Overview of challenges to implementation of good practice in perinatal mental health promotion and management, in universal primary care and community services

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Abstract

Purpose - The purpose of this paper is to describe some of the barriers and solutions to implementing good practice in perinatal mental health promotion in universal services, and propose some ways forward.

Design/methodology/approach - This paper describes the rationale and evidence base for proactive management of perinatal mental health in primary care and community services and good practice recommendations. There is considerable evidence that these recommendations have not been implemented nationally in the UK. A range of solutions and proposed ways forward to manage barriers to implementation are set out.

Findings - It is proposed that a number of factors need to be in place in order to deliver best practice in perinatal mental health.

Originality/value - The value of this paper is to set out what needs to be in place in order for services to promote good perinatal mental health and secure attachment and change the life chances of children and their parents, by intervening early. This will also ultimately save financial resources for public services, because the quality of early relationships is linked to health and mental health.

Keywords Perinatal mental health, Reflective supervision, Health visitors, Maternal mental health, Midwives, Training in perinatal mental health

Paper type Conceptual paper

Marmot (2015) provides evidence that what happens in the early years has a profound effect on life chances and health for adults. Early childhood development is influenced by the quality of parenting, which in turn is influenced by the circumstances in which parenting takes place. He cites the Adverse Childhood Experiences Study (Felitti et al., 1998) showing that the higher the number of adverse experiences as a child (including emotional, physical or sexual abuse), the greater the risk of not only developing depression and attempting suicide, but also physical health problems such as diabetes, stroke and heart disease.

Much has been written about the importance of the development of secure attachment and the fact that relationships in the first two years can have a lifelong impact (see The 1,001 Critical Days, Cross Party Manifesto, Leadsom et al., 2014). A parent’s capacity to be attuned to their infant and recognise they have a separate mind with intentional states is the building block for being able to process emotions and develop good mental health (Fonagy et al., 2004).
The National Institute for Health and Care Excellence (NICE) (2014) guidance on Antenatal and postnatal mental health recommends active screening and management in primary care or at first booking visit. The updated NHS England (2014) National Health Visiting Core Service Specification stipulates management of perinatal mental health as a key outcome. The Royal College of Midwives (2015) in their policy document “Caring for women with mental health problems standards and competency framework for specialist maternal mental health midwives” are also very clear on the importance of the role of the midwife in promoting good mental health and have provided best practice recommendations.

However, there is considerable evidence that our universal services are simply not implementing this good practice. Khan’s (2015) report on the experiences of new mothers, makes it clear that many feel that there is no space in the GP practice, to talk about feeling down or hopeless in the face of managing the emotionally challenging task of caring for a new infant. According to a report by the Centre for Mental Health Bauer et al. (2014), half of cases of perinatal depression and anxiety go undetected and many who are detected do not receive the evidence-based interventions they need. The Maternal Mental Health -Women’s Voices Survey, published by the Royal College of Obstetricians and Gynecologists (2017) reported on 2,300 women’s experiences of care for mental health problems, and found they received inconsistent and conflicting advice from healthcare professionals.

The Maternal Mental Health Alliance’s campaign “Everyone’s Business” has put pressure on health care providers and commissioners of services in the UK, to ensure that parents can be referred to the services that can respond to their mental health needs and put an end to the existing postcode lottery (see campaign evaluation, Granville et al., 2016). In addition to this, NHS in England (2016) five year forward view for mental health has prioritised getting perinatal mental health service provision up to recommended standards across the country. Addressing inadequate levels of service provision is only part of the answer. In order to make the step change needed a number of barriers to implementing good practice need to be recognised and addressed.

The report by the Centre for Mental Health (Bauer et al., 2014) cites three main barriers to improvements in universal service provision: failure to identify perinatal mental health problems, discontinuities in staff women are seeing and staff’s lack of expertise or confidence in discussing issues relating to mental health.

Under the current pressure and strain of workloads, midwifery and health visiting services struggle to integrate mental health screening and promotion in to their work in a consistent way (Sanders et al., 2015; The Institute of Health Visiting’s, 2016, State of Health Visiting Survey). Workload is a major barrier, but in order to create sustainable change, we need to go beyond this and focus on creating the conditions that will allow for best practice to flourish. The work of Rxen (Fixsen et al., 2005, NIRN) on research into what works in implementation of best practice, points to the importance of paying attention to what is happening at the organisational and system level.

I have worked with colleagues over many years, to provide training and reflective practice for health visitors, midwives and family nurse partnership, aiming to help them in the important task of starting conversations about how parents are feeling and supporting those who are struggling. This is key to providing a containing environment for both staff and parents (Pettit and Stephen, 2015; Marks et al., 2005). This needs to be done sensitively because many parents feel considerable stigma and shame, as well as fear of having their child taken away, when they disclose emotional difficulties during the perinatal period.
I propose that the following factors need to be in place, to create the sustainable change needed in order to deliver best practice:

1. **Universal perinatal service providers** (midwives, health visitors, GPs, CAMHS, perinatal mental health services, staff from children’s centres, etc.) need to work in an integrated way. This involves having a common vision for the promotion of good perinatal mental health delivery, with common outcomes.

2. **Leaders from each organisation providing universal perinatal services** need to take ownership of this vision and ensure its delivery is effectively led, with clear and measurable objectives for staff.

3. **Managers** need to be held to account for delivering on promotion of good perinatal mental health and secure attachment. They need to support their staff to integrate this work into their roles and not see it as an optional “add on”.

4. **Commissioners** need to set clear outcomes in identification and management of perinatal mental health and hold universal services jointly to account for delivery.

5. **Training in perinatal mental health and promotion of secure attachment**, involving sufficient skills practice to relevant staff working in universal perinatal services, needs to be in place. This needs to be systematically offered, delivered and monitored.

6. **Supervision/reflective practice groups** need to be offered and taken up, to provide an opportunity for staff to be supported and coached when putting into place skills that enable them to open up conversations about mental health management. This is essential, if real change is to be sustained. Wave Trust (2013, Appendix 3) recommends “professional reflective supervision” amongst the “core knowledge and skills” necessary for the early years’ workforce to improve outcomes for young children through their work with families.

7. **Care pathways** should be in place, with appropriate specialist perinatal mental health services available to pick up referrals. These should include psychological therapies for moderate to severe presentations as well as perinatal psychiatric services.

8. **A compassionate organisational culture** that supports and contains staff needs to be in place. Just as parents need containment and the sense that their experience is understood, so do busy health professionals. Research has shown that there is a link between staff wellbeing and patient quality of care (The National Nursing Research Unit, 2013). In times of scarce resources - the pressure will be for staff to retreat into silos - to not ask about how parents are really feeling in a way that enables them to answer, to think that “ticking the box” through asking the NICE guideline “Whooley” questions [1] means they have done their job. We have to provide the context in which staff can be open and courageous enough to have a real conversation and be prepared to hear the answer whatever it might be.

We are fortunate in this country to have a universal health offer, free at the point of delivery covering all children. In these austere times, we need to use this resource to ensure we balance the clinical offer so that prevention and early intervention are prioritised. In this way, we can do something to address some of the causes of mental health problems, by doing more earlier in the lifecycle, preventing decades of distress in the form of physical
and mental health problems. We need to stop doing too much too late and take the opportunity to implement the Five Year Forward View for mental health with a commitment to trans-generational Public Health, changing the life course for the next generation when they become parents themselves.

Note

1 Whooley questions: 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?

References


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