EXECUTIVE SUMMARY

The Child and Adolescent Mental Health Needs Assessment was completed in 2012. Following consultation with stakeholders it was determined that further work was required to expand the remit of the postnatal depression chapter to encompass maternal mental health and its impacts upon infant health before and after birth.

Maternal antenatal depression has been linked to increased foetal activity, delayed antenatal growth and higher occurrences of prematurity and low birth weight. Maternal postnatal depression has been shown to have adverse effects on the baby, including insecure attachment, cognitive development deficits and increased likelihood of psychiatric illness, and some of these can persist in the longer term.

This needs assessment chapter aligns with the Infant Mental Health Strategy being developed by Warwick University which will be published in spring 2013.
# INFANT MENTAL HEALTH

As many studies link care in infancy with outcomes for children across their lifetime it is essential that the early intervention offered in Warwickshire is effective and accessible by all. The essential period covers maternal mental health prior to birth through to postnatal maternal and infant mental health, including antenatal care.

## LIST OF STAKEHOLDERS INVOLVED

<table>
<thead>
<tr>
<th>Acorn Counselling</th>
<th>Whitnash Children's Centre</th>
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<tbody>
<tr>
<td>Children’s centres</td>
<td>Kingsbury Children’s Centre</td>
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<tr>
<td>Bedworth Heath Nursery and Children’s Centre</td>
<td>Whitnash Children's Centre</td>
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<td>Rainbow Children’s Centre</td>
<td>Kingsway Children’s Centre</td>
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<td>Nurseries</td>
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<td>Whitnash Nursery</td>
<td>University of Warwick</td>
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<td>Leamington and Warwick Children's Centres</td>
<td>Warwickshire County Council</td>
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<td>Stockingford Early Years Centre and Library</td>
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1 INTRODUCTION

Dr Dave Tomson: “Treating mental health problems during and following pregnancy is as important as treating physical problems such as high blood pressure, so healthcare professionals should be asking women about mental health as standard.”

Early Intervention, when understood to mean focusing on the vital period of infancy, has become a national priority at government level, with cross-party consensus. There is emerging evidence that the outcomes of early life experiences can be long-lasting and impact on a wide range of lifetime issues, including mental health, anti-social behaviour and substance misuse. There is some debate as to when ‘Early Intervention’ to improve long term mental health can begin and outcomes be measured. There have been a number of National Institute for Health and Clinical Excellence (NICE) guidelines issued on the topic of Antenatal and Postnatal mental health which includes the planning of a pregnancy by women with pre-existing mental health issues. This topic therefore covers pre pregnancy of vulnerable women through to the point at which the infant reaches two years of age. It will include a review of existing provision of Early Intervention approaches and consultation on service users’ experience of these.

1.1 PRE-PREGNANCY MENTAL HEALTH ISSUES

Women who have experienced mental health issues prior to becoming pregnant are at greater risk of experiencing mental health problems both ante and post the birth of their child. There are also additional considerations for those who are taking medication for the control of their mental health issues regarding their safety during pregnancy.

Some women begin experiencing mental health issues after an abortion, miscarriage or ectopic pregnancy. Research studies suggest that whilst the majority of women do not experience mental health issues or regret two years after their abortion, some do, and these tend to be women with a prior history of depression. Major et al (2000) found that depression decreased and self-esteem increased from pre abortion to post abortion, but negative emotions increased and decision satisfaction decreased over the time period. Again it was found that a prior pre-pregnancy history of depression was a risk factor for depression, lower self-esteem, and more negative abortion specific outcomes two years post abortion.

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Evidence shows that women experiencing an ectopic pregnancy or miscarriage are at risk of experiencing mental health issues, particularly anxiety.\(^6\) Suggestions for good practice amongst healthcare professionals include raising awareness of the issues which pregnant mothers may face after their ectopic pregnancy or miscarriage, such as more frequent antenatal visits for women with high anxiety levels following a previous late-pregnancy loss due to the potential for ineffective mother-infant adaptation and attachment.\(^7\)

### 1.2 Antenatal Mental Health Issues

Research suggests antenatal depression has the following effects on the foetus:

- Increased foetal activity;
- Delayed antenatal growth and higher occurrences of prematurity and low birth weight.

Babies can experience perinatal complications including a biochemical/physiological profile that mimics the antenatal biochemical/physiological profile of their mothers, including:

- Elevated cortisol – the stress hormone
- Lower levels of dopamine – associated with many important brain functions such as behaviour, cognition, motivation, mood etc.
- Lower levels of serotonin – regulates mood, appetite, and sleep,
- Greater relative right frontal EEG activation – associated with depressed affect and may be at greater risk for developmental problems and
- Lower vagal tone – associated with heart beat regulation.\(^8\)

Vesga-Lopez et al (2008) state that:

> *Maternal psychiatric disorders during pregnancy and the postpartum period are also associated with numerous adverse outcomes for the offspring, including maladaptive foetal growth and development, poor cognitive development and behaviour during childhood and adolescence, and negative nutritional and health effects.*\(^9\)

Studies show that women who are classified as having antenatal depression are 12 times more likely to be diagnosed as having depression at 4 weeks after the birth and 10 times more likely to be diagnosed as having depression 8 weeks after than those not classified as having antenatal depression.\(^10,11\)

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1.3 POSTNATAL MENTAL HEALTH

Attachment theory has had a large impact on ideas of how best to manage the first year of birth, in describing the immediate and long-term effects of early relationship experiences on very young children. The British psychiatrist and psychoanalyst John Bowlby developed this approach, which, suggests that the level of security infants experience with their parents can affect observable differences in behaviour into the second year of their life. Thompson (1999) gives a summary to describe how:

‘Securely attached children show greater enthusiasm, compliance, and positive affect (and less frustration and aggression) during shared tasks with their mother, as well as affective sharing and compliance during free play with their mothers. Securely attached infants tend to maintain more harmonious relations with parents in the second year.’\(^{12}\)

Insecure infants are not necessarily classed as having a disorder, but can be seen as ‘avoidant’, whereby they develop a strategy of avoiding close relationships, or ‘resistant’, where they are conflicted and both seek and resist closeness with the care-giver. More seriously, where parents have unresolved emotional issues, or in fact pose a risk to the infant, a disorganised type of attachment can develop. This can lead to the child lacking empathy and having on-going issues with trust, respect for social rules and disruptive behaviour. There are a number of risk factors including congenital abnormalities in the child, low birth weight, a non-empathic parent, or one or both parents suffering from mental health problems or addictions, or with a background of abuse or neglect as children.\(^{13}\)

Poor maternal mental health in pregnancy and during the postnatal period can have serious consequences for the health and wellbeing of the baby, but also for the mother and other family members. Research has shown that it has profound effects on relationships, families and children that are linked to:

- Higher rates of depression in partners
- Higher levels of divorce
- Lower levels of cognitive development in children
- Lower levels of emotional security in children
- Higher levels of behavioural problems in children

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• Higher levels of psychological disorders among children\textsuperscript{14}

The national charity, ‘4Children’ recently produced a report titled, ‘Suffering In Silence’ which highlighted the fact that, ‘Many families are suffering the consequences of PND in silence; that if and when they do seek help mothers are not getting the swift access to the range of treatment options they need; and that this is having a detrimental impact on families across Britain’.\textsuperscript{15}

‘Fair Society and Healthy Lives’ (The Marmot Review)\textsuperscript{16}, emphasises the importance of positive attachment between a young child and their primary care giver—usually the mother for healthy development. The review states, ‘Isolation and depression are two important factors that impact negatively on maternal attachment capacity and which supportive interventions can alleviate’.

The Scottish Intercollegiate Guidelines Network (SIGN) defines postnatal depression (PND) as, ‘any non-psychotic depressive illness of mild to moderate severity occurring during the first postnatal year’.\textsuperscript{17} There is increased recognition that the depression often starts during pregnancy. The symptoms are similar to symptoms of depression at other times of life however, in addition to symptoms of:

- low mood,
- sleep disturbance,
- change in appetite
- poor concentration,
- irritability

Women with PND also experience guilt about their inability to look after their new baby.\textsuperscript{18} Research studies have consistently shown that the following risk factors are strong predictors of postpartum depression:

- depression or anxiety during pregnancy
- stressful recent life events
- poor social support
- A previous history of depression.

Minor predictors of postpartum depression include:

- childcare stress

\textsuperscript{14} Department of Health, Department for Education and skills (2004). National service framework for children, young people and maternity services, London, Department of Health
\textsuperscript{17} Postnatal depression and puerperal psychosis (2002). Scottish Intercollegiate Guidelines Network (SIGN).
• low self-esteem
• maternal neuroticism
• Difficult infant temperament.

Small predictors include:

• obstetric and pregnancy complications
• negative cognitive attributions,
• single marital status, poor relationship with partner
• Lower socioeconomic status including income.\(^{19}\)

Furthermore, mothers of preterm infants can also be at higher risk of depression than mothers of term infants in the immediate postpartum period, with continued risk throughout the first postpartum year for mothers of very-low-birth-weight infants,\(^{20}\) and multiple births.\(^{21}\)

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\(^{20}\) Ibid

2 NATIONAL/INTERNATIONAL PERSPECTIVE

2.1 EARLY INTERVENTION

In ‘An Infant Mental Health Service’ the authors argue that;

‘The older the child becomes, then the harder it can be to ‘re-wire’ certain areas of the brain; which means that without intervention a child who has experienced abuse or neglect as an infant will unwittingly continue with patterns of responses that are engraved in the mind, even if circumstances change.’

With this in mind, it supports the conclusion that commissioners should be focusing on both antenatal and postnatal periods, entailing pregnancy and the two years after birth.

The 2011 government-commissioned report, Early Intervention: The Next Steps champions Early Intervention as an approach to make lasting improvements to the entire lives of children, and counter many social problems, which are passed down from generation to generation. The report states that ‘A child’s development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.’ Furthermore Allen recommends that;

‘The United Kingdom should adopt the concept of the foundation years from 0 to 5 (including pregnancy), and give it at least the same status and recognition as primary or secondary stages. Its prime objective should be to produce high levels of ‘school readiness’ for all children regardless of family income.’

The report also emphasises that;

‘Every taxpayer pays the cost of low educational achievement, poor work aspirations, drink and drug misuse, teenage pregnancy, criminality and unfulfilled lifetimes on benefits.’

2.2 PRE-PREGNANCY CARE

Part of ensuring that infants are brought into good relationships is ensuring that they are born to those who are in a good situation to become parents, having chosen to take on that responsibility. Thus preventing unplanned pregnancies can be a way of avoiding poor infant mental health outcomes. Managed alternatives to anti-depressants for women who are planning on becoming pregnant could help reduce both medication effects on foetuses and help ensure a more stable mental state during pregnancy.


2.3 ANTENATAL CARE

During pregnancy the focus for care is on maternal health, as toxins consumed by the mother can cause physical problems such as disability and attention deficits. In addition depression and anxiety during pregnancy are considered to be strong risk factors for PND\(^{24}\) so identifying issues at this stage could help prevent problems after birth. Foetal Alcohol Spectrum Disorder (FASD) is one area of concern, as it can involve permanent brain damage causing learning difficulties in the areas of social and emotional development. It is also well documented that smoking during pregnancy increases the risk of low birth weight babies.\(^{25}\) Smoking cessation services should focus on the smoking habits of both parents, not just mothers.

NICE guidance recommends use of antenatal group-based parenting programmes to promote attachment and parenting skills for example, Preparation for Parenthood programmes with a specific focus on the ‘transition to parenthood’ and Preparation for Birth and Beyond: resource pack to help parenthood groups. Evidence demonstrates reduced postpartum anxiety; less rigorous evidence shows support for a range of outcomes.\(^{26}\)

Two key strategy documents place a focus and commitment on perinatal and infant mental health: ‘Children & Young People’s Mental Health Coalition’ which documents key policy documents\(^{27}\) and the ‘Perinatal Maternal Mental Health Services’ which make a justification for early intervention and outline general principles and core standards required for a perinatal service.\(^{28}\)

2.4 POSTNATAL CARE

Studies suggest that the infant’s relationship with the primary care-giver will set the pattern for all future relationships. Thus it has been suggested that getting this right is vital, as failing to do so could cause a lifetime of dysfunctional behaviour, such as seeking self-esteem from anti-social acts.

Research on the positive effect of breastfeeding on mother-infant relationships shows higher quality relationships at 12 months than those bottle feeding.\(^{29}\) The UNICEF Baby Friendly Initiative has been found to have a positive effect on UK breastfeeding rates. One study

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\(^{27}\) Children and young people’s mental health: the policy, the progress made, the challenges. (2010). Children & Young People’s Mental Health Coalition.


showed that UK mothers who deliver in UNICEF ‘Baby Friendly’ accredited hospitals are 10% more likely to initiate breastfeeding than those delivering in units which are non-accredited or those with a Certificate of Commitment. Another study found that babies born in a hospital with the UK Baby Friendly Hospital Initiative standard award were 28% more likely to be exclusively breast fed at 7 days than those born in other maternity units (after adjustment).

Nationally, government guidelines use evidence based research to recommend the care of premature and sick babies be made more family centric. In the ‘Toolkit for High-Quality Neonatal Services’, it is recommended that:

‘Parents are encouraged and supported to participate in their baby’s care at the earliest opportunity, including: regular skin-to-skin care, providing comforting touch and comfort holding, particularly during painful procedures, feeding, day-to-day care such as nappy changing.’

Further research found that skin to skin contact between the mother and her baby immediately after birth can reduce crying and improve mother-infant interaction. There are also claims that soft infant carriers promote closeness between mother and infant. Whilst there is limited research to evaluate their effectiveness, indications show that mothers using these carriers are more sensitive to infant vocalisations, with infants appearing more securely attached at 13 months.

Postnatal depression is classed as a non-psychotic depressive illness which can be of mild or moderate severity, in the first postnatal year. Postnatal psychosis, otherwise known as puerperal psychosis, is a more severe form, involving symptoms similar to bipolar disorder, such as mood swings, delusions and hallucinations. Postnatal depression is a significant factor in the attachment between primary carer and infant, as it can ‘interfere… with the infant’s communication and cognition skills and, if it persists, is accompanied by limited cognitive development in later months.’ Research suggests that information about the sensory and perceptual capabilities of the infant has a small to moderate impact on parent behaviour and knowledge, with a significant increase in maternal-child interaction. The Newborn Behavioural Observation System (NBO) is based on the effects of the Brazleton

Intervention and is a relationship building tool between practitioner and parent, which supports the developing parent/infant relationship, and provides an introduction to their infant’s behaviour.\textsuperscript{37} There is also an ‘app’ currently in development for Health Visitors to use with newly delivered mothers to enhance sensitive parenting.

Research suggests that between 2 – 9\% of women experience Post Traumatic Stress Disorder (PTSD) following childbirth and that between 18 and 35\% experience elevated levels of posttraumatic stress symptoms.\textsuperscript{38} NICE recommends that women should be given the opportunity to talk about their birth experiences and care in labour, not necessarily involving the use of formal debriefing techniques. This is particularly for women who have experienced a Caesarean birth or have an infant who has spent time in a special care baby unit.

NICE guidelines recommend that women be screened for PND and mothers who are at high risk should be given targeted support, which could include psychosocial interventions, self-help strategies, CBT or anti-depressants. Evidence supports the effectiveness of targeted psychosocial interventions for those women who are displaying symptoms of depression or anxiety in the ante/postnatal period that significantly interfere with social and personal functioning, but do not necessarily meet the formal diagnosis threshold. Between four and six sessions of inter-personal psychotherapy or cognitive behavioural therapy can be effective. For women with a previous episode of depression or anxiety, social support during pregnancy and the postnatal period e.g. regular informal individual or group-based support can be of benefit.\textsuperscript{39}

Many schemes have been initiated to put into practice the idea of Early Intervention, particularly in the United States, where the infant mental health specialist is a separate profession. There childcare has been implemented both as an intervention, in deprived neighbourhoods, and amongst the general populations. Elsewhere, the ‘Mellow Parenting’ early intervention programmes, encompassing activities for the antenatal phase, for parents of babies aged up to 18 months and for parents of children aged two to five, are designed to promote positive relationships in the early stages of life. These are aimed at vulnerable, hard-to-reach families. The programmes are held currently in Scotland, Germany, Russia and New Zealand. They were created on the basis of clinical research and consist of a fourteen-week intervention.


In Warwickshire, postnatal patients are screened using the, ‘Edinburgh Post-natal Depression Scale’ (EPDS). This has been developed to assist GPs to detect mothers with PND. The EPDS consists of 10 statements which relate to symptoms of PND. A small number of Health Visitors in Warwickshire have also been trained to use the newly developed Parent Infant Interaction Observation Scale which is a validated screening tool to aid practitioners’ identification of families in need of further support. (Svanberg and Barlow, in press (Journal of Health Visiting)

At present, PND is not classified as a separate disease in its own right: it is diagnosed as part of affective or mood disorders in both DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) and ICD-10 (International classification of diseases, version 10). Therefore it is difficult to estimate the numbers living with PND. The National Institute for Health and Clinical Excellence (NICE) estimates that postnatal depression (PND) affects 10-15% of all mothers. 40

Figures by the Office for National Statistics showed that there were 6,314 live births registered to Warwickshire residents in 2010. Based on this we can estimate the following upper and lower bounds for PND prevalence in the five areas of Warwickshire.

<table>
<thead>
<tr>
<th>Area</th>
<th>Live births 2010</th>
<th>PND lower bound estimate (10%)</th>
<th>PND upper bound estimate (15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Warwickshire</td>
<td>683</td>
<td>68</td>
<td>102</td>
</tr>
<tr>
<td>Nuneaton &amp; Bedworth</td>
<td>1,682</td>
<td>168</td>
<td>252</td>
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<td>Rugby</td>
<td>1,228</td>
<td>123</td>
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<td>Stratford-on-Avon</td>
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<td>175</td>
</tr>
<tr>
<td>Warwick</td>
<td>1,556</td>
<td>156</td>
<td>233</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>6,314</td>
<td>631</td>
<td>947</td>
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</tbody>
</table>

Incidence – over the last ten years there has been a significant increase in the annual number of births in Warwickshire, up from 5,254 in 2001, to 6,313 in 2010, so we would expect a corresponding increase in the incidence of post-natal depression, working on the assumption that the proportion of new mothers affected remains constant.

Early Identification of Mental Health Issues

“When does early intervention start I would ask? What does it mean? It’s no good at 5 or 6; it has to start at the beginning.’ (Head teacher, Nursery School, Warwick District)

The government document ‘No Health Without Mental Health’ states that there is a need to ‘improve early recognition and intervention for mental health problems in children and young people, including those in or at risk of moving into the youth justice system.’ It goes on to say, ‘half of all lifetime mental health problems arise by the age of 14 and three-quarters by the mid-20s’. These statistics demonstrate that mental health problems do not suddenly develop later in life; factors from childhood and unresolved mental health problems in childhood affect later mental health. Therefore, it is crucial that professionals working with children and families are able to identify problems early and that there are interventions in place to ensure that parent mental health issues are addressed. The impact on their children should also be minimised either before or after birth and children’s mental health problems addressed so that they do not escalate or continue into adolescence and later life.

Additionally, Infant Mental Health: A Guide for Practitioners and Western Health & Social Care Trust IMHS give justification for early intervention and the importance of raising awareness of infant mental health. A policy document by Young Minds details four components required of a mental health service: prevention, early identification, treatment and on-going support.

‘The longer we leave it the more disaffected our children become.’ (Head teacher, Nursery School, Warwick District)

Due to the emphasis on early intervention it is important that a mother’s emotional well-being is monitored throughout her pregnancy and after her baby is born. Antenatal depression has been found to be the best predictor of postnatal depression and postnatal depression is a predictor of parenting stress. As well as being a predictor of postnatal depression, antenatal stress and anxiety can have ‘lasting effects on the psychological development of the child’. Therefore it is important that any mental health issues the mother may be experiencing are picked up as soon as possible so that support can be put in place. Midwives are in a good

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41 No health without mental health: delivering better mental health outcomes for people of all ages, Department of Health, 2011.
43 Western Health & Social Care Trust IMHS, IMH strategy group, Northern Ireland, 2011
position to identify antenatal depression and it is essential that they have the skills, knowledge and training to identify symptoms of antenatal depression in order that expectant mothers are referred for help and support as early as possible. A study by Jomeen et al (2009)\(^{46}\) highlighted a need for increased training among midwives in order that they are able to identify antenatal depression. Jomeen et al consulted with 51 midwives and found that only 15% perceived themselves to have a clear understanding of antenatal depression and only 42% had received training on antenatal depression compared to 90% who had received training for postnatal depression. Of those who received training on antenatal depression, 55% rated the training they received as poor. This study highlights a need for midwives to receive greater training around antenatal depression.

As introduced in postnatal care, postnatal depression can affect the bonding and attachment formed between a mother and her baby which can, in extreme cases, lead to disorganised attachment being developed. It is important that those professionals working with a mother to be focus on both the mother and baby’s physical health and the mother’s emotional health. However some parents feel that there is a lack of focus on their emotional well-being.

"Emotional well-being – that sort of thing just never gets mentioned.” (Mother to be, Warwick District)

From the 1:1s with health professionals, it was identified by referrers that there was no clear recording of PND and no formal care pathway for women suffering with PND.

"Links with midwifery services are poor; they are not scheduling Health visitor visits.” (Health Professional working in Warwickshire)

"There is no clear link between adult mental health services and children’s mental health services. The child is marginalized and the family is not seen as a unit.” (Health Professional working in Warwickshire)

Midwifery staff may need training to encourage them to focus on the emotional side of a mother’s well-being. Dr Ian Jones believes ‘it is essential that mental health is a central component of midwifery care’\(^{47}\) and research studies suggest that midwife training on these issues could be improved so they support women during each stage of their pregnancy, starting at the booking in stage at 8 – 12 weeks. This would mean mothers to be were supported through the different emotional aspects of the three trimesters; first trimester – coming to terms with the pregnancy, second trimester – developing an attachment to the baby and the third trimester – coping with the reality of giving birth. Midwives need to be trained to


\(^{47}\) Dr. Ian Jones, Reader in Perinatal Psychiatry at Cardiff University [online] [Accessed 17-12-12]

http://www.cardiff.ac.uk/sonms/newsandevents/news/midwiferymentalhealth.html
enable them to draw out from mothers how they are really feeling emotionally rather than taking what they are told at face value. Mothers may want to appear like they are coping when really they are struggling and need support.

"I mean they ask you how you are feeling and you say ‘fine’ but actually you are not fine because your back hurts, you haven’t had a full night’s sleep, and you are not feeling very well. Certainly on my visits there hasn’t been anyone trying to draw some of those issues out.’ (Mother to be, Warwick District)

Heath visitors in Warwickshire are delivering an antenatal and postnatal Promotional Interviews, using the Promotional Guide, an evidenced based partnership method of screening and supporting women. This was developed from the European Early Promotion Project where ‘Primary healthcare workers in five European countries were trained to conduct health promotion interviews with all prospective mothers one month before and one month after delivery.’ The study found that ‘by two years of age the mothers in the intervention group were seen to be more involved and less punitive.’ The Promotional Interviews may be an effective step towards early intervention. However, there is not yet any data available demonstrating their effectiveness on a local level, as it has not been common practice for a sufficient period of time.

"I think the Promotional Interviews are only really just starting generally, so I think it is early days." (Professional in Children’s Centre in Warwick District)

Health visitors and midwives are in a strong position to identify where mothers may need support. However, there is limited evidence of the effectiveness of Health Visitor listening visits. The evidence suggests that Health Visitors might not actively facilitate disclosure due to lack of resources within health visiting and other services to deal with the issues. When a mother is identified as being in need of support it is important that there are appropriate places to signpost them to. Children’s Centre’s fulfil this role well as the staff are able to support the mother on a professional level and they also provide somewhere where mothers can get support from their peers (see Peer Support chapter).

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48 Infant Mental Health: A Guide for Practitioners, A report of the expert working group on infant mental health, Heads Up Scotland, National project for Children and Young People’s Mental Health, March 2007
49 Ibid
"The individual visit from the health visitor is important. In the best and most effective Centres, at that point the health visitors would be flagging up to us the parents that might need some support at that point." (Professional in Children’s Centre in Warwick District)

Some Children’s Centre’s run groups such as Bumps, Babies and Beyond which allow both parents-to-be and new parents to attend. Whilst this is beneficial, parents-to-be may struggle to attend due to the groups being run during the day when they may be working.

"The Centre manager pointed out that it was also a bumps' group; you can come if you are pregnant, but it's during the day, so realistically if you are working, you would not be able to attend until you are off on maternity leave." (Mother to be, Warwick District)

However mothers with babies find the evening a difficult time to attend a group.

"Evening groups are not a good time. It’s a busy time. Bath, food, bottle and bed. The day is better." (Mother from Cot Gossip Group, Nuneaton and Bedworth Borough)

This suggests that scheduling a group for both mothers-to-be and new mothers may be difficult and therefore a specific group for mothers-to-be may be beneficial where they can meet with other mothers-to-be, discuss their concerns and also be supported by a professional. Antenatal group support may come through paid for antenatal courses such as those offered by Birth and Baby Reality or National Childbirth Trust but these are only accessible to those who can afford approximately £170 for a course. These courses tend to focus on the practical aspects of pregnancy and parenthood such as what happens in labour, pain relief, potential complications and feeding options etc. rather than the emotional wellbeing of the mother ante and post birth.

Early identification of mental health issues after birth is covered in Professional Post Natal Support. With regards to the emotional well-being of those over the age of three, nurseries can be in a strong position to identify children who may need support with their emotional well-being due to the impact this may be having on a child’s learning.

"It's those low level ones, when you know something and we notice the impact it has on the child’s attitude to learning - that is what we notice... And so that's what we start to notice and that is what we are looking for I suppose." (Head teacher, Nursery School, Warwick District)

However, it has been identified by some professionals that there is a gap in provision for 2 – 3 year olds. Work being carried out in children’s centres is becoming more targeted with groups
such as Chatter Matters which focus on promoting good infant mental health. Where a specific need has been identified some children’s centres also run targeted groups for those families.

“One of my Teaching Assistants works in the Children's Centre one morning per week to support one of the Children's Centre workers to support a social and emotional group, families that they have identified that need some support.” (Head teacher, Nursery School, Warwick District)

For early intervention to be effective it is important that professionals who work with children and families are able to identify problems quickly before they escalate. Many professionals who work with children and families are non-mental health professionals and therefore it is essential that they receive training in what to look for so that warning signs are not missed and families can be supported from an early stage.

Home visits conducted by some nurseries as part of an induction for new children can help to identify issues as it gives professionals the chance to see the children in their home environment and how they interact with their parents. This allows professionals to identify children that may need to be monitored and given extra support.

"Sometimes we come out of a home visit with some concerns and we talk about it with staff. So when children come in on their induction times we watch and monitor and do observations and write observations." (Head teacher, Nursery School, Warwick District)

However, these methods of early identification are only effective if the professionals who are working with children and families are trained and aware of how to identify potential issues with children’s and families’ emotional well-being. They then need to be able to monitor children and access professional advice, support and intervention to support the children and families as required at an early stage so that family’s needs do not escalate and a need for higher level intervention and support is avoided where possible.

"I think sometimes if we are not careful - I don't want to do more harm than good by asking someone to support, who perhaps wasn't quite the right person and doesn't quite have the knowledge and experience needed. This is quite specialist work for some of our families and basically there is nowhere we can go.” (Head teacher, Nursery School, Warwick District)

"It’s also about making sure that staff have a shared language so that we are all singing from the same hymn sheet when supporting individual children.” (Head teacher, Nursery School, Warwick District)
Those services that have identified a need for more intensive support have, for example, employed a psychotherapist to work with children and their families.

"We have decided to go it alone and do something." (Head teacher, Nursery School, Warwick District)

There is limited access to psychotherapists but where they are employed they are able to support children and families in the home with issues that are challenging for them. Psychotherapists within organisations e.g. nurseries who have commissioned their services also offer support to staff with their professional development to help them become more aware about issues which might impact on a child’s emotional well-being. Staff are then able to work in conjunction with the psychotherapist to provide support in school where it is required and in an appropriate and meaningful way. However this is finance dependent and the sustainability of initiatives such as this is questionable in the current economic climate. (For more information on sustainability see Availability of Services). Without this support early intervention may fail unless appropriate training and support is provided to non-mental health professionals working with families.

"There is only so much we can do." (Head teacher, Nursery School, Warwick District)

Non mental health professionals who identify an issue with a child or family may need support from mental health professionals to work with the family to help them resolve their issues, especially if they have higher level needs.

"If you have a family in crisis we need a lot of support to help them unravel their lives and the impact that their lives might be having on their children and learning." (Head teacher, Nursery School, Warwick District)

There are many services providing support to children including IDS and CAMHS. However, reports suggest these services only provide specific or higher level support and would not support a family with lower level mental health needs or professionals working with families with lower level mental health needs.

"IDS don’t offer us what we need to support children’s emotional well-being because they come in with a very definitive education focus." (Head teacher, Nursery School, Warwick District)
3.1.2 PROFESSIONAL POST NATAL SUPPORT

There is a broad range of evidence emerging about the importance of supporting parents and parenting during the first five years of life. The most crucial period that has been identified for early intervention, is the perinatal period, which includes before and after the birth of the child.

Conditions around the birth and social isolation can contribute to mothers feeling low. Several of the mother’s interviewed shared their experiences of birth and postnatal care and support. The feeling amongst parents appeared to be that certain hospitals provided a better service than others and that some staff appeared more willing and able to provide empathetic and professionally competent support than others. In some cases, parents felt that they were provided with detailed medical information but very little emotional support and re-assurance.

"My baby was born early because it was such a quick decision to get him out, they never told me what it would be like, how it would be, what it could be like. I found it quite daunting having a premature baby. They never told me what to expect when I saw him, never said that he would have a drip, all the monitors and machines going off, never said he would be fed through a tube." (Mother attending Bumps, Babies and Breastfeeding group at Children's Centre in Nuneaton & Bedworth Borough)

"The hospital wanted her to be induced but whilst all the professionals were running around there was no one to explain to me or reassure me what was happening. This made me very anxious. Throughout the labour I was hooked up to machines, no one made me aware of what was going on and this made me really anxious." (Mother attending Bumps, Babies and Breastfeeding group at Children's Centre in Nuneaton & Bedworth Borough)

The quality of service provision depends on a number of elements including funding, training, physical resources and the staff's internal resources etc. Staffs ability to be emotionally available and empathic, as well as their training and work experience, influence the ways in which they deliver services. However, some parents reported that they feel excluded, judged or demeaned by some of the professionals that they come into contact with.

"One couple that I work with was told by the gynaecologist it's only cells, don't worry, it's only cells. To her it was her baby and so that can cause so much damage because there's no way she's going to want to go back to that hospital." (Professional - Acorn Centre in Nuneaton & Bedworth Borough)

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"When I got there she said I was only nine weeks, there’s no point paying for a photo, ‘it’s only a blob’. I found them quite dis-respectful. It’s still a baby and I can see a heart-beat." (Mother attending Bumps, Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)

Some mothers reported feeling a need for more time to be spent supporting them to resolve their issue. Midwives were seen to be very busy which can lead to women feeling unable to ask for help from them. This can leave a mother feeling unconfident and unsure in her new role, especially for those who have little or no social support or are isolated from their families.

"The midwives are rushing people through like crazy. [You need] someone you can signpost the mother to who has the time to sit down and talk through things, potential problems or issues and help you solve those issues; just someone with the spare time so you can air your problems and you don’t have to go to Dr. Google." (Mother attending Bumps Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)

A popular topic for discussion in the focus groups was around anxieties and concerns relating to advice, information and support about breastfeeding and the conflicting advice issued by professionals in this area.

"I kept saying I wanted to try formula and they told me to keep trying. It took a day of making lots of phone calls. One would say keep trying with breastfeeding and then the other one would say it is ok to try formula. There is a lot of conflict between the nurses." (Mother attending Bumps Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)

"It depends which midwife you get as well – the “old school” ones think breast feeding is best and then the ones who are happy to do whatever you want to do." (Mother attending Bumps Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)

Parents talked openly about the huge pressures of being able to parent their children effectively and trying to get everything right which is sometimes compounded by the perceived attitudes of health professionals which leads to an unwillingness to share their feelings openly and honestly with the Health Visitor.
"I think as a parent you always think maybe I'm doing it wrong, that's where my problem with going to a Health Visitor is, uh oh, she's going to say I'm doing this wrong" (Mother attending Bumps Babies and Breastfeeding group at Children's Centre in Nuneaton & Bedworth Borough)

"So I have been asking a lot of advice on what the other parents have been doing rather than talking to my health visitor cos they have a set thing of what they have to say, they can't change it, they have to do what the government says." (Mother attending Bumps Babies and Breastfeeding group at Children's Centre in Nuneaton & Bedworth Borough)

"They won't tell you certain things cos they have to follow guidelines, but things are not always like that." (Mother attending Bumps Babies and Breastfeeding group at Children's Centre in Nuneaton & Bedworth Borough)

Health Visitors offer one to one support to new mothers which provides them with a valuable opportunity to talk about how they are feeling, any concerns they may have and to receive specific advice and support where necessary. Health visitors are ideally placed to recognise early signs of mothers needing extra help.

"I think I was like isolating myself a bit because my little boy was poorly and I was worried about taking him out and a bit reluctant to go initially. I think she thought I needed a bit of support and she made me aware of all the different groups." (Mother attending Cot Gossip group at Children's Centre in Nuneaton & Bedworth Borough)

Parents may find it difficult to recognise postnatal depression (PND) in themselves and then find it difficult talking to their doctor about it.

"It was hard, it took me a few weeks but I recognised it and I phoned my husband when he was travelling to work and said that I thought that I needed to see a doctor. It was hard to speak to the doctor but he was quite good and supportive and referred me to the hospital for counselling." (Mother attending Cot Gossip group at Children's Centre in Nuneaton & Bedworth Borough)

Parents indicated that they are not routinely provided with information about mental health problems in pregnancy or how to find appropriate help and from whom. Self-identification is an important part of recognising when the feelings have moved from normal ‘baby blues’ to something more serious which requires intervention;
"In my opinion, in terms of signposting women who may be concerned about their perinatal mental health, the default would be to recommend she sees her GP in the first instance. I am personally aware of the IAPT programme, but am not certain of how long the self-referral process would take at the moment. In my opinion, many new mothers would be likely to try to soldier on for a few months, in the hope that they would soon begin to feel more like themselves." (Professional – Family Nurturing, Warwickshire)

As the research from the Department of Health confirms, maternal PND has been shown to have adverse effects on the emotional wellbeing of the baby. As such, the early detection and intervention, as well as appropriate and timely information, are among the vital factors for parents and children’s emotional well-being. However, a barrier to achieving this is the fact that, as with many mental health conditions, postnatal depression carries a stigma which can restrict mothers coming forward with their feelings of depression. This makes early detection and intervention more difficult to manage.

"Psychologically they can start that downward spiral you know into not being good enough and then not daring to tell anybody that they’re not good enough so it’s actually quite wide ranging.” (Professional – Acorn Centre in Nuneaton & Bedworth Borough)

Some mothers referred to feelings of isolation and being frightened about their situation. Women with PND also experience guilt about their inability to look after their new baby.  

"I didn’t think I was a very good mum. Always questioning whether I was doing it right.” (Mother attending Cot Gossip group at Children’s Centre in Nuneaton & Bedworth Borough) 

"There are so many opinions from other people as well on how to do things and it was different when they had their children to now and you just don’t know what to do and sometimes you feel that you are not a good mum.” (Mother attending Bumps, Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)

The statutory nature of services may also deter some mothers self-referring if they are concerned that their depression may cause their child to be removed from their care.

"A lot of clients will say as good as their health visitors are they’re not sure how really honest they can be because there’s still this fear that they’re children will be taken

away. It doesn’t matter how much work the health visitors do there’s still this almost unspoken fear that if we admit we’re not coping what will happen.” (Professional - Acorn Centre in Nuneaton & Bedworth Borough)

“[staff at children’s centre] rather than your Health Visitor, cos they’re in authority like kind of thing - if you’re doing something wrong they’re going to refer you to someone else... Social Services or something.” (Mother attending Baby Massage group at Children’s Centre in Nuneaton & Bedworth Borough)

With parents expressing reticence at approaching statutory services, non-statutory services report that parents are often more willing to approach them. This is why it is crucial that the right staff with the right training are available for them to access. For example, the trained volunteers at the Acorn Centre provide a counselling service for parents, the aim of the counselling is to provide a space for the person to talk about their fears and anxieties.

"It’s not always as deep as postnatal depression so sometimes it’s not always picked up on. The health visitors tick questionnaire but they just need someone that’s outside the situation to listen and reassure really.” (Professional - Acorn Centre in Nuneaton & Bedworth Borough)

Other sources of support include the network of children’s centres. Leamington children’s centres apply the ‘Solihull Approach’ which provides a model of working with people where the approach is to contain the adult in order for them to be able to contain their child.

"What parents want is someone to listen to them, it’s part of the Solihull Approach, containing the parents’ anxiety, whatever it’s about. It could be about the debt man or about the baby or just the fact that they couldn’t sleep last night. Just to have someone to moan to really it’s really helpful I think sometimes.” (Professional working in Children’s Centre in Warwick District)

"If you know you can go into the children’s centre and know there will be someone to listen to you at any point and you don’t have to wait for the next baby clinic or whatever. I think that’s really important, to get some top up for you when you need it.” (Professional working in Children’s Centre in Warwick District)

The isolation of being at home with children without interaction with adults for long periods contributes to the depression of many women. Parents can be referred or directed to their local Children’s Centre, which offer various activities and support.
"It gets me out of the house as well and instead of being stuck inside the same four walls all the time and I can get out and meet people and [daughter] gets to play with other toys and things rather than being stuck on the same ones at home." (Mother attending Cot Gossip group at Children's Centre in Nuneaton & Bedworth Borough)

"I haven't really got a large group of friends and my other friends haven't got babies and they work in the day, and it was nice to meet up with [friend]. We know each other from school, and we had our babies around the same time. It was nice to come and meet other mums in the same situation and chat." (Mother attending Cot Gossip group at Children's Centre in Nuneaton & Bedworth Borough)

Whatever the setting, it is important that services are targeted appropriately with the aim of every provision clear. Children’s centres, nurseries and schools are important in transmitting the knowledge and information to ensure a good early start but often the most vulnerable and needy families do not access children’s centres or accept support and regular monitoring without significant encouragement.

"You can’t know about everyone and you can’t make everyone get involved and I don’t think you should because we are all different. But sometimes we have children and families come to our door and you think "how on earth have things got to this point and no one has noticed?" (Head teacher, Nursery School, Warwick District)

Drop-in groups like Cot Gossip, Chatter Matters and Together Time are growing in popularity in children’s centres and give new mums the opportunity to explore different approaches to important parenting issues with a qualified group leader and other new parents. A number of parents highlighted the importance of these groups in terms of being given the opportunity to socialise with other mothers and babies (see Peer Support section).

Although some parents had initial reactions of anxiety, particularly about whether they would be able to talk to a stranger, and some expressed anxiety about admitting that they had problems and uncertainty about whether they would be judged negatively, the acceptance and non-judgemental approach of the staff in children’s centres often relieved these anxieties.

"I think it’s more, people being approachable, I think it’s her [Children’s Centre staff member] character as well, because she’s quite bubbly and, things like this are more like on a personal relationship than you know, we do this, we do that, it’s more how comfortable do you feel." (Mother attending Bumps, Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)
Children’s centres promote and support breastfeeding – some, where funding permits, have breastfeeding peer supporters, to provide support for parents who choose breast feeding. Some children’s centres also provide a home visiting service for parents who are struggling and provide some additional support to the health visitor by going into the home.

"Do whatever needs to be done. This could be Baby Massage, listening visits or encouraging parents to go out. Listening visits are felt to be an important support service to parents in terms of containment and finding out what the issues are for the person, offering support in terms of resolving issues which will then impact positively on the child's well-being." (Professional working in Children's Centre – Warwick District)

However professionals report that this is an expensive service to provide and it is often difficult to find the resources and the trained staff who will commit to the full six weeks course. Although it is offered universally, it is reported that places tend to be taken up by parents who can afford to buy it elsewhere.

Where parents didn’t feel able to talk to professionals or needed advice ‘then and there’ online ‘free’ sources of support were used, often in the form of online peer support (see Peer Support).

"I find the internet the best source. Things like Bounty where they are all new mums and stuff or mums that have recently given birth." (Mother attending Cot Gossip group at Children's Centre in Nuneaton & Bedworth Borough)

"Baby centre is very good. I know we laugh about Google but it does give you a very good answer." (Mother attending Bumps, Babies, Breastfeeding group at Children's Centre in Nuneaton & Bedworth Borough)

### 3.1.3 PEER SUPPORT

Dennis et al (2009)\(^{53}\) found that telephone based peer support ‘can be effective in preventing postnatal depression among women at high risk.’ It is crucial that women are supported through postnatal depression and, if possible, are given help to prevent them developing postnatal depression. Peer support has also been shown to be a strong factor in the length of time that women breast feed for with studies suggesting that peer support is linked to mothers breastfeeding for longer. A further study by Dennis et al (2002)\(^{54}\) found that ‘Significantly more

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mothers in the peer support group than in the control group continued to breast-feed at 3 months post-partum.” These studies emphasise the importance of peer support for mothers and this was re-iterated by the parents that we spoke to.

Becoming a parent can be a very challenging time, new parents may have many questions and need advice, guidance and reassurance that what they are doing is ok and how they are feeling and how their baby is behaving is normal.

"Am I doing it right?" (Mother from Baby Massage Group in Nuneaton and Bedworth Borough)

There are many sources of advice for new parents including websites, health visitors, children’s centres and family. Some parents do not have strong parental role models of their own and so either cannot go to their parents for advice and support or would not receive appropriate advice and support. Different parents will prefer different sources for information and support. Some parents do not feel comfortable taking advice from their families, even if they know what they are being told is correct.

"I would be happy to go to my mum - but it grates on me even though it makes perfect sense and even though they are trying to be helpful - I just don’t like them telling me things about my child. I know my child best." (Mother attending Bumps, Babies and Breastfeeding Group in Nuneaton and Bedworth Borough)

Health visitors are a strong source of advice as parents believe they are a reliable source of information. However sometimes parents need instant help or reassurance which health visitors are not always able to provide.

"You may be waiting a couple of days to hear from a Health Visitor, but then it’s even worse by then.” (Mother attending Baby Massage Group in Nuneaton and Bedworth Borough)

Because of these issues, it is important that parents are able to access support external to their family and the health visitor. Some take a proactive approach and set up, for example a Facebook page for mothers where they can log-on and chat to each other, share stories and ask each other for advice.

"I went to school with a girl who set up a group on Facebook and she’s got about 150 mums on there. And you can go on there at any time of day and talk to someone - and there is always someone to sympathise. We whinge about in-laws, pregnancy etc… there
is always someone going through what you are going through.” (Mother attending Bumps, Babies and Breastfeeding in Nuneaton and Bedworth Borough)

This source of information and advice is advantageous as the mothers who are members of the group are raising their children at the same time as each other and under current health professional advice and guidance. New parents receiving advice from their parents or grandparents may hear out dated advice which has now been proven to be incorrect. For example, it was thought that it was safe for a new born to share their parents' bed provided the parents did not smoke, drink or take drugs. However, research has found links between cot death and bed sharing with babies under eight weeks of age.

"Comments that come from grandparents or older family - you know making comments like "leave him to cry" and telling you that your baby is not hungry - they are all brought up in the 1950's and telling you that they know more about your baby than you do - that really bothers me.” (Mother attending Bumps, Babies and Breastfeeding Group in Nuneaton and Bedworth Borough)

However if parents relied solely on the internet for information, even if they are interacting with other mothers via Facebook, they may isolate themselves from their peers and isolate their babies from other babies and children. It is important that children socialise with other children from a young age and therefore it is important that mothers socialise with other mother's both for themselves and their children.

"I don't really have any other friends who have any kids so it's good to see him interact with the other babies.” (Mother attending Bumps, Babies and Breastfeeding Group in Nuneaton and Bedworth Borough)

"It just stops me from being in the house all day - my husband works from 7 to 7 - so it gets me out a bit.” (Mother attending Bumps, Babies and Breastfeeding Group in Nuneaton and Bedworth Borough)

"I think if there weren't things like this, you could get a bit isolated, but there does seem to be places you can go.” (Mother attending Cot Gossip Group in Nuneaton and Bedworth Borough)

Many mothers value the opportunity to meet with other mothers and share their experiences. Through this shared experience they are reassured that others have the same or similar experiences with their children and that they all feel the same emotions with regards to the difficulties, such as the sleepless nights they go through.
"...when they don’t sleep and you haven’t slept for a month, you begin to feel like you’re losing it. So I think being with people that are in the same position as you, it makes you feel like actually, I’m not being crazy, what baby’s doing, this is normal, yes maybe different from other babies, but normal and it helps you." (Mother attending Baby Massage Group in Nuneaton and Bedworth Borough)

Mothers can also share advice with each other, if one mother is struggling with their baby for a particular reason another mother may have had the same problem and can advise what worked for them, this sometimes gives parents a different perspective on how to handle a situation.

"You get stuck in your own way, but somebody says, well actually, if you just change X it can work." (Mother attending Baby Massage Group in Nuneaton and Bedworth Borough)

Although peer support is important for mothers, not all mothers have friends who have babies at the same time. This may mean that they do not know anyone else who has children or who has children the same age as their own. It is important that there are organised groups that mothers can attend with their babies where they will be able to socialise with other mothers. This allows their babies to socialise with other babies also.

"By providing a social space, it promotes emotional wellbeing and community cohesion and just feeling that you are part of the world." (Professional in Children’s Centre in Warwick District)

Many general groups are organised at Children’s Centre’s such as Stay and Play and Bumps, Babies and Breastfeeding where parents can go along to the group and meet other mothers.

"I first came to the Centre to make new friends." (Mother attending Baby Massage Group in Nuneaton and Bedworth Borough)

This can be a stepping stone to parents forming their own groups away from the Centre, for example they may attend the Centre to make friends and then once those friendships are formed they may decide to meet for coffee or at each other’s houses rather than continue to attend the Centre.

"Once they have created their own friendship circle they do move on... it’s about containing each other and feeling supported by other people, whoever it is, they don’t need an expert they just want other people sometimes." (Professional in Children’s Centre in Warwick District)
However some parents either cannot afford to meet others for coffee, do not have the space in their home to accommodate friends and their babies, may feel others will judge their home or wish to attend a space that is set up for them and their babies. Children’s Centre’s provide a good environment for this.

“For poorer parents who haven’t got big enough homes or feel they can’t invite people because they might be ashamed of their homes, feel worried about being judged, we have to offer that opportunity really.” (Professional in Children’s Centre in Warwick District)

Many children’s centres run groups that directly promote infant mental health and these groups mean that parents and their babies have the chance to socialise with other parents and babies but are also learning about how to improve their baby's mental well-being through massage or learning how to have positive interactions with their children. This is discussed in more detail in the Parent/Child Relationship section.

Parents report that they can have low confidence when they first become parents and may struggle to know how to complete everyday tasks now that they have a baby as well.

“Even something like shopping, I find it so hard, if I need to have something done; I can’t always work out how to do it.” (Mother attending Bumps, Babies and Breastfeeding Group in Nuneaton and Bedworth Borough)

A study by Carol Wilkins looking at the support needs of first-time mothers found that:

‘Practice, support and knowledge shared with peers facilitated proficiency and intuitive mothering. Throughout this transition [to being a mother], the overriding concern of the mothers was to develop confidence and skills to give optimal care to their baby.’

There can be perceived pressure felt by new parents that they have to be the ‘perfect’ parent and that there is only one ‘correct’ way to care for their baby. The parent may feel that if they do not do things the ‘correct’ way then they are a failure. Support from peers and professionals can help them to realise that what they are doing is ok and that there is no perfect parent and help build their confidence in developing the right way to parent for them.

“There is an assumption that you have to do everything right... [when really] it’s your way and so a lot of it is just building up their confidence that actually what they’re doing is...”

A lack of confidence can stem from a lack of experience; first time mothers have never been mothers before so are not used to juggling everyday tasks and a baby.

"Just getting the car seat in and out of the car and onto the pushchair - it just takes so long and I was finding that the whole thing was taking a lot longer than it should. For the first few weeks, I wouldn't go shopping - I did it all on-line." (Mother attending Bumps, Babies and Breastfeeding in Nuneaton and Bedworth Borough)

It can also stem from parents concern that they will be judged by others, for example if they were out and their baby cried and they are unable to settle them.

"When I first had her I would worry about how she would behave when I was out and whether I would be able to deal with her and calm her down." (Mother attending Bumps, Babies and Breastfeeding in Nuneaton and Bedworth Borough)

Organised groups provide a safe place for mother's to go where they know they will not be judged by others even if their baby does cry.

"What's good here, if your baby is having a really off day and just crying all the time everyone else here knows exactly what you are going through. No one ever looks down at you or whatever." (Parent from Cot Gossip Group in Nuneaton and Bedworth Borough)

It is important that mothers are supported to build their confidence in parenting because if they are not confident in themselves they may struggle to teach their children to have confidence in themselves.

"If you as a parent aren't confident and self-aware and you've not had that opportunity to explore all that for yourself it's really hard then to transfer that to your child." (Professional in Children's Centre in Warwick District)

Therefore support from peers and professionals is crucial to ensure that parents are equipped to pass on confidence, self-esteem and self-awareness to their children. This will help to ensure that their children have a good foundation from which they can learn and develop and have good mental health of their own both as children and in their future life.
"If you are giving out to your child a lot and if someone is topping up your jug – you know topping up your emotional well-being then you are more likely to have some emotional energy left to give to your baby, aren't you?" (Professional in Children's Centre in Warwick District)

3.1.4 PARENT/CHILD RELATIONSHIP

Good parent/child relationships have been identified as being an important predictor of infant security of attachment. The quality of the infant’s attachment predicts later development. Children who emerge from infancy with a secure attachment stand a better chance of developing happy and healthy relationships with others. Professionals consulted within children’s centres stressed the importance of the attachment relationship which not only forms the emotional basis for the continued development of the parent-child relationship, but can serve as a foundation for future social connections.

"That is the key. That is the emotional well-being stuff. That mentally it stays with you, that you had those feelings of security at some point." (Professional working in Children's Centre in Warwick District)

"Where they begin to think about their babies in the antenatal period as individual beings and they start knowing at that point about the impact of their emotions on their baby. The interaction with the baby in the womb is important and that the early months, days, weeks, hours are crucial to the babies emotional well-being. I think if we can get that message across antenatally that is half the battle.” (Professional working in Children's Centre in Warwick District)

On the other hand, if a parent's personality and ability to cope with the infant's needs for care are minimal, the relationship is at risk and so is the infant's development.

"We know that self-esteem and confidence affects everything you do in life and if that isn't grounded when you are a child then that's inevitably going to impact on your adult life”. (Professional working in Children's Centre in Warwick District)

"When [daughter] cried I would get really anxious and angry and I didn’t want to feel like that because I was worried about passing it over, cos it would make her worse.”

(Mother with PND attending group in Nuneaton & Bedworth Borough)

Professionals emphasise the importance of good quality care being based not just on knowledge, but also on the ability of parents to empathise with their children, and to understand the experiences and feelings of young children imaginatively.

“Just thinking about the child as a separate person whose emotional well-being needs nurturing is quite a major step for a lot of us as parents. They are not seen as separate individuals to the parents and therefore not to be treated with respect in their own right. It’s quite an interesting social phenomenon.” (Head teacher, Nursery School, Warwick District)

“If he was the only child and was only at home with me and I had not brought him to groups like this then when he goes to nursery he would not know how to share and be aware of other children and be around other kids as it helps them be around them.” (Mother attending Bumps, Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)

Evidence suggests that a child's development is affected by family conditions such as divorce, remarriage, and parental employment. If changes in the parent's marital status or work life disrupt the parent-child relationship, short-term effects on the child's behaviour may be noticeable. One goal of professionals who work with families under stress is to help them re-establish healthy patterns of parent-child interaction.

“Parents who are struggling, for all sorts of reasons, financially, environmentally, all sorts of reasons, their heads are full of all other stuff so to start telling them that they need to look at their baby eye to eye and sing to them [is a challenge].” (Professional working in Children’s Centre)

“You know you take the child out, to support the child in an environment which is nurturing etc., but if no support is given to the family when the child goes back into it - what difference is it going to make in the long run?” (Head teacher, Nursery School, Warwick District)

“Can be sometimes quite tense and agitated at home and it is quite calm here. Obviously helps them to interact with other babies as well.” (Mother attending Bumps, Babies and Breastfeeding group at Children’s Centre in Nuneaton & Bedworth Borough)

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Children's behaviour offers challenges to even the most experienced and effective parents. The manner in which parents respond to a child's behaviour has an effect on the child's self-esteem and future interactions with others. Children learn to view themselves in the same way the parent views them.58

"There were issues for the mother about her child – how she saw her child and how she saw herself. Initially, the mother was quite negative about her child which impacted on how the child saw herself and how she behaved in school and with [psychotherapist's] work and support, the mother's way of thinking about her child changed and the impact that had then on the child in school and her friendships and all the things we were struggling with in terms of her behaviour - that all started to move into more positive ways of being and opened up her way into learning in a more positive way. So the impact is quite tremendous." (Head teacher, Nursery School, Warwick District)

Postnatal depression is linked to an increase in insecure attachment in toddlers.59 Support for depressed mothers has been shown to increase their capacity to recognise emotional expressions, including negative ones, and be more accurate in affective language communication.60

"I don't want her to pick up on my anxieties cos that makes her worse as well. I feel more relaxed with her and interacting better with her rather than just putting her in a bouncy chair and leaving her to it. And these groups help as well, interacting with other people and getting out helps. I don't feel alone." (Mother attending Cot Gossip group at Children's Centre in Nuneaton & Bedworth Borough)

"She gets to look at me and watch me a lot longer than she would do normally. [This group provides an opportunity for] good interaction between me and my baby". (Mother attending Bumps, Babies and Breastfeeding group at Children's Centre in Nuneaton & Bedworth Borough)

To become skilful communicators, babies and children need to be together with the people who are important to them, with whom they have a warm and loving relationship. When early

attempts at finding a voice are rewarded in a variety of ways, babies become more confident to extend their range of vocalisations and increase their language skills.61

"Babies do communicate and I think that there is an assumption that if they don't talk then they are not. But the very bottom line really is that early communication just sets the scene really and you’ve got to know to talk to your baby." (Professional working in Children's Centre)

"Trying to help parents think about how their babies are communicating. If they are crying, then responding and not just thinking they are a pain in the neck. If your baby is crying and you don’t respond, what they learn is that it is not a safe place and no one responds to their needs unless they cry louder." (Professional working in Children's Centre)

"I think that if we could give every parent a copy of Baby and Me DVD and help guide them through watching it that would be astonishingly powerful, because they would see how babies communicate - it’s lovely, really nice." (Professional working in Children's Centre)

"If I didn’t come to these groups, I would have some days where I didn’t say a word to my baby." (Mother attending Cot Gossip group at Children’s Centre in Nuneaton & Bedworth Borough)

Early playful interactions form the basis for the social and cognitive advances in the earliest years of an infant’s life. Above all, research shows that young children are brilliant observers, who try to make sense of their worlds and to communicate effectively, often using a range of gestures.62 Talk, making funny faces and having fun together are the ingredients which will effect brain development positively, all of which are encouraged in such groups like Chatter Matters and Cot Gossip. Baby Massage has been shown to have a significant and positive effect on both mother/infant interaction and depressive symptoms.

"They do the same songs each week and you would see each week that they would start to recognise the sounds and songs. If I sing them to him at home and if it’s clapping he will start clapping just before the clapping time. It was really good." (Mother attending Cot Gossip group at Children’s Centre in Nuneaton & Bedworth Borough)


"Here you sing and talk and stuff whereas at home I wouldn’t be encouraged to sing all the time to her. Whereas here you do it because everyone else is doing it." (Mother attending Cot Gossip group at Children’s Centre in Nuneaton & Bedworth Borough)

"I just know that she is more aware lately. She’s looking around more and taking things in. I can see it and she is just learning. Probably just in general but I think it helps coming here with the colours and the different activities." (Mother attending Cot Gossip group at Children’s Centre in Nuneaton & Bedworth Borough)

"I didn’t do it specifically to improve the bonding – but it is really one on one time and naked bodies and just a really nice thing to do." (Mother attending Cot Gossip group at Children’s Centre in Nuneaton & Bedworth Borough)

### 3.1.5 POVERTY

The emerging evidence base suggests that deprivation can have severe, indirect effects on infant mental health, as greater pressures put on families with very young children damages the attachment between primary carer and infant.

> ‘Scientists now know that chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain.’

By putting the cost of services which benefit infant mental health onto parents there is a danger that the deprived, who are most in need of these services, are excluded. This would be self-defeating in the long-term as the future ‘costs [are] not just to the Exchequer but [include] the social and health costs being borne by today’s children and young people and likely to be carried over into the next generation.’ Parents and professionals tell us there is a lot of disparity around cost. Services range from free of charge to courses costing up to £200. This inevitably reduces opportunities for some families/infants.

"The fact that you have to pay for it puts people off. " (Mother attending Bumps, Babies and Breastfeeding group in Nuneaton and Bedworth Borough)

"They charge different amounts. The one in [Children's Centre nearby] is a donation of a £1.00 for each one - so it could be £5.00 for the five sessions. I went to XXX school and another one at a community centre and they charged £15.00." (Mother attending Bumps, Babies and Breastfeeding group in Nuneaton and Bedworth borough)

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63 Grasping the Nettle - Early Intervention for children, families and communities (2011). Centre for Excellence and Outcomes (C4EO).

"I think for people who can afford NCT or Birth and Baby Reality I think that the networks are fairly well established and I think you can get a lot out of it if they like it. But for people who can’t afford it…” (Professional working in Children’s Centre, Warwick District)

Some of the groups/sessions made available to parents offer a range of low cost alternatives for spending time with their babies.

"Particularly in Chatter Matters, we promote low cost ways of being with your babies, treasure baskets and ways of being with your babies that don’t cost a lot of money, trying to promote the fact that you don’t have to buy toys for your baby: you don’t have to spend money on your baby to make them happy.” (Professional working in Children’s Centre, Warwick District)

It is a huge challenge that during a recession the need for services is greater, as public finances are put under greater pressure. This means that the funding required to meet the increasing need is in ever shorter supply. Existing services describe the difficulties in securing funding in the Availability of Services section. There is also anecdotal evidence that take up of ‘free’ or ‘low cost’ activities are not always accessed by those most in need.

"We have just shifted to Baby Massage in the home for parents who could not afford to access it elsewhere, because some parents did not want to come into the centre to access it - we used to do it universally, but that tends to be taken up by people who can afford to buy it elsewhere. So now we tend to offer it to parents who most need it” (Professional working in Children’s Centre, Warwick District)

Deprivation across the county is not uniform so targeted services should be accessible to those most in need, particularly as those in poverty have less resources to access services. There is an additional challenge in Warwickshire’s geography, with a widely distributed population particularly in the more rural parts of the county. The location of the service is key as services need to reach out to the more vulnerable client groups which are often the most hard to reach.

"The South offers 3 [antenatal] sessions in Warwick Hospital, so parents without money who don’t live next to the hospital, struggle to get there, even if you have a car, the parking fees are extortionate, and we know that parents who are less well-off don’t go. That is a known fact that parents who are less well-off do not access antenatal support.” (Professional working in Children’s Centre, Warwick District)
"We've wanted for a long time to open centres in other areas of Warwickshire which does come down to funding. But you know when we get a referral from Rugby but they can't get here because they don't have a car, even just half a day a week in another place [would be beneficial].“ (Professional working at The Acorn Centre, Nuneaton)

Vulnerable client groups are least likely to have facilities at home, for example to host a social group or stimulating activities for their child. Therefore, accessing community spaces is even more important for them, especially to feel part of their community.

"Being in the house on your own and no facilities like a car and no money to go anywhere, I mean you need somewhere to go with a baby, don't you.” (Professional working in Children's Centre, Warwick District)

"We're serving the community. We're trying to make it as accessible as we can. We don't want class to put people off.” (Professional working at The Acorn Centre, Nuneaton)

Parents and professionals confirm the anxieties faced by families in today's current climate which puts even greater pressure on their ability to provide stimulating environments and this no doubt impacts on how families prioritise what they spend their money on.

"Poverty is an issue in this locality and that is going to get worse before it gets better. I really do feel that we are going to be having children soon for whom a decision will be made in terms of, 'Are we going to have food or are we going to heat the house?' I think things are getting really tight for families. Poverty is a real issue for our families, that sort of chaotic lifestyle which seems to impinge. Year on year we seem to have families whose lives are just chaotic and that impacts on everything that they do.” (Head teacher, Nursery School, Warwick District)

Being in debt can impact on a parent’s emotional wellbeing. If a mother is vulnerable to having a high interest loan 'sold' to her or can only access high interest loans then her self-esteem may be affected which in turn may impact on the emotional wellbeing of her child.

"One of our staff ...was a single parent at one point, and she was very isolated and this women from the [company] just be-friended her and went round one evening with a bottle of wine. She said that she thought that she was her friend and she sort of groomed her into borrowing the money.” (Professional working in Children's Centre, Warwick District)
"The sad aspect of it - just knowing that people don’t have enough to live on most of the time and trying to get it away from personal failure. The fact that [high interest loan company] charge 270% APR is not anyone’s fault. I think that is what we have got to get out there... It’s a structural issue and it’s not their fault that that is all they have access to. We were saying that there was probably no one in the room who was not debt free.” (Professional working in Children's Centre, Warwick District)

Parents could benefit from understanding that as well as providing day to day tangible support for their families, they themselves need support for their own emotional health in order to better holistically provide for their families.

"You know it’s important to pay your gas bill, or to pay the loan shark. You know you need to put food on the table because they are kind of common sense ones. But the common sense of looking after your emotional well-being [isn't as well known]." (Professional working in Children's Centre, Warwick District)

### 3.1.6 AVAILABILITY OF SERVICES

Group activities for children and parents (stay and play groups and organised groups for babies/children); postnatal services (breast-feeding support and midwife/health visitor sessions); and parenting support (peer support, parenting classes, specialist family support and employment support) are available across the County, with access to many of these services primarily via children’s centres. However, there are some services, particularly those offering services for parents, which are only provided in one or two of the centres or are only accessible via other organisations.

An important purpose of children’s centres is to provide a ‘one-stop’ service centre for families with children in their catchment area, where all services can either be directly accessed and/or the centre can direct or signpost families on to services delivered by other organisations. These services include childcare and early education programmes, a range of health services, evidence-based parenting classes and specialised family support services.

"We do try and have an open door policy, so that people can call in when they want, I think that’s really important, so that they don’t have to come with a problem, they can just come and hang out. Some children’s centres can do that more easily than others because of space.” (Professional working in Children’s Centre, Warwick District)

Children’s centres are set up in specific areas and have an established base. These sites benefit from existing support structures including personnel and operating systems and
processes. Being based in locations that give access to other services and professionals appears to offer a range of benefits to project co-ordinators, volunteers and families alike.

"The health visitor is good to ask about things when we come to the centre. We were talking about how helpful she is - she gives you her views on how to do things in different ways etc." (Mother attending Cot Gossip group in Nuneaton and Bedworth District)

"It's nice it's so close to the area cos it's walking distance from our house." (Mother attending Cot Gossip group in Nuneaton and Bedworth District)

This works well for a variety of reasons, such as creating a good point of contact, advertising the support networks available in the area and developing better understanding of referral criteria and processes.

"We certainly have referrals from the Children's Centre. I go to the family matters meetings which take place once per week." (Head teacher, Nursery School, Warwick District)

"So basically, the individual visit from the health visitor is important, in the best and most effective centres, at that point health visitors would be flagging up to us the parents that might need some support at that point. In the less integrated services, that absolutely does not happen." (Professional working in Children's Centre, Warwick District)

It also means that other established services are being utilised.

"Obviously although we don't manage the Children's Centre we work very closely together and we are aware of what's going on. So we will signpost parents into various things that they are offering. They are set up really for families who need a bit of support, Chatter Matters and those sorts of things and we do encourage parents to get involved in different ways." (Head teacher, Nursery School, Warwick District)

Some services are delivered as a mixture of one-to-one services and group services and tend to be delivered by staff with a mixture of skill specialisation (for example, breast-feeding support is delivered by centre volunteers, centre employees and health visitors). This mixture in both the resource demands and level of staffing helps to keep the cost for these services on the lower side.
The Local Authority contribute to the venue costs for children’s centres, while other organisations contribute through the provision of staff to deliver specific services for example, Baby Massage which is facilitated by a community nursery nurse. Volunteer staff also contribute by helping with both core running and the delivery of services.

“We’ve got 10 volunteers, everybody here is a volunteer and we’re all trained, so we have some people that come in as receptionists, we have some people that carry out the pregnancy testing and we have counsellors on placement from training establishments, then there are fully qualified counsellors here so there’s a whole range of people who volunteer.” (Professional working at The Acorn Centre, Nuneaton)

Substantive fees are charged by the centres for childcare services and group activities like Baby Massage. These fees are usually funded through a mixture of payments from parents and grant funding. Only very small nominal fees are charged for a very small number of services in the centres. Group activities like Cot Gossip requiring relatively little specialised staffing are at the lower end of the range of costs: the group element means that fewer staff and venue resources are required. Primarily one-to-one health services (mid-wife/health visitor sessions, psychologist or counsellor tend to be delivered by more specialised staff, usually from other organisations rather than centre employees or volunteers which increases their cost.

Evidence is emerging that local authorities are already suffering from funding cuts and that this is likely to continue and is likely to prevent the sustainability of some of the progress already made by some services in some areas.

“Our budget has been at a stand-still for a few years now so in effect that is a cut. So that’s the biggest impact we had. How we sustain this, because there is a cost - we may have to think about it in the short to medium term but it would be a real backward step if we had to stop it - for the families as well.” (Head teacher, Nursery School, Warwick District)

Research by the Department of Health has identified that too few innovative programmes are in a position where they can be applied more widely. Many programmes start on a relatively small scale, often on a trial basis, with well-trained staff who understand the programme and the theory that underpins it. Providing such programmes on a larger scale and making them sustainable is more difficult. Often more staff are needed, who may need high levels of training and motivation to keep the programme running successfully.

“It's the children's centres you need to speak to - in terms of capacity - because their budgets have now been cut or are standing still and the funding for two years olds by
2014 will come out of early intervention funding, which will impact on perhaps funding for children’s centre. No new money so you are robbing Peter to pay Paul. So how do we manage to support parents with a reduced budget?” (Professional working in Nursery in Warwick District)

“The biggest issue we have is sustainability. We are coming to the point where our budget is getting tighter. (Head teacher, Nursery School, Warwick District)

With this in mind, services such as psychotherapy and those offering specific counselling for parents, are very limited, largely due to resource implications and only available in one or two children’s centres or through charitable organisations. A nursery in Warwick District commissioned the services of a psychotherapist from their main nursery budget. This has been sustained for the past three years because the nursery identified a gap in service provision for children and families requiring some additional emotional support. Further evidence is the specialist counselling provided by the Acorn Centre which fills a specific gap. Front line practitioners such as GP’s, health visitors, hospital staff and IAPT fully support the Centre and referrals are received from all over the county. The Centre is keen to market the service more widely but feel that it is important not to work with a long waiting list. They are also constrained by volunteer staff time and availability and funding limitations.

“We're serving the community, we're trying to make it as accessible as possible with the limited amount that we have.” (Professional working at the Acorn Centre, Nuneaton)

“Well we've wanted for a long time to open centres in other areas of Warwickshire which does come down to funding but you know when we get a referral from Rugby but they can't get here because they don't have a car, even just a half a day a week in another place.” (Professional working at the Acorn Centre, Nuneaton)

Clients are not required to pay for this counselling but are asked to make an affordable donation. Many are unable to do so, although this does not affect their counselling experience. However, volunteer staff working at the centre do need to be paid travel expenses, supervision costs, insurance and to receive on-going personal development. Additional training and professional development are crucial for the services and the volunteer who is giving up their time for free.

"It's things like just putting the heating on, and things like external supervision, so we've always up until this week given our volunteers their parking fee back and their petrol and we can't do that currently because we haven't got the funding to do that so we've had to stop that. (Professional working at the Acorn Centre, Nuneaton)
“Yeah it’s awful. It’s a kind of catch 22. We’ve got two volunteers who would like to train to be supervisors but they haven’t got over £1000 and we haven’t got it. But it could mean so much more to the agency and the work we’re trying to carry out but that doesn’t look very good on a funding application because it doesn’t meet the criteria you see cos it’s not really a new project. So I think that’s what’s almost stopping us growing in a sense isn’t it?” (Professional working at The Acorn Centre, Nuneaton)

“Up until this week we have given our volunteers their parking fee back and their petrol. We can’t do that currently because we haven’t got the funding so we’ve had to stop that, now that can make the difference between someone coming as a volunteer and somebody not being able to come as a volunteer.” (Professional working at The Acorn Centre, Nuneaton)

“They can afford to give their time for free but petrol and parking is an actual cost.” (Professional working at The Acorn Centre, Nuneaton)

As such the centre struggle with financial support to cover these costs, as the majority of their funding comes from local donations.

"It’s incredibly hard to access grants at the moment unless you’ve got a brand new project and a lot of centres that have been running as long as us need bread and butter funding if you like and you can’t get that." (Professional working at The Acorn Centre, Nuneaton)

Funding in general can be short term or project based and whilst organisations and individuals champion mental health promotion, prevention and early intervention, implementing this vision can be an ever increasing challenge in the current economic climate.

"In terms of if we were able to gain more funding and offer more hours I mean we turn people away that want to come and volunteer here because it’s having the room and space for them.” (Professional working at the Acorn Centre, Nuneaton)

“We also try to promote breastfeeding and support breastfeeding - we have breastfeeding peer supporters, so for parents who choose breast feeding then we do have support in place in the centres, not all, it’s quite a challenge this because we don’t have money to train new breast feeding supports in the South because we are not a priority, but the ones we have got are great.” (Professional working in Children’s Centre, Warwick District)
“When we could afford it we had a midwife who worked here, she was a nurse actually, but we employed her, and she promoted the concept of cuddle feeding, so if you give a bottle, you can still do it nicely, I think it’s lovely, but we can’t afford her any more - we don’t have anyone in post.” (Professional working in Children’s Centre, Warwick District)

3.1.7 DATA SHARING BETWEEN PROFESSIONALS

The effective and efficient sharing of information between partner organisations is an important element of partnership working. Collins and McCray (2012) found that the ‘relationship between poor inter-professional working and child tragedies has been made apparent by numerous inquiries into child deaths.’ It is vital that partners can communicate and inform each other about clients with potential issues in order for them to collaborate in achieving better outcomes for families. Sharing data between organisations is required now more than ever before. Some organisations are starting to share data; however, there are still barriers to overcome. In order to give the workforce the correct tools to do the job and in light of services being cut and resources being stretched, the workforce would benefit from access to all relevant information about their client group and be privy to the other agencies involved. This information sharing should start prior to birth to give parents the most benefit.

"To get in touch with women and parents prior to birth here, in all the centres, we offered a monthly antenatal meeting just for an hour... We tried it over two years. One of the main challenges was that the midwifery services were not prepared to write it on the antenatal card, they felt it was too much work, and so there was no buy in from midwifery services. So had it been written on the card we think it would have made a difference? We had to go through some terrible torturous routes to get the parents to know about it. It didn’t have the rubber stamp of the midwifery services so it didn’t work. That meeting, for the ones who came, it was really helpful because we showed baby brain development information, showed videos and on the whole parents loved that. So the feedback was very good, but it was very patchily taken up." (Professional at Children’s Centre in Warwick District)

“We had a partnership with Birth Baby Reality which is a private company and they were offering free early pregnancy workshops and they were doing them in the children’s centres, but that didn’t work either. So we have tried various routes. Parents just didn’t

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come. But it’s partly because we don’t know women prior to the birth of their child.” (Professional working in Children's Centre in Warwick District)

During pregnancy and after birth there are likely to be a number of professionals working with parents at the same time. Parents don’t necessarily know which agency is providing the service and as long as they are receiving it, they don’t really mind who provides it. With this in mind, providing services seamlessly would help increase parents’ satisfaction with their antenatal and postnatal care.

"We want it to be seamless and easily accessible and not having to fill out form after form and parents having to go from this person to that person and everyone knowing their life history." (Head teacher, Nursery School, Warwick District)

"It's about everyone working together, you know that's the seamless bit, you know health and education and social care and that brings a range of issues because we all have different systems. There are still issues of confidentiality, what we can share in health and education, can we talk, what can we say to each other - and that's been going on for a number of years and still haven't actually been sorted. How the different systems that we all have in our different disciplines can work together. Ideally seamless and available at the point of contact.” (Head teacher, Nursery School, Warwick District)

If parents feel they are being supported by a team then they may feel more at ease to receive help from another part of the team rather than being 'referred'.

"Even more positively, tell the parents, 'we are all part of a team, a children's centre team and it would be really great if I could talk to the others about the best way of helping you out'. There are more positive ways of putting it rather than saying, 'Do you mind if we share your information?' There is a way of putting it and some health visitors are very skilled at it.” (Professional working in Children's Centre in Warwick District)

The barriers to information sharing include fears about professionals acting in breach of the Data Protection Act (1998). The government reminds us that the Act should not be used as a barrier to sharing information but a framework to ensure information is shared appropriately.66

"I think there is a whole information sharing panic really - around worries about being struck off the nursing register. We are getting better and it is a long journey and some

health visitors don’t have a problem at all. When it works great it’s really, really good – but when it works badly it’s horrid.” (Professional at Children’s Centre in Warwick District)

Some professionals may simply not realise that there might be a benefit in talking to another agency about a family.

“I think some health visitors might feel that it wasn’t necessary to tell us that parents were not coming to the centres – I would think that’s quite a big barrier.” (Professional working in Children’s Centre in Warwick District)

When information sharing is done properly there can be huge benefits to both professionals and parents. The Acorn Centre has referrals from a wide range of agencies and is therefore able to be accessed by parents across Warwickshire.

“We work very closely with the statutory health services. They do a lot of referrals and they come to our training.” (Professional – Acorn Centre, Nuneaton and Bedworth Borough)

“We get a lot of referrals from IAPT and the GPs and the various hospitals round by us.” (Professional – Acorn Centre, Nuneaton and Bedworth Borough)

### 3.2 NEED

We can apply prevalence estimates, relating to the categories of infant attachment,\(^ {67}\) to the Warwickshire live births data to give an indication of the incidence of attachment issues.

<table>
<thead>
<tr>
<th></th>
<th>North Warwickshire</th>
<th>Nuneaton &amp; Bedworth</th>
<th>Rugby</th>
<th>Stratford-on-Avon</th>
<th>Warwick</th>
<th>Warwickshire</th>
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<td>Live births 2010</td>
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<td>1,228</td>
<td>1,165</td>
<td>1,556</td>
<td>6,314</td>
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<td>925</td>
<td>675</td>
<td>641</td>
<td>856</td>
<td>3473</td>
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<tr>
<td>Secure upper bound estimate (65%)</td>
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<td>1093</td>
<td>798</td>
<td>757</td>
<td>1011</td>
<td>4104</td>
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</tbody>
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3.3 DEMAND

3.3.1 INPATIENT ADMISSIONS WITH POSTNATAL DEPRESSION AS A FACTOR
The following table, based on data from Arden Commissioning Support, gives the numbers of inpatient admissions where postnatal depression was diagnosed, although it was not necessarily the primary diagnosis. This demonstrates an expressed demand for mental health services post-birth.

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter</th>
<th>North Warwickshire</th>
<th>North Nuneaton &amp; Bedworth</th>
<th>North Rugby</th>
<th>North Stratford-on-Avon</th>
<th>North Warwickshire</th>
<th>South Warwickshire</th>
</tr>
</thead>
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<tr>
<td>2010/11</td>
<td>Q1</td>
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<td></td>
<td>Q3</td>
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<td>2011/12</td>
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<td>0</td>
<td>0</td>
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<td>1</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Q2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>Q3</td>
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</table>

3.3.2 ACORN CENTRE
The Acorn Centre provides counselling for a variety of birth-relating issues. The demand for these services is illustrated in the chart below.
The following chart shows that geographically the clients for these services, whilst concentrated in Nuneaton, where the Acorn Centre is based, have also come from other parts of the county and other local authority areas.
Referrers to the service include health professionals, other voluntary organisations and the IAPT NHS programme, as shown below.

![Referrals to Acorn Centre 2011 to Nov 2012 by referrer](image)

### 3.4 SUPPLY

#### 3.4.1 PRE-PREGNANCY SERVICES

Warwickshire provides a number of services to avert unwanted pregnancies. These include:

- The Respect Yourself campaign, which provides sexual health guidance through its website, information services and access to contraception;
- Kooth.com which provides online counselling;
- Compass Warwickshire provides sexual health advice and referral and specialist treatment;
- General Practitioners provide contraception and guidance on family planning;
- Schools also play a part in educating and promoting confidence and healthy behaviour (specifically sexuality and sexual health) in young people through the Healthy Schools Programme, PSHE classes and Sexual health education classes;
- Finally, school Nurses in Warwickshire also currently provide drop in services in secondary schools; advice, support and signposting with an emphasis on keeping safe and safeguarding and contribute to Sexual health sessions, although the emphasis remains on physical aspects.
3.4.2 ANTENATAL SERVICES

From the point when NHS Warwickshire become aware of a pregnancy the mother would normally be given an appointment with a community midwife. Midwives screen for a number of potential issues, including anxiety, depression, substance misuse and domestic violence. They can provide advice and support on health and well-being, including quitting smoking. Health Visitors are trained nurses/midwives with additional training in child health issues and visit pregnant women, providing development reviews, early intervention, health promotion, immunisations and parenting guidance tailored to individual needs.

Current identification, management and referral in Warwickshire includes midwife and health visitor involvement. The 3 ‘Whoolley’ questions recommended by NICE, alongside a clinical interview are being used at first contact with mothers at the booking visit and after birth. The Whoolley questions are:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month have you often been bothered by having little interest or pleasure in doing things?
- Is this something that you feel you need or want help with?

This is to identify those at risk and forms part of a subsequent assessment.

Midwives also provide antenatal advice, education and support mothers (and fathers where possible) in the transition to parenthood and the promotion of bonding and attachment. Getting mothers to think about their unborn baby is an important step in the attachment process.

Within Warwickshire there is a programme of development of the Health Visiting service as a designated Early Implementer Site. This includes the provision of antenatal support, use of Promotional Interviews for promotion of wellbeing and early identification of risk. Infant Mental Health Champions are available to listen and talk and can refer as necessary to services such as Domestic Abuse support and Social care.

In the voluntary sector there are a number of charities providing antenatal services, including the Acorn Centre in Nuneaton, who provide a counselling service for parents (including fathers) with regard to infertility and post natal depression and additionally support mums that may be struggling after giving birth and need someone from outside the health service to


listen and reassure them. The aim of the counselling is to provide a space for the person to talk about their fears and anxieties. The centre works together with other counselling agencies in the area including Sycamore, Domestic Abuse Counselling Service (DACS) and receive referrals from Improving Access to Psychological Therapies (IAPT), GPs and local hospitals. This is the only counselling service of this kind in Warwickshire currently as funding restrictions have prevented other centres being opened in other areas of Warwickshire. The centre relies upon qualified volunteer counsellors to provide a free service. Counselling services are also provided by Relate, the UK’s largest provider of relationship counselling, family counselling and counselling to children and young people.

The voluntary sector also provides on line support groups like Netmums and the National Childbirth Trust with local branches that organise activities. They offer on line ‘drop in’ clinics with parent supporters to offer advice and support, which is a good source of local information.

### 3.4.3 POSTNATAL SERVICES

GPs can receive referrals from health visitors or the patient can present postpartum themselves. Additionally patients can refer themselves or be referred by their GP to the IAPT programme. Referrals can also be made to the Community mental health team, the clinical health psychology department at, ‘Warwick Hospital’ or to the psychiatry department at, ‘University Hospital’- Coventry. IAPT is a national NHS programme, intended to make NICE-approved interventions for helping people with depression and anxiety, including postnatal depression, more accessible. The Coventry and Warwickshire IAPT implement this locally, delivering online Computerised Cognitive Behavioural Therapy (CCBT), courses and referral services. There is further evidence for infant parent psychotherapy through The Child Psychotherapy Trust.\(^{70}\)

The NHS also has breastfeeding co-ordinators in post to promote breastfeeding, offer advice and support and to develop the skills of health professionals, so that they may better support mothers.

Community midwives continue to provide a service after birth, promoting bonding and attachment between infants and caregivers.

The Family Nurse Partnership is a preventive programme for young first time mothers.\(^{71}\) It offers intensive and structured home visiting, delivered by specially trained nurses (Family

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Nurses), from early pregnancy until the child is two. FNP has three aims: to improve pregnancy outcomes, child health and development and parents’ economic self-sufficiency. 

Drop-in groups like Cot Gossip and Together Time are growing in popularity in children’s centres and give new mums the opportunity to explore different approaches to important parenting issues with a qualified group leader and other new parents. These sessions help new mums feel confident about the decisions and choices they make for their babies. Mothers are encouraged to share ideas and experiences and help others to do the same so they can support each other as they learn more about skills as a parent. Baby massage courses are held within children’s centres across the county to help address difficulties with bonding, social interaction and communication between mother and baby. Other services provided at children’s centres include ‘Chatter Matters’ peer to peer support groups and breastfeeding support, further facilitating good infant-mother bonding. There are proposals for a new role of infant mental health champion in every children’s centre, possibly a Family Support worker, who would liaise with the Health Visitor, provide Baby Massage, promote use of baby slings and other evidence based interventions.

A number of initiatives from Warwickshire County Council aim to improve the wellbeing of families. Family Matters provide information for parents and carers on a range of topics from emotional health to information on free school meals. The Family Information Service provides online support with specific information on topics such as Family finance, parenting support, childcare, etc. Group based parenting programmes provided by the Parenting Development Team (using Triple P) established in 2009 aim to improve emotional and behavioural adjustment in children from birth to three years old. There is on-going commissioning, training and support for practitioners in the management and delivery of Triple P parenting programmes across Warwickshire. Practitioners are from a variety of backgrounds, i.e. Family Support Workers, Police and Health Visitors. The programmes also provide opportunities for peer support and also supervision from Clinical Psychologist. Triple P courses are offered for ages 0 – teenager with rolling programmes in various locations across Warwickshire.

The Time to Talk Strategy in Warwickshire devised in 2009 and implemented in 2010 aims to increase the number of children who are achieving their potential in speech language and communication development using the SALT initiative. The focus is on prevention, early identification and support.

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4 RECOMMENDATIONS

4.1 PRE-PREGNANCY RECOMMENDATIONS

- Early identification of those most at risk of becoming depressed during pregnancy and after the birth of their child, via health professionals.
- Health professionals supporting sexually active women to make considered pregnancy choices especially if they are currently taking anti-depressants, including avoiding unplanned pregnancies.

4.2 ANTENATAL RECOMMENDATIONS

“It is essential that mental health is a central component of midwifery care.”

- Improve communication between the multidisciplinary team involved in managing women with ante and postnatal depression by introducing a clear perinatal mental health pathway.
- Data sharing between professionals, including the perinatal period, is crucial to ensuring those working with pregnant women have access to all relevant information and be privy to the other agencies involved. This information sharing should start during the antenatal period to give parents the most benefit.
- Introducing and maintaining an antenatal role for health visitors, to identify mothers and build relationships earlier in the antenatal period and aim to identify risk patients for PND and co-ordinate care. Work in this area is currently being done by health visitors within Warwickshire with the ‘Promotional Interview’. Therefore, this needs to be audited.
- Antenatal classes based on emotional well-being involving family members especially fathers, aimed at identifying symptoms of ante and postnatal depression backed up with offers of practical support if needed.

4.3 POSTNATAL RECOMMENDATIONS

“Improve early recognition and intervention for mental health problems in children and young people.”

- Named leads for GPs and health visitors should be identified for PND, through which supervisory and other support can be accessed by health care professionals who encounter a PND family. This could be led by an Infant Mental Health Champion from each service.

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74 Dr. Ian Jones, Reader in Perinatal Psychiatry at Cardiff University [online]
http://www.cardiff.ac.uk/sonms/newsandevents/news/midwiferymentalhealth.html [Accessed 17-12-12]

75 No health without mental health: delivering better mental health outcomes for people of all ages, Department of Health, 2011.
• Support groups for women with PND, run by health visitors or midwives with an interest in the area, and supported by supervision from the clinical psychology team at Warwick Hospital.
• Consider systems of recording PND so that data can be collected locally and nationally and then audited.
• Many professionals who work with children and families are non-mental health professionals and therefore it is essential those working most closely with families receive training in what to look for to enable early intervention.
APPENDIX 1

NATIONAL SUPPORT FOR PND.

This is not an exhaustive list but includes:

- Meet-A-Mum Association (MAMA): self-help groups for mothers with small children and specific help and support to women suffering from post-natal depression. 
  www.mama.org.uk
- Association for Post Natal Illness: Provides support for mothers suffering from post-natal illness. www.apni.org
- National Childbirth Trust: Support and advice on childbirth and early parenthood. www.pregnancyandbabycare.com
- The Samaritans: A registered charity based in the UK and Republic of Ireland. The charity provides confidential emotional support and is trying to increase public awareness on issues around suicide and depression.
- PEEP (Parents Early Education Partnership)
- Reflective parenting programme for antenatal mothers. Pilot study currently underway.
- National Helpline: 0845 790 9090
- Parentline Plus: Support and information for anyone parenting a child www.parentlineplus.org.uk