

## Gloucestershire's 1<sup>st</sup> Maternal Mental Health Conference

On Wednesday 16<sup>th</sup> November the Gloucestershire Primary Mental Health Service (PMHS) hosted Gloucestershire's first Maternal Mental Health Conference at the Sandford Education Centre in Cheltenham. Attended by over 70 delegates, there was an enthusiastic response to this local event. The aim of the conference was to –

- Enhance knowledge of the importance of women's mental health around the time of childbirth
- Promote understanding of women's mental health and how it fits into the current public health agenda
- Provide a forum for disseminating information on local projects and research into the mental health of women and partners
- Introduce a care pathway for maternal depression as a way of implementing government recommendations and evidence based best practice and improving outcomes for women and their families
- Enhance knowledge of changes in the Primary Mental Health Service and Specialist Mental Health Services in Gloucestershire
- Facilitate skills development in managing women's mental health problems

Caroline Andrews (Service Implementation Lead, PMHS) opened the day by welcoming delegates and explaining how developments in the PMHS, significant progress in training by the Postnatal Depression Trainer Group and the creation of the Maternal Mental Health Lead role had all contributed towards developing a vision for Gloucestershire for women's mental health around the time of childbirth.

Keynote speaker Dr Alain Gregoire (Consultant/Hon. Senior Lecturer in Perinatal Psychiatry, Southampton/South East Regional Psychiatric Assessor, CEMACH) delivered a thought provoking and motivating presentation on perinatal mental health. He drew attention to the fact that maternal depression as the most common major complication of the postnatal period and puerperal psychosis as one of the most serious complications of the postnatal period. One key message was that death due to psychiatric causes is the leading cause of maternal death and that perinatal mental illnesses are predictable, preventable, detectable and treatable. He presented the key themes that came out of the Confidential Enquiry 'Why Mothers Die' 2000 – 2002, which were the poor identification of past history, poor identification of risk, poor communication where a past history/risk were identified and misattribution of physical illness to psychiatric causes. Dr Gregoire went on to highlight four key recommendations from the Confidential Enquiry and how they should influence local service developments. The recommendations were that there should be:

- guidelines in all maternity services for detection and management of risk of illness
- routine enquiry about past history at booking
- training for maternity services professionals and
- specialist perinatal psychiatric services, including specialist mother and baby units, available to all women.

He concluded by specifying that specialist perinatal mental health services should include not only a specialist consultant but also a community team that develops and implements coordinated, integrated, multi-agency processes to meet the needs of this client group.

Sue Moos (Maternal Mental Health Lead, C&T PCT) described the development of the Gloucestershire Strategy for Maternal Depression (2005 to 2010) and gave an overview of the three main recommendations for implementation – 1) Developing a care pathway for maternal depression, 2) Developing services within the PMHS and 3) Developing a Specialist Perinatal Mental Health Service. She explained how women were kept central to the care pathway development by engaging them in a baseline audit and focus groups to ‘map the woman’s journey’ and having a service user representative on the Working Group. Part of the pathway was shown to demonstrate how up to date evidence based best practice, key government recommendations and local standards/best practice benchmarks have been embedded in the care pathway structure together with variance tracking. Not only were the benefits to women and staff evident but also the benefits to the organisation in terms of clinical governance. Advances in the PMHS covered extending the range of information on antenatal/postnatal depression and puerperal psychosis via the PMHS website and the Gloucestershire Mental Health Toolkit and also the production of a Guided Self Help Workbook for Maternal Depression. Finally, the vision for Gloucestershire to provide specialist perinatal mental health services for women across the county was introduced. This vision fits clearly with recommendations from the Royal College of Psychiatrists, the Confidential Enquiry into Maternal and Child Health (2004) and the National Service Framework for Children (2004) but must correspond with and take place against a background of organisational change both within the Partnership Trust and the PCTs.

Vicky Macdougall (Women’s Lead, Gloucestershire Partnership Trust) delivered an inspiring presentation on the importance of gender, how the mental health needs of men and women differ and how women’s mental health needs have historically been neglected (despite the fact that, among other things, women make up over half the population, play a significant role in the workforce and assume the major responsibility for home, children and other dependent family members). Vicky highlighted some of the specific differences in women’s mental health (in frequency, clinical expression, outcome, epidemiological and social concomitants) to demonstrate women’s exclusive mental health problems and needs. She was keen to point out that this doesn’t mean that men do not also have exclusive mental health problems, merely that both men and women deserve good psychiatric services that are developed according to their needs. She also touched on issues associated with mental health problems such as disturbed mother-child relationships, domestic violence, substance misuse, deliberate self-harm and women and the criminal justice system.

Consultant Child Psychotherapist Robin Balbernie (Gloucestershire CAMHS/Infant Mental Health Team Cheltenham Sure Start) outlined the effects on the child of perinatal mental ill health – namely neurological impairment, insecure attachment, poor emotional/behavioural regulation and cognitive impairment. He highlighted the ‘early warning system’ provided by health visitors and how this is the most important resource for the adult mental health service. He also outlined other services that are in place to help emotionally vulnerable families and babies such as the 2 day a week dedicated team in Cheltenham Sure Start (although this is time limited), the Under-fives clinics within CAMHS (at Delancey and Acorn House). Robin highlighted that against a background of over-stretched and under-resourced Social Services there is no standardised countywide needs-based service. He explained that developments in training to roll

out the Solihull Approach are currently under way and that there is recognition of the need to resource infant mental health services in the Gloucestershire Maternal Mental Health Strategy. Robin reminded delegates that 12-16% of women experience postnatal depression and up to 26% of adolescent mother experience postnatal depression. He went on to say that although depression in the antenatal and postnatal periods is a risk factor for developmental problems and future mental illness in infants/children, early interventions designed to support a positive relationship between the parent and small child traditionally sits neither with CAMHS nor with Adult Mental Health Services. And Robin was keen to point out that the 'patient' in such interventions is the *relationship* between the parent and the small child, not an intervention with the parent or child in isolation. Robin went on to update delegates on some of the most recent research on the impact of maternal anxiety and stress on infant development and outcomes. The findings included long term implications for well-being leaving infants more vulnerable to psychological and medical illness in later life. There was also the association of maternal stress in pregnancy with lower birth weight, irritability, hyperactivity and learning disabilities. It became clear to see how early intervention could have positive benefits from a cost benefit analysis point of view providing benefits at individual, family and public health levels. Robin concluded by presenting a model for a comprehensive Infant Mental Health Service with a central specialised team for the county.

Dr Chandni Mehta (Associate Specialist Psychiatrist, Gloucestershire Partnership Trust) presented her research into Asian women's perceptions of mental health. She set the local context using statistics from the 2001 census which demonstrated a non-white population of 2-3% in Gloucestershire and 6% in Gloucester. Through her small-scale local study in Hindu women Dr Mehta aimed to gain an understanding of Asian women's 'frame of reference' in relation to mental health, to explore contexts in which mental health concerns are most likely to be experienced and to gain insight into models of coping. The research was conducted through a focus group comprising 16 women who attended an existing group in Cheltenham. For the majority of women Gujarati was their first language and one of the factors that influenced reaching this group of women was that Dr Mehta was able to conduct the focus groups in women's preferred language - Gujarati, Hindi and English. Some of the main research questions included –

- What do you understand by the term 'mental health'?
- How do you come to understand that you are stressed or distressed?
- Do you feel that these feelings, events or experiences have affected your health? In what way?
- How do you cope? What helps? What does not help?
- Suppose you needed help with mental health issues, what kind of help would you seek and accept?

Dr Mehta described the clear challenges in translating women's experiences into English and one of the key findings was that no specific descriptions emerged for the term 'mental health' – hence the title of her research – 'Lost in Translation'. Other key findings that emerged included that the spectrum of normality and pathology is different in the Asian community, that a holistic approach is adopted to health/mental health viewing mind and body as one, that health is defined in the context of roles, family and community and that coping strategies include prayer/religion, talking, hard work and family support. Dr Mehta concluded that mental health concerns for this group of women appeared similar to those experienced by women in mainstream society but that what differs is the way concerns are understood, experienced, expressed, communicated and coped with. Also, direct translation into a Western illness category is neither appropriate nor

acceptable to the women. She went on to discuss the clinical implications and recommended that positive coping strategies, including religion, should be encouraged/incorporated into support networks and 'counselling frameworks', that there should be bi-lingual/bi-cultural health professionals in primary care/mental health centres/hospitals and that health professionals should be taught about cultural norms and values regarding the mental health issues of minority groups.

Paul Hopkins (Health Promotion Officer, Gloucester Health Promotion Unit) started by describing the background work with Gloucestershire Boys & Young Men (GB&YM) Network ([www.gbymn.org.uk](http://www.gbymn.org.uk)) and local developments including a Dads & Kids Group and the 'Baby Fathers' Gloucestershire Project. He also described how a partnership of organisations and individuals committed to supporting fathers and celebrating fatherhood was developed to form Fathers in Gloucestershire or F.i.G ([www.figlos.org.uk](http://www.figlos.org.uk)). He described how the website was set up to provide information for fathers and people who work to support them – including social, psychological and emotional advice, personal development and education. Paul outlined research and evidence that has been published in recent years underpinning the necessity of working with new fathers on mental health issues and drew attention to a recently published Oxford study which indicated the potential for an effect of paternal depression on child development. Lastly, Paul described the Cheltenham Study that aims to measure the impact of new fatherhood on levels of anxiety and depression both pre and postnatally in men within the Cheltenham Sure Start areas and to identify risk and protective factors which affect these levels. The research questions include –

- What are the mental health needs of new fathers in the Cheltenham Sure Start areas?
- Are the findings from the literature review (mainly from non-UK sources) generalisable to a deprived UK population?
- Can the study findings be used to develop new community health services?

The study is currently in progress and the results will be available in 2006.

Alison Sedgwick-Taylor (Consultant Clinical Psychologist, PMHS) started her presentation by outlining the use of psychological treatments and self help interventions, drawing the distinction between the providing information and providing 'self-help'. She described the evidence to support psychological therapies and the current public enthusiasm for these types of treatment. She also explained the strong evidence base for cognitive behavioural therapy (CBT) – particularly in anxiety and depression and highlighted that despite the evidence, psychological therapies are not as available or accessible as other treatment options. She then went on to introduce the concept of CBT-based guided self-help and explain how it fits into the stepped care model. She highlighted a number of potential advantages – service user empowerment (a less paternalistic approach using the expertise and experiences of users), greater accessibility and acceptability (less stigmatising and low cost with limited waiting times and no geographical limits) and greater efficiency of use of professional time (complimenting existing patterns of care, suitable for use in primary care and an effective use of Graduate Mental Health Worker workforce). Alison further outlined how psychological therapies in the PMHS have been developed to deliver stress management courses, anger management courses, computerised CBT and Guided Self-Help for Depression, Anxiety, Anger and Maternal Depression (the later two currently being under development). The University of Bath is currently conducting independent research into the acceptability, accessibility and effectiveness of guided self-help and this will conclude in December 2006. Anna Lambert (Graduate Mental Health Worker, PMHS) went on to describe how the Guided Self-Help programmes aim to help patients improve their skills to cope with and manage their mental health difficulties. Delegates were able to hear a tape of one

of the GMHWs conducting a telephone interview where cognitive restructuring, motivational work, monitoring and behavioural change were evident.

This fed into one of three afternoon workshops where delegates had the opportunity to learn more about the Guided Self-Help for Maternal Depression programme. Alison Sedgwick-Taylor described how the original self-help materials for depression workbook were amended with the assistance of GMHWs Liz Grande-Mills and Nicci Hood, Maternal Mental Health Lead Sue Moos and a service user representative. The workshop was run by six PMHS GMHWs (Carrie Parr, Annie Riegler, Liz Grande-Mills, Becky Webb, Anna Lambert and Natalie St Just) in three sub groups which focused on a) psycho-educational/goal setting b) behavioural change c) cognitive change, using one of the case studies from the Maternal Depression Workbook. Two other workshops took place. One was led by Vicky Macdougall on the effects of domestic violence on women as mothers and explored the role of health professionals in identifying women experiencing domestic violence and how to ask the right questions. The other workshop was led by Jonathan Hill (Care Pathway Manager, Gloucestershire Partnership Trust) and Rob Newman (Facilitator, Gloucestershire PMHS) and was entitled 'Mental Health in Primary Care: What you need to know'. Delegates who attended this workshop had the opportunity to gain a deeper insight into maternal mental health, how it presents clinically and how it affects women during pregnancy and in the year following childbirth.

By the end of what proved to be a packed and inspiring day delegates had achieved a broad view of the changes that have taken place, services that are currently being developed and what the future holds for Gloucestershire. Such was the success of the day that the PMHS hope to make the conference a regular event.

Sue Moos  
Maternal Mental Health Lead  
Cheltenham & Tewkesbury PCT  
sue.moos@glos.nhs.uk