

Joint Strategic Needs Assessment (JSNA): Maternal Mental Health in Lewisham

Executive summary

Aim

The aim of this JSNA is to explore and establish the mental health and well-being needs of women in Lewisham in the 1001 days from the conception of their child until the child is two years old (the 'Maternal Mental Health' period), review how well these needs are met, identify any gaps and make recommendations for improvements in service provision.

Needs analysis

It is estimated that approximately 1,019 women (20%) in Lewisham develop a mental health problem in pregnancy or within a year of giving birth. Serious perinatal mental disorders are associated with an increased risk of suicide. Suicide is the leading cause of maternal mortality in the UK. Maternal mental health (MMH) issues do not just affect the mother, but also the wider family. For the child, the period of the first 1001 days – from conception to the age of two, is widely recognised as a critical developmental period. There are a number of risk factors for developing MMH issues, and in Lewisham, the high prevalence of many of these factors, indicates a high risk population. As such, MMH is an important priority for the borough.

Service provision

Lewisham has a Specialist Perinatal Mental Health (PMH) Service, provided by South London and Maudsley (SLaM) NHS Foundation Trust, for women with moderate to severe mental health issues, including those who require inpatient care. The borough also has provision for women with mild to moderate mental health needs throughout the MMH period, including support from GPs, Health Visitors, Midwives and the Voluntary and Community Sector (VCS). There are several service developments currently in motion to improve MMH support in the borough, in line with national and local policies. However, gaps have been identified in the provision, knowledge and ease of access to preventative, early intervention services. There are also gaps in workforce training and development, support for partners/fathers and support for parents and practitioners around the parent-infant relationship.

Recommendations

The recommendations of this JSNA include ensuring that the JSNA findings are widely shared and jointly owned to maximise impact; undertaking additional research into the latest evidence based practice and the specific needs of partners/ fathers in relation to PMH; ensuring multi-agency input into an integrated PMH care pathway; increasing PMH training opportunities across the sector; promoting access to, and considering development opportunities for, early intervention services in PMH; prioritising plans to achieve continuity of midwifery care and ensuring families can easily access existing services that address the wider determinants of mental health.

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DRAFT

1. Aim of JSNA

- 1.1 Maternal Mental Health (MMH) problems pose a huge human, social and economic burden to women, their families and the wider population, constituting a major public health challenge. This JSNA explores the mental health and well-being needs of women in the 1001 days from conception until their child is two years old and aims to:
- Provide an overview of the epidemiology of maternal mental illness in Lewisham and nationally.
 - Review the evidence and recommendations for effective management of maternal mental illness and quality care services.
 - Identify current service provision.
 - Identify gaps in current knowledge and services, and make recommendations for local planning and strategy formulation.
- 1.2 Please note, although this JSNA covers MMH (the period from conception until a child is two years old), much of the currently available data and research relates primarily to the perinatal period (conception until the child is one), partly because this period presents some very particular needs and risks for women. The JSNA recognises the lack of data and research on MMH as a gap for future development. Nevertheless, the perinatal research is still relevant and applicable, allowing useful conclusions to be drawn, but with the caveat that more research into the wider MMH period is ultimately needed.

2. Needs analysis

National data

- 2.1 The World Health Organisation (WHO) defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’¹. The positive dimension of mental health is stressed within this definition – good mental health is not merely the absence of mental illness, but a positive attribute. You can have a mental health diagnosis and still work towards mental well-being. Using this framework of mental health, the prevention of mental illness and the promotion of well-being and self-help are equally as important as treating a mental health diagnosis.
- 2.2 During pregnancy and after birth, women can be affected by a number of different mental health problems. Nationally, it is estimated that up to 20% of women are affected by a mental health problem during their pregnancy or in the first year after having a baby². It is also estimated that over 50% of those who meet diagnostic criteria for psychological disorders are not identified³ due to problems not being disclosed, recognised or effectively treated. This means that only around half of the pregnant or postnatal women who develop a psychological disorder may present to primary care mental health services each year. PMH disorders include anxiety disorders, mood disorders, psychotic disorders, eating disorders, substance use disorders and puerperal psychosis. These disorders can range from mild to severe in nature and require different kinds of treatment and care.
- 2.3 Despite being common, mental illness in general is underdiagnosed. The mental health problems that pregnant women and new mothers can experience are the same as those that can affect people at other times, however these problems can be experienced differently by pregnant women and new mothers and, for various reasons, are particularly important to address. These include the effect they can have on the mother’s physical health. Maternal mental illness, particularly if left untreated, can have devastating impacts on women and their families⁴. Serious perinatal mental disorders are associated with an increased risk of suicide, with suicide being the leading cause of maternal mortality in developed countries⁵.

¹ WHO (2017) Constitution of WHO: Principles: <http://www.who.int/about/mission/en/> (accessed on 18/10/2017)

² Lewisham Strategic Partnership Website, Lewisham’s Public Health Information Portal: <http://portal.lewishamsna.org.uk/Demography.html>

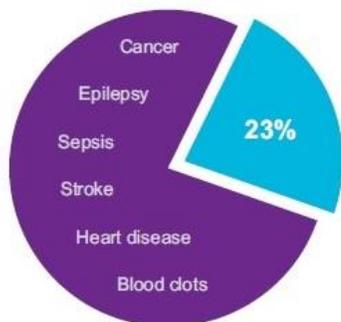
³https://cdn.movember.com/uploads/files/2015/Misc/Promoting_MentalHealth_&_Wellbeing_FINALE%5b2%5d.pdf

⁴ MBRACE-UK (2016) Saving Lives, Improving Mothers’ Care: Surveillance of maternal deaths in the UK 2012–14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity, 2009–14.

⁵ Nonacs R, Cohen LS. (1998) Postpartum mood disorders: diagnosis and treatment guidelines. *The Journal of Clinical Psychiatry*. 59:34–40.

Figure 2: Infographic illustrating maternal mortality rate⁶

Mental health matters



Almost **a quarter** of women who died between six weeks and one year after pregnancy died from **mental-health related causes**



1 in 7 women died by **Suicide**

- 2.4 The effects of MMH problems are often felt by the wider family, particularly partners/ fathers. For example, maternal depression is the strongest predictor of paternal depression during the postpartum period and studies into postnatal depression in men suggest that 1 in 10 may suffer from depression after becoming fathers⁷. However, data on mental issues in new fathers is limited, partly because of under-diagnosis. Recent research by The Centre for Men's Health⁸, highlighted high rates of undiagnosed mental health problems in men that are not being adequately identified or supported through current service provision. This emphasises the importance of addressing MMH issues in order to support partners/ fathers as well as mothers.
- 2.5 It is also pertinent to note the impact of wider family support on MMH. There is evidence that mothers who perceive stronger social and emotional support from their partner mid-pregnancy have fewer symptoms of post-partum depression and anxiety after giving birth. Furthermore, their newborns are less sensitive to stress, indicating that they too benefit from the support provided by their mother's partner⁹.
- 2.6 MMH problems can have a direct effect on a women's developing foetus and/or newborn baby¹⁰. Stress hormones are raised during maternal mental illness and may have physical effects on the mother predisposing her to high blood

⁶ <https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202015%20-%20Infographic.pdf>

⁷ <https://www.nct.org.uk/parenting/postnatal-depression-dads>

⁸ Robertson S, White A, Gough B, *et al.* (2015) Promoting Mental Health and Wellbeing with Men and Boys: What Works? Centre for Men's Health, Leeds Beckett University, Leeds: https://cdn.movember.com/uploads/files/2015/Misc/Promoting_MentalHealth_&_Wellbeing_FINALE%5b2%5d.pdf (accessed on 10/11/2017)

⁹ Stapleton LR, Schetter CD, Westling E, *et al.* (2012) Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal of Family Psychology*, 26(3), 453-463.

¹⁰ NSPCC (2012) Prevention in mind: All Babies Count: Spotlight on PMH – NSPCC

pressure, pre-eclampsia and an early and difficult labour¹¹. Babies may also be small for age. Healthy social and emotional development in babies and toddlers is important as it is the building block for good physical and psychosocial health in the future, and helps to prevent behavioural problems and mental illness. The first 1001 days of a child's life, from conception to the age of two, is now widely recognised as a critical developmental period¹². During this time solid psychological and neurological foundations are laid that will affect social, emotional and physical health, and educational and economic achievement. It is the time when a baby's brain is developing fastest and he or she is most susceptible to forming strong bonds of attachment with his/ her primary care giver. MMH is a key determinant of the quality of that relationship, and is also a key factor in safeguarding children from abuse and neglect¹³. Unwanted or teenage pregnancy can increase the chance of childhood mental health problems, along with use of tobacco, alcohol and drugs in pregnancy¹⁴.

- 2.7 A key risk factor for the poor social and emotional development of infants is a poor relationship between the child and his or her primary care giver – referred to as attachment. The National Institute for Health and Care Excellence (NICE) defines attachment as ‘a secure relationship with a main caregiver, usually a parent, allowing a baby or child to grow and develop physically, emotionally and intellectually’¹⁵. If attachment needs are unmet this ‘may lead to social, behavioural or emotional difficulties, which can affect the child's physical and emotional development and learning’.
- 2.8 MMH problems, if left unaddressed, can compromise parent-infant attachments, often with serious long term consequences¹⁶. Studies have shown that infants of chronically depressed mothers show less sociability with strangers, fewer facial expressions, smile less, cry more and are more irritable than infants of well mothers¹⁷. Children do not perform as well on thinking and intelligence tests at 18 months, and they are more distractible, less playful and less social up to the age of 5. Effects on older children have been shown to include neglect, abuse, slower social, emotional and cognitive development and higher rates of school and behavioural problems¹⁸.

¹¹ Maternal Mental Health and Child Health and Development:
www.who.int/mental_health/prevention/suicide/MaternalMH/en/index.html

¹² Wave Trust (2013) Conception to age 2 – the ages of opportunity:
https://www.wavetrust.org/sites/default/files/reports/conception-to-age-2-full-report_0.pdf
(accessed 21/09/2017)

¹³ Horowitz JA, Bell M, Trybulski J, et al. (2001) Promoting responsiveness between mothers with depressive symptoms and their infants. *Journal of Nursing Scholarship*, 33, 323–329.

¹⁴ <http://fnp.nhs.uk/>

¹⁵ London: National Institute for Health and Clinical Excellence (2010) Looked-after children and young people. Public health guideline [PH28].

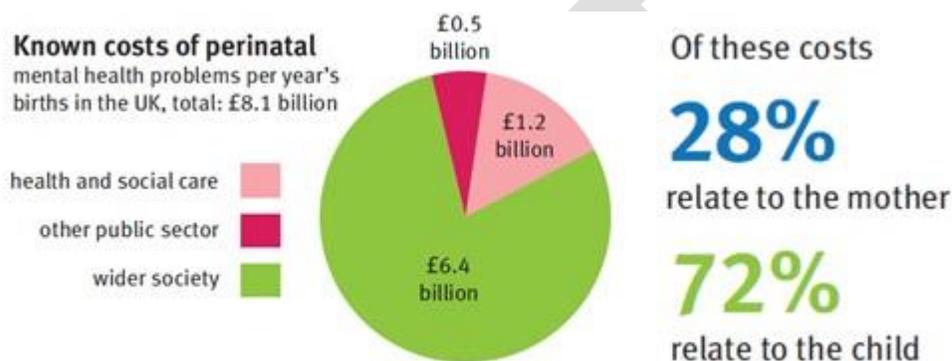
¹⁶ Jablensky AV, Morgan V, Zubrick SR, et al. (2005) Pregnancy, delivery, and neonatal complications in a population cohort of women with schizophrenia and major affective disorders. *The American Journal of Psychiatry* 162, 79–91.

¹⁷ Horowitz JA, Bell M, Trybulski J, et al. (2001) Promoting responsiveness between mothers with depressive symptoms and their infants. *Journal of Nursing Scholarship*, 33, 323–329.

¹⁸ Maternal Mental Health and Child Health and Development:
www.who.int/mental_health/prevention/suicide/MaternalMH/en/index.html

- 2.9 The partner/ father-infant relationship is also very important to infant mental health, significantly influencing social, emotional and physical long term outcomes. Severe depression in fathers has been found to be associated with high levels of emotional and behavioural problems in their infant children, particularly boys¹⁹.
- 2.10 MMH issues carry a heavy economic cost. Economic modelling of the costs associated with perinatal mental ill-health, including the adverse effects on the child as well as the mother, was published by the London School of Economics and the Centre for Mental Health in 2014²⁰ and is set out below.

Figure 3: Infographic illustrating the costs of PMH problems²¹



Local data

- 2.11 Lewisham is home to approximately 297,325 residents from a diverse range of communities, neighborhoods and localities. Over the next two decades Lewisham is forecast to see the second fastest rate of population growth in inner London and eighth fastest in London, with a further 9,000 people by 2018.
- 2.12 The most widely adopted measure of deprivation in England is the Index of Multiple Deprivation (IMD). Using this measure, Lewisham is the 48th most deprived of all 326 local authorities in England, meaning that it remains within the top 20% most deprived local authorities in the country²². There are areas of

¹⁹ Robertson S, White A, Gough B, *et al.* (2015) Promoting Mental Health and Wellbeing with Men and Boys: What Works? Centre for Men's Health, Leeds Beckett University, Leeds: https://cdn.movember.com/uploads/files/2015/Misc/Promoting_MentalHealth_&_Wellbeing_FINALE%5b2%5d.pdf (accessed on 10/11/2017)

²⁰ Centre for Mental Health, LSE Personal Social Services Research Unit. (2015) The costs of PMH problems: <https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=07afd94b-92cb-4e47-8439-94cbf43548d8> (accessed on 11/09/2017)

²¹ <http://everyonesbusiness.org.uk/wp-content/uploads/2014/12/Embargoed-20th-Oct-Summary-of-Economic-Report-costs-of-Perinatal-Mental-Health-problems.pdf>

²² Department for Communities and Local Government (2015) The English Indices of Deprivation 2015 Statistical Release:

significant deprivation in the north, central and southern parts of the borough. The populations of these areas experience many of the problems associated with poverty: poor health and educational outcomes, unemployment, homelessness, low pay and inequality.

- 2.13 There is currently no locally available data on the specific MMH period from conception until a child is two. Local trends have been reviewed using data on PMH (until the child is one), which is based on national estimates. Although more accurate local data specifically on MMH is identified as an area for future development, useful and relevant conclusions can still be drawn from the available data on PMH.
- 2.14 The table below shows the estimated number of women affected by the most prevalent mental health disorders antenatally and postnatally in Lewisham. These figures are calculated by applying the national prevalence rates of these disorders to Lewisham's live birth rate (4,721 births in 2016)²³ to produce local estimates. It should be noted that one woman might present with more than one perinatal psychiatric disorder; therefore a total estimate of women with a PMH condition cannot be obtained by simply adding the separate estimates together.

Table 1: Estimated no. of women affected by common PMH disorders in Lewisham²⁴

Mental health disorders during pregnancy and after childbirth	National prevalence estimate (per 1,000 deliveries)	Estimated no. of women affected in Lewisham each year
Postpartum psychosis	2	10
Chronic serious mental illness	2	10
Severe depressive illness	30	140
Mild-moderate depressive illness and anxiety (lower – upper estimate)	100 – 150	465 - 695
Post-traumatic stress disorder	30	140
Adjustment disorders and distress (lower – upper estimate)	150 – 300	695 – 1,385

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465791/English_Indices_of_Deprivation_2015 - Statistical Release.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465791/English_Indices_of_Deprivation_2015_-_Statistical_Release.pdf) (accessed 20/11/2017)

²³ Office for National Statistics (2017) Birth summary tables in England and Wales: 2016. Available at: <https://www.gov.uk/government/statistics/birth-summary-tables-in-england-and-wales-2016> (accessed on 16/10/2017)

²⁴ <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=66&geoTypeId=#iasProfileSection5>

2.15 The table below shows the number of women estimated to suffer from the ‘baby blues’²⁵ and postnatal depression²⁶ in Lewisham. Baby blues, although not an official medical definition, is very common, especially in the first week after giving birth, when mothers may find themselves weepy and irritable. The baby blues are thought to be linked to the changes in chemical and hormone levels two to four days after giving birth. Postnatal depression²⁷ may present in the same way as the baby blues but lasts longer. It is thought to be experienced by 10-15% of all women, in the first year after giving birth.

Condition	Estimated prevalence	Estimated no. of women affected in Lewisham each year
‘Baby blues’	80%	3,776
Postnatal depression	10% - 15%	472 – 708

Table 2: Estimated prevalence of ‘baby blues’ and postnatal depression

2.16 Any woman may develop mental health problems during pregnancy, but NICE guidance²⁸ identifies a number of risk factors associated with the development of mental health problems during this time which include: social isolation, economic status, housing and personal history (including drug and alcohol use, domestic violence, childhood sexual and physical abuse), family history and psychiatric history. The guidance also recognises that women with complex social factors may be less likely to access or maintain contact with antenatal care services, which can affect outcomes for both mothers and babies.

2.17 A number of the risk factors for MMH issues, and their prevalence in Lewisham^{29, 30, 31} are set out below.

- *Previous mental health issues* - Prevalence figures from 2015/16 show a higher prevalence of depression and severe mental illness in Lewisham than the London average. Therefore, it is reasonable to assume there will be a higher level of MMH problems as well.
- *Poverty* - Lewisham is amongst the 20% most deprived local authority areas in England.

²⁵ <https://www.nct.org.uk/parenting/baby-blues>

²⁶ <https://www.nhs.uk/conditions/post-natal-depression/>

²⁷ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postnataldepression.aspx>

²⁸ NICE (2007), Antenatal and postnatal mental health. London: National Institute for Health and Clinical Excellence.

²⁹ Lewisham Mental Health and Emotional Wellbeing Strategy Children and Young People “It’s Everybody’s Business” 2015-2020. Available at: <https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Mental%20Health%20and%20Emotional%20Wellbeing%20Strategy%20for%20Children%20and%20Young%20People.pdf>

³⁰ Lewisham Clinical Commissioning Group (2016) Lewisham Public Mental Health and Wellbeing Strategy 2016-2019. Available at: <https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/PublicMentalHealthAndWellbeing2016.pdf> (accessed on 11/09/2017)

³¹ Lewisham Children and Young People’s Plan 2015-18: <https://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/default.aspx>

- *Non-secure accommodation* - 4.7 in every 1,000 households in Lewisham are homeless households with dependent children or pregnant women compared to 3.6 in London and 1.7 nationally. The current London housing market, rising rents and the impact of welfare reforms have added additional strains on the housing circumstances of many families.
- *Unemployment* - 25.1% of children in the borough live in jobless homes compared with 26.4% in Inner London and 18.2% nationally (2015).
- *Domestic violence* - Lewisham has one of the highest rates of domestic violence in the country. The rate of domestic abuse incidents recorded by the police in Lewisham is higher than the national rate.
- *Lone parent households* - Lewisham has a higher proportion of lone parent households (11.5%) compared to (8.5%) London and (7.1%) England in 2011.
- *Drug abuse* - 12.4 in 1000 Lewisham residents are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London (2011).
- *Crime* - In 2016, 518 per 100,000 10-17 year olds receive a first reprimand, warning or conviction in Lewisham, compared to 407 in London and 327 in England as a whole. 95% of imprisoned young offenders in the UK have mental health problems.
- *Teenage pregnancy* - In 2013 Lewisham had the second highest teenage pregnancy rate in London. There has been a fall in the under 18 year old conception rate since then and in 2015, there were 107 conceptions recorded among under 18s in Lewisham which was down from 152 in 2013.
- *Having child(ren) with special educational needs and/ or disabilities (SEND)* - In 2016, 5557 children and young people in Lewisham were classified as receiving SEND support.

3. National and local policy

National policy

- 3.1 The Five Year Forward View for Mental Health³², National Maternity Review³³, Future in Mind³⁴, the Chief Medical Officer Report³⁵ and the Healthy Child Programme³⁶ all emphasise the strong link between maternal / paternal mental health, children's mental health and the importance of good mental health during pregnancy and after birth. There is a national drive for prevention of mental health problems and the promotion of good mental health. This is highlighted in The Prevention Concordat for Better Mental Health³⁷ which emphasises the importance of a shift towards prevention-focused leadership.
- 3.2 The Five Year Forward View for Mental Health states that by 2020/21 there will be increased access to specialist PMH support in the community or in-patient mother and baby units, allowing at least 30,000 more women to access evidence-based specialist mental health care during the perinatal period. Public Health England published a rapid review of evidence for the Healthy Child Programme³⁸. This highlighted best practice on PMH in reference to NICE guidelines.
- 3.3 The National Maternity Strategy³⁹ highlights that due to the historic underfunding and provision of perinatal mental healthcare, there is now a significant need for investment, both in the community and in specialist care. This should involve training and sharing of best practice to ensure a standardised approach nationally.
- 3.4 NICE issued updated clinical guidance in 2014 on the treatment and management of women with mental illness in the antenatal and postnatal period⁴⁰. It recommends that women are asked about their emotional well-being at every contact throughout pregnancy and postnatally, using the Whooley

³² The Mental Health Taskforce (2016). The Five Year Forward View for Mental Health: www.england.nhs.uk/mentalhealth/taskforce (accessed 22/09/17)

³³ NHS England (2016). The National Maternity Review Report: www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf (accessed 22/09/17)

³⁴ Department of Health (2015). Future in Mind: www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed 22/09/17)

³⁵ Department of Health (2015). Annual Report of the Chief Medical Officer 2014: Women's Health: www.gov.uk/government/publications/chief-medical-officer-annual-report-2014-womens-health (accessed 22/09/17)

³⁶ <http://healthychildprogramme.com/>

³⁷ Public Health England (2017) Policy paper: Prevention Concordat for Better Mental Health: <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health> (accessed on 20/11/2017)

³⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf

³⁹ NHS England (2016). The National Maternity Review Report: www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf (accessed 22/09/17)

⁴⁰ <https://www.nice.org.uk/guidance/cg192>

questions⁴¹ and the 2-item Generalised Anxiety Disorder (GAD-2)⁴² questions. These questions act as a screening tool to identify women who may be mentally unwell, or at risk, during or after their pregnancy, which will allow them to be properly monitored and managed.

- 3.5 NICE guidance states that specialist PMH community services and inpatient psychiatric mother and baby units should be available to support women with moderate to severe mental health problem in pregnancy or the postnatal period – it is the only NICE guidance that specifies a particular service, rather than a treatment. It also states that there should be a range of community-based early intervention services that promote mental well-being amongst pregnant and new mothers.

Local policy

- 3.6 Local policies in Lewisham emphasise PMH and MMH as key priorities for the borough. Lewisham's Children and Young People's Plan (CYPP) 2015-18⁴³ describes how partners will work together to improve outcomes and life chances of children and young people in the borough. Of particular relevance to MMH are the following priorities within the plan: 'Optimising the outcomes of pregnancy and the first 1001 days, including reducing toxic stress for children and securing attachment', and 'identifying and developing the perinatal workforce over the period 2015-2020'.
- 3.7 The Lewisham Mental Health and Emotional Wellbeing Strategy⁴⁴ highlights five priority areas for the next four years, all of which are relevant to MMH:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce
- 3.8 As part of this strategy, Lewisham CCG is using CAMHS Transformation Funding⁴⁵ to develop better PMH services in the borough in order to achieve the following aims:
- Create better, clearer, more responsive care pathways to enable improved access into appropriate services
 - Embed resilient practice in community settings, to help people be better equipped to cope when faced with adversity

⁴¹ <http://whooleyquestions.ucsf.edu/>

⁴² <http://www.corc.uk.net/outcome-experience-measures/generalised-anxiety-disorder-assessment/>

⁴³ Lewisham Children and Young People's Plan 2015-18:

<https://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/default.aspx>

⁴⁴ <https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Mental%20Health%20and%20Emotional%20Wellbeing%20Strategy%20for%20Children%20and%20Young%20People.pdf>

⁴⁵ <https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/NHSLewishamCTRefresh2January2018Final.pdf>

- Increase awareness of mental health and emotional well-being and provide guidance regarding where to go for support
- 3.9 The Lewisham Public Mental Health and Wellbeing Strategy 2016-2019⁴⁶ provides a framework for mental ill health prevention and promotion of mental well-being in Lewisham. In developing this strategy, local stakeholders highlighted issues for families, including the need for 'support around maternity' and a 'shift in focus from crisis management to prevention for mental health and well-being'. Specifically related to MMH, the strategy commits to raising awareness amongst the public and professionals of the impact of maternal stress during pregnancy, promoting the Royal College of General Practitioners (RCGP)⁴⁷ online toolkit for PMH and supporting the local Maternity Voices Partnership (MVP) campaign, 'It's ok not to feel ok'. The MVP have voted PMH as one of their key priorities for the last 3 years.
- 3.10 The approach taken to commissioning and delivering PMH/ MMH services in Lewisham is consistent with the Council's 'Shaping Our Future: Lewisham's Sustainable Community Strategy' and its corporate priorities. In particular, it is aligned with the Council's priorities regarding Young People's Achievement and Involvement, the Protection of Children, Community Leadership and Empowerment and Inspiring Efficiency, Effectiveness and Equity.
- 3.11 The Our Healthier South East London (OHSEL) programme has mapped PMH services across South East London. This exercise identified key areas for improvement in terms of PMH, including the information available to women regarding psychiatric medication in pregnancy, staff training on PMH and greater access to psychological therapies.
- 3.12 The SEL Better Births Implementation Plan has PMH as a key strand. It aims to improve early detection of PMH issues, by ensuring that all maternity staff have the necessary skills to recognise mental illness and detect new onset and deterioration, especially in women at greater risk of suicide. The plan also calls for an expansion in the Improving Access to Psychological Therapies (IAPT) programme across South East London.
- 3.13 Lewisham is part of the South London PMH Network which is a multidisciplinary network accountable to the London Mental Health Strategic Clinical Network. PMH networks provide a concentration of expertise on PMH, seeking to improve outcomes and increase patient satisfaction on PMH services across the region. The networks organise and facilitate training, education and awareness raising on PMH, and provide specialist expertise for primary, secondary and social care services²⁷.

⁴⁶ Lewisham Public Mental Health Strategy:
<http://councilmeetings.lewisham.gov.uk/documents/s46392/Item%207a%20-%20Draft%20Public%20Mental%20Health%20and%20Wellbeing%20Strategy%2015%2011%2016.pdf>

⁴⁷ Royal College of General Practitioners (2016) Position statement about PMH:
<http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/perinatal-mental-health.aspx> (accessed 06/11/2)

- 3.14 Domestic abuse and its role in MMH is a critical issue, especially as Lewisham has the 3rd highest rate of reported domestic abuse incidents in London (joint with Tower Hamlets and Hounslow at a rate of 20 per 1,000 population, October 2016 – September 2017)⁴⁸. Evidence shows that high levels of symptoms of perinatal depression, anxiety, and post-traumatic stress disorder are significantly associated with having experienced domestic abuse⁴⁹. Living in a household where domestic abuse is occurring is also a risk factor for poor mental health in babies and toddlers: 'The impact of living in a household where there is a regime of intimidation, control and violence...has an impact on their mental, emotional and psychological health, social and educational development'²⁹.
- 3.15 In Lewisham, whilst analysis of key linked offences involving non-familial forms of violence against females show decline, the rising number of domestic violence offences more than offsets this downward trend. Given the gravity of crime and the largely hidden harm caused to children and families, the Safer Lewisham Partnership continue to prioritise this area and a Violence Against Women and Girls (VAWG) 2013-2017 Plan⁵⁰ has been produced in Lewisham. Close work between key agencies in Lewisham continue to address this issue in line with the plan.

⁴⁸ Mayor's Office for Policing and Crime (2017) Domestic and Sexual Violence dashboard London City Hall: <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/crime%20domestic-and-sexual> (accessed 30/11/2017)

⁴⁹ The Safer Lewisham Partnership's Reducing Violence Against Women and Girls Plan 2014-2017: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwjlivXQqLHXAhWSpKQKHfxHBM4QFgg3MAM&url=http%3A%2F%2Fcouncilmeetings.lewisham.gov.uk%2Fdocuments%2Fs27461%2FAppendix%2520-%2520Draft%2520Safer%2520Lewisham%2520VAWG%2520Plan.pdf&usq=AOvVaw3s_Wy_XJR0X9zsvillEp9E (accessed 09/11/2017)

⁵⁰ https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiWt_6jo7HXAhWCCewKHQPqChsQFggmMAA&url=https%3A%2F%2Fwww.lewisham.gov.uk%2Fmyservices%2Fsocialcare%2Fchildren%2Fkeeping-children-safe%2FDocuments%2FLewishamDVMARACPoster.pdf&usq=AOvVaw1L_7oZS-IEVImiRvc6ZEi9

4. Current service provision

- 4.1 Services/ interventions to support women and families with MMH/ PMH issues, are divided below into universal access services and targeted services. Targeted services include specialist PMH services, such as the service provided by SLaM, but also services that are targeted at a wider cohort, e.g. teenage parents, but which include a key focus on MMH/PMH. Some of the listed services/ interventions provide targeted support within a universal service, such as the Specialist PMH Health Visitor and Midwife posts. Such services/ interventions are listed under targeted services. The latest integrated care pathway for PMH is included as appendix 1.

Universal services/ interventions

GPs, Lewisham Clinical Commissioning Group (CCG)

- 4.2 GPs are often the first professional a women will talk to regarding MMH issues. It is therefore critical that they are able to respond effectively, supporting women themselves or referring them to other sources of support where appropriate. Many women are reluctant to disclose MMH issues. However, if they do, this is a 'red flag' for GPs, meaning it is especially important that the GP explores this in detail before reassuring or normalising the women's feelings⁵¹.
- 4.3 There are 42 GP practices across the borough, including some online services and an extended hours service. GPs work closely with acute and specialist NHS settings, the local authority, voluntary and community sector (VCS) and other key public services. The Royal College of General Practitioners (RCGP) has identified PMH as a clinical priority. Currently there is no mandatory training for GPs on PMH, but the RCGP has produced a PMH Toolkit⁵² to assist GPs in the care of women with PMH needs. It is set of tools and resources to support members of the primary care team to deliver the highest quality care to women with mental health problems in the perinatal period. The Toolkit also provides details of additional learning for individual practitioners as well as resources for women and their families.

Health Visiting Service, Lewisham and Greenwich NHS Trust (LGT)

- 4.4 The Health Visiting Service is a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children under 5. In Lewisham, it is provided by LGT and commissioned by the local authority, via the CYP Joint Commissioning Team. MMH is a key component of the service. Health Visitors screen all new mothers for MMH issues at all core contacts using the Whooley depression and GAD-2 anxiety screening tools. This helps to identify mothers who need further support, including referral to other services. The service also offers 'listening visits' for women with MMH. These are extra home visits for up to 12 weeks to support mental health and wellbeing. Screening tools are repeated at these visits to monitor and review

⁵¹ <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/perinatal-mental-health.aspx>

⁵² <http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

progress. Health Visitors work closely with, and refer regularly to, the Specialist PMH Service, and the IAPT programme.

- 4.5 The service also provides breastfeeding support for new mothers which can help with MMH issues, for example, by encouraging women to develop supportive peer networks as part of breastfeeding support groups. These groups take place regularly across the borough in a range of accessible community locations, including CFCs. The service operates a Breastfeeding Friendly Scheme, designed to make it easier for mothers to feel comfortable breastfeeding in public across Lewisham. The Health Visiting Service has been awarded UNICEF Level 3 Baby Friendly status⁵³ which demonstrates its excellence in promoting and supporting breastfeeding. This includes work on strengthening mother-baby and family relationships for all babies, not only those who are breastfed, which has a direct impact on MMH issues.

Maternity Service, LGT

- 4.6 The Maternity Service delivers antenatal, intrapartum and postnatal care for all women and their families who chose to book with LGT. The service is provided by LGT and commissioned by Lewisham CCG (via the CYP Commissioning Team). Promoting maternal well-being and identifying and supporting women with PMH issues is an important element of the service. The service has a clear care pathway for the detection, identification and treatment of PMH in line with NICE guidance. This includes Midwives asking women at every antenatal and postnatal appointment about their mental health, using Whooley and GAD-2 screening tools, and putting in place extra support as needed. All Midwives receive PHM training as part of their annual mandatory training package. The service has a Specialist PMH Midwife and a Specialist Midwifery team which supports women with PMH amongst other vulnerabilities. These elements are described under targeted services.
- 4.7 Central to the Maternity Service's strategy for improving PMH support is a drive to increase the number of women who receive continuity of midwifery care as this has been demonstrated to have a positive impact on PMH amongst other key pregnancy and birth outcomes, including stillbirths, pre-term births and women's experience of care. Continuity of midwifery care is defined as a women seeing the same midwife for most, or all, of her antenatal, intrapartum and postnatal contacts. Currently this model of care is available only for women with specific vulnerabilities, including those at risk of pre-term birth via the POPPIE research trial. The future plan is to expand this model to many more women, including those at risk of, or experiencing PMH issues. The service is also trialling an initiative called 'Centering in Pregnancy' whereby antenatal care is delivered in groups by the same midwife rather than on a one to one basis. This is likely to impact positively on MMH due to the continuity of care offered as well as the peer networks formed between the women taking part.

⁵³ Lewisham CCG (2016) Lewisham is awarded baby friendly status:
<http://www.lewishamccg.nhs.uk/news-publications/Pages/Lewisham-is-baby-friendly.aspx>
(access 06/11/2017)

Children and Family Centres (CFC), Pre-School Learning Alliance (PSLA) in partnership with Clyde, Kelvin Grove and Eliot Bank, and Downderry Children's Centre

- 4.8 CFCs are delivered by a partnership of VCS and school providers and are commissioned by the local authority (CYP Commissioning Team). CFCs provide a range of activities and services across the borough that support families with children under 5. These include services that promote emotional well-being and health, improve parent-child attachment and prevent escalation of needs. For example, there are programmes such as 'Five to Thrive' and 'Beautiful Babies, Beautiful Brains' which promote healthy attachment and child development, counselling sessions are available in some centres and all centres provide open-access play sessions. Clyde Early Childhood Centre offers a programme of yoga, mindfulness and games for families, combining physical activity with mental health support. Mindful Mums, described below, is offered in CFCs across the borough.

Mindful Mums, Bromley and Lewisham MIND

- 4.9 Bromley and Lewisham MIND are commissioned by the CCG to deliver the 'Mindful Mums' programme - a community based, universally accessible, early intervention programme targeting maternal wellbeing (up to one year after birth). The programme has funding for two years, until March 2019, from the CAMHS Transformation Fund. Peer support groups, of pregnant women and new mothers, are led by trained volunteers with lived experience of MMH issues, offering the opportunity for women to connect with, and support one another, during the perinatal period.
- 4.10 Lewisham Mindful Mums is the second Mindful Mums programme to run in London, with the Borough of Bromley piloting the first. Evaluation from the Bromley Mindful Mums pilot in 2016/2017 showed that, of the 118 women who participated in the programme, all improved in at least one of three areas (wellbeing, feeling positive and social support) after attending the group, with 67% showing an improvement in all three⁵⁴. Bromley Mindful Mums has now expanded their service to include more targeted programmes and a Befriending Service. These options could be explored for Lewisham in future. The Lewisham programme began in September 2017. Early performance data is promising, with 100% and 96% respectively, of women attending (and completing the feedback form) so far, stating that the course improved their confidence and had a positive impact on their family.

⁵⁴ Bromley and Lewisham Mind (2017) Annual Review 2017. Available at: <https://www.blmind.org.uk/wp-content/uploads/2017/10/Annual-Review-2017-Bromley-Lewisham-Mind.pdf> (accessed on 03/11/2017)

Working with Men

- 4.11 Working with Men is a VCS organisation commissioned by the local authority (CYP Commissioning Team) to provide support and advice to fathers under 25 years of age (or up to 35 where there is evidenced need), living in Lewisham. They provide one-to-one support for expectant and young fathers, including parenting advice, employment advice, group activities and mediation. Although not specifically a mental health service, the support and advice offered can help new fathers with their mental health and well-being both directly and indirectly.

Other VCS services

- 4.12 Other non-commissioned VCS services available to support MMH in Lewisham, include NetMums, Mummy's Gin Fund and PANDAS (online peer support groups), Mum's Aid (one-to-one counselling) and The Birth Trauma Association (for families who have experienced a difficult birth). A free smart phone/ tablet application called 'mush' helps link up new mothers in their local area. At a recent 'Loneliness amongst Parents' focus group held in November 2017, feedback from service users highlighted how valuable these VCS services are, especially in helping women and families stay emotionally healthy⁵⁵.

Others services/ activities that promote emotional well-being during pregnancy and after birth

- 4.13 Exercise is known to be an effective way to improve mental health. Numerous research demonstrates a positive link between physical activity and a reduction in stress, depression and anxiety⁵⁶. In Lewisham, the Wavelengths Leisure Centre has a low-cost crèche, the Glass Mill and Bridge Leisure Centres offer parent and baby swimming classes and there are combined exercise and mindfulness classes offered at some of the CFCs. A 'Healthy Walks' programme currently operates in Lewisham which involves volunteer-led walks across the borough to promote health and social interaction. The MVP are seeking to expand this programme to include peer-led walks specifically for pregnant and new mothers, both to support physical health but also mental health and social networking amongst women. Lewisham's libraries offer free sessions for parents and babies under five, such as 'Baby Bounce' and 'Toddler Tales'. Again, these activities can help to promote mental health and well-being, social interaction and parent-infant attachment amongst new parents.

National Healthy Start Scheme

- 4.14 The national Healthy Start Scheme is a means-tested programme which provides vouchers for parents of children under 4 to use at certain retailers to buy basic healthy foods such as milk and fruit. Evidence⁵⁷ suggests that, in addition to physical health benefits, such schemes can help to ease economic stressors that may be a risk factor for poor mental health amongst some new parents. Despite

⁵⁵ Loneliness amongst Parents Focus Group, Jo Cox Loneliness Commission

⁵⁶ https://www.cambridge.org/core/product/identifier/S1368980099000567/type/journal_article

⁵⁷ <http://www.gov.scot/Publications/2016/03/7301/6>

national guidance stating that the scheme should be promoted to all pregnant women, uptake of this scheme in Lewisham is not as high as it should be.

Targeted services/ interventions

Maternal Early Childhood Sustained Home-Visiting Programme (MECSH), Health Visiting Service, LGT

- 4.15 MECSH is a structured programme of home visits for vulnerable families that sits within the Health Visiting Service. Health Visitors make additional visits to families' homes before and after a child is born (for up to two years post birth). The programme is targeted at families at risk of poor maternal and child health and development outcomes. It is based on the best available evidence on the importance of the early years, child health and development, parent-infant interaction and parental mental health. MECSH is commissioned as part of the Health Visiting Service.

Specialist Perinatal Mental Health Health Visitor, Health Visiting Service, LGT

- 4.16 There is a Specialist PMH Health Visitor within the Health Visiting Service. The role involves education, training, advice and awareness raising for Health Visitors and other early years services involved in PMH care; acting as a strategic point of contact for the wider early year's workforce on PMH; acting as a champion and advocate for affected families, including clinical practice with these families, and driving quality improvements and integrated care across the service. This role is commissioned as part of the Health Visiting Service.

Solihull Postnatal Support Group, Health Visiting Service, LGT

- 4.17 The Health Visiting Service have developed a new postnatal support group which will run for 8 sessions from April 2018. The group is based on the Solihull model⁵⁸ which aims to support women in the perinatal period who are experiencing mild to moderate anxiety, depression and/or other mental health disorders. IAPT practitioners will be attending for two sessions. The sessions will be delivered in CFCs across the borough.

Family Nurse Partnership (FNP), LGT

- 4.18 FNP is a nurse led home visiting programme for under 19 year old first time mothers from early pregnancy until their child is two years old. The programme is delivered by LGT and commissioned by the CYP Joint Commissioning Team within the local authority. The team is made up of five family nurses and a line manager. The evidence base for FNP is robust, with three high quality US trials demonstrating a wide range of positive outcomes for mothers and children over the short, medium and long term. The programme supports young mothers to have a healthy pregnancy, improve their child's health and development and plan a positive future for themselves and their child.

⁵⁸ <https://solihullapproachparenting.com/>

- 4.19 The FNP team are notified of all first time mothers under 20 who book for antenatal care. In 2010, this was 170 a year, reducing to 124 in 2017 due to a fall in the under 18 conception rate. FNP have since extended their service offer to 20-22 year olds with additional vulnerabilities and they make up 12% of the caseload. The team is commissioned for 115 places at any one time. In October 2017, 42% of the caseload had a recent or current mental illness, which included self-harm, eating disorder, anxiety and depression, personality disorder, bi-polar disorder and schizophrenia, 16% were receiving specialist mental health services and 29% had been physically or sexually abused within the last year.

Specialist Midwifery Team ('Indigo'), Maternity Service, LGT

- 4.20 There is a specialist midwifery team, Indigo, within the Maternity Service. Jointly with the Specialist PMH Service, this team care for vulnerable women, including those with moderate to severe mental health issues, victims of domestic abuse and sex trafficking, women with learning disabilities and teenage parents. Women are referred by GPs, midwives, obstetricians, the Specialist PMH Service, FNP, health visitors and IAPT. Women's care is tailored according to individual needs, with outreach and home visiting offered for women less likely to engage. Continuity of midwifery care is provided antenatally and postnatally until 28 days. The overall focus is on reducing health inequalities for women and babies. The typical caseload of a full time midwife in the team is 30 women.

Specialist Perinatal Mental Health Midwife, Maternity Service, LGT

- 4.21 The Maternity Service employs a Specialist PMH Midwife. Although the role sits within the Maternity Service, it is commissioned separately by the CCG as it is funded through a separate funding stream, the CAMHS Transformation Fund. Many of the key national strategies on PMH call for this role to be in place in every Maternity Service in the UK⁵⁹. LGT's PMH Midwife has a crucial role to play in effective PMH care, helping to drive local efforts to ensure that women with perinatal ill-health are identified early and get the best possible care within the Maternity Service and the wider service system. The role involves education, training, advice and awareness raising for maternity staff and staff from other services; acting as a strategic point of contact for all professionals involved in the delivery of PMH care; acting as a champion and advocate for families affected by perinatal mental illness, improving the quality of services, promoting integrated care and providing direct support to a small number of women affected by mild to moderate PMH issues. From June 2018, the role will become part time (two days a week) rather than full time, as currently.

⁵⁹ Health Education England (2016) Specialist Health Visitors in Perinatal and Infant Mental Health. What do they do and why they matter. Available at: <https://hee.nhs.uk/sites/default/files/documents/Specialist%20Health%20Visitors%20in%20Perinatal%20and%20Mental%20Health%20FINAL%20low%20res.pdf> (accessed 06/10/2017)

Specialist Perinatal Mental Health Service, South London and Maudsley NHS Trust (SLaM)

- 4.22 Lewisham has a Specialist PMH Service, provided by SLaM and commissioned by the CCG. The service is for women with existing and previous moderate to severe PMH needs. Any health professional can refer a woman to the team. The service received additional funding from NHSE in 2017 to significantly expand its capacity and workforce. From one nurse practitioner and one part time consultant, the service now has a psychologist, a psychiatric consultant, a psychiatric registrar, a practitioner team leader, three specialist PMH nurses, an occupational therapist, a nursery nurse, a social worker and a specialist midwife. Increased capacity means an enhanced service offer and many more women seen, including home visits for patients, more psychological interventions covering the whole range of PMH disorders, organisation and facilitation of care programme meetings and pre-birth planning meetings, attendance at pre-discharge meetings and ward reviews, and future care management and planning.
- 4.23 Approximately four women per 10,000 births require admission to a specialist unit pre or postnatally for severe mental illness. The Specialist PMH Service work closely with the nearest local mother and baby unit (MBU) which is The Bethlem Royal Hospital in Beckenham, Kent. It is a 13 bedded unit that accepts referrals from consultant psychiatrists or community mental health teams from across the country. The mother and baby unit specialises in the treatment of antenatal and postnatal mental illnesses, predominantly for women who develop or have a relapse of serious mental illness during pregnancy, and women who develop postnatal depression, puerperal psychosis or have had a relapse of serious mental illness following the birth of their baby. The Bethlem MBU was recently awarded funding from NHSE to provide additional training for staff and improve facilities within the unit.

Child and Adult Mental Health Service (CAMHS), SLaM

- 4.24 CAMHS is an NHS service that assesses and treats children and young people with emotional, behavioural or mental health difficulties. Lewisham CAMHS is delivered by SLaM and is commissioned by the CCG and local authority. In relation to PMH, work is currently underway to clarify the care pathway for under 18 year olds with PMH needs who require specialist support. These clients remain the responsibility of CAMHS as they are under 18 but they require input from the Specialist PMH Service as CAMHS do not offer this specialism in-house. The care pathway proposed is that under 18 year olds with PMH issues should be referred to CAMHS. CAMHS will then co-ordinate the support needed by the client from the Specialist PMH Service but will remain the lead professional. This ensures that there is continuity of care for the client. This care pathway will need to be shared widely and kept under review.

Improving Access to Psychological Therapies (IAPT), SLaM

- 4.25 IAPT is a national programme designed to increase the availability of ‘talking therapies’ on the NHS⁶⁰. The programme is primarily for people with moderate mental health difficulties, which are too complex for primary care intervention. Conditions include depression, anxiety, phobias and post-traumatic stress disorder, and are treated using a variety of therapeutic techniques, including cognitive behavioural therapy, interpersonal therapy and couples therapy. The programme is open to any adult registered with a Lewisham GP. The service accepts self-referrals and referrals from GPs and other services. Appointments take place in a range of community settings, including GP surgeries and other clinics around Lewisham. In Lewisham, IAPT is provided by SLaM and commissioned by the CCG.
- 4.26 Within the service, there is a PMH lead who has been in place since 2015. This role came about through the Pan London PMH Network ‘London IAPT Perinatal Leads Project’, aiming to increase the number of perinatal women being seen in London IAPT services. The IAPT PMH lead receives training via the Pan London Network and organises training for other therapists within IAPT, with the intention of building PMH competencies across the team. Through this role, IAPT has developed strong links with the Specialist PMH Service, the Maternity Service and the Health Visiting Service, and is currently working with these services to develop shared care pathways. IAPT prioritise PMH referrals, seeing these women within two weeks of a referral, in line with NICE guidelines. Treatment for these women is also prioritised.

Service user feedback and input

- 4.27 Lewisham have a Maternity Voices Partnership (MVP); an independent partnership committee in which service-users, healthcare professionals, and commissioners works collaboratively to monitor and improve maternity services in the borough. Via this group, the voices of women who are currently, or have recently, used local maternity services are heard and used to shape, design and plan the commissioning and provision of maternity services. This work feeds into the work of the South East London Local Maternity System (LMS).
- 4.28 Lewisham MVP were involved in the development of this JSNA, welcoming the focus on this topic as it is one of their key priorities. Focus groups facilitated by the MVP, were held with women who have lived experience of MMH issues to inform the JSNA. The MVP also played a key role in the establishment of Lewisham Mindful Mums and led the local campaign, ‘It’s ok to not feel ok’⁶¹. Other parent forums will need to be engaged and consulted on the implementation of recommendations within this JSNA.

⁶⁰ <https://www.england.nhs.uk/mental-health/adults/iapt/>

⁶¹ www.lewisham.gov.uk/notfeelingok

5. Current workforce training and development

- 5.1 The below describes the workforce training and development that is currently available to support professionals working with women and families experiencing MMH issues.

Specialist Perinatal Mental Health Midwife and Health Visitor

- 5.2 The Specialist PMH Health Visitor and Midwife have an important role to play in educating and training both their own services and the wider workforce, on PMH issues. For example, the PMH Midwife has recently conducted an audit of staff training needs and is working to ensure these needs are met, through access to specialist training, online training, training for new midwives and obstetricians and sharing learning materials through an online knowledge hub. The PMH Health Visitor trains new and existing Health Visitors, and raises awareness of PMH amongst the wider early year's workforce.

Specialist Perinatal Mental Health Service

- 5.3 The Specialist PMH Service provides training on PMH to all midwives once a year as part of their mandatory training requirements. In addition, they recently started offering reflective practice sessions to specialist midwives in the Indigo team, to support them in their care for women with mental health issues. The service also has a role to play in training and workforce development for the wider service system, including Health Visitors and GPs. SLAM provide a PMH simulation course that is free of charge to all NHS staff in South London. The course is suitable for any healthcare professional involved in PMH care, bringing together different services to share learning and build confidence and skills in working with women with PMH needs.

Public Health Department and Lewisham Community Education Provider Network (CEPN)

- 5.4 Lewisham's Public Health team work in partnership with CEPN to run training courses on public health issues for any organisation that has face to face contact with the public⁶². These include courses on 'Mental Health First Aid' and 'Young People's Wellbeing Toolkit' which explores the theory and physical effects of stress, trauma and poor mental health on the mind and body of young people. The courses are free and openly accessible.

⁶² <https://www.lewisham.gov.uk/myservices/socialcare/health/improving-public-health/Pages/Health-improvement-training.aspx>

6. Gaps in knowledge and service provision

- 6.1 Based on the needs analysis, mapping of current provision and the views of service users, providers and professionals in the field, this JSNA identifies gaps in the following areas:

A clear shared understanding of local need

- 6.2 Whilst we are closer to achieving a shared understanding of local need in relation to MMH as a result of this JSNA, there are still some gaps. There is a lack of data and knowledge on the whole MMH period (i.e. beyond the perinatal period), on the specific needs of particular groups, including partners/ fathers, LGBTQ women and women with additional vulnerabilities, such as young parents, women experiencing domestic violence and women with learning disabilities, and on the wider determinants of parental mental health and parenting as a whole. These gaps could and should be addressed through a wider parenting JSNA and resultant strategy. It is important that the learning from this JSNA is widely disseminated, applied and built upon.

A clear care pathway that is widely understood and consistently applied

- 6.3 It is important that there is a clear care pathway in place for all women with mild to severe maternal mental illness, covering prediction, prevention, detection and treatment. This should include specific pathways for vulnerable groups and those with additional needs, as well as an acute/ emergency pathway for women in and out of hours.
- 6.4 Until recently, each service had its own pathway (or no specific pathway) for MMH/ PMH. Where pathways were in place, they frequently overlapped and sometimes contradicted, the pathways of other services. Women did not always get the support they needed at the right time and in the right place, and often had to tell their stories multiple times to multiple professionals. However, the Specialist PMH Service are currently developing an integrated PMH pathway which joins up the various different pathways being used by different services. This is being developed in partnership with other services, including the Maternity and Health Visiting Service.
- 6.5 To date, Children and Adult Social Care have not been involved in the development of the PMH pathway but need to be given the important links with these services. Lewisham's Early Help Panel⁶³ also needs to be included, as a multi-agency decision making forum for families requiring targeted support, which could include support with MMH issues. Interventions to support parent-infant attachment should also be included. The next steps are to ensure that the new integrated pathway is well understood and widely applied, including through training and ongoing monitoring. As part of a planned Parenting Strategy, consideration should be given to extending this pathway beyond the PMH period.

⁶³ <https://www.safeguardinglewisham.org.uk/assets/1/finalearlyhelpstrategy.pdf>

High quality training and awareness raising for the wider workforce

- 6.6 MMH training should be available, and where possible, mandatory, for all practitioners who work with families in this period, including those in Maternity Services, General Practice, Health Visiting, CFCs, Children's Social Care, CAMHS, Adult Mental Health and the VCS. Training should be delivered by a professional with accredited training expertise and experience. Ideally, different services should be trained together, to learn from one another and to ensure a consistent approach.
- 6.7 Training opportunities in MMH are currently limited in Lewisham. This JSNA identifies particular gaps in training for GPs and the VCS. At a focus group⁶⁴ of service users with lived experience, many felt that their GPs were not able to provide the specific support they needed, either directly or through signposting to other services. When consulted on the JSNA⁶⁵, GPs themselves reported that they lacked up to date training and information on mental health in general, let alone MMH and PMH specifically. Other frontline practitioners⁶⁶, including VCS staff, reported limited knowledge of the training available to them and how to access it. They also reported barriers to accessing training, including time and money.
- 6.8 Specialist Midwives and Health Visitors who work with women with high levels of mental health needs requested more support with reflective practice from the Specialist PMH Service, as well as more training and support in general. Reflective practice sessions are now in place for Specialist Midwives but not Health Visitors. With regards to wider MMH training, Specialist Midwives do not currently receive any additional training beyond the one hour a year mandatory training delivered to all Midwives. Health Visitors also do not currently receive specialist PMH training. This is recognised as a gap.

Evidence-based universal services promoting maternal mental health and preventing escalation

- 6.9 The MMH service offer in Lewisham is disproportionately weighted towards women with moderate to severe mental health needs; there is an insufficient focus on community-based, early intervention services for women with lower level needs. Whilst programmes like Mindful Mums (Bromley and Lewisham Mind) and Five to Thrive (CFCs) are very valuable in promoting MMH, they cannot reach all those who need them. In addition, there is a lack of knowledge locally about what works in promoting MMH and preventing needs from escalating.
- 6.10 Nationally, there is a drive towards more community-based, preventive work in this area, with peer support increasingly recognised as having great value in the context of mental health, often playing a key role in recovery and maintenance of wellbeing. Feedback from service users stresses the importance of social

⁶⁴ MVP meeting, October 2017

⁶⁵ Healthy Child Programme Board, October 2017

⁶⁶ *Ibid.*

interaction; a women who experienced postnatal depression stated that, 'getting out of the house every day and having some kind of social contact was important for me and for my children...[it was] helpful to share and normalise what a stressful time of life this can be'⁶⁷.

- 6.11 At a 'Loneliness amongst Parents' event in Lewisham, service users spoke about the importance of easily accessible information about available services and how to access them. They felt that this was currently lacking, both amongst service users and amongst professionals. Social isolation and fear of stigma can present barriers to accessing services.

Sufficient understanding of the needs, and support for, partners/ fathers

- 6.12 There should be a range of universal and targeted services available to promote the mental health of expectant or new partners/ fathers and to support them in protecting the mental health of new mothers. Currently, there is a limited service offer for partners/ fathers in Lewisham, and we do not understand enough about their specific needs. Working with Men supports young fathers and CFCs, Health Visitors and Midwives work with both men and women to promote good mental health, but this is not enough. This gap is especially problematic given that men are generally less likely than women to seek help for mental health issues⁶⁸. Addressing the needs of partners/ fathers and the wider families, as well as mothers, should be standard practice according to NICE guidelines⁶⁹ and national policies which all reference family centred care⁷⁰.

Sufficient understanding of the needs, and support for, LGBTQ parents

- 6.13 LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) parents are disproportionately affected by negative health outcomes compared to heterosexual parents, however, little is known about their specific needs, both generally, and in relation to mental health⁷¹. The knowledge gap for this group needs to be addressed, with support put in place to address their specific needs in relation to MMH.

⁶⁷ 'Loneliness amongst Parents' event, Jo Cox Loneliness Commission, November 2017

⁶⁸ <https://www.nimh.nih.gov/health/publications/men-and-depression/index.shtml>

⁶⁹ London: National Institute for Health and Clinical Excellence (2014) Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline [CG192]

⁷⁰ Department of Health (2009). Healthy Child Programme – Pregnancy and the First Five Years of Life. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf (accessed 22/09/17)

⁷¹ MIND (2013) LGBTQ Mental Health. Available at: <https://www.mind.org.uk/information-support/guides-to-support-and-services/lgbtq-mental-health/#.Wg69ff67ldW> (accessed 17/11/2017)

A joint commissioning strategy for Parental Mental Health

- 6.14 It is useful to consider MMH within the context of overall parental mental health. As maternal, and wider parental, mental health span several different service areas, it is important to have an integrated commissioning strategy which bring together these different strands, and set out an overall vision and agreed outcomes. This should be underpinned by the findings of this JSNA and the planned parenting JSNA.

Continuity of care across the maternity pathway

- 6.15 Evidence suggests that improved continuity of care across the maternity pathway may improve the detection, prevention and treatment of PMH/ MMH issues⁷². Women are more likely to mention concerns to someone they trust and it is easier for Midwives to detect problems in a women they have come to know⁷³. Currently continuity of care is available only for a small number of women with specific vulnerabilities, including teenage parents and women at risk of pre-term birth via the POPPIE research trial which is exploring the link between pre-term birth and continuity of care. Continuity of care needs to be rolled out across the Maternity Service, for as many women as possible. This work is being taken forward by the LMS; with continuity of care planned for vulnerable women first, before being extended to as many other women as possible.

Clarity of future arrangements and role for the Specialist Perinatal Mental Health Midwife

- 6.16 Currently, much of the work on PMH within the Maternity Service and the wider service system, is being progressed by the Specialist PMH Midwife. Funding has recently been secured to enable this (currently fulltime) role to be continued on a part time basis for a year from June 2018-19. The role needs to be re-specified given the change in hours and in line with new priorities. Funding is in place for a year, with no guarantee of further funding being available beyond 2019.

Access to Specialist Perinatal Mental Health Service for under 18 year olds

- 6.17 There is a need to clarify and consolidate the service offer for under 18 year olds with PMH needs who meet the threshold for the Specialist PMH Service. Currently, there is a risk that these young women may fall between CAMHS (who lack specialism in PMH specifically) and the Specialist PMH Service (who work primarily with over 18s). However, work is underway to develop a specific care pathway to address this potential gap, whereby these young women will be under the care of CAMHS but will be able to access specialist support from the Specialist PMH Service as needed.

⁷² <http://everyonesbusiness.org.uk/wp-content/uploads/2014/06/Boots-Family-Trust-Alliance-report.pdf>

⁷³ <https://www.nct.org.uk/pregnancy/continuity-care>

Awareness of, and interventions to support, parent-infant attachments

- 6.18 The importance of parent-infant attachments are stressed in local and national strategies^{74, 75, 76} including Lewisham's CYPP 2015-2018, the Children and Young People's Mental Health and Emotional Well-Being Strategy and the Healthy Child Programme. Whilst there is some valuable work underway in this area, including a new Health Visitor led programme based on the Solihull approach to attachment, it was emphasised, during JSNA focus groups, that a greater focus was needed on infant-parent attachments.

⁷⁴ The Mental Health Taskforce (2016). The Five Year Forward View for Mental Health: www.england.nhs.uk/mentalhealth/taskforce (accessed 22/09/17)

⁷⁵ NHS England (2016). The National Maternity Review Report: www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf (accessed 22/09/17)

⁷⁶ Department of Health (2015). Future in Mind: www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed 22/09/17)

7. Recommendations

7.1 Recommendations are based on addressing identified gaps and are divided by service area. The top 10 priorities are listed first, following by the remaining priorities. The remaining priorities are also important but some are already in action, while others are longer term.

Top 10 priorities

1. Ensure that the **MMH JSNA is widely shared and jointly owned**, with multi-agency commitment to the recommendations. Commissioners should use the MMH Alliance 'Mapping Perinatal Services Tool' to assist them in developing a SMART action plan for taking forward the recommendations, with specified action owners and timescales. This should be led by the CYP Commissioning Team.
2. **Undertake a wider Parenting JSNA** which includes MMH/ parental mental health as a key theme, along with other linked topics, such as domestic violence and substance misuse. This should be used to plug gaps in knowledge identified in this JSNA, particularly in relation to the needs of partners/fathers^{77, 78}, LGBTQ parents, parents with disabilities or with children with disabilities and parents who suffer domestic violence. Along with this JSNA, the Parenting JSNA should also be used to underpin the development of a wider **Parenting Strategy** for the borough which includes MMH as a core component. This should be led by the CYP Commissioning Team, in partnership with providers and service users.
3. Ensure that all relevant services are involved in the **development of an integrated PMH care pathway**, including Children and Adult Social Care and Lewisham's Early Help service. Once complete, actions should be taken to ensure that the pathway is widely understood, shared and reviewed regularly, for example, through inclusion in multi-agency training. This pathway is already in development, and included as appendix 1. This work is being led by the Specialist PMH Service, with multi-agency input.

⁷⁷ In advance of any service design or commissioning to support the needs of partners/ fathers, consideration should be given to the following research: Robertson S, White A, Gough B, et al. (2015) Promoting Mental Health and Wellbeing with Men and Boys: What Works? Centre for Men's Health, Leeds Beckett University, Leeds:
https://cdn.movember.com/uploads/files/2015/Misc/Promoting_MentalHealth_&_Wellbeing_FINALE%5b2%5d.pdf (accessed on 10/11/2017)

⁷⁸ This should include consideration of the role of existing services, such as Working with Men and Mindful Mums.

4. **Increase multi-agency training opportunities**⁷⁹ for all professionals working with families in the MMH period, including GPs, Social Workers, the VCS workforce, Obstetricians, Midwives, Health Visitors and CFC staff. This should include:
 - **Promoting existing training opportunities** via the Specialist PMH Service, PMH Midwife and Health Visitor, Voluntary Action Lewisham, service managers, commissioners and 'PMH Champions' (see below).
 - **Reviewing the role of the Specialist PMH Service in training, upskilling and outreach to the wider workforce**, including Midwives, Health Visitors, GPs and other practitioners, with a view to extending this offer. This should be led by the Adults Mental Health Commissioning Team, in partnership with the Maternity Commissioner.
 - Ensuring take up of the places available for Lewisham practitioners to **undertake London PMH Champions Training** via the London PMH Network⁸⁰.
 - **Improving the provision and uptake of PMH training for GPs**, including promoting the Royal College of GPs PMH toolkit⁸¹, considering short, accessible drop-in sessions for GPs and considering the inclusion of PMH within mandatory training for GP trainees; the learning from which could be disseminated amongst the trainee's host practice. This should be led by the GP Maternity Lead.
5. **Consider the feasibility of GPs asking Whooley questions to all pregnant women and new mothers.** This should be led by the GP Maternity Lead.
6. **Evaluate the effectiveness of current community-based provision** in preventing the emergence and escalation of MMH issues, with a view to supporting continuation and/or service development, if effective. This should be taken forward by the Maternity Commissioner and Early Intervention Commissioner, and should include updated research on evidence based interventions/ what works.
7. **The mental health benefits of physical activity should be promoted** to all pregnant women and new mothers by healthcare professionals. This includes CYP Partnership support for the Healthy Walks initiative, being developed by the MVP, for this group. This recommendation is the responsibility of the Public Health team.
8. **Re-specify the Specialist PMH Midwife role** for two days per week, with clear objectives, deliverables, outcomes and processes for monitoring these (based on Royal College of Midwives guidance) and **consider arrangements for the role beyond 2018/19** when the current funding expires. This should be undertaken by the Maternity Commissioner.

⁷⁹ Ensure that training is evaluated by attendees to drive future improvements.

⁸⁰ PMH Champions are ambassadors for PMH within their local area; being involved in developing integrated PMH care pathways; acting as a central resource to colleagues; empowering colleagues to raise parity of esteem for PMH; and promoting evidenced based practice at all levels.

⁸¹ <http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

9. Progress and prioritise LMS plans to **achieve continuity of care** across the maternity pathway for all women, in light of the impact this would have on MMH and other key pregnancy and birth outcomes. This is likely to require additional resources, which will be identified through the LMS. This should be led by the Maternity Commissioner, in partnership with the Maternity Service.
10. **Monitor support arrangements for reflective practice by Specialist Midwives** provided by the Specialist PMH Service to ensure these arrangements are sustained and impactful. **Review whether there is a need to extend these arrangements to other services and the commissioning implications of this.** Incorporate agreed requirements for the PMH Specialist Service in terms of reflective practice, and training and support for other services, in future service specifications and commissioning intentions for the service. This should be led by the Adults Mental Health Commissioning Team.

Other priorities

11. Ensure that the **PMH pathway includes interventions supporting parent-infant attachment**, so that families receive support for both the mother's mental health problem and the parent-infant relationship, and that these are joined-up. This should be taken forward by the Specialist PMH Service.
12. **Develop an agreed competency framework for MMH** which informs training and professional development. This should be developed by the Specialist PMH Midwife.
13. **Training providers should review the content of their training** to ensure it covers the needs of partners/ fathers, infant social and emotional development and parent-infant attachment. This is the responsibility of each training provider.
14. **Ensure that families and practitioners are aware of, and can easily access, existing services to support good mental health** and the wider determinants of health, including:
 - Continued development and promotion of the **Family Information Service** as the key source of information on services for families, including self-management of low level mental ill-health.
 - Raising awareness, and promoting take up, of the **Healthy Start Scheme**. This should be led by Public Health.
15. **Consider asking partners/ fathers the same emotional wellbeing questions** that mothers are asked, if they are present at antenatal and postnatal appointments, or through other means if they are not present. This should be explored by the Specialist PMH Midwife.
16. **Ensure that the views of partners/ fathers are routinely captured and acted upon** within the Maternity Service, Health Visiting Service and other services working with families in the maternal/ perinatal period.
17. **Review the impact of the new Health Visiting led Solihull Postnatal Support Group** on parent-infant attachment and infant mental health, with a view to

supporting continuation if effective. This should be undertaken by the Early Intervention Commissioner.

- 18. Consider how to further promote the importance of parent-infant attachment and infant mental health** to practitioners and parents (including foster carers). Commissioning opportunities in this area should be explored. This should be undertaken by the Early Intervention Commissioner.
- 19. A PMH 'champion' should be identified within Children and Adult Social Care** to develop PMH specialism within these services, support quality improvement and foster links with other services. This should include involvement in local PMH clinical networks, as appropriate. This should be taken forward by the Children and Adult Social Care Teams.
- 20. The PMH care pathway for under 18s requiring specialist PMH input should be finalised, implemented, shared widely and regularly reviewed.** This is a responsibility for CAMHS, in partnership with the Specialist PMH Service.

DRAFT

8. Conclusion

- 8.1 Maternal mental ill health during pregnancy and after childbirth, especially in the first 1001 days of a child's life, can cause significant and long-lasting problems for mothers, babies and families.
- 8.2 In severe cases, perinatal mental illness can be life-threatening; suicide remains one of the leading causes of death for women in the UK during the perinatal period. It is especially important that a woman's mental health needs are monitored, discussed and treated in the same way as her physical health during this critical period.
- 8.3 Maternal mental illness can affect a child's emotional, social and cognitive development. It can have an adverse impact on the interaction between a mother and her baby, impairing her parenting abilities through anxiety, reduced confidence, motivation, self-esteem and low energy. Stigma and discrimination can discourage parents from seeking help when they need it.
- 8.4 Women and families living in Lewisham may be at especially high risk of being affected by MMH issues due to the high prevalence of risk factors for the illness in the borough.
- 8.5 Some important developments have taken place in Lewisham over the last few years to bridge recognised gaps in MMH services, including a significant expansion of the Specialist PMH Service, the development of PMH specialism within IAPT, the commissioning of a new community-based, early intervention programme for PMH; Mindful Mums, and the recruitment of a Specialist PMH Midwife and Health Visitor. However, there is still work to do and the recommendations made in this JSNA seek to address gaps that are outstanding.
- 8.6 The recommendations include a significant increase in training opportunities and awareness raising amongst the wider workforce; updated research on the latest in evidence based practice to inform future commissioning decisions; the ongoing development and implementation of an integrated multi-agency PMH care pathway and the promotion of existing services to support good mental health and well-being during this period, including those that address the wider determinants of mental health.
- 8.7 Women experiencing mental health problems during and after pregnancy need timely access to high quality local support, from universal to specialist services. Effective prevention, early identification and appropriate management of MMH problems can continue to have a positive impact on a woman's health, and that of her child and family, for years to come.

Acknowledgements

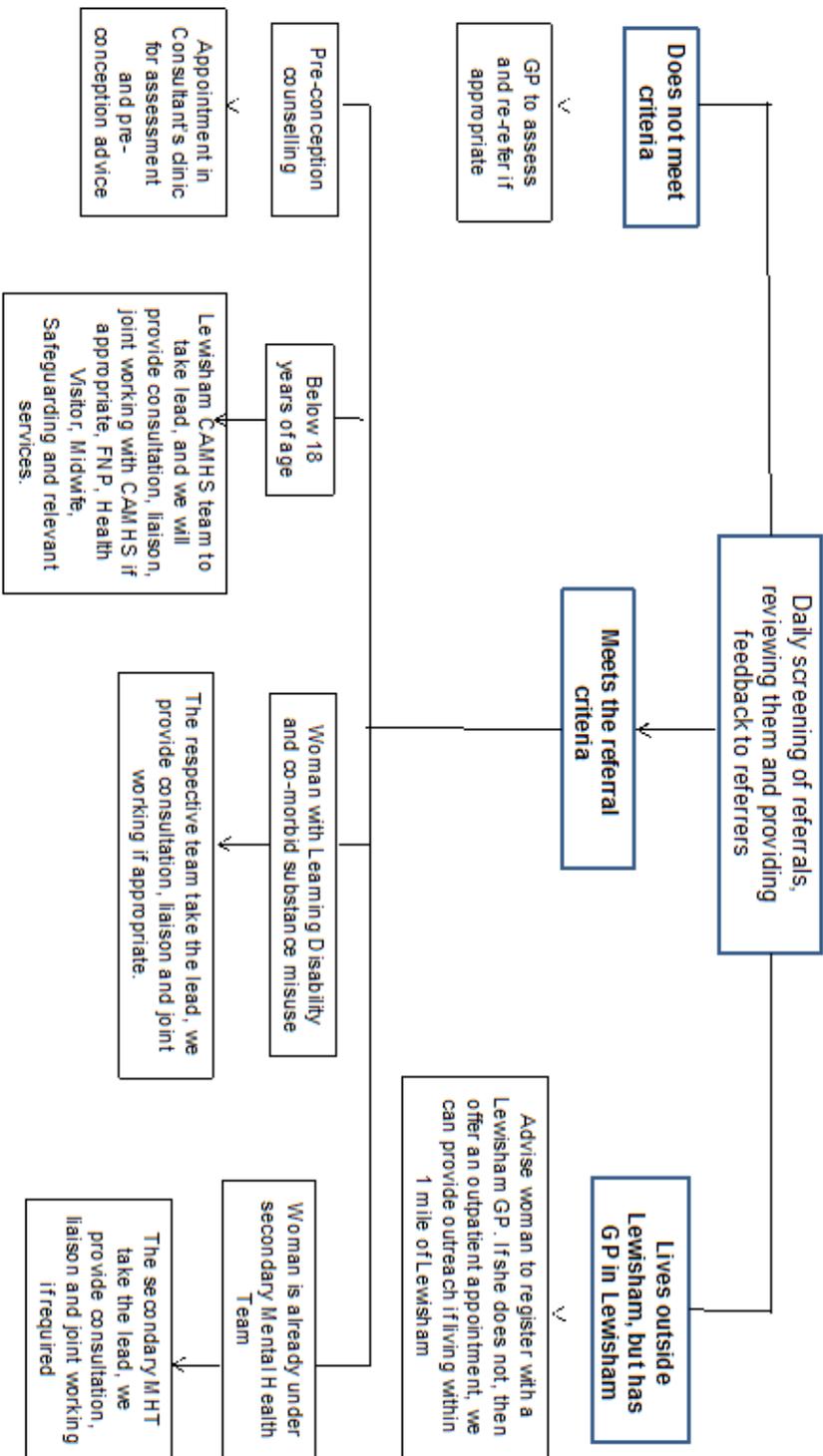
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Dr Katie Cole, Public Health Consultant, London Borough of Lewisham, LB
Dr Catherine Mbema, Public Health Consultant, LBL
David McCollum, Early Intervention Commissioner, LBL
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Suzy Hall, Lead Specialist PMH Midwife, LGT
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Giuseppe Labriola, Deputy Head of Midwifery, LGT
Lynn Bayes, Community Midwife Lead, LGT
Sarah Buck, Senior Specialist Midwife for Vulnerable Women, LGT
Kathleen Cruise, Supervisor Lewisham Family Nurse Partnership, LGT
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Dr Omer Moghraby, Lead Clinician, Lewisham CAMHS
Dr Lloyd Hamilton, Family Therapist and Team Manager, Lewisham CAMHS, SLaM
Kenneth Gregory, Joint Commissioning Lead, Adult Mental Health, LBL
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Natasha Logan, Advanced Practitioner, Lewisham MASH and Early Help Service, LBL
Dr Carrie Ladd, RCGP Clinical Fellow for PMH
Toyin Adeyinka, Chair of the Maternity Voices Partnership (MVP)
Jana Smith, Maternity Voices Partnership & Mindful Mums Programme Facilitator
MVP members
Healthy Child Programme Board members
Children and Young People Joint Commissioning Team
'Loneliness amongst Parents' Focus Group meeting attendees

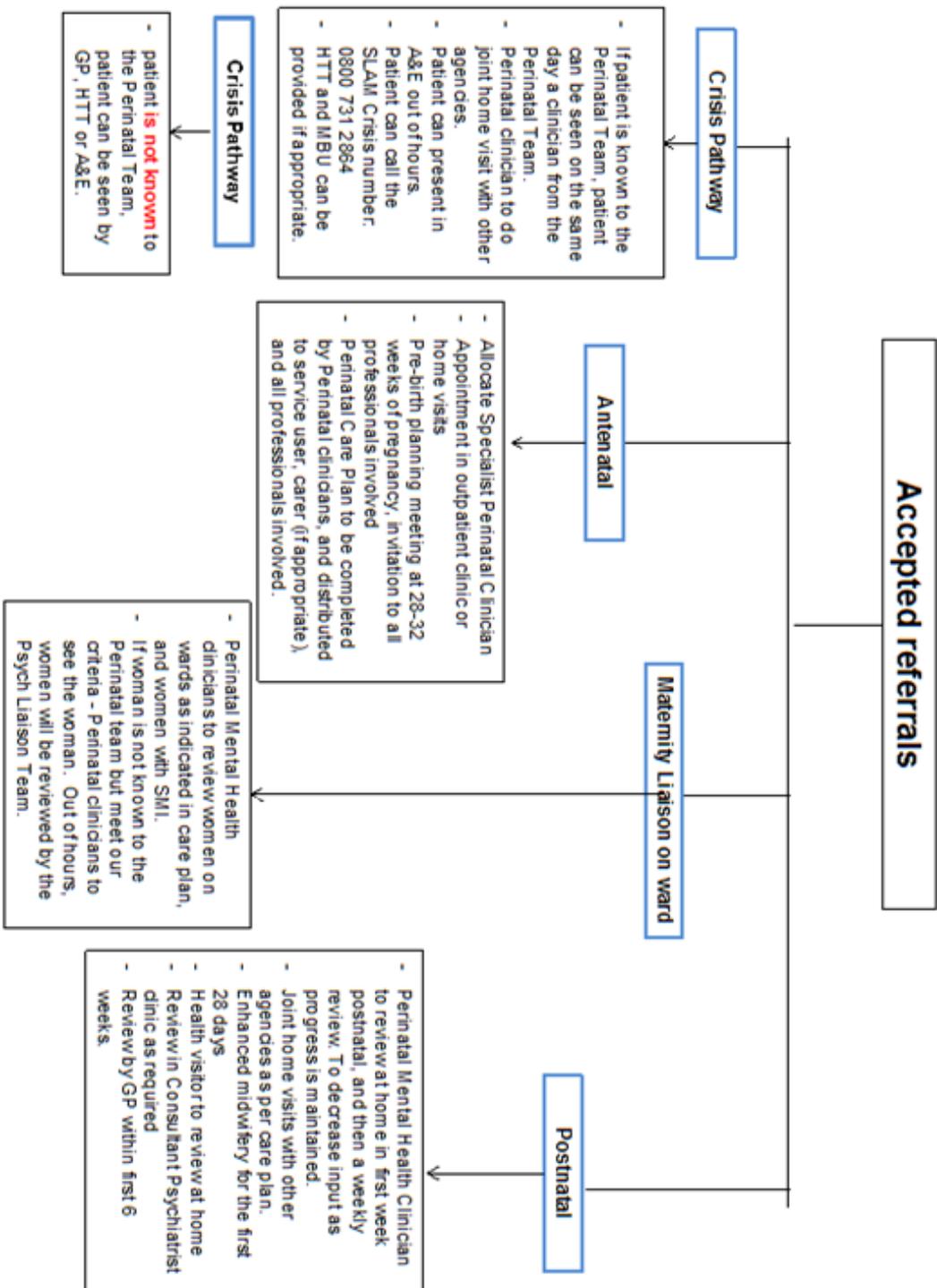
Appendix 1: Draft Lewisham Perinatal Mental Health Care Pathway (April 2018) – final version expected May 2018

Lewisham Perinatal Mental Health Pathway

Referrals are received from Midwives, Obstetricians, GPs, Health Visitors, CMHTs, the local authority, Psychiatry Liaison Team. The Perinatal Team see women with moderate to severe mental illness, during the antenatal period and until their babies are 12 months old.

Referrals are sent to the Perinatal team via email to slm-tr.perinatal@nhs.net





Appendix 2: Maternal Mental Health JSNA Action Plan (March 2018 – Dec 2019)

ACTION	ACTION OWNER	DEADLINE	COMMENTS
COMMISSIONING, GOVERNANCE AND STRATEGY			
1. Ensure MMH JSNA is shared widely and jointly owned			
Circulate to all contributors and action owners	Charly Williams (Maternity Commissioner)	13 th March	
Present and finalise at Maternity Commissioning Steering Group	Charly Williams	19 th March 2018	Action plan to be monitored by Maternity Commissioning Steering Group on an ongoing basis
Secure final approval from Health and Wellbeing Board	Charly Williams	Meeting date tbc	Needs to include final version of the pathway – expected May 2018
2. Undertake wider parenting JSNA and Strategy			
Undertake wider parenting JSNA and Strategy, including MMH/paternal mental health as key theme	David McCollum (Early Intervention Commissioner); JoJo Taylor (National Management Trainee)	June 2018	Align with MMH JSNA
3. Complete PMH pathway in partnership			
Ensure PMH care pathway includes interventions supporting parent-infant attachment, under 18s pathway, Indigo Team, Adult and Children's Social Care; Early Help	Specialist PMH Service	May 2018	Final pathway meeting planned for mid May
Involve Adult and CSC in development of PMH pathway	Specialist PMH Service; Adult and CSC	May 2018	Contacts: Joan Hutton, Mary Farinha, Linda Smith for Adults; Natasha Logan/Najah Ismael for CSC/ Early Help
Once complete share the pathway widely and review it regularly	Specialist PMH Service; Suzy Hall (Specialist PMH MW)	Ongoing	Include in Specialist PMH MW Spec
WORKFORCE TRAINING AND DEVELOPMENT			
4. Increase multi-agency training opportunities on MMH/ PMH			
Promote existing training opportunities	Specialist PMH Service; Suzy Hall; Michelle Florio (PMH Health Visitor); Voluntary Action Lewisham; PMH 'Champions'	Ongoing	Includes PMH Simulation Course (SLaM); Mental Health First Aid and Young People's Wellbeing Toolkit (Public Health) and online training within RCGPs PMH Toolkit
Review training content to ensure it covers infant social and emotional development and parent-infant attachment	SLaM, Specialist PMH Service	June 2018	
En	Charly Williams	End March	Ensure that Adult and CSC each take up a place
Improve provision and uptake of PMH training for GPs	Dr Angelika Razzaque (GP Maternity Lead); Dr Charles Gosling (CD Mental Health); Dr Jim Sikorski (Chair of MHEB)	Ongoing	Promote RCGPs PMH toolkit, consider short accessible drop-in sessions and having a GP PMH Champion
COMMUNITY-BASED SERVICES (Tiers 1 & 2)			
5. Evaluate impact of current community-based PMH/MMH services and consider long-term plans			
Review impact of Mindful Mums and consider long-term plans beyond current contract, including service development	Charly Williams	Nov 2018	Current funding expires June 2019. Bromley Mindful Mums offer a Befriending Service; this could be considered in Lewisham, depending on outcomes/needs
Review impact of new Health Visiting led Solihull Postnatal Support Group and consider long-term plans	David McCollum; Michelle Florio	Sept 2018	Ensure monitoring arrangements are in place from start

Review how existing services promote parent-infant attachment and infant mental health (to parents/ carers and professionals) and consider how to better meet this need	David McCollum; JoJo Taylor	June 2018	To be considered as part of Parenting JSNA and Strategy
6. Promote mental health benefits of physical activity to pregnant women and new mums			
Consider how to promote the mental health benefits of physical activity to all pregnant women and new mums, including supporting Healthy Walks initiative (MVP led)	Pauline Cross, Public Health	June 2018	Public health to develop tangible actions to support all professionals in promoting this message.
7. Consider feasibility of GPs asking Whooley questions to all pregnant women and new mothers			
As described	Dr Angelika Razzaque; Dr Charles Gosling; Dr Jim Sikorski	June 2018	Women should be asked about their emotional health by GPs at every maternity appointment. Whooley Qs are best practice. GPs need to know what to do with results
8. Ensure existing services promoting good mental health are well promoted and easily accessible			
Develop and promote the Family Information Service (FIS)	Nikki Sealy (Early Years Manager)	Dec 2018	New website platform in development, ready by summer 2018. Work on FIS re-refresh will begin after this
Raise awareness and promote take up of the Healthy Start Scheme	Public Health	Ongoing	
9. Improve MH support offered to partners/fathers			
Review the role of Working With Men in relation to MH and consider whether this could be extended	David McCollum	June 2018	As part of Parenting Strategy
Consider asking partners/fathers the Whooley questions at maternity appointments	Suzy Hall	June 2018	
Review training content to ensure it covers needs of partners/fathers	Public Health; PMH Service	June 2018	
Ensure that the views of partners/fathers are routinely captured and acted upon	David McCollum; JoJo Taylor; Maternity Service; Health Visiting Service and other services working in maternal/perinatal MH	Ongoing	To be included in Parenting Strategy
10. Increase number of women receiving continuity of care across maternity pathway			
Progress and prioritise LMS plans to achieve continuity of care across maternity pathway for all women	Charly Williams/ Helen Knowler, HOM	Sept 2018	Will likely require additional resources, identified through LMS. Plans will be developed over next 6 months.
SPECIALIST SERVICES (Tiers 3 & 4)			
11. Confirm arrangements for Specialist PMH Midwife beyond current contract			
Re-specify role based on 0.8 WTE and current priorities	Charly Williams; Suzy Hall	June 2018	Include requirement to develop an agreed competency framework for MMH.
Consider arrangements for supporting role after funding expires (May 2019)	Charly Williams	Jan 2019	
12. Review and extend role of Specialist PMH Service in training, upskilling and outreach to wider workforce			
As described	Kenneth Gregory (Adults MH Commissioner); Charly Williams	June 2018	This should include consideration of extending support with reflective practice to other services
13. Secure arrangements for reflective practice of Specialist Midwives by Specialist PMH Service			
Include reflective practice in Service Spec. for Specialist PMH Service to ensure continuation	Kenneth Gregory	Sept 2018	