healthwatch Shropshire

Maternity and Mental Health Engagement Report Shropshire

January – March 2019

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Executive summary

From January to March 2019, at the request of Healthwatch England, Healthwatch Shropshire completed wide-ranging engagement to understand people's experiences of the maternity mental health support available in Shropshire. Using a variety of methods we spoke to 348 people who either used services or worked in the local maternity system.

Our findings will be shared with Healthwatch England, the Local Maternity System and all the organisations involved in the Shropshire, Telford & Wrekin Sustainability and Transformation Partnership (STP) to inform the long-term plan for how health and social care services will be delivered in the future.

At the time of completing this research project we learnt that maternity mental health services in the county had been inadequate for a long time and work was already underway to create a new community based Perinatal Mental Health Team with the aim of launching this service in Autumn 2019. Therefore, it is important to read the comments in this report in the context of a changing system while recognising the impact of the existing service and system in place on the mothers and their partners and the staff working to support them.

According to a 2013 report by the Boots Family Trust 'Perinatal mental illness is relatively common amongst women and occurs in the period from conception to the baby's first birthday.' We wanted to speak to women and their partners about their experiences and hear their views on the support available to them but also their ideas for how things could be improved.

Summary of findings:

- Of the women and their partners who completed the questionnaire or spoke to us at events/groups or 1:1, 35 women reported having a mental health condition and 13 partners. The largest number of these had experienced a mental health condition or challenge after the birth.
- Staff told us that many, if not all, of the parents they had encountered in the last six months would have benefited from mental health support. 52% of questionnaire respondents told us they had been given no information or advice about maternity and mental health. There were widespread calls for a range of information for parents, including information for first time parents, regular reminders about how to access support and specific information or practical support (e.g. mindfulness, ante-natal support, breast feeding, what to expect when have a Caesarean section).
- Women and partners described a range of experiences of talking to a variety of health professionals, including GPs. The lack of opportunity for parents to raise their mental health concerns came through as a theme in the feedback.

- We heard that people had a range of experiences of speaking to their GP about medication. Some people had felt informed and supported about their antidepressant medication while others had been taken off it, advised to reduce their use or refused it all together. We heard from staff that there is information available to GPs (e.g. through UKTIS[1]) to support them, but a Clinical Lead for Perinatal Mental Health said that "some GPs may not prescribe medication due to concerns over litigation".
- Mothers (and partners) received ranging levels of support and most support came from health visitors and midwives. People valued the support they received from health visitors and felt this support, advice and reassurance should be availably more frequently and go on longer, "even up to a year" after the birth as this would also give them the opportunity to talk about their mental health.
- 70% of the women we spoke to who reported having a mental health condition during the perinatal period said they had not received any mental health support.
- Service users and staff identified the need for people to be able to see the same midwife in order to build a relationship based on trust that would allow people to discuss their concerns and how they felt. Concerns were raised about the reduction in visits and work pressures staff face that impact on women particularly during the antenatal period.
- People's experience of waiting to receive mental health support ranged from receiving support on the same day to waiting more than three months. Service users and staff felt that long waiting times increased the risk of people getting into crisis. One person told us "it is impossible to access services unless you are at breaking point".
- We heard how difficult it can be for people to self-refer for mental health support. People talked about the impact of the loss of Sure Start centres and baby toddler groups and how valuable they had been as a way to meet people and feel supported. Some people had accessed private counselling and we heard from one partner who had received support through Occupational Health.
- Personalisation of care, including involvement in care planning, was welcomed with 78% of respondent telling us they felt involved in decisions about their care. However only five of 57 respondents (9%) said that they were aware of a care plan being in place that considered both their maternity and mental health and wellbeing needs.

[1] UKTIS (UK Teratology Information Service) - is the sole dedicated UK provider of evidence-based information on fetal risk following pharmacological and other potentially toxic pregnancy exposures

- When we asked people who had previous experience of either a mental health challenge or condition if the support available had 'improved', 10% said it had, while 45% said it was the 'same' or 'worse'.

Recommendations for the Local Maternity System:

These recommendation have been identified either as a result of our findings or were made directly by mothers / partners or staff and stakeholders we spoke to.

We recommend that:

- More support is made available for dads/partners, such as focussed questionnaires and more "male orientated supportive environments" so they are able to talk about their concerns and needs
- Better information for women / partners is provided, including around the pregnancy and birth, breast feeding, mental health and the support available and the referral criteria (e.g. for IAPT[2] the Community Mental Health Team, Joint Obstetric Liaison Clinic and PNMH Team) and that this is also available to staff working across the system
- More consistent and face to face contact with professionals is available, including Midwives and Health Visitors, to enable women / partners to feel able to discuss their concerns and ask questions
- More support groups, including focused groups (e.g. for mums with Post-Natal Depression) are set up to help people to build a peer support network
- Mental Health Training is made available to all staff working with women / partners so that conversation about mental health become part of day-to-day discussions. This training will enable staff to respond appropriately and make the necessary referrals, in order to prevent conversations feeling like a "tick box exercise"
- The new Perinatal Mental Health Team works closely with GPs and primary care to ensure:
    - consistency of advice and prescribing of medication during the perinatal period
    - those people who do not meet the criteria to receive support from the Perinatal Mental Health Team are supported appropriately and consistently in primary care
    - GPs can help the Perinatal Mental Health Team to engage with women / partners who have been identified as needing support

[2] IAPT - Improving Access to Psychological Therapies

About Healthwatch Shropshire

Healthwatch Shropshire is the independent health and social care champion for local people. We gather information on people's experiences of health and social care services.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

Context of this project

In December 2018 Healthwatch England announced that they were exploring the support made available to expecting and new parents as part of a wider programme of research on mental health. Between August and December 2018 they gathered experiences from more than 2,000 new mums and pregnant women.

In order to expand on their findings they asked a number of local Healthwatch to speak to women and their partners to understand their experiences of mental health services when planning a baby, during pregnancy and after the birth until the child is three, and to find out their views on what these services should look like in the future.

NHS England states that 'perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child'. In August 2018 Healthwatch Shropshire had run a 'Hot Topic' to gather people's views of Perinatal Mental Health (PNMH) services locally. Seven people contacted us to share their difficult experiences. We were also aware of the new PNMH Service being planned for the county so we felt it would be useful on a local as well as a national level for us to take part.

Late 2018, Healthwatch Shropshire were asked to be one of five local Healthwatch to contribute to this piece of national research by speaking to people about their experiences during pregnancy and in the year after birth when they try to access mental health services. We were asked to share our findings with Healthwatch England by the end of March 2019. The content of the appendices was sent to Healthwatch England to inform their report.

The purpose of this report is to summarise our findings so that they can be taken into account by local providers and commissioners when evaluating services and planning for the future. It has been shared with the Local Maternity System and the Sustainability and Transformation Partnership (STP) for Shropshire, Telford & Wrekin so that our findings and recommendations can inform the local STP Long Term Plan to be finalised by Autumn 2019.

Details of engagement activities

What we did

Healthwatch England asked us to use a number of engagement (contact) methods to give people as many ways as possible to share their views, including seldom heard groups.

We promoted this piece of work and asked mothers and their partners to participate primarily through attending Library Rhyme Time sessions across the county. We chose these sessions because research has shown they can have a positive impact on maternal mental health, e.g. research conducted by Shared Intelligence in Essex funded by Arts Council England.[3]

We used a series of questionnaires based on those designed by Healthwatch England to gather the views of mums / partners, staff and wider stakeholders (e.g. service providers, commissioners).

[3] https://sharedintelligence.net/our-work-2-2/library-rhyme-times-and-maternal-mental-health-action-research/

We also completed 1:1 and small group interviews with pregnant women (and their partners where possible) and new parents. The information gathered from these is included in this report as case studies. The full details of these discussions is in the appendices.

We also interviewed a number of staff, including mental health and maternity professionals and other stakeholders (interested parties).

Engagement summary	Total
Total number of groups/events for mums/partners attended by the Engagement Officer	**19**
Number of mum/partner questionnaires distributed at groups/events	218
Number of additional people spoken to at groups/events	89
Number of mum/partner detailed comments received	15
Number of mums/partners involved in 1:1 and small group interviews	19
Number of staff interviews	3
Number of stakeholder interviews	4
Total number of people spoken to	**348***
Total number of questionnaire's returned from mums / partners	74
Total number of staff questionnaires returned	10
Total number of completed questionnaires	**84**

**Some people who took a questionnaire also gave us a detailed comment*

Feedback summary

- ### Service user questionnaire

We received 74 responses. All respondents were female, 11 were pregnant and 63 had their baby in the last three years. Fifty-one respondents offered information about their partners, of these 49 respondents were heterosexual and two declined to declare their sexuality. From this it could be inferred that 49 partners (96%) were therefore male.

A full list of questions and all responses can be found in Appendix 1.

- ### Service user discussion

Thirty four people spoke directly to us to share their experiences. These discussions included the following seldom heard voices:

- the Muslim community (eight mothers and the Imam)
- one female farmer
- three individual fathers
- one Polish mother

Information from a Shrewsbury Focus group, immunisation clinics, medical practice, two case histories and a group of mini-case histories are included in Appendices 3-6, 8-9 and 11.

- **Staff questionnaire**

We asked service managers to distribute the staff questionnaire on our behalf with an explanatory letter and details of our Freepost address. We are not sure how many staff were given the opportunity to take part.

We received completed questionnaires from 10 members of staff; a Maternity Outpatient Service Manager, a Consultant Perinatal Nurse and a group of eight midwives based in the Princess Royal Hospital and Wrekin Community Midwifery Service.

A full list of questions and all responses can be found in Appendix 2.

- **Stakeholder and Staff Interviews**

We spoke to four staff working across the maternity system (stakeholders) and three Health Visitors. These interviews asked about the current PNMH situation and the new PNMH Team which was being appointed during the period of this survey.

This information can be found in Appendix 7 and Appendix 10.

What we found out

The current service

During the period covered by this research project, Perinatal Mental Health (PNMH) provision in Shropshire was minimal consisting of:

- A part time nurse available once a fortnight in Shropshire, based at the Brockington Mother & Baby Unit in Stafford (run by South Staffordshire and Shropshire Healthcare NHS Foundation Trust - SSSFT)
- A half Full Time Equivalent (.5 FTE) nurse working for Shropshire and Telford Hospital NHS Trust (SATH) in Shropshire

- A secondary care Joint Obstetric Liaison Clinic operating alternate Tuesdays at the Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) Telford
- A 'Talk about it Service' run by midwives for mums and partners to talk about any traumatic births at the consultant lead unit.

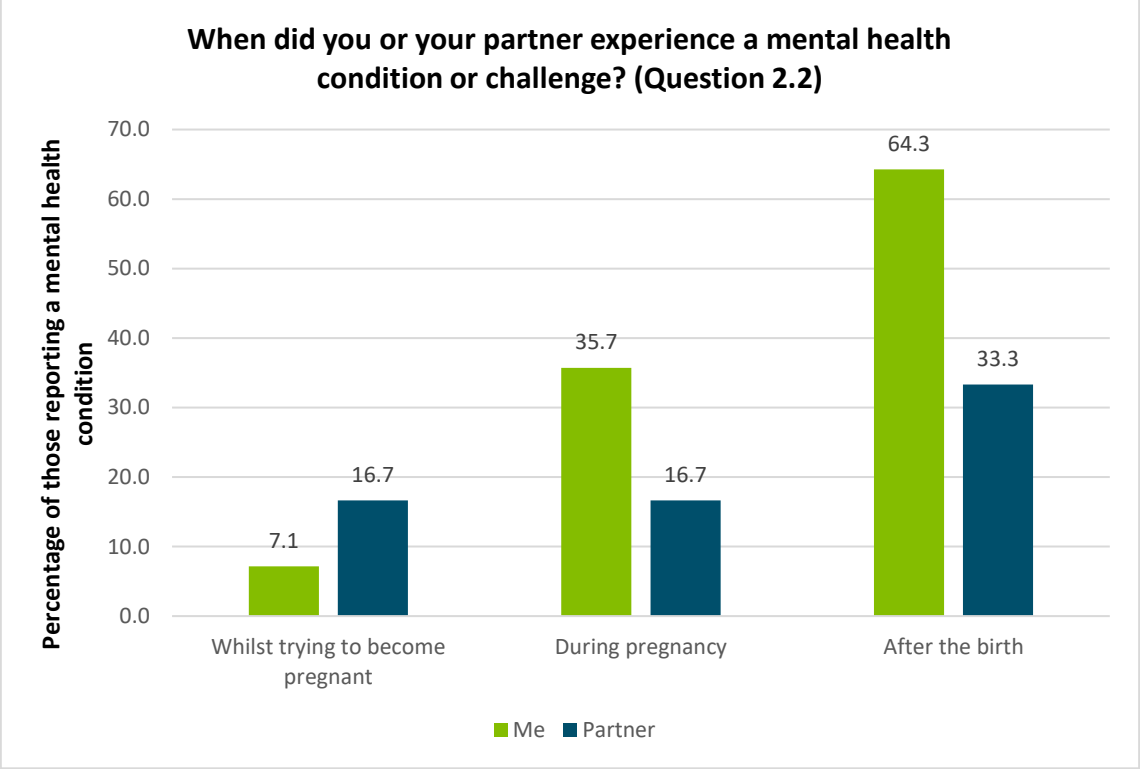
In addition, parents sought help from GPs, midwifery services, Health Visitors, the Improving Access to Psychological Therapies (IAPT) service and private counselling.

Currently there is a gap between the low level PNMH provision provided by Health Visitors & GPs and the high level provision inpatient care at the Mother & Baby Unit at Brockington.

Towards the end of this project a new community based PNMH team was recruited with the aim of launching the service in Autumn 2019.

Service users' mental health

From the 74 returned questionnaires, 28 women and 12 partners indicated they have or have had a mental health condition.

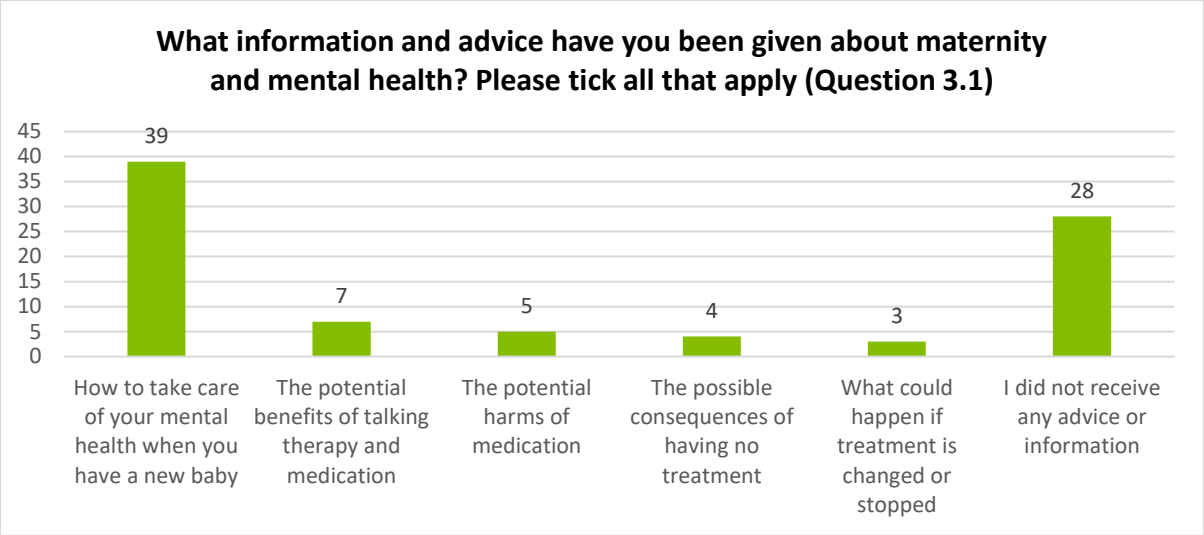


Eight parents (seven mothers and one father) interviewed reported having a mental health condition and one father reported his female partner as having a mental health condition.

Nearly all staff who responded to the staff questionnaire (Appendix 2, p XX) felt that many, if not all, of the parents they had encountered in the last six months would have benefited from mental health support. Several community midwifes felt that their entire "caseload of 85, all have anxiety or mental health issues". Others described the number of women needing support as "high", "numerous", "exceedingly high" and "too many".[4] One Health Visitor, during a staff interview, said she felt she had seen 30 people in the last six months who definitely needed help.[5]

Mental health and wellbeing support

Information and advice



When asked to describe the type of information and advice they had received about maternity and mental health, the table above shows that 39 (52%) of the 74 respondents to the questionnaire said 'How to take care of your mental health when you have a baby'. However, twenty eight respondents (38%) said they had received no information or advice at all. (Question 3.1)

Many questionnaire responses said that there should be more information available to parents during pregnancy about possible mental health problems, in particular problems linked to issues around breastfeeding and lack of sleep. When asked what gaps there are between what is needed and what is currently provided (Question

[4] Appendix 2, Staff questionnaire, Q7
[5] Appendix 7, Health Visitors staff interview

3.7), six respondents' comments related to a need for improved general information:

- "More information on mental health when becoming a first time parent"
- "Reminders throughout pregnancy and birth of how to access support"

and specific information, including sessions on mindfulness and ante-natal support:

- "I would have liked to have been given advice on how to cope and manage my own behaviour to prevent unpleasant confrontation"

One person interviewed, highlighted the impact of the lack of clinical information on their mental health state when having a Caesarean section:

- "I didn't know there would be a room of 10 people, it was intimidating … with H (first child) it was a natural birth with two people but 10 people I didn't know whether there was something wrong with her. Would have been good to know especially for a person with mental health problems." (Appendix 4, Case History E)

Medication advice

In the service user questionnaire we asked about the advice offered to those taking medication as part of their treatment for a mental health condition. Responses were difficult to analyse as it was not always clear which medication people were taking and therefore how to understand the mixed advice individuals reported, e.g. to stop taking the medication, reduce it or continue.

In the questionnaire replies, nine people reported having discussed medication with a variety of health professionals. One person said "When I found out I was pregnant, I stopped my medication", and one person reported that they had received no advice. (Question 2.4)

The discussion group, focus group and case histories highlighted the extent of this mixed picture of prescribing and advice about medication which appears to depend upon the GPs individual practice.

Case History A reported:

- "By the time I saw this one (GP) I wanted to die, I said I'm not going to kill myself but it was the only way I could see a way out. He said that if I was to go on antidepressants then I would have to stop breast-feeding, this added massive extra stress. I had done research so I know you can. He went to

speak with Dr B. He returned and reluctantly offered Sertraline….. Because I was at a low place I felt that if I took it I was a bad mum. I felt like it might harm L (baby) if I took it so I didn't take them".

During the group discussion one participant reported being refused antidepressants:

- "…problem with circle thinking for me, my mind in circles, trying to keep calm, need other mothers ….worried about little things ….GP not given medication 'for thinking', he said new to country and new baby, my situation going more bad[6]".

A focus group participant shared:

- "I wonder if you are less vocal and less informed how you would manage, I had to demand to have antidepressants. I knew because of my previous pregnancy what I needed… I could stand up for myself and am educated, you have to push you can't just trust."

Another respondent reported being diagnosed with post-natal depression after her first child which had continued into the second pregnancy and birth. When we spoke to her she was taking Fluoxetine 20mg which she had taken all through her pregnancy as well. She told us that after her first child her medication was stopped but with hindsight this was too soon:

- "I had a meltdown so had to go back on it and take it though this second pregnancy but I knew this would be OK." (Appendix 6)

She said she felt fully informed and supported with regards to her medication.

Another respondent said:

- "Because I have been on them (*antidepressants)* so long I kind of know when I need extra. The GP trusts me enough to know when I need extra I'll speak to them ….. I have been monitored throughout by the GP & midwives, they were fabulous." (Appendix 4, Case History E)

The Nurse Consultant and Clinical lead for Perinatal Mental Health (NC PNMH) stated that advice on medication given to the women comes from 'BUMPS' (Best use of medicines in pregnancy) available as an online resource to all pregnant

[6] Appendix 11

women[7]. This provides the latest details on toxicity of medication and helps informs choice. GPs have access to UKTIS which contains extra information[8].

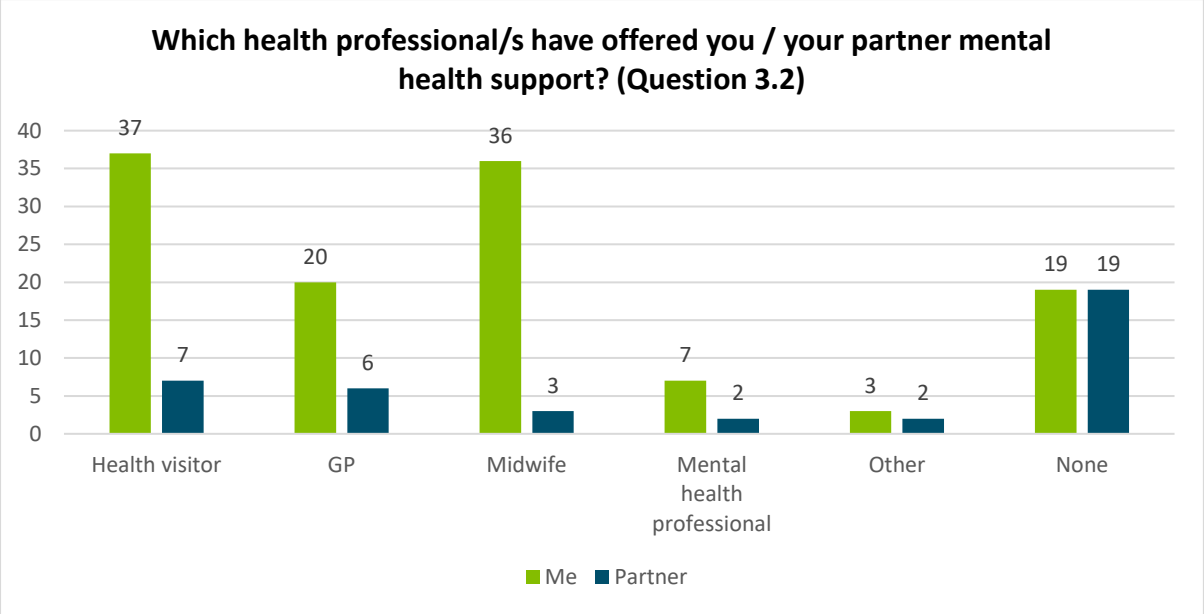
The Nurse Consultant for PNMH said:

- "Some GPs may not prescribe medication due to concerns over litigation... The new PNMH Team will be able to give advice on medication and preconception advice for women on medication."

An interviewee highlighted the need for medication advice to happen before pregnancy,

- "I thought that I didn't want to be on antidepressants as I'd been told the baby has to be weaned off when they are born." (This information had come from Google and a friend.) "I planned to drop the antidepressants and at the 8 week check-up I discussed this with the midwife, because I thought it would not matter as it was so early on but apparently the most significant effects on the baby can happen up to 12 weeks."[9]

Support



Thirteen women reported experiencing a mental health condition during the different stages of pregnancy (including after birth). Nine of these (70%) said that

[7] http://www.medicinesinpregnancy.org/
[8] http://www.uktis.org/
[9] Appendix 4, Case study E

they had not received any mental health support, four (30%) said they had. Of the five partners who only reported experiencing a mental health condition during the stages of pregnancy, three had not received support while two had received support. Of the two partners who had received support one had received it through an occupational health scheme.

In the staff questionnaire we asked how often the demand for mental health support is being met, five said 'infrequently' (50%), two people felt they were 'always' or 'frequently' met and one person said the demand was 'rarely' met.[10]

Support from midwives

Continuity of midwives was seen by women as important in building a relationship and trust:

- "I think continuity of care within the midwife service would help. I never saw the same midwife twice so there was no great communication about the struggles I was having."[11]
- "I never saw the same midwife twice [which] I could handle because it wasn't my first. It's more important first time round."[12]
- "The midwife was fantastic, saw same midwife for all the appointments at Ludlow and she helped me to manage the anxiety. The first child I didn't see the same midwife which was very unsettling by comparison"[13]

The Health Visitors (HV) we spoke to highlighted the impact of the lack of consistent contact, particularly as a result of a reduction in visits:

- "The therapeutic relationship with the HV is diminished with the reduction in visits especially the antenatal period".

How long support is provided

Feedback from women and their partners showed a desire for extended support. There was a view that it should be available for longer after birth. Routine support in the first weeks was welcome but this could be extended, especially access to

[10] Appendix 2, Staff questionnaire, Q8
[11] Appendix 1, Service user questionnaire, Q3.7
[12] Appendix 3, Focus group
[13] Appendix 6, Mini case history 6

Health visitors. Nine questionnaire respondents specifically mentioned Health Visitors:

- "The Health Visitor, on discovering my previous history of post-natal depression, was compassionate and offered support via phone or additional visits."
- "The Health Visitor stopped coming much sooner with my second child (due to funding cuts)."
- "I feel women need more support from health visitors (i.e. a home visit at 6 months, even up to a year)."

The Health Visitors told us about the timing of postnatal visits. They have five points of contact

i) Antenatal
ii) New birth
iii) Six weeks
iv) One year
v) Two year

They are no longer able to do a regular four-month visit. Several comments from women related to this time frame:

- "More ongoing support. In early days after birth, health visitor comes to visit but this drops off after three months. Very little support past six months."
- "If I did need support then there would be a long wait when things could get much worse."
- "I needed the support from three months when I had started to acknowledge I was struggling but was too embarrassed / reluctant to proactively seek help."

Six weeks after birth parents can contact the Health Visiting service and request further involvement. Many parents commented on long waiting times and difficulties contacting the service:

- "Health visitor finishes after 6 weeks, felt not long enough"
- "Sleep deprivation is a real issue so rang Health Visitor, offered an appointment for March (10 weeks away)"

One partner in a family with five children told us of his frustration at being "pretty well ignored, especially during the birth", not being asked how he was coping and the added impact of having to wait:

- "Partner phoned health visitor today and was on the phone for 40 minutes, what's going on? She had other things to do so gave up in the end. She just wanted the baby weighed." (Appendix 9)

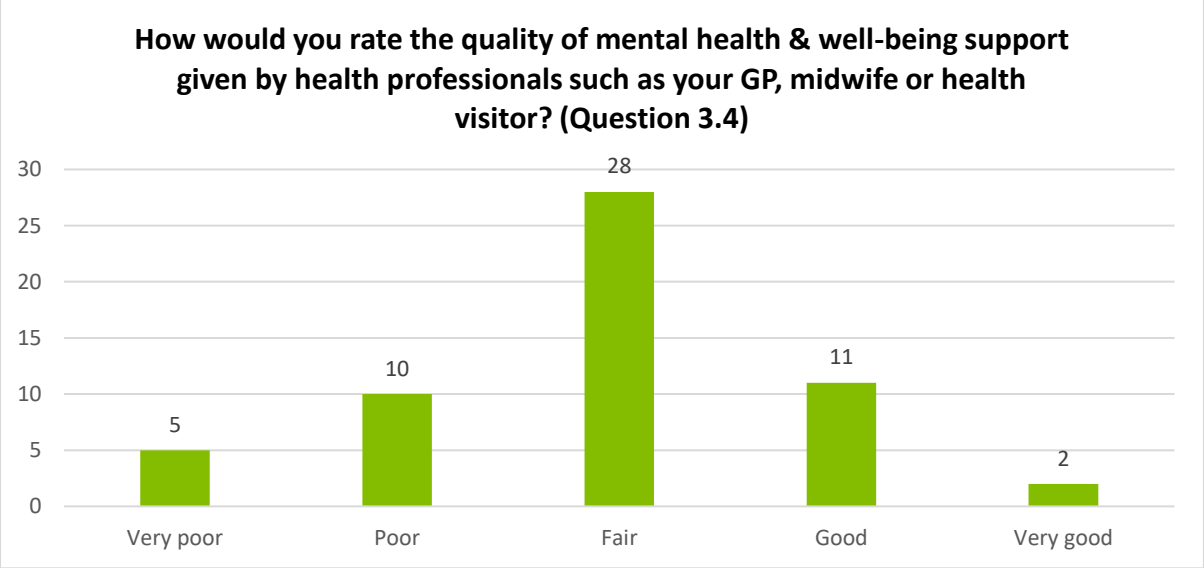
A Polish mother we spoke to at an Immunisation Clinic told us she was happy with maternity services in general but the Health Visitor had weighed her son at seven weeks and she had not seen her since. She was wanted to know if her son was putting on weight so phoned and asked when she would be seen again. She was given an appointment for four weeks' time. The Practice Nurse seeing the mum's concern offered to weigh the baby, which the mum accepted. A discussion followed, initiated by the Practice Nurse, about the limited number of Health Visitors. The Practice Nurse said there is:

- "A skeleton staff which they are aware of…they are having to focus on safeguarding with families in this area, so if a mum looks like she is coping they are given less attention".

The mum was asking for advice because the baby was not "pooing" every day and he had a lot of "colic pains". She clearly needed advice and reassurance which she was given at the immunisation clinic.

The Health Visitors spoke to us about their "reduced capacity" and its impact on the number of parents they are able to offer extra contacts with, and their capacity to do listening visits or use Cognitive Behavioural Therapy (CBT). (Appendix 7)

Quality of support



When asked to describe the current maternity mental health support on offer seven out of ten staff members who completed the staff questionnaire described it as 'good' or 'adequate'.[14] Whilst the Health Visitors, with their longer term perspective, felt support was "poor" and "rarely in a timely manner". (Appendix 7)

An overall theme running through the responses from service users was a feeling that there is "a pot luck nature to the help"[15]. The feedback from mothers highlighted that they felt that the work pressures staff were facing impacted on the quality of the support given:

- "It's obvious the services are strained and the staff stretched. When you are full up with your own stress you can become less empathetic towards others". (Appendix 3)

Opportunity to talk

Twelve questionnaire respondents indicated a lack of opportunity to talk about their mental health during the course of their pregnancy and afterwards. One woman was only able to think of one person who she was able to talk to. Two people tried to speak to the GP during to the six to eight week check about their difficulties and were told that this is "for the baby not the mother".

One mother said:

- "Not supported - during 6 weeks, check up at Whitehall Medical Practice, was not asked any questions about mental health".

However, others said that their GP considered the mother's mental health:

- "The GP at my six weeks check was brilliant and offered lots of advice regarding mental health".

Ludlow maternity services was mentioned as very supportive:

- "I knew I could call over anything even if I felt it was stupid. The focus was on me because I was a mess."

[14] Appendix 2, Staff questionnaire
[15] Appendix 3, Focus group

- "I preferred the Ludlow staff."

Midwives from across the county were identified as being especially helpful:

- "I was able to be honest with the midwife so they were really able to support me."

Specialist Mental Health support

Women / partners who completed the questionnaire reported that the length of time they had to wait to receive mental health support ranged from the same day to more than three months:

- "Both myself and my husband felt that we needed support following the birth of our child and spoke to our health visitor about this who advised we made a GP appointment. Three months following this we are still trying to get an appointment - even when I mentioned this to my GP at my 6 weeks appointment. No support!" (Appendix 1, Question 3.7)

Those referred for more specialist treatment including counselling and CBT reported longer waiting times.

Twelve questionnaire respondents commented directly on the mental health services received. Five said that they had never been contacted or were still waiting. Three replies indicate unsatisfactory help:

- "The counselling I received was ineffective. I felt rushed to come to a conclusion."
- "I was told to just go and talk with Strickland House."
- "I was given incorrect information over which service to contact and how. In the end I lost confidence and gave up requesting support."

The Nurse Consultant and Clinical lead for Perinatal Mental Health (NC PNMH) commented women tend to be ringing the community hubs in crisis rather than being kept well. [16] This was reflected by one questionnaire respondent:

- "The support is woefully inadequate (not taking away from how dedicated and professional the staff may be). It is impossible to access services unless you are at breaking point. There is also very little publicising about where

[16] Appendix 10

to get help - I have never seen a flyer/poster or e-ad and I've had two babies recently."

Two mothers indicated a good level of support and outcomes. One having been offered further support declined help.

Many said that they had sought private counselling due to long NHS waiting times.

One respondent said it was very helpful seeing the Consultant for Obstetric Mental Health. She was seen twice:

- "Once was near the end of the pregnancy when I had a panic and a wobble so I saw the midwife and had a second consultant appointment. This happened within one week."

A Shrewsbury based mother spoken to at a group explained her positive experience:

- "I got to see the community mental health nurse in Shrewsbury Hospital. With previous pregnancies I was induced early due to anxiety problems".

Several people highlighted the difficulty they faced with self-referrals:

- "I felt suicidal and saw the GP. He said to make a self -referral, which I found difficult but did ring."[17]
- "[GP] gave me a leaflet for the Mental Health Team. One day mum made me ring it. It had to be a self-referral which I found hard to do."[18]

Loss of previously available support and resources

Five questionnaire respondents mentioned about the loss of resources typically commenting:

- "One of the best resources for new mum / dad / carers was the Sure Start[19] initiative, these groups were invaluable to me in those early weeks. Whilst not suffering from any mental health condition, one can feel low or overwhelmed with a newborn. I know many mums who felt the same and who benefited a great deal from Sure Start."

[17] Appendix 6, Mini case history 6
[18] Appendix 5, Case History A
[19] 'Sure Start centres give help and advice on child and family health, parenting, money, training and employment' - www.gov.uk/find-sure-start-childrens-centre

A mum we spoke to in Oswestry also reported the need for this kind of help:

- "A professional person so you are not anxious about your baby. I thought I was the only person who could care for L. Someone to spend time with you to show you what to do and take you out perhaps for half a day."[20]

One respondent commented on the loss of maternity services at RJAH:

- "This was providing mental health and wellbeing support, just without a fancy label"

While the women we spoke to at the Muslim Women's Group particularly felt the loss of Ludlow Maternity birthing unit.

A mum we spoke to said:

- "Sure Start has now stopped and so has antenatal aqua aerobic where there was a midwife, people relied on them, now they don't have anything. I have this playgroup and another in Clun. It can be so hard to meet people".

A father who's partner has a long standing mental health condition commented:

- "There's no baby and toddler groups in Craven Arms anymore, so there's no way to meet other parents for her easily…loneliness is a problem... In order to attend groups transport and finances are needed".

A clinical lead for PNMH told us that reduced Health Visitor visits, loss of peer support in Sure Start, Home Start[21] and children centres has had a big impact on especially vulnerable families living in deprived areas.

Support for Breast feeding and sleeping routine

The questionnaire responses and focus group discussions highlighted the importance of good advice around breastfeeding and sleeping:

- "Breastfeeding and sleep really influence your mental health and well-being."

Mothers completing the questionnaire who did not feel they had particular mental health concerns reported:

[20] Appendix 5, Case History A
[21] 'Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging times.' - www.home-start.org.uk/about-us

- "I struggled a little bit with mental health / stress when my child went through a phase of not sleeping without being breastfed. Sleep training was only loosely mentioned by the health visitor but this had a positive effect - more information could be available about the link between these two things."
- "There is a gap in care for parents with babies of difficult temperament or babies that don't sleep. I don't require mental health support but I'm struggling with lack of sleep as babies wake up every hour or more. Also lack of support for so called colicky babies which again leads to lack of sleep. It's so common."
- "Whilst I wasn't 'diagnosed' with a mental health problem post-natally, and fell just within the acceptable range on the mental health questionnaire, I was at my most mentally unstable point in my life so far. One specific thing that influenced this was the difficulty I had with breast-feeding and my determination to continue with it. What would've helped me is something that I feel is essential- much better support with breast feeding!"

One focus group participant told us:

- "I checked with one midwife about co-sleeping she said 'I'm not allowed to say it is safe to co-sleep with breastfeeding' but we could talk about it and think about how it worked with breast feeding. The Health Visitor just answered what was in the script and couldn't handle the comments, she just came back to 'well you know the risks'."

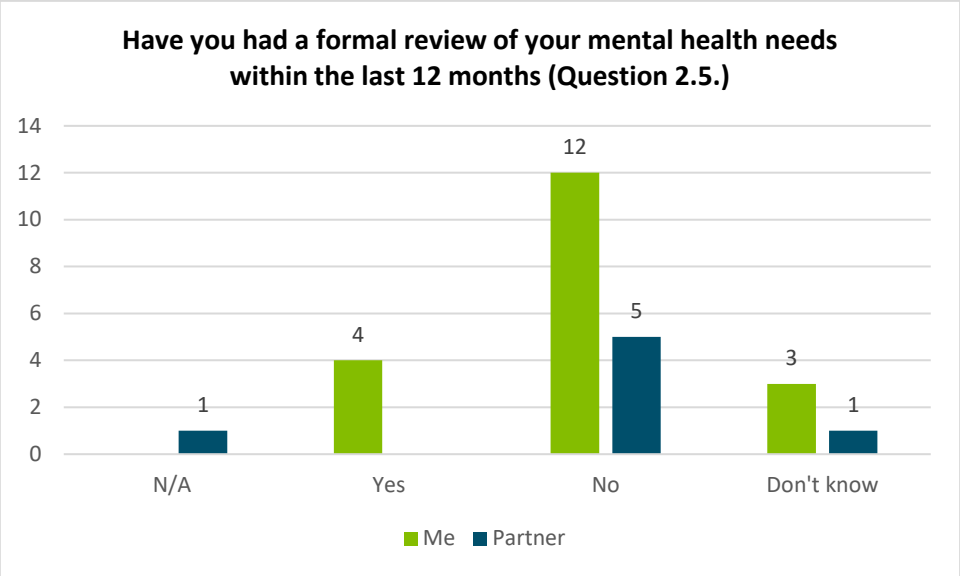
For those mums we spoke to who identified as having a mental health condition the support was considered vital:

- "The pressure to breast feed from the family because that's what the sheep do and is best, and pressure on myself, I had bleeding nipples, I tried nipple shields but they didn't help. I was so unwell last time this time everyone was much more 'do what is right for you'. The last midwife made me feel I had made the right decision this time. Because of my previous experience I could better deal with it this time."
- "Breast feeding and bottle issues are really big in everyone's minds and put so much pressure on you, the better help is really important"
- "When I wasn't able to continue breast feeding and very upset about this"

Support for people with a diagnosed mental health condition

Annual mental health review

Women / partners with a diagnosed mental health condition were asked if they had had a formal review with a mental health professional as part of their treatment within the last 12 months.



Three of these gave an indication of how well informed they felt following the review about issues surrounding pregnancy. The responses indicated an overall feeling of being 'somewhat' or 'well informed' (Appendix 1, Question 2.6).

On-going care and support

We also asked if people felt that the maternity care they received was affected by their mental health needs. Twenty seven mothers and seven fathers responded to this question, 15 mothers (56%) and all of the partners who answered the question felt that the maternity care they received was not affected by their mental health; seven mothers (26%) felt that their maternity care had been 'positively affected' and five (18%) felt it had been 'negatively affected'.

Personalisation of care and advice

The lack of opportunity for parents to raise their mental health concerns came through as a theme in the feedback. It was suggested that there should be more discussion with parents about how they feel emotionally and more time for conversations or different approaches to allow concerns to be raised by those who

may be reluctant initially to seek support. A view highlighted by a response from a mother with an existing mental health condition:

- "I think if you ask a new mother if she is ok to her face, she will say 'yes' for fear of baby being taken away or seeming like a failure. If you gave her a scale chart to answer how she feels on paper, you would get a very different, more honest response. I think I have perfectly pretended that I was fine after each of my three children"[22]

During a focus group[23] we heard that conversations with Health Visitors in particular, felt like a "tick box exercise" and "I felt like I had to apply for a job I already have" but it was acknowledged how busy they were.

Care plans

In the service user questionnaire, we asked if there was a care plan in place that considered both maternity and mental health/wellbeing needs (Question 3.5)W. Fifty seven people responded to this question, of these only five people (9%) were aware of a care plan being in place that considered both their maternity and mental health/ wellbeing needs, 23 (40%) reported that there wasn't and 29 (51%) didn't know.

Communication and involvement

When asked if they felt involved in decisions about care 49 people responded. Thirty eight people (78%) felt they were involved, 11 (22%) did not feel involved in these decisions.

Most people welcomed involvement, however one person we spoke to at a focus group felt that involvement wasn't helpful with decisions over medication for mental health issues;

- "The culture is that you have to make your own decisions with them giving you the pros and cons but I don't know, I'm not the professional"[24]

[22] Appendix 1, Service user questionnaire, Q 3.8
[23] Appendix 3
[24] Appendix 3, Focus group

A theme that runs through all of the feedback is the need for appropriate communication with mothers and partners and how it can effect mental health:

- "Small comments from [Health Visitors] can affect your mental health like if your baby is not sleeping how they speak about the baby (being 'self-soothing') can make you feel like everyone else's baby does sleep."[25]
- "Midwives need to understand the powerful voice they have in a woman's life especially during labour and birth."[26]
- "At 12 weeks I had chromosome testing and a week later got a missed call from the hospital. I jumped to thinking the worst case scenario. No message was left. If possible could they leave a message? [It turned out that] I had an appointment with the Consultant Gynaecologist and Obstetrician, I didn't know I had been referred. It would be helpful to be warned that you will receive a phone call because you have been referred."[27]

Have things changed?

We asked parents of more than one child if they had noticed changes in how their mental health was supported before, during and after each pregnancy.

Overall 28 mothers responded to this question.

Table 1: Breakdown of 28 responses by mental health challenge

Changes to how mental health is supported	Improved	Same	Worse	Unclear	Total
Mother and partner with no mental health challenge	2	5	1	-	8
Mother or partner have had mental health challenges	1	4[28]	4	4[29]	13
Mother or partner have existing mental health challenges	1	0	1	5[30]	7
Total	**4**	**9**	**6**	**9**	**28**

[25] Appendix 3, Focus group
[26] Appendix 3, Focus group
[27] Appendix 3, Focus group
[28] Three of these comments indicated that there were no differences between experiences; they were poor each time.
[29] Includes 2 comments were comparing experiences with previous out of area births (Birmingham & France).
[30] Includes 1 comment was comparing experiences with an out of area birth.

The message from these responses is that at the time of doing this survey, those people without a mental health condition said things were the same or had improved, whereas the majority of those who had experienced/were experiencing a mental health condition said things were much the same or worse.

Eight of the 10 staff who completed the staff questionnaire felt that there had been changes in the service and support available for parents in the last two years. Of those, six (75%) felt that the changes had improved the service.

Access and in particular, self-referral to Shropshire Psychological Therapies (IAPT) was seen as an improvement.[31] Most of these staff had not been involved with delivering changes.

How can the service be improved?

Twenty four questionnaire returns contained suggestions for service improvements including:

Improved support for partners

Responses included the following suggestions:

- "Midwife care is very good, more would be needed for dads - separate questionnaire maybe?"
- "Mental health questioning, and male orientated supportive environments."

The need for this was re-enforced by the comments of a father in an immunisation clinic. He told us his mental state had deteriorated after witnessing his partner's traumatic birth experience.

Other comments / suggestions

- "Mental health needs an overhaul"
- "More ongoing support"
- "more information on IAPT"
- "better quality of information"
- "shorter waiting time for counselling"
- "Counselling after miscarriage"
- "information about what is normal" (and what is not)

[31] Appendix 2, Staff questionnaire Q3 & 4

More face to face contact and range of support (including groups)

Specific suggestions we received when asking for comments about PNMH as part of our Hot Topic in August 2018 included:

- "More face to face contact with the midwives - one specific - in your own home to discuss worries / concerns and ask questions. More face to face contact with one specific Health Visitor in own home to discuss worries / concerns and ask questions. All the staff changed so you couldn't build trust. More checks by professionals about mental health using a checklist or assessment rather than being asked how you're feeling as the people most in need aren't going to openly admit it."
- "Maybe a mum and baby group for mums with Post Natal Depression (PND). Sitting at a normal mum and baby group is so much harder when you have PND you spend more time looking at other mum's being super sweet with their babies and wishing with all your being that you could feel that."

Increased capacity and joined up working

When we asked staff what would make an effective perinatal mental health service, the most common response in the questionnaire was the need to increase capacity. Others included making pathways easier, using a joined-up approach in clinics and improving links with Community Mental Health Teams (CMHT).[32]

During our discussion with Health Visitors they told us that the following were important when working with the new Perinatal Mental Health Team:

- Easy referral system
- Opportunity to phone and chat about a particular case before referral
- Flow chart of the criteria for the referral
- Quick pick up for the initial meeting, ensuring that the service makes contact quickly with a person enabling the user to trust the system
- Perinatal support groups with a crèche
- Opportunity for joint working (across the Health Visitor team and PNMH Team)

The Nurse Consultant and Clinical lead for Perinatal Mental Health (NC PNMH) told us that there are national pathways for timings for preconception, routine

[32] Appendix 2, Staff questionnaire, Q9

assessment, urgent/emergency care, psychological, inpatient mother and baby unit.

- "There is a concern that Shropshire may not have funded the right number of staff e.g. the national team figures say 1 community nurse per 1,000 births in rural areas. This is not the case for Shropshire. The commissioners are not currently funding this level of provision."

When midwifery staff were asked about feedback mechanisms available to them to share their views on how the system/service could be improved, four out of the seven who responded were not aware of any way they could formally share their views or if it would have an impact. One staff member told us:

- "I could feedback to manager. However if long term sickness effects clinic provision, there is nothing to be done."

Further Sources of Information

Write up of the Maternity Voices Partnership 'Whose Shoes?' Event write up November / December 2018
https://online.fliphtml5.com/byeza/xujf/?fbclid=IwAR1ojf-Q8X-BgaQqDqjsGil_DSKLrYDsnnszUF8ojajoTz8eTSVcwhKaWZY

Local Maternity System Response

Healthwatch Shropshire has received the following response to this report from the Programme Manager for the Shropshire, Telford & Wrekin Local Maternity System:

'The Shropshire Telford and Wrekin LMS welcome this key piece of work undertaken by Healthwatch Shropshire.

The LMS will use the findings from this research to help ensure perinatal mental health services meet the needs of our local population.

In recognition the LMS has asked this to be routinely undertaken across the LMS footprint so we can measure the ongoing impact of improvements to PMH services and associated outcomes for women and their families.'

Acknowledgments

Healthwatch Shropshire would like to thank

- Every parent who took the time to complete the questionnaire or to talk with Healthwatch Shropshire. We especially would like to thank those who agreed to be case histories and took part in group discussions
- Staff who gave their time to complete the questionnaire and especially to those who took part in interviews, and distributed questionnaires
- Shropshire Library Services - Shrewsbury, Oswestry, Whitchurch, Ludlow, Church Stretton Rhyme Times
- South Shropshire Rural Play Group
- Oswestry & Shrewsbury Baby Sensory Groups
- Oswestry Breast Feeding Group
- Bridgnorth Medical Practice
- Claremont Bank Shrewsbury
- Craven Arms Surgery
- PlasFfynnon Medical Centre
- South Shropshire Muslim Women's Group
- Healthy Child Programme Co-ordinator Shropshire Council Public Health
- Consultant Obstetrician and Gynaecologist, Shrewsbury & Telford & Wrekin
- Nurse Consultant and Clinical lead for Perinatal Mental Health Shropshire Health Visitors
- Local Maternity Services Manager
- Mental Health Obstetric Clinic Telford
- Cognitive Behavioural Therapist - IAPT Shropshire
- Healthwatch Telford & Wrekin
- Maternity Voices Partnership

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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