'one-size-fits-all' model, to respond to meet individual need.

This resource uses the terms women, birthing people and *families (fathers, partners, co-parents, intended parents, babies, children, grandparents, carers)* to make it clear that we are committed to addressing health inequalities and ensuring all women, birthing people, and all families have individualised, high-quality, compassionate PMH care.

# Why improving perinatal mental health care is important

The perinatal period is a vulnerable time for the acute onset and recurrence of mental illness[1]

Many pregnant women and people with an existing mental illness (especially a diagnosis of borderline personality disorder/ complex PTSD and bipolar affective disorder) experience stigma and unconcious bias from practitioners/services[4,5]

Having a parent with a mental illness is not inevitably negative for an infant/child but the evidence shows that they are at increased risk of a range of poorer outcomes if the right help and support is not put in place[7]

As well as childhood trauma, domestic abuse and poverty are also risk factors for poor perinatal mental health. Good perinatal mental health care is important to ensure that families get the support they need[6]

Maternal mortality rates are 3.7 times higher for Black women and 1.8 times higher for Asian women than for white women[8]

Approximately 10% of fathers experience perinatal mental illness[9] but when the mother also has a perinatal mental illness this rate is higher[10]

Suicide is the leading cause of direct maternal death within a year of having a baby[8]

Women are frequently disadvantaged in healthcare[13], young women in particular and those facing multiple adversities are more at risk during the perinatal period[8]

Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. Nearly three-quarters of this cost relates to adverse impacts on the infant/ child[11]

Due to the cumulative effects of the pandemic, global instability and the rising costs of living we are seeing an increase in need for mental health support, alongside deepening workforce challenges[12]

Transphobia and racism in perinatal care intersect to produce particularly poor outcomes for trans and non-binary birthing parents of colour[14]

Women and birthing people showing features of early trauma are marginalised and discriminated against throughout mental health services[8]

High-quality, timely, personalised, effective PMH care means that families can enjoy good mental health and wellbeing in the perinatal period[11]

Perinatal mental illnesses (PMI) are treatable[15]

## What Good Looks Like

> *You came into my life when I was at my most vulnerable, broken and scared, and demonstrated such unconditional, generous and warm acceptance, empathy and wisdom that you somehow managed to connect with the small, quiet, hanging-on-for-dear-life part of me that I feared was completely gone. The part of me that could hope, could fight, could protect my children, and feel worthy of being here*
>
> (Abi - on her personal experience of perinatal mental health care)

### Improving PMH care

### What are women, birthing people and their families and the wider evidence base telling us good PMH care should look like ?

A set of key principles have been drawn from the evidence review (hyperlink to the evidence review). These principles have been developed from the perspective of women, birthing people and families, and those working alongside them in the perinatal period. They aim to support local systems to consider two key areas:

#### 1. Where are we now?

This resource will support local systems to reflect and consider the quality of PMH care that they currently offer and raise awareness of inequalities and gaps in care to identify priorities.

> *Families have told us that they sometimes experience difficulty interacting with the complex service landscape and have to 're-tell their story to different services and professionals. This is often particularly the case for disadvantaged and vulnerable families*[16]

#### 2. Where do we want to get to?

This resource and evidence review will support local services to come together to confidently shape their vision, plan and deliver services and strengthen integrated care across the whole system.

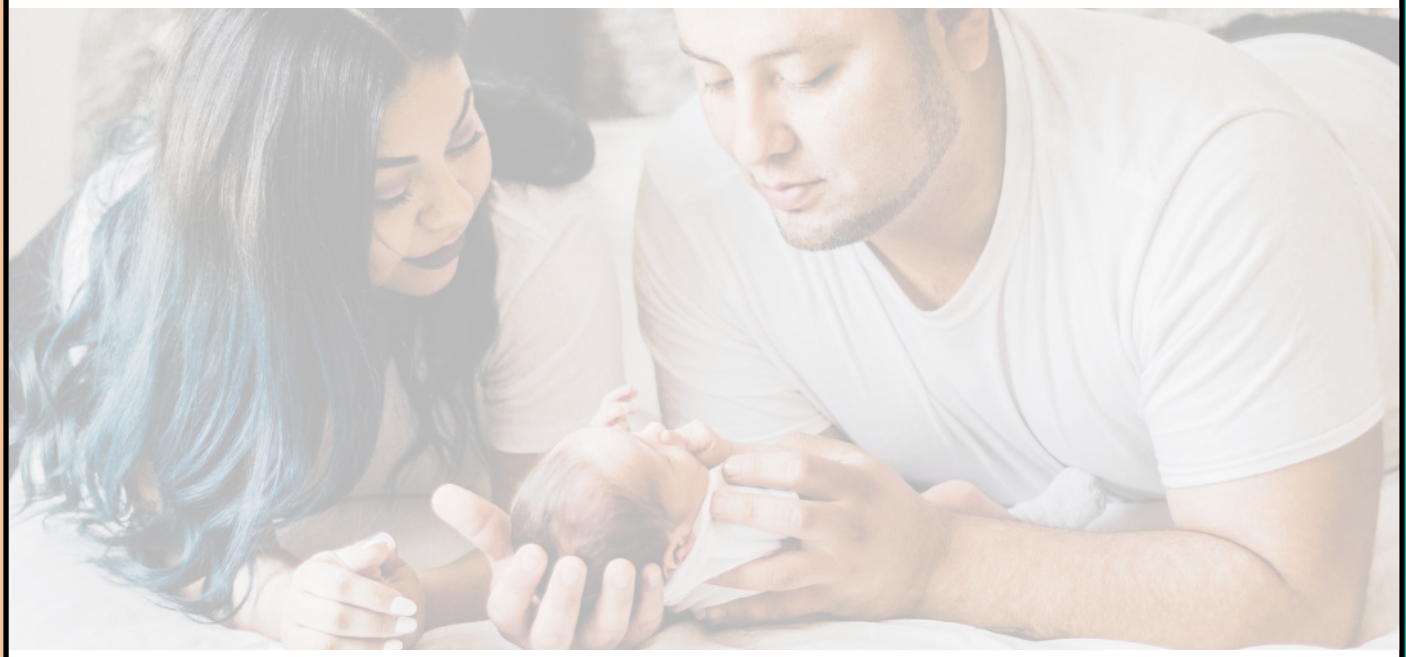
Achieving good family mental health requires effective, strategic, integrated and system-wide approaches. Whilst everyone who comes into contact with women, birthing people and families before, during or after pregnancy has the opportunity to provide mental health support. The MMHA campaign, 'Make all Care Count (MACC)' highlights and defines the essential services that can dramatically affect the lives of women, people and families with, or at risk of, PMH problems.

> *Local services, working together and in partnership with the voluntary, community and faith sectors, all have a vital role to play in supporting families. Professionals often face practical and organisational barriers to working together. Organisational geographical boundaries don't always align when it comes to delivery of services, which can add to the complexity. Taking a whole family approach better supports families to access the help they need*[16]

## Evidence Review: Key principles for practice

**All** women, birthing people and families across the UK need to:

1. Have their voices heard, feel services are welcoming to them, be involved in discussions and enabled to make informed decisions about their care, and be listened to
2. Receive care that is personalised and equitable, proactively including those women, birthing people and families that are impacted by inequalities
3. Have clear accessible information about the importance of mental health, how to recognise when help is needed, who/where they can seek help from, and how to access care
4. Feel comfortable and confident to talk openly about their mental health and feelings with practitioners who are non-judgemental
5. Have continuity of **carer** so that there is the opportunity to develop trusted relationships with practitioners working alongside them
6. Have continuity of **care**, being cared for by practitioners, who know how to work together, across agencies and settings to provide high-quality, safe and seamless care
7. Have timely access to the right care, in the right place, by the right people, with the right skills. This includes PMH promotion and prevention through the voluntary and community sector (VCS), universal and specialist services
8. Be cared for by practitioners who are trauma informed and supported to stay up-to-date on the latest evidence base and clinical guidance for PMH, have the right level of knowledge and skills, with appropriate training and supervision structures in place
9. Have parity of esteem for their mental health, across all services: maternity, health visiting, and GPs, through to care from specialist inpatient/community PMH services, parent-infant services and peer support services. Those with pre-existing mental health problems need preconception advice
10. As part of a wider approach to mental health care, have prioritised access to assessment and care for fathers, co-parents, partners, and the wider family



## On the same page!

The template is designed to be a starting point for collaborative discussions, enabling stakeholders to think together and consider how they deliver high-quality, safe, compassionate and effective PMH care.

### Principle 1 - All women, birthing people and families across the UK need to:

Have their voices heard, see themselves reflected in the services they use, be involved in discussions and enabled to make informed decisions about their care.

Examples of things you may wish to consider:

- How do you ensure that the voices of all women, birthing people and families are are listened to and heard, including those impacted by inequalities?
- How do you currently use feedback on the experiences of women, birthing people and families to support a continuous cycle of quality improvement in your service?

| What are our priorities? | | |
|---|---|---|
| | | |
| **Where are we now?**<br>• What works well currently?<br>• What are we most proud of about the care we provide? | **Is this good enough?**<br>• What do service users say is good about their care?<br>• What needs to change? | **Where do we want to get to?**<br>• What would help our service be even better?<br>• What help do we need to get there? |
| | | |
| **Agreed actions** | | |
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**Principle 2 - All women, birthing people and families across the UK need to:**

Receive care that is personalised and equitable, proactively including those women, birthing people and families that are impacted by inequalities.

Examples of things you may wish to consider:

- How do you ensure staff are enabled to become aware of unconscious biases and stereotypes that can influence their behaviour and care?
- How do your services currently recognise and address the complexity and multiple challenges facing those you care for, including poverty, domestic abuse and any history of trauma in order to understand and meet their needs?

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| | | |
| **Agreed actions** | | |
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**Principle 3 - All women, birthing people and families across the UK need to:**

Have clear accessible information about the importance of mental health, how to recognise when help is needed, who/where they can seek help from, and how to access care.

Examples of things you may wish to consider:

- What mental health promotion and information do women, birthing people and their families receive -and is the information evidence-based and tailored to individual needs?
- What community support groups are available to support family mental health and wellbeing in your area and are they linked in to statutory services?

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| **Agreed actions** | | |
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**Principle 4 - All women, birthing people and families across the UK need to:**

Feel comfortable and confident to talk openly about their mental health and feelings with practitioners who are non-judgemental.

Examples of things you may wish to consider:

- Have the practitioners working with women, birthing people and families been offered training and education on the impact of PMH to allow them to approach this sensitively?
- What public health messaging or campaigns are available/promoted/do you use to help tackle stigma about PMH?

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**Principle 5 - All women, birthing people and families across the UK need to:**

Have continuity of carer so that women, birthing people and families have the opportunity to develop trusted relationships with practitioners working alongside them.

Examples of things you may wish to consider:

- Does every family in your area have a named midwife/health visitor able to offer continuity of carer?
- Do you have systems for effective information sharing so that people don't have to repeatedly re-tell their story to different practitioners?

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**Principle 6 - All women, birthing people and families across the UK need to:**

Be cared for by practitioners, who know how to work together, across agencies and settings to provide high-quality, safe and seamless care.

Examples of things you may wish to consider:

- Does your area have a joined up PMH care pathway?
- Is there a formal inter-agency PMH network that meets regularly?
- Are your IT systems capturing the data you need to monitor progress in improving access and outcomes, and reducing inequalities? ? How easy is information shared across the system?

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### Principle 7 - All women, birthing people and families across the UK need to:

Have timely access to the right care, in the right place, by the right people, with the right skills. This includes mental health promotion and prevention through voluntary and community sector (VCS), universal and specialist services.

Examples of things you may wish to consider:

- Reflecting on your local system - which parts are strong and which parts need urgent work?
- Does your area/ organisation have a comprehensive and sustained workforce development plan for a high-quality PMH workforce? If so, does it take into consideration the need to balance population need, workforce skills and level of support with a tiered approach to describe PMH needs and the skills, competencies of the workforce to deliver high-quality PMH care?

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| **Agreed actions** | | |
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**Principle 8 - All women, birthing people and families across the UK need to:**

Be cared for by practitioners who are trauma informed and supported to stay up to date on the latest evidence base and clinical guidance for PMH, have the right level of knowledge and skills, with appropriate training and supervision structures in place.

Examples of things you may wish to consider:

- To deliver excellent, safe trauma-informed PMH care, how do you support staff working alongside women, birthing people and their families in the perinatal period to undertake training?
- How do you ensure that consistently compassionate and attuned interactions with ALL staff can promote feelings of safety and security, which is critical for supporting the recovery from PMH problems, particularly for those who have experienced trauma?
- How do you enable all staff to understand their role in this, including non-clinical roles?

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| **Agreed actions** | | |
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**Principle 9 - All women, birthing people and families across the UK need to:**

Have parity of esteem for their mental health, across all services: maternity, health visiting, and GPs, through to care from specialist inpatient/community PMH services, parent-infant services and peer support services. Those with pre-existing mental health problems need preconception advice.

Examples of things you may wish to consider:

- How are women, birthing people and their families asked about their mental health and emotional wellbeing during the perinatal period?
- Do you have clear integrated pathways of care for PMH across universal early intervention to care from specialist inpatient/community PMH services and parent-infant services?
- Do you include the need for a focus on mental health within all your current services and commissioning contracts?

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| **Agreed actions** | | |
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**Principle 10 - All women, birthing people and families across the UK need to:**

As part of a wider approach to mental health care, have prioritised access to assessment and care for fathers, co-parents, partners, and the wider family.

Examples of things you may wish to consider:

- How do you ensure that the needs of fathers/co-parents/partners are met?
- What information do you routinely collect on fathers/co-parents/partners?
- How do you record and share information about fathers/co-parents/partners, infants/children and the wider family between services across the system?
- Are there policies in place regarding information governance and data protection?

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## Thoughts from practitioners and parents on what is needed

*There should be a think family/whole family approach, with purposeful enquiry of both parents' MH and the parent-infant relationship at each contact*

*All staff should be trained to offer evidence-based care*

*Services should be partner-inclusive from the off*

*There should be continuity of carer and care, so you only have to share your story once and trusting relationships can be built*

*All staff should have a basic understanding of what effects early childhood adversity has on our mental health*

*We need pre- and post- training standards for all those working across the first 1001 days*

*There is a need for leaders who can then be the advocate for services, training, and more*

*A minimum level of annual mandatory training for all staff is required, and perhaps guidance as to what that level would look like for all staff - taking into consideration role/competence etc*

*There should be at least one Specialist Health Visitor and Specialist Midwife at every local level - and they should have protected time for leadership, for developing workforce, implementing policies, pathways and guidelines*

*Staff should have their own wellbeing prioritised*

*iHV PIMH Champions should have protected time to deliver on their role*

*Relationships matter!*

*All staff should have access to supervision-restorative and specialist psychology input*

*Fathers should be written into Key Performance Indicators; support networks are needed in services and equal priority should be given*

*All staff should have a basic understanding of what effects early childhood adversity has on our mental health. Eg lack of trust and sudden mood changes*

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