

Service user experiences of perinatal mental health services in Croydon



August 2019

Findings in brief

63% of service users we spoke to are facing emotional and mental health challenges.

There is stigma and embarrassment about talking about mental health challenges.

Lack of signposting and information about the pathway.

For many there was not enough continuity of care.

Shared appreciation of staff being under pressure amongst service users.

Lack of knowledge and understanding of how childbirth might affect emotional and mental health wellbeing.

Recommendations in brief

Develop the pathway for service users who identify themselves as having mental health challenges so their referral can be prioritised.

Encourage talking about mental health easier through enhanced support networks.

Increased information and signposting about the pathway.

Increase continuity of care with better collaboration between the various services along the maternity pathway.

Additional training and benchmarking against services that are exemplary.

Facilitate mental health education along the pathway for expectant parents, through antenatal classes, seminars or wellbeing workshops.



Executive Summary

As part of a grant received from Healthwatch England, Healthwatch Croydon has conducted a perinatal mental health project. This project was in continuation of a larger research that was conducted by Healthwatch England at the end of 2018. For this project, three neighbouring Healthwatch organisations worked together to examine at a more granular level some of the local challenges people experience. This report presents the experiences of Croydon's residents, there are two other reports that have been published by Healthwatch Lambeth and Healthwatch Sutton.

The NHS has announced a phased, five-year transformation program, backed by £365m in funding to build capacity and capability in specialist perinatal mental health services. This is one of the reasons why projects like this are so important and relevant. As part of the project we focused on asking new mothers and new fathers their experiences and views around the following areas:

- Stage of pregnancy.
- Whether they were seeking help when they needed it.
- Ease of access.
- Waiting times on pathway.
- Quality of care.
- Those that have a diagnosed mental health condition, how many have had their formal review?
- How well informed they felt they were.
- If service users have had more than one pregnancy, was there any variance in the service.
- Possible triggers of mental health.
- Routine care and advice.
- What one thing they would change about the local perinatal services.

Before commencement of the project, we considered what national and local priorities were, with a view to ensuring that our project is in context with national and local initiatives and can be fit for purpose with regards to any future direction

or commissioning of services. Next, we wanted to get a good scope of the borough and wanted to ensure that we had good coverage in terms of speaking to all demographics and social-economical groups. We also spoke to healthcare professionals in the borough to further understand what their viewpoint is anonymously to draw comparisons between the two sets of results.

Findings

- **Lack of signposting and information within the pathway:** Many new parents don't know where to turn for information and advice, the general consensus is that healthcare professionals are too rushed and overloaded to spend time sharing the information that service users need.
- **Not enough continuity of care:** Service users feel there is a variance in the pathways, and that various services need to be more joined up.
- **The right support at the right time:** Appropriate support at the right time makes a difference to carer's and patient's experience. A third of those surveyed felt they did not get what they needed when they needed it.
- **A shared appreciation of staff being under pressure, amongst service users:** When service users see staff under pressure and services strained, mental and emotional wellbeing will likely take a lower priority. Patients may be leaving appointments still carrying their concerns because of the awareness that services are visibly stretched.
- **Stigma and embarrassment when talking about mental health challenges:** Service users do not feel comfortable speaking about any mental health challenges with healthcare professionals, this may be because they are unaware of what might happen.
- **Lack of consideration and/or genuine care of mental health within maternity services:** Service users need to feel heard, there is a need to for more presence of mind and increased of soft skills amongst healthcare professionals.
- **More than 60% of service users are facing emotional and mental health challenges:** This shows just how much need there is in the borough to increase awareness of the relevance of mental health needs among maternity services.

- **A considerable variance in service received from healthcare providers:** while some service users rated the service received as exceptional others rated it as poor.
- **Service users have a lack of knowledge and understanding of how childbirth will or might affect emotional and mental health wellbeing:** More emphasis needs to be given to informing service users regardless of how many children they have of the potential emotional and mental health challenges that can be faced.

These are our recommendations for providers and commissioners:

- **Increased signposting and information on offer to potential new parents:** This should be implemented through a variety of mediums including, healthcare and allied professionals, community groups, websites, emails, social, media and text messages, and active distribution of pamphlets and leaflets.
- **Increased continuity of care, more collaboration between the various services along the maternity pathway:** Implementation of a maternity intranet or private internal network.
- **Facilitate mental health education amongst the pathway for expectant parents:** This can be done through antenatal classes, seminars or wellbeing workshops within children's centres or NCT groups.
- **Scope out a new pathway for service users who identify themselves as having mental health challenges, prioritise their referral:** Service users who identify as having mental health challenges should have prioritised pathways.
- **Recruitment of staff into the borough, to ensure services are not overstretched:** Consideration can then be given to the emotional wellness of service users, emotional wellbeing is being sidelined due to the pressure running the service.
- **Increased support networks like the local children's centres**
- **Find a solution to variance in service:** Additional training and benchmarking against exemplar services that have proven quality and patient satisfaction.
- **Communicate effectively the mental health challenges that can be faced by new parents:** A high proportion of new parents in the borough have identified as having mental health challenges, but a proportion did not recognise symptoms. Ensure residents understand what symptoms look like for some of the more frequent mental health conditions to reassure them.

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1 Background

1.1 Context

About Healthwatch Croydon


Healthwatch Croydon works to get the best out of local health and social care services responding to the resident's voice. From improving services today to helping shape better ones for tomorrow, we listen to their views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

National level

In recent years there has been a lot of media publicity on mental health and removing the stigma on individuals and groups who identify as having mental health challenges. Mental health covers conditions including anxiety, depression, obsessive-compulsive disorder (OCD) and other conditions, presently there are over 450 known mental health conditions. When thinking about mental health coupled with the additional pressures of childbirth, this adds in another level of complexity for the individual experiencing any type of mental disorder. In some cases, childbirth can be the cause of a mental health condition such as postpartum (after-the-birth) depression or post-traumatic stress disorder (PTSD).

This project is part of a wider piece of research initially conducted by Healthwatch England exploring mental health challenges that affect new mothers within the UK. This project targeted new mothers and fathers who are within perinatal stages or have had a child within the last three years. We will be finding out what their experiences have been with mental health services as well as the views and experiences of healthcare professionals on their confidence and skills in the delivery of the service.

One of the key issues around of perinatal mental health, is the stigma that new parents carry in relation to speaking out about their mental health, this is especially difficult when thinking about the challenges of looking after a new



infant, some new parents may start to have concerns and worry about what might actually happen when they seek help, assumptions can be made around local government organisations such as social services due to their sometimes negative depiction in the media. This also could be due to a lack of knowledge of understanding around local mental health provision and pathways.

Healthwatch Croydon spoke to local residents who fit the criteria set out, namely, new mothers and fathers who are within the perinatal stages or have had a child within the last three years. We aimed to speak to around 70 people in the borough and at least 20 healthcare professionals. We spoke to residents who have mental health challenges as well as those who do not. We looked specifically at how mental health services are perceived in terms of their pathways, accessibility and any perceived barriers.

We decided to bid to take part in this project as Croydon is one of the fastest growing populations for a London borough with 5761 born in 2017 according to the Croydon Observatory (2017)¹ and early intervention is proven to make a considerable difference to health outcomes across the life course. (Croydon Director of Public Health (2019) ²


NHS England is aware of the challenges faced by new parents when trying to access services nationwide. The website states that the NHS are “committed to fulfilling the ambition in the Five Year Forward View for Mental Health, so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. This includes the right range of specialist community and inpatient care.” NHS England (2019)³ So, therefore, we hope that our report can contribute to the needs of these sometimes hard to reach groups.

Healthwatch England conducted a national project at the end of 2018, this project highlighted some key challenges women face nationally when accessing emotional and mental health services during the perinatal stages.

¹ Croydon observatory (2017) with website reference.

² Croydon Director of Public Health (2018) *The first 1000 days from conception to the age of 2* with website reference

³ NHS England (2019) with website



Some of the key trends that were found included:

Access to service: Within the initial report it was found that service users were experiencing waiting times that were too long and that accessing the service was found to have significant variance, with half the people who responded finding it hard to access the service, and just one third reporting it to be easy.

Quality of support: Overall half the respondents reported having had a poor to a very poor experience of services, and only a quarter reporting to have had a good experience. Continuity of care was seen to be lacking, with women regretting even asking for additional support in the first place due to a negative experience with healthcare providers in borough.

All healthcare organisations in the UK need to follow a set of NICE guidelines⁴ to ensure an adequate level of care for service users of a healthcare speciality. Some key points listed in the guidelines highlighted areas which were reported to be lacking from the initial maternity research from Healthwatch England.

Some of the maternity standards guidelines as outlined by NICE.

Ease of access

“There are clearly specified care pathways so that all primary and secondary healthcare professionals involved in the care of women during pregnancy and the postnatal period know how to access assessment and treatment.”

Continuity of care

“Ensure continuity of care for the mental health problem if care is transferred from adolescent to adult services.”

“Clear referral and management protocols for services across all levels of the existing stepped care frameworks for mental health problems, to ensure effective transfer of information and continuity of care.”

⁴ NICE (2019). Health and social care delivery maternity services. [Online].

“Be closely integrated with community based mental health services to ensure continuity of care and minimum length of stay.” NICE (2019).

As part of our report, we would hope our research would help to shape local services and meet the NICE guidelines.

NHS Long term plan

As part of the NHS Long Term Plan, the NHS set up a website outlining more on what changes will occur as part of this new 10-year strategy.

As part of the plan, NHS England is investing £365 million in specialist perinatal mental health services as part of a five-year programme, part of the funding will be set aside for projects such as the new mother and baby units at Devon Partnership NHS Trust, which are the first in the country. NHS England (2019) ⁵.


NHS Maternity pathway

If you are a first-time mother, researching the web for guidance on the type of pathway you and your partner could expect to take would for many be the first port of call, especially if you are concerned of any mental health challenges you have or are at risk of developing.

From a service user perspective, residents would be unlikely to use the wording ‘NHS pathway’, instead they may search the internet with phrases such as ‘steps on how to have a baby’. Upon using a few key phrases the public might use, we only found was many downloads and content pieces specifically for healthcare professionals or general information on the NHS improvement website, found at www.improvement.nhs.uk. This made the relevant information for the service user more harder to find. However, we did find a ‘Your pregnancy and baby guide’ NHS UK (2019)⁶ which did outline the steps and stages in the journey of having a baby as well as guidance on what may arise post-baby. The website does include plenty of signposting to organisations which help single parents who may be struggling as

⁵ NHS England.(2019). [Online]. [10 June 2019]

⁶ Your pregnancy and baby guide’ NHS UK (2019). Conditions, pregnancy and baby. [Online]. [10 June 2019].



well as coping with their emotions and arguments with partners. The webpages also included a section on ‘dealing with stress’ from which there was advice on how to “talk to someone outside of the family”. However as in-depth as the content and information was there is no mention of mental health challenges that may occur within pregnancy, or potential outcomes and pathways around depression or anxiety medication, talking therapies or any link or outcomes that would be linked to any engagement with social services. More information on this page can be found here: www.nhs.uk/conditions/pregnancy-and-baby/

Local level:

Croydon has a health population of over 413,000 people and is predicted to grow, in 2017 there were 5761 live births in the borough, Croydon is also the fourth highest fertility rate in London, according to Croydon Observatory (2019).⁷

At present Croydon has a well engaged Maternity Voices Partnership, which brings together invested stakeholders from the local authority, Croydon University Hospital, the NHS Croydon Clinical Commission Group (CCG), voluntary and third sectors groups and organisations as well as past and present service users for the betterment of local maternity services for the people of Croydon. Currently, there are already a number of initiatives to improve the quality of care for service users in the borough.

In recent months, training is being rolled out for GPs by mental health staff, to help them to be better equipped with advising new parents with any mental health challenges they encounter, there is also an initiative to increase the rate of home births which is shown to have a positive effect on the health of the mother and baby, although it is not clear what effect this may have for residents with mental health challenges specifically.

Initial efforts are being made to recruit staff to help ease any strain on skills shortages and also a new leaflet that will be disseminated to help increase the

⁷ Croydon Observatory (2019). Births and Deaths in Croydon. [Online]. [10 June 2019].

level of information and signposting within GP practices to their patients, as discussed in recent Maturity Voices Partnership (MVP) meetings.

1.2 Rationale and Methodology

Our rationale for undertaking this research was to better understand how maternity services in the borough support the service user in terms of mental health needs and challenges. This could include those who have developed mental health challenges during the perinatal stages or have a pre-existing condition. Additionally, having had read the previous national project as conducted by Healthwatch England, we wanted to find out the views of Croydon's residents on a local level especially considering that we are one of the highest populated boroughs as well as one of the most fertile in terms of birth rates. Furthermore, Croydon has a more diverse community and therefore we are in a position to gain respondent views from BME groups.

We also have a presence at the Maternity Voices Partnership (MVP) and therefore have insight into the experiences of the service provision for Croydon residents. We are also aware that Croydon's maternity services are working toward accreditation for the baby friendly initiative, and could potentially receive funding that could be used to inform the improvement of local services and contribute to any decision making to updating and co-design of potential amended pathways or services.

Within the initial stages of the promotion of this survey, we wanted to ensure that we were able to attract as many respondents as possible, and so we decided to incentivise the survey with a prize of £100 worth of Amazon vouchers.

We wanted to understand more about the challenges that new parents face, and specifically are Croydon's maternity services equitable with national guidelines as outlined by NICE, we also know that a child's early experiences postpartum are likely to affect the individual for a lifetime and that better mental and emotional support for new parents can help to reduce these negative effects on future population groups. This is further acknowledged by the report released earlier this year by the Croydon Director of Public Health (2019).

As part of the project, we also wanted to gain the opinions of local healthcare professionals anonymously, to find out if they think the needs of new parents are being met regarding mental health challenges. This will allow us to see if there is a correlation between the feedback from service users and providers. Furthermore, by anonymously gaining feedback from healthcare and allied professionals, we will be able to gain an unbiased view of any internal challenges and concerns they experience within this pathway.

1.3 Method

In the scoping of our project, we found that there were many local groups providing support for new parents. During the mapping of potential outreach locations, we aimed to locate highly frequented localities such as independent support groups and baby fairs. Regarding universal services such as the GP, we surmised this would reduce the likelihood of speaking to people in this niche group (that have experienced both mental health challenges and were in the perinatal stages) thus GPs were omitted as locations from where we would conduct the survey.

Another consideration was to have a presence within the maternity wards, however, due to the stressful and highly strained environment of labouring mothers, it was deemed somewhat inappropriate, and considered that respondents would not be able to detail a complete picture of their experiences and would only feedback on their responses only on the labour ward. In order to reach our target group, we concentrated on visiting those groups exclusively run for pregnancy and maternity.

We took the survey out into the community to baby sensory classes within the local borough. Through the combined efforts of the MVP group and the public health department at Croydon Council, we were able to attend local best start children's centres which were a highly effective method of reaching out to new parents across the borough. We also used online resources such as our own website, social

media, as well as requesting third sector organisations with a high social media presence to repost and share the survey link. We also took posters of this project, detailing the Amazon voucher incentive to local day nurseries, churches and GPs.

Our survey asked a number of questions within the following themes as listed below:

- Whether the service users are planning to get pregnant or had a baby in the last year.
- Whether they had any challenges before, during or after pregnancy.
- If residents had any mental health challenges, then did they seek help, where and when.
- Ease of access.
- How long it took to gain help for a mental health challenge.
- Perceived quality of care.
- Information and understanding of how a person's mental health might be affected by contraception, childbirth, and treatments.
- Possible triggers.
- Routine care and advice.
- Barriers to seeking care.
- What would service users like to change about services.
- Variance in service, if the residents had the second child in the borough.
- Possible effects care received might have on a service users mental health.

In total 77 surveys were completed between March and April 2019.

Sources	Number
Children's Centres	33
Local Easter Charity Fun day	6
Facebook Advertising	12
Carers Information Service	1
Baby Sensory Classes	7
Baby Village Show	18
	Total - 77

Facebook and Social Media advertising

In order to reach a more diverse group of demographics in Croydon, we decided to run a Facebook advert to reach those that would not necessarily attend community-based groups or health centres, and target socially isolated mothers and fathers who would also attend required health check-ups.



Healthwatch Croydon
Sponsored · 🌐

Tell us your experience of having a baby and you could win £100 worth of Amazon vouchers. Your views can make Croydon's health services for mums and dads better!

healthwatch
Croydon

If you are a new parent in Croydon, then you could be in with a chance to win £100 worth of Amazon vouchers.

FORMS.OFFICE.COM
Croydon mums and dads we want to hear your views! [LEARN MORE](#)

👍 4

The advert was targeted to both men and woman and received no interactions from men, this may be due to men feeling a maternity project is not relevant to them, that they do not want to feedback about being a new father or that they do not see an Amazon voucher as an appealing incentive.

Thank you

In contribution to this project, we would like to thank our Board Member Pat Knight, Healthwatch Croydon volunteers Agnes Tye, Pupuch Pupu and Tariq Salim. We would also like to thank Nicola Vousden from the Public Health team in Croydon Council as well as Sharon Hemley, Rosie Jones, Sakina Ballard, Cllr Maddie Henson and the Maternity Voices Partnership, as well as our internal Healthwatch Team.

Limits of the research

As part of this project, there was an aim to try and reach BME groups as well as new fathers, as these groups are not widely represented by the initial research conducted by Healthwatch England.

To ensure we had representation from these seldom-heard groups, we made use of our networks and contacted local BME organisations as well as specific groups for new dads in the borough.

Unfortunately, our potential attendance was deemed as not appropriate by one of the groups, with the organiser citing the subject matter as ‘too sensitive’.

As a response to this, we offered to send over a digital copy which the organiser could disseminate themselves. Unfortunately, we did not receive many responses from new fathers in Croydon, with just three respondents represented.

It was found that during outreach days the attendance of the groups was mostly female.

There was a mixed representation of BME groups albeit not in the numbers we anticipated or hoped for. We also spoke to many new mums and a number of dads within Croydon’s children’s centres which were limited by the number of attendees the facilitator of the group could support. These groups also would not include those mothers and fathers who are not well networked and felt socially isolated, therefore we were only able to speak to people that were present on that day of our attendance. At the completion of the survey, the sample was 77.

2 Insight results

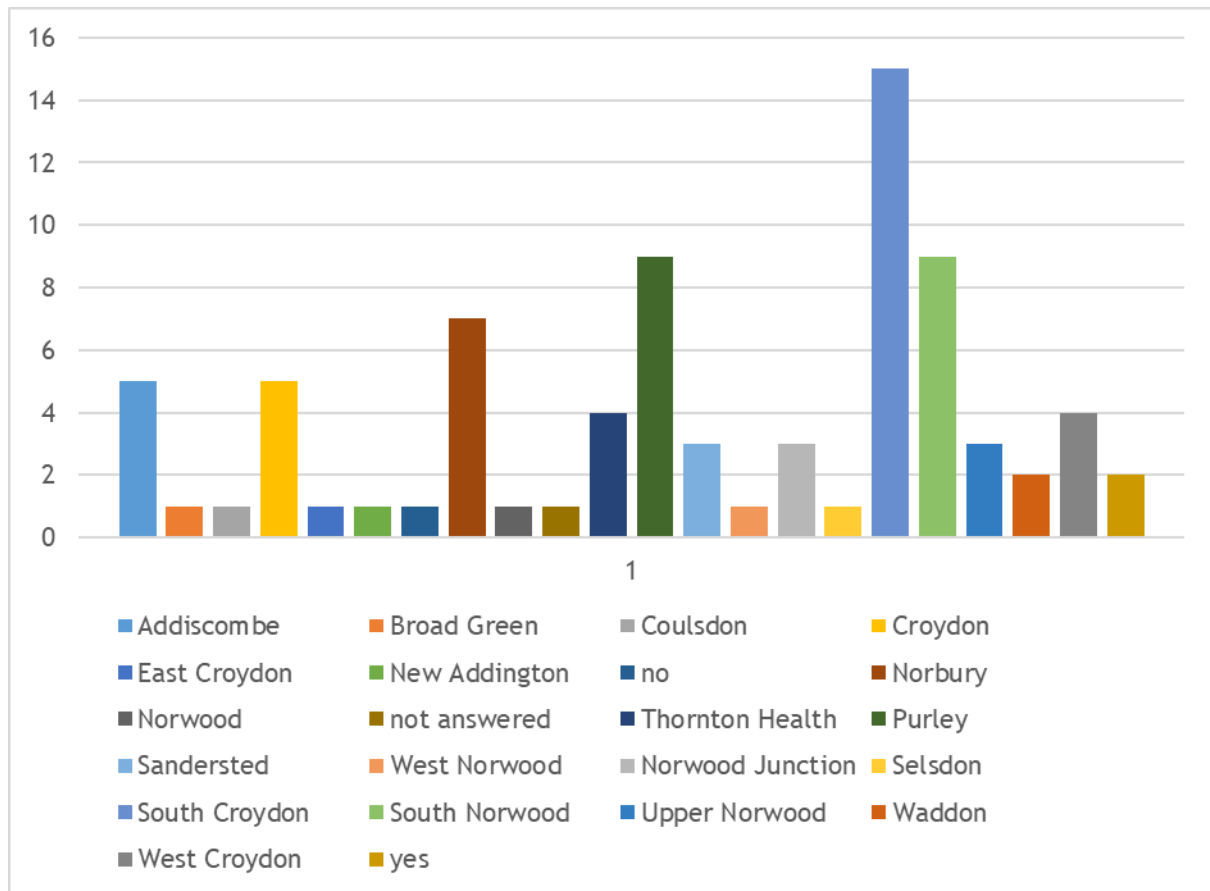
2.1 Are you or your partner pregnant, or have a child under the age of three?



Total: 77

Most of the respondents were pregnant or had a child under the age of three years old, this is due to the targeted location at which the survey was distributed as well as clear communication on online communications as to our criteria.

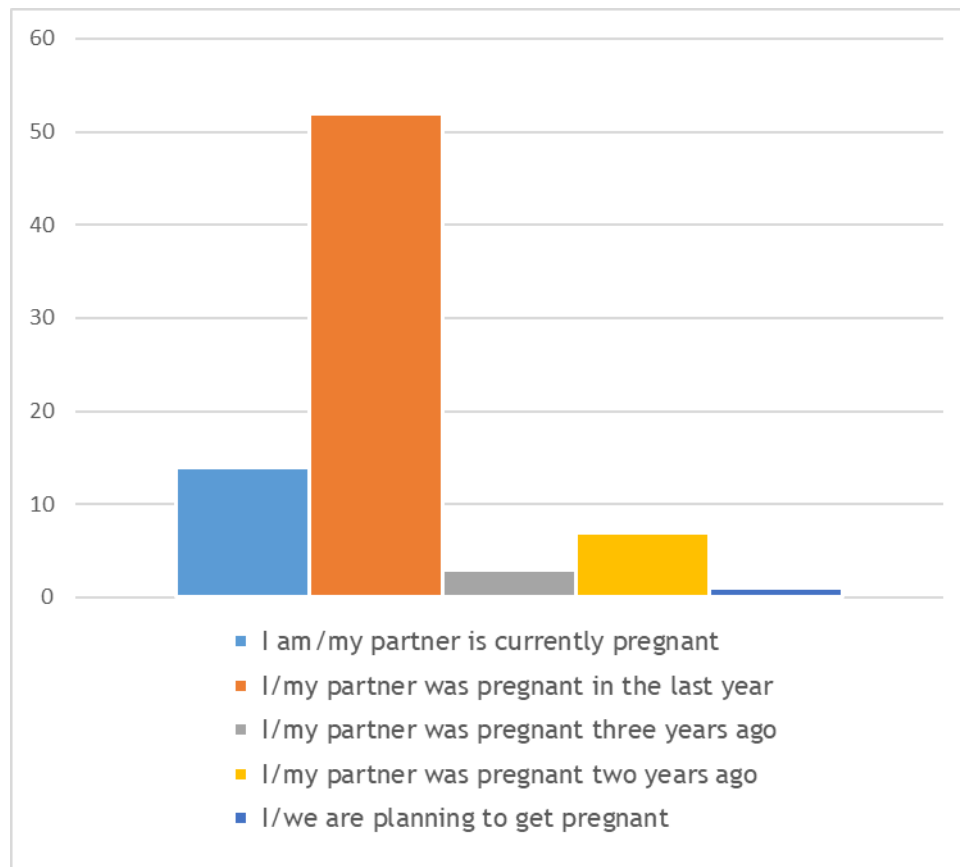
2.2 Do you live in Croydon? If so where?



Total: 77

Croydon is a very diverse borough and as part of this project we made every effort to ensure that we captured the views from new parents across Croydon, however, 19% of respondents were from South Croydon and 10% from South Norwood, this is due to the locations of the groups we attended. Overall, we feel as though we have a fair representation of the borough. Although we would have liked to have had received more reviews from residents within more economically deprived regions to further understand of comparisons could be made between socioeconomic groups.

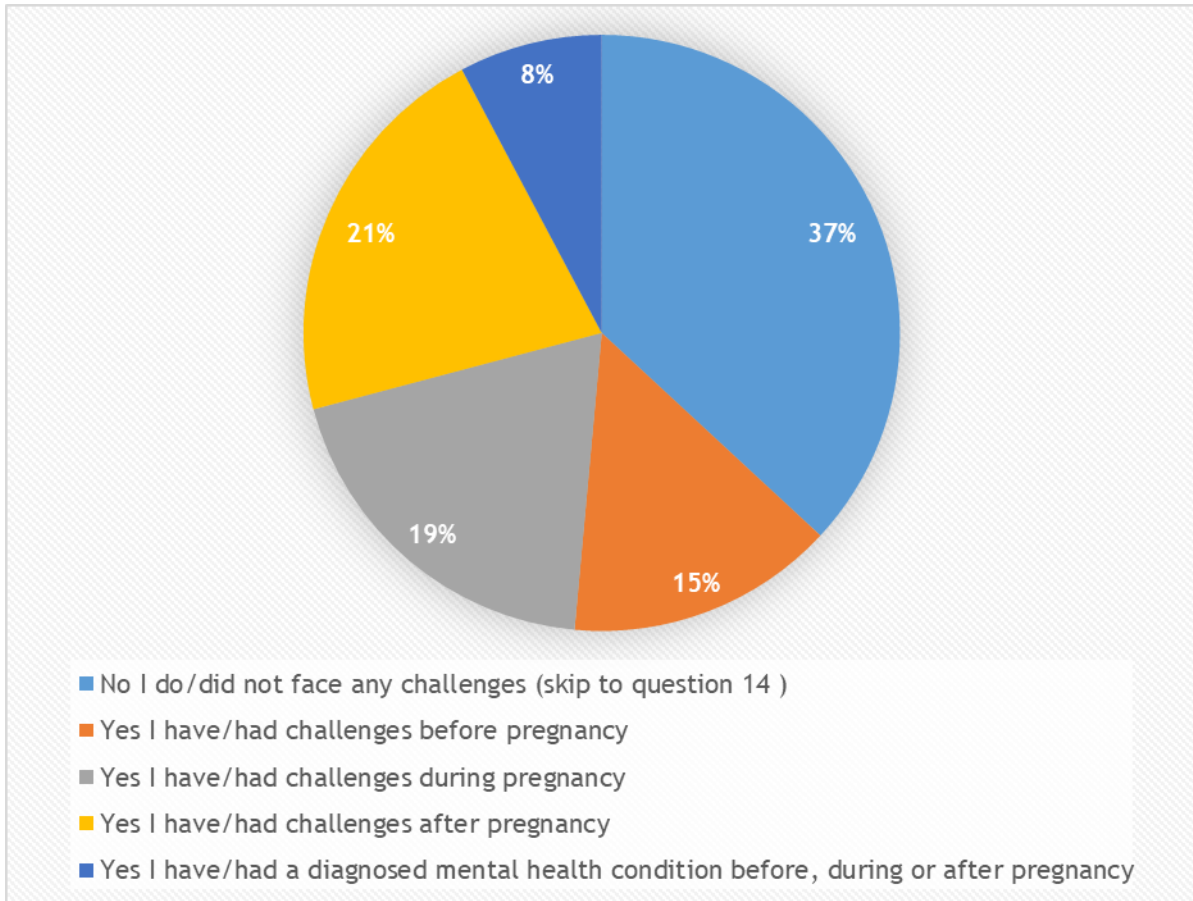
2.3 Please select the stage of your most recent pregnancy/birth.



Total:77

67% of respondents were pregnant within the last year, and 19% of respondents were currently pregnant. However, we were not able to speak to many new parents who have had their child within the last three years which may be due to parents returning to work, or less need for support. We were able to make contact with many new parents who have had their child within the last year and have therefore used local services more recently and are more able to give a relevant account of their experiences.

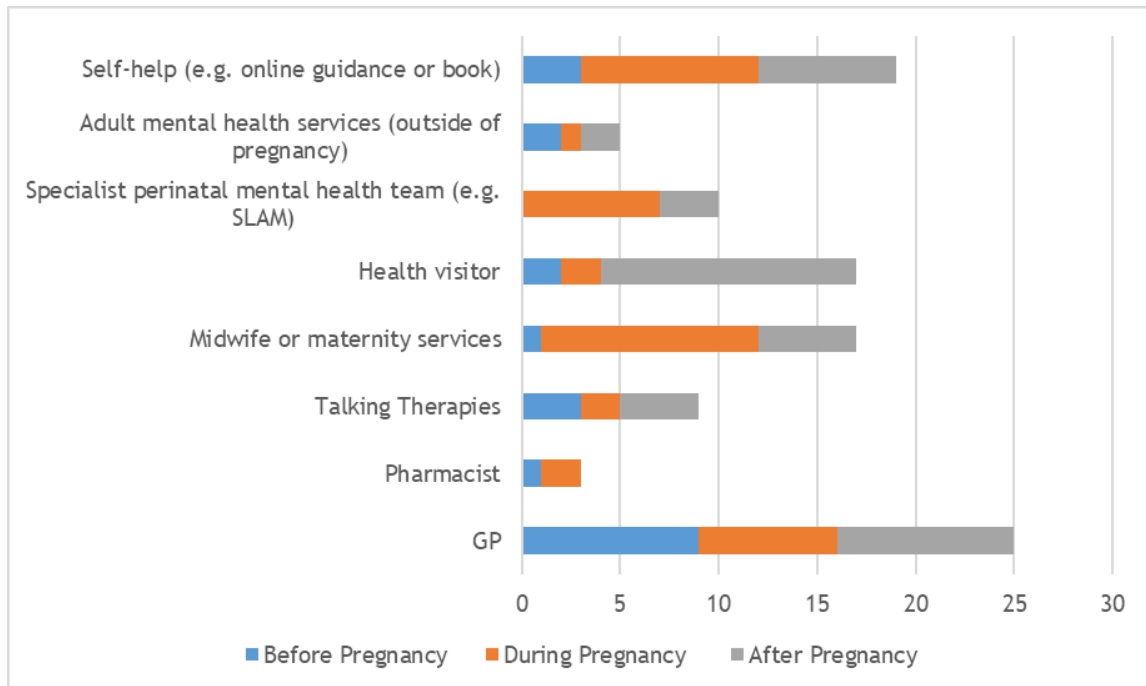
2.4 Thinking of the time before, during or after pregnancy, do/did you face any emotional or mental health challenges?



Total: 77

We wanted to speak to new parents who had existing conditions or mental health challenges that were triggered by the process of pregnancy and or childbirth. This graph shows that over 60% of the respondents did experience mental health challenges when looking at challenges face before, during, after and diagnosed.

2.5 Did you seek help for your emotional or mental health needs before, during or after pregnancy?



Total: 37

Respondents here gave us a picture of when they felt they were able to seek help for their mental health challenges. Respondents responses can be affected by a number of issues including, perceived barriers, relationship with healthcare professional and stage of mental health condition, therefore the results are open to interpretation. However GPs were contacted throughout perinatal stages and midwives during pregnancy, so their role is a crucial one. Another point to be made is the consideration of what constitutes as help? The data above could include one on ones with midwives as well as referrals to talking therapies. We can also see that health visitors are mentioned in relation to seeking help. Since health visitor visits are a regular part of support in the early weeks after the child is born this may be why it is reflected here.

2.6 Please describe any other kind of help you have accessed not on the list above, and at which stage of the pregnancy journey?

Some respondents' comments included:

Just talk to the family, not enough support from services. Help was not given by the GP

Hypnotherapy during pregnancy and after very useful.

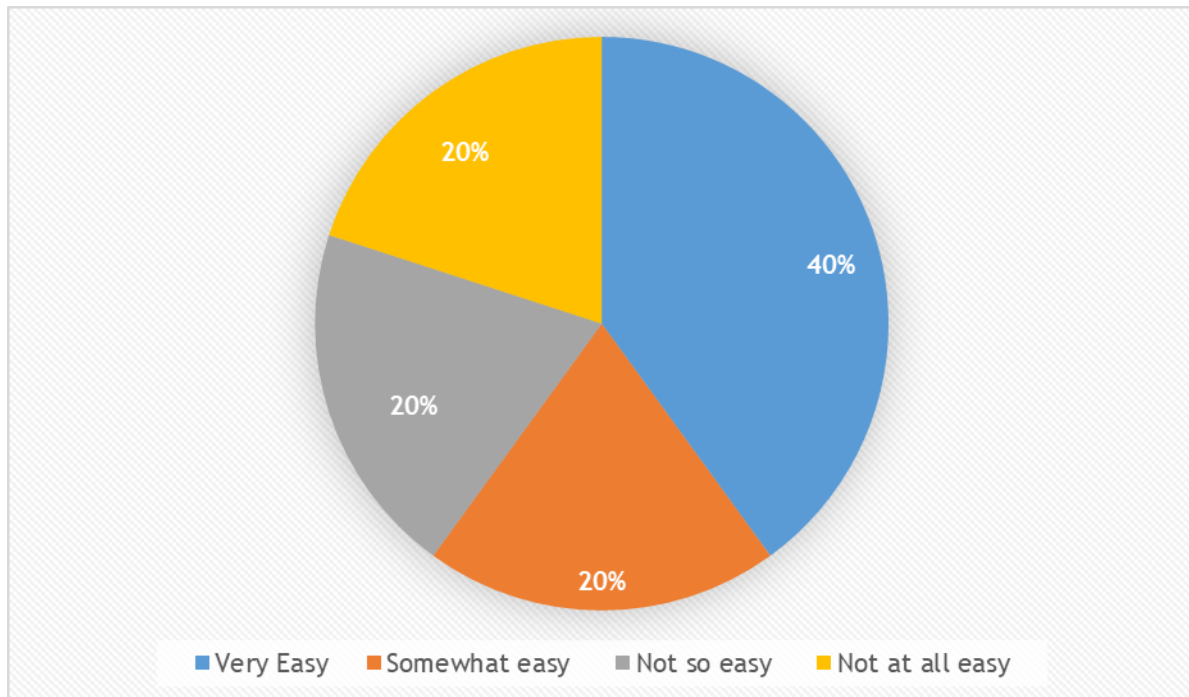
Private support for feeding and baby cafe.

Private psychiatrist - over 10 years ago.

Total: 20

Although there were a few positive comments on local services, a number of women used private therapies and counselling support to help them through their mental health difficulties. Comment explanations were limited and it was not clear as to what had led the respondents to seek out private services.

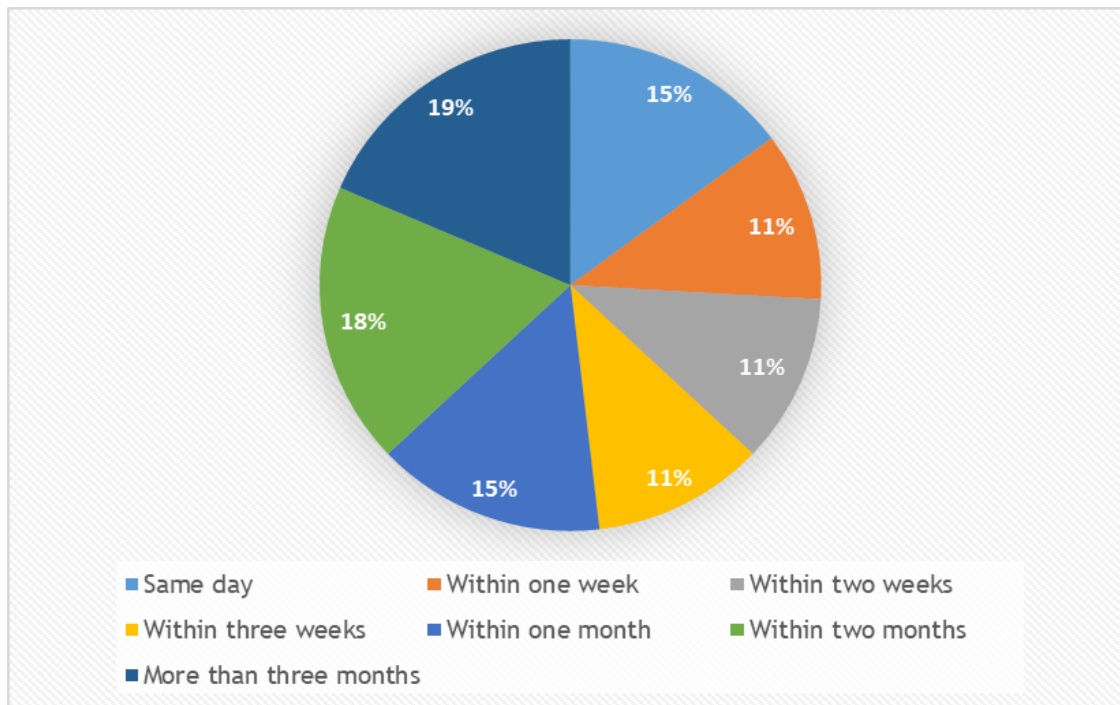
2.7 How easy was it to get support for your emotional or mental health needs at each stage of pregnancy?



Total: 34

Respondents here have shown that there is a variance of service for service users in Croydon, while 20% of respondents reporting services to be easy to somewhat easy, while 40% of respondents have reported services to be hard to access.

2.8 On average, how long did it take between asking for emotional or mental health support and receiving it?



Total: 27

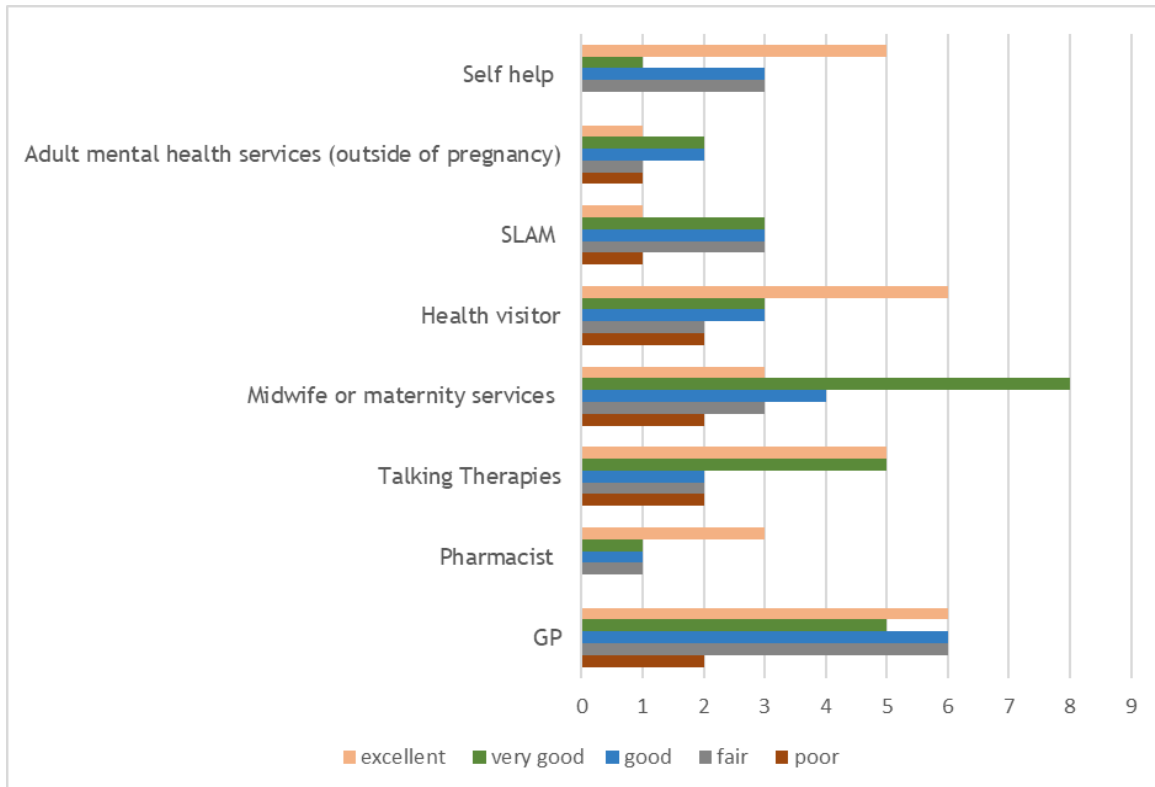
Here we can see the variance of experiences amongst service users accessing help, with 15% of users reporting same-day help and support of their emotional and mental health conditions and 19% reporting support offers are more than three months.

There are various meanings we can draw with this graph as each person's opinion of what constitutes support and help may vary. For example, the marker for help may be simply a GP appointment or a referral letter to talking therapies rather than an initial session with a therapist or other type of similar support. We also had representation from service users who opted for private therapies which may be included in the sample.

What is clear is that there needs to be a reduction of service users waiting more than a month to be referred, this figure accounts for more than 52% of respondents that answered this question. Help and support should be prioritised for pregnant mothers considering the additional strain around the needs of a new born child,

also well as the case that the parents mental health will directly impact the child's health.

2.9 How would you rate the quality of the care you are receiving/have received for your emotional or mental health needs? (1 poor - 5 excellent)



Total: 35

Overall the quality of care was deemed good to excellent amongst most of the services, a 'poor' rating was given to few services. Respondents received consistently good care from their GP, while the health visitors and midwives had wider variations, this could be down to individual relationships.

More people found talking therapies to be good, however, some found it to be poor. It is worth noting that almost half of respondents opted for self-help resources, with five of these specific respondents rating self-help as excellent and none rating self-help as poor. However, we do not know what resources were used. What it does show is that some people want to take control of their own health. More research is needed in this area.

2.10 As part of your treatment for mental health you should be undergoing a formal review at least once a year with a mental health professional. Please confirm whether or not you have had a formal review within the last 12 months?

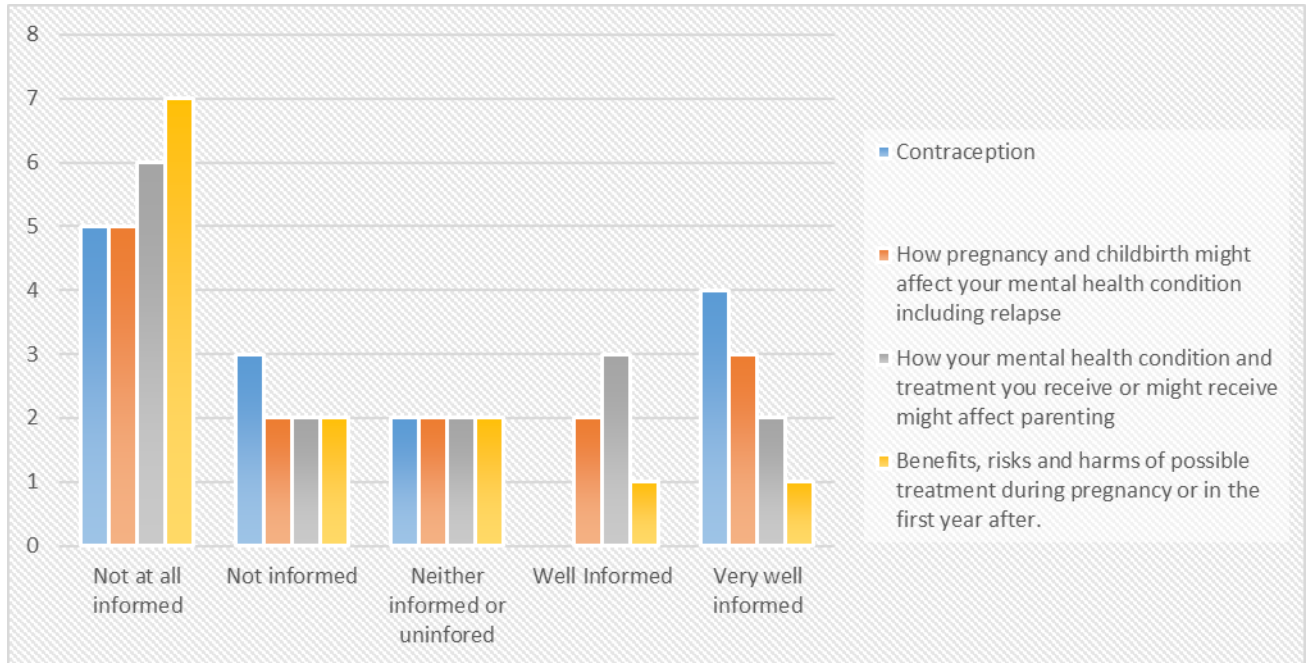


Total: 35

A formal review must be given to all patients that have a diagnosed mental health condition, our survey allowed respondents to 'check' that they did have a mental health challenge and at which point of their pregnancy, but it also included a checkbox for those who were formally diagnosed.

We found that of the eight respondents that were formally diagnosed only two had a formal review the other six answered 'no' or 'I don't know'. This means that either patient is not recognising when the follow up formal review is happening or that the formal review is not happening at all, something which poses a concern.

2.11 After your mental health review, please tell us how informed you felt about the following on a scale of 1-5 (from 1 not at all informed to 5, very well informed).



Total: 19

The majority of Croydon residents who responded were not very well informed of the 19 Croydon residents that responded, the majority of people were not very well informed on any of the questions we asked. The starkest maker is just a single person felt very well informed on the ‘benefits, risks and harms of possible treatment during pregnancy or in the first year after’. In contrast, seven respondents reported that they felt ‘not at all informed’ on this question.

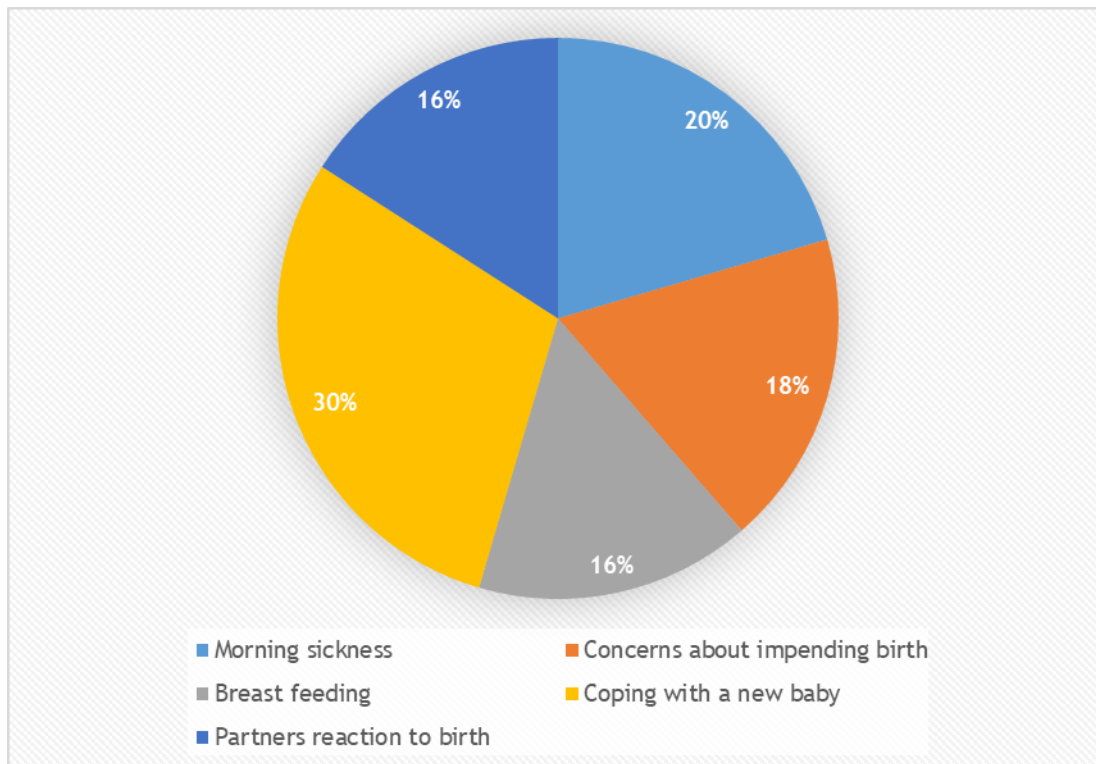
Five respondents were confident about the question of how their condition and treatment may affect parenting, 11 respondents were ‘neither informed or felt informed’.

Five respondents ‘felt informed’, with regards to how a future pregnancy and birth may affect their mental health, and nine within confidence in this area.

Finally, more than half of the respondents to this section of the survey were ‘not informed’ about contraception, also although this question was in relation to a

mental health review, we found that respondents answered the question for a generalist viewpoint, opposed to only the two respondents who did feedback that they did, in fact, have a mental health review post-treatment.

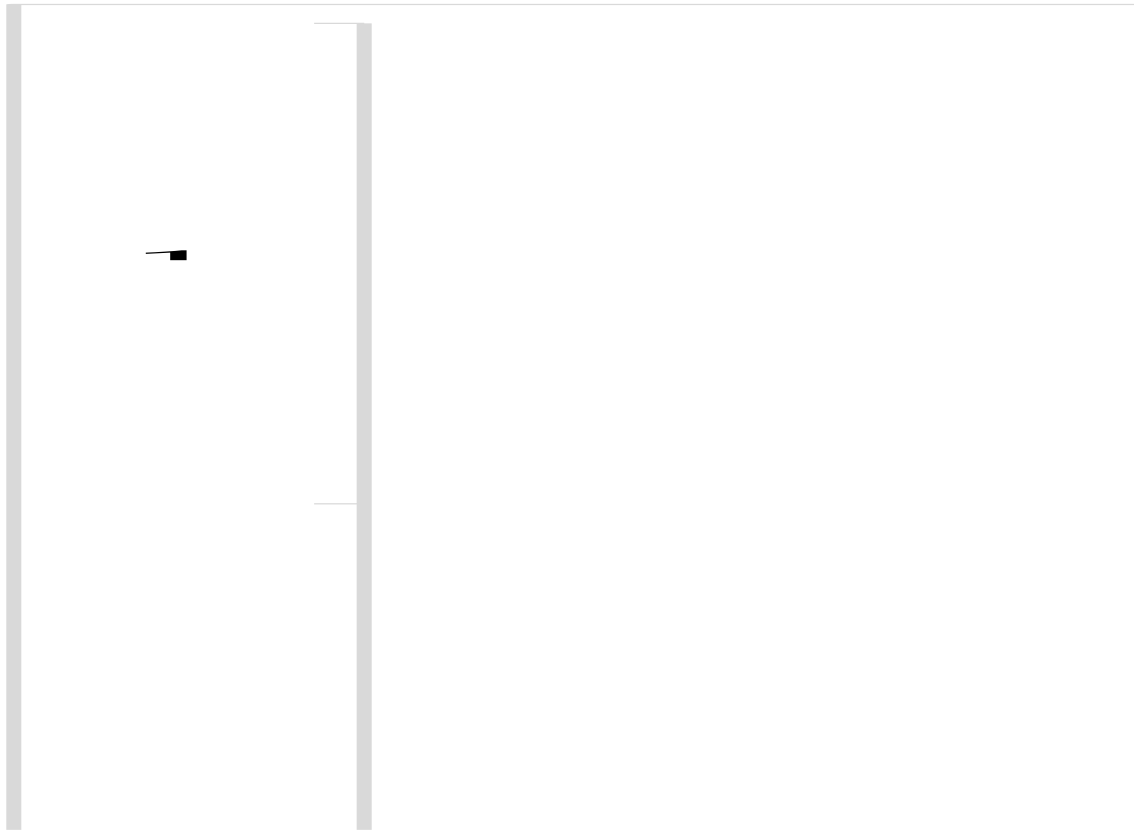
2.12 Did any of the following trigger issues with your emotional or mental health?



Total: 21

What we can see here is that new parents report needing help and guidance around a variety of challenges that occur within the perinatal stages, 30% of respondents citing that coping with a new baby, triggered their emotional and mental health challenges. This may be due to not enough time is taken to prepare and manage expectations of how to care for a new born, then 20% citing morning sickness to be a cause of emotional and mental health turmoil, this is a more commonly known trigger and can cause great distress to the mother-to-be.

2.13 This question is about the routine care, information and advice you have been given about emotional wellbeing and mental health before, during and after pregnancy.



Total: 77

We asked respondents how important routine care information and advice was at each stage of their maternity journey. In total 49 respondents strongly agreed that it was important to be formally asked about their emotional well-being at appointments, this is the strongest response to any of the questions. In contrast, only 20 respondents strongly agreed that they were asked, and 12 strongly disagreed.

It follows that 32 respondents did not feel able to discuss their emotional wellbeing and mental health and that a further 20 could not affirm that they were involved in care and decision making around their mental health. Time and space need to be made for people to talk about their emotional wellbeing and become actively involved in their own care.

A selection of comments from the above question:

One to one care from Crocus team this time has massively improved my situation 2nd time around.

During drop to see the health visitor, they have always been very rushed and felt the advice offered was weak.

Sometimes the continuity of care is not there, I luckily found the children's centres as was told about them by the health visitors, just felt like there was a lack of information and communication in the process. Saw a mental health doctor and was promised that the midwife would visit more regally to check in but this just did not happen. There was only one visit. I feel as though my mental health care was on me, and that I on my own had to identify that I was not okay.

As a father, there was little or no attention paid to me at any stage in the pregnancy, birth or months that followed.

3.10 Comments from those who did not seek any help for your emotional and mental health challenges, please describe why you have not/did not seek help. Were there any barriers that stopped you from seeking help?

No barriers but I was conscious I wasn't feeling 100% but knew to seek help if it continued - fortunately it didn't and I was fine.

Because of the stigma concerning mental health and not knowing what to do.

I was told how much of my experience was normal. So, I assumed it was normal. Besides, I'm never entirely sure who I should speak to about future anxieties (upcoming new birth).

Total: 35

2.14 When considering emotional and mental wellbeing before, during and after pregnancy, what one thing would you like to change to improve local health services?

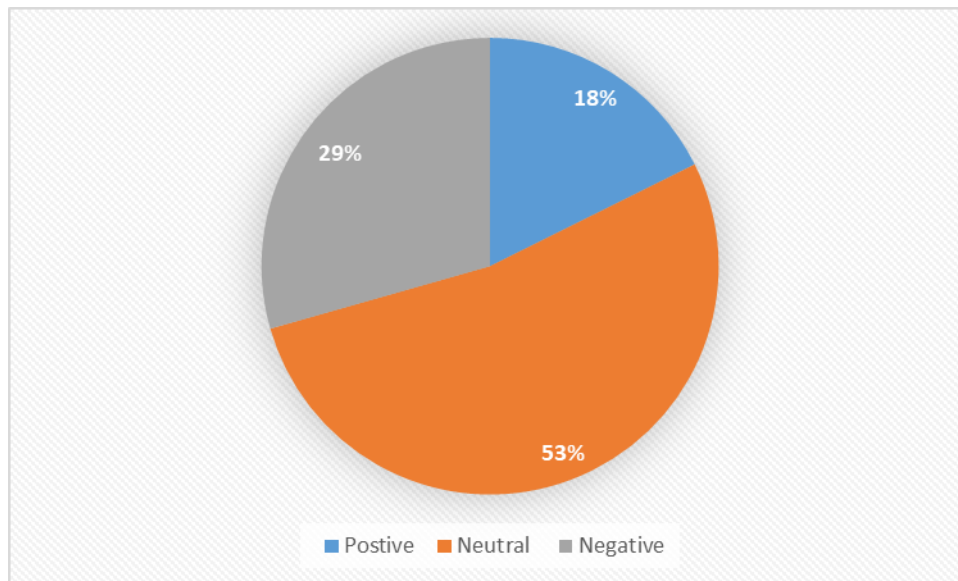
They should interview every pregnant mother and new moms and interview them on mental health issues pre and post-natal.

Follow up appointments to be taken seriously.

More prenatal groups on what to expect after a baby.

Total: 77

2.15 If you have more than one child, have you noticed a difference in how your mental health/ emotional wellness was supported throughout pregnancy and in the first year of pregnancy?



Total: 42

This question measured if services had improved when service users were having a second pregnancy and birth in Croydon. Over half of respondents marked their response as neutral which could suggest there had been changes in services, but not enough to be seen as a significant improvement or otherwise. Although 29% said that the service they had the experienced had worsened after the birth of a second child, respondents with a negative experience made the following comments:

Absolutely, as am a mother of four, I have found that with each pregnancy the support became less and less.”

Yes, it had a negative effect on my wellbeing.

“When you have your first baby you are told a lot of information, but when you have your second or third baby it is assumed that you know what you are doing, would be good if healthcare did not do this.

Those respondents with positive outcomes, cited:

Yes, first baby, I was lost in the system, taking until 7 months to have mental health support despite prior depression history. I had to take 6 months six leave from work. Second baby I was immediately referred to perinatal team, helped managed through it without sick leave required.”

Yes, hard to balance with two children -labour on second was less traumatic, not as many complications.

“With the second child, the health services was really good because they were aware of what happened with the first.

Total: 42

2.16 How has the care you are receiving or have received affected your emotional or mental health needs, during the pregnancy journey?

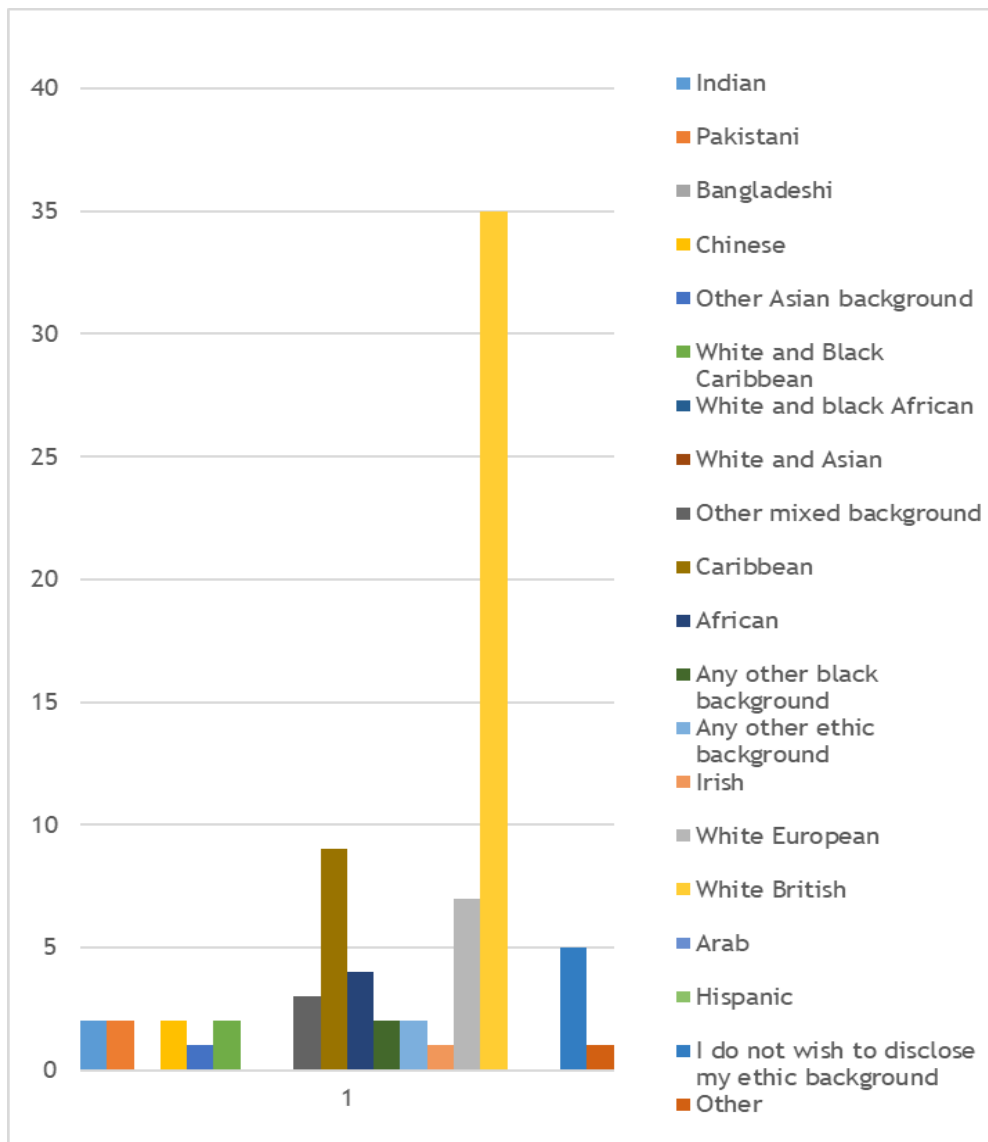
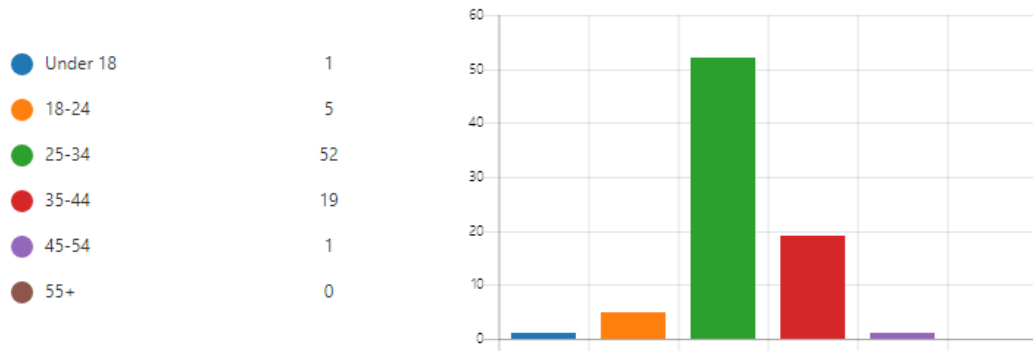


6.50 Average Rating

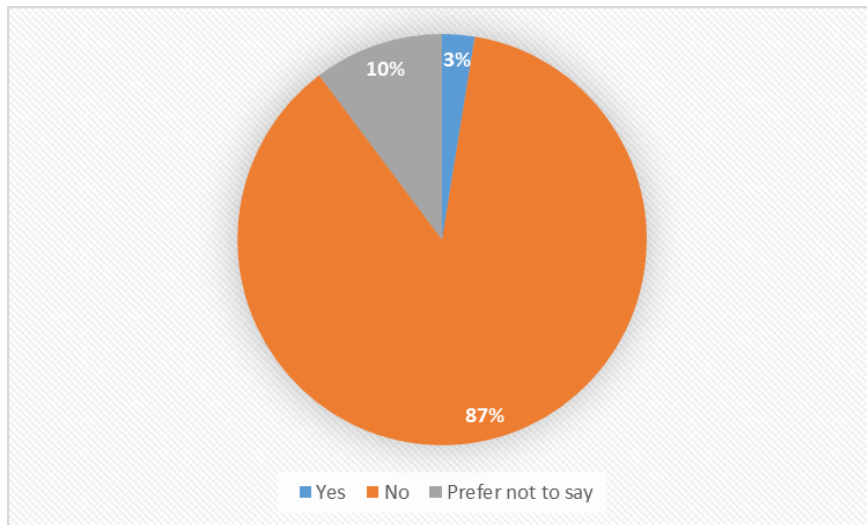
The average score was 6.5 out of 10 in favour of care received during and after pregnancy averagely having positively affected service users.

2.17 Protected Characteristics

Age and ethnicity:



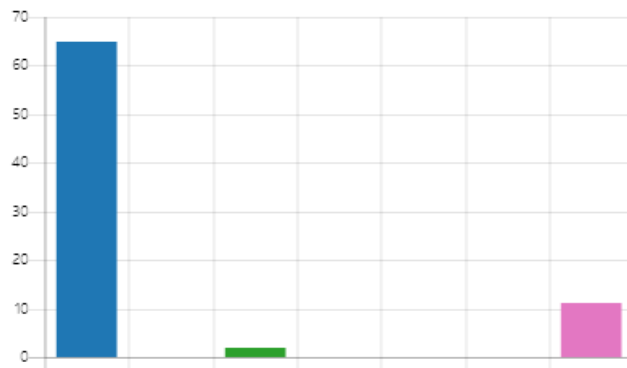
Disability:



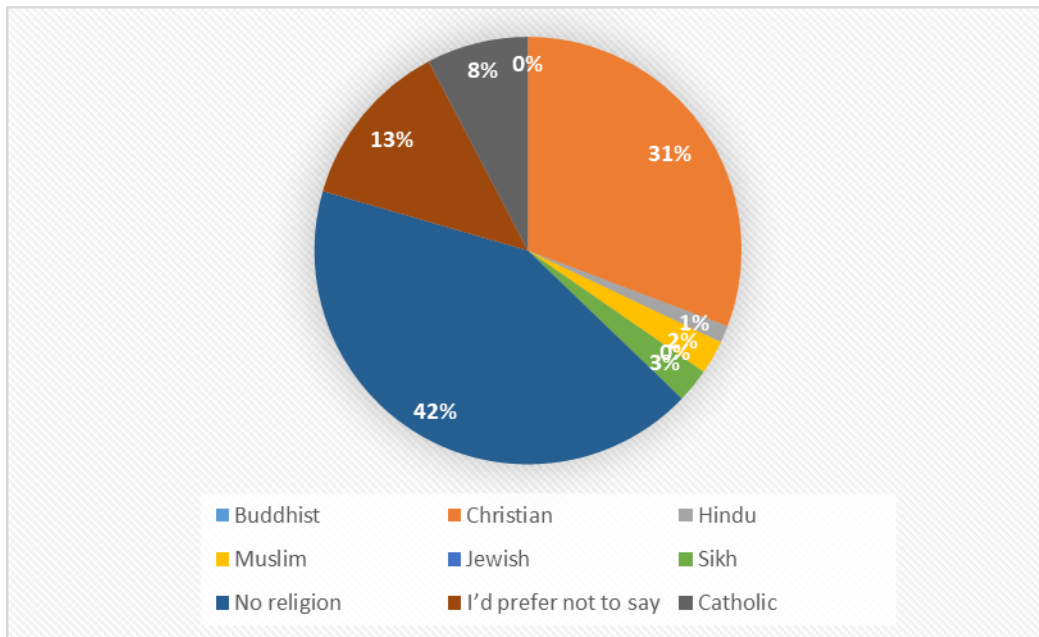
Sexual Orientation:

- Heterosexual
- Gay or lesbian
- Bisexual
- Asexual
- Pansexual
- Other
- I'd Prefer not to say

65
0
2
0
0
0
11



Religion:



3 Views of healthcare professionals

As part of the scoping of this project we also wanted to find out the viewpoint of local healthcare professionals.

In total, we asked four questions, with the purpose of getting a snapshot view of what the consensus is among professionals.

Our questions were themed around the following areas:

- A general overview of services, this free text option allows healthcare professionals to feedback from their own perspective.
- Does the healthcare professional think that mental health is high on the agenda during the perinatal pathway?
- Do healthcare professionals think that emotional wellness and mental health is being discussed with service users?
- At which stage of the perinatal pathway, in their opinion, are questions around emotional and mental health being asked?
- Do healthcare professionals believe there to be any barriers for services users when it comes to speaking about their mental health?
- If applicable, do healthcare professionals have a way in which service users are able to feel comfortable and safe?

Here is what we found:

3.1 What is your overall experience of working in maternity within Croydon's Healthcare service?

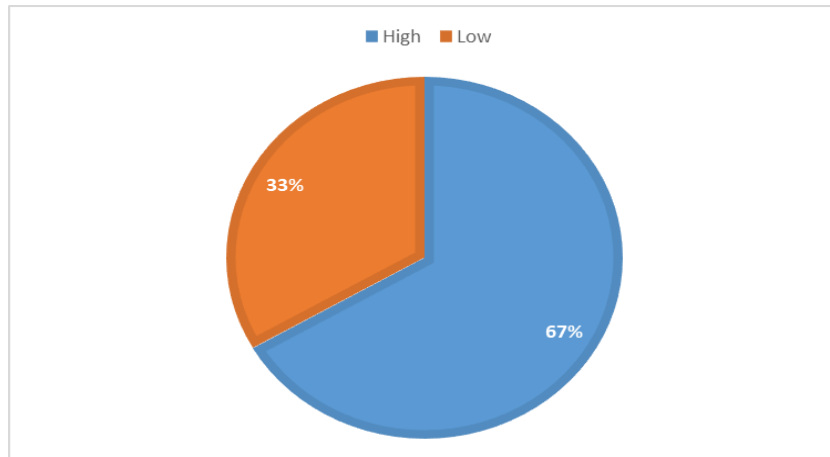
I have worked within Croydon maternity for over 2 years now, It has been identified that the service has a high clientele for women and often their partners with mental health needs which brings about an increased need for community based services to support such families with identified mental health and support mental health services could be improved more clinics waiting list for appointments need to be increased needs.

I work in the admin side and the main issue is not enough staff both admin and midwives.

Mental health services could be improved more clinics waiting list for appointments need to be increased.

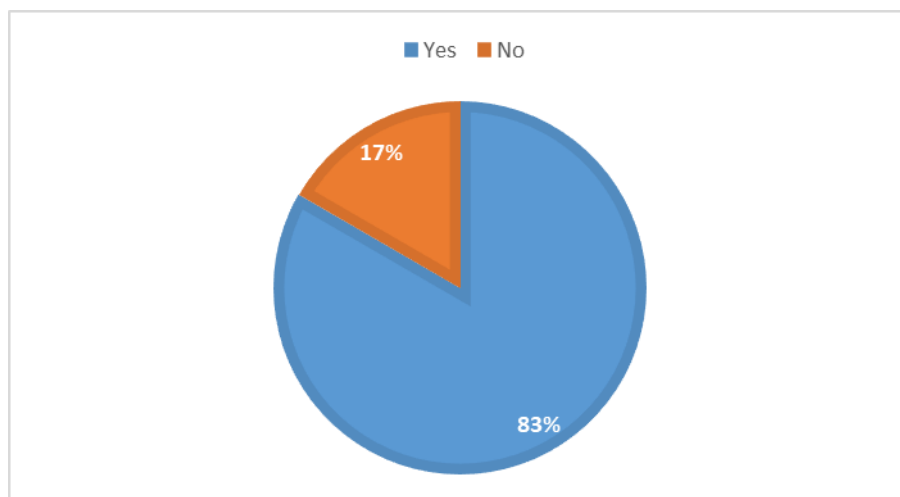
Total: 10

3.2 Do you think mental health is considered high or low priority during the various pregnancy stages?



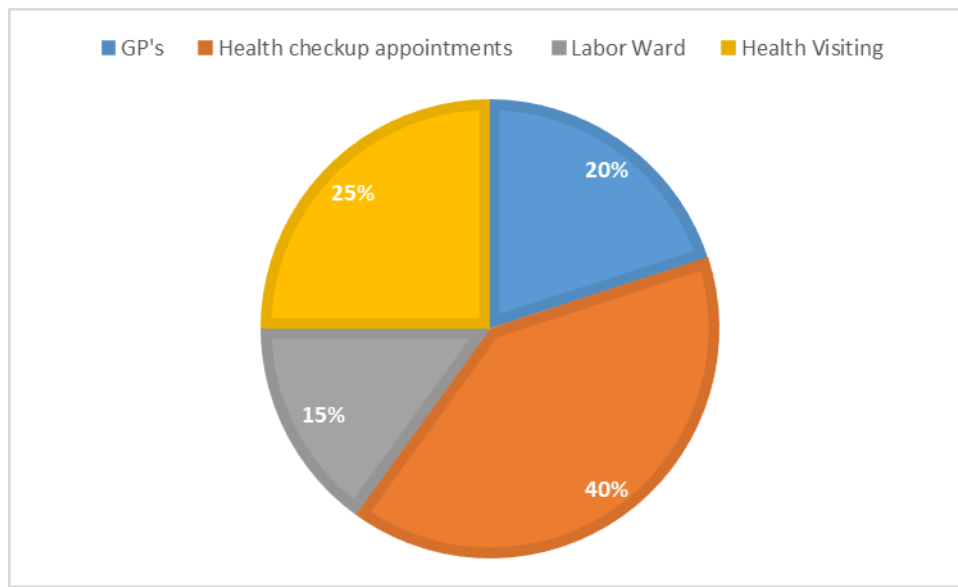
Total: 11

3.3 From your knowledge is mental health or emotional wellbeing discussed with all service users



Total: 11

3.4 What stage if at all, is mental health discussed with service users?



Total: 10

3.5 In your opinion is easy for service users to express their emotional or mental health concerns? If not, what barriers do you believe exist?

Very easy

It's not easy especially if English is not a first language. Staff are trained but it usually isn't at the forefront of their minds in the acute setting.

No, I have had conversations with psych teams where they will not attend, or when referrals are put in, the women are not reviewed until a day later when inpatient. Often, they are not sick enough to meet certain thresholds.

Stigma still associated with mental health is a barrier. Women can feel isolated and some few judged if they disclose a mental health issue and potentially believe they will automatically be referred to social services.

Total: 11

3.6 If a service user does have a mental health condition what considerations are taken in line with a care plan to ensure that the service user feels well and in a safe place.

Perinatal lead mw case load care, referrals to outside services, specialist mental health consultant review.

Not all women have care plans. Mash referral or referral to safeguarding team is the usual pathway. Mental health is not widely discussed or touched upon as from observation many midwives still do not fully understand MH illnesses or how to fully support the women in our care.

All multidisciplinary teams need to be informed and a clear plan to enable the service user to feel confident that we are all aware of their personal needs.

Joint planning for pregnancy, birth and the postnatal period between woman, her family, midwife, obstetrician (if involved) perinatal team (if involved) neonatologist (as required). There is a need for more joined up working and care planning between the Midwife-Health visitor and GP.

As part of this section of the project, we did not want to take record any protected characteristics as we wanted to ensure we could gain feedback that was 100% anonymous, this way we could ensure that the respondents could feel completely comfortable to feedback their personal views.

The feedback gained does mirror the comments received from service users. Mental health is a high consideration of our local health service as 83% of respondents presented as identifying mental health high in priority. The conversation around mental health seems to be happening at the health visiting

stage, although there are limitations here as all of the many and various pathways are not covered and the results depend on the actual job role of the respondent.

The comments made by healthcare professionals allow us to delve deeper into what challenges are within the pathways. There are many comments that report the maternity service to be good or excellent, and additional mentions of services being overstretched as midwives only have the time to consider only the delivery of a baby without the capacity to ensure more soft skills are incorporated as part of the birth such; as asking questions on emotional wellness and building rapport, which would make for a better birthing experience.

There are also comments that match comments made by service users on ensuring services are more joined up, for the purpose of improving continuity of care, which is also reflected in the views of service users.

4 Responses from key stakeholders

Before publication, we shared our report with key stakeholders such as commissioners and providers. Here are their responses:

Croydon's Public Health Team

“We welcome the recommendations in the Healthwatch Croydon report on women and their partners’ experience of perinatal mental services in Croydon. The good mental health of parents is vital for the lifelong wellbeing of their child.

“We were pleased to work with Healthwatch in the development of this survey, which follows Croydon’s Director of Public Health’s report on the first 1,000 days of a child’s life. Her report made four key recommendations including a call to join up the maternal mental health care pathways in the community, primary care, midwifery, health visiting services and other partners.

“Mothers and fathers should have the right support at the right time, even before pregnancy. Healthwatch’s findings were integral to our cross borough workshop this month, which focused on closing the gaps to improve perinatal mental health care.”

Councillor Jane Avis, Croydon Council’s cabinet member for families, health and social care

Healthwatch Croydon also presented the data from this report at the Maternity Perinatal Mental Health Matters: : Mind the Gap Workshop, July 2019 organised by Croydon’s Public Health Team of which over 100 stakeholders were in attendance.

NHS Croydon Clinical Commissioning Group

“We’d like to thank Healthwatch Croydon for this study into perinatal mental health services. While we are proud of our award winning maternity services that were recently rated as the most “caring” services in London by the Care Quality Commission, we recognise that we can always make improvements.

“As part of the Long-Term Plan investment into the Perinatal Service we are working with SLaM to ensure that the service is more integrated with the wider maternity pathway. This involves more collaboration with the maternal mental health pathways from the community, and primary care, through midwifery and health visiting, voluntary sector and other partner organisations. Healthwatch’s recommendations will be reviewed in the perinatal steering group. The report will also be used as part of the Croydon Mind the Gap workshop around improving services and greater integration across the pathway.

“I’d also like to highlight Croydon Talking Therapies, Croydon’s primary care mental health service. They offer specific support to those experiencing low mood or anxiety in pregnancy or the first year after birth and you can access services without seeing your GP”

Dr Agnelo Fernandes, local GP and CCG chair

South London and the Maudsley NHS Foundation Trust

“We welcome feedback from both the people that use our services as well as the clinicians who work in them. SLaM has received significant funding from NHSE to further develop our Croydon perinatal community mental health team. We also have a Mother and Baby Unit at Bethlem Royal Hospital where mothers are admitted with their babies and supported by a range of professionals including psychiatrists, psychologists, mental health nurses, nursery nurses and midwives.

“We are committed to working in collaboration to provide the very best care for our patients and service users and we are currently developing a Service User and Carer Advisory Group in Croydon based on our newly developed co-produced model in Lambeth, Southwark and Lewisham - Women Like Us. We hope that this will give opportunities to hear at first-hand what the issues are and for us engage closely with our service users so that they get more support in the community as well as advising us on future policy and service developments. The first meeting in Croydon will be in September.

“The report highlights the need for quick access. It's not clear what the range of services are, that are categorised as 'talking therapies'. Croydon Talking Therapies (Croydon IAPT, part of South London and Maudsley NHS Foundation Trust), is advertised widely on social media, through NHS Choices, for self-referral or referral via health professionals and GPs. There is then no wait for triage or the first (low intensity) steps of treatment and perinatal service users are prioritised. The quality of talking therapies was also rated well. It should be considered that the severity of problems addressed in self-help are likely to be less than those addressed in supported talking therapies. The Croydon Talking Therapies service achieve excellent outcomes (above the national recovery target for the service as a whole).

“While we recognise self-help resources are useful, our Croydon Talking Therapies (IAPT) is a free and confidential service run by professionals and we would always encourage people to seek help if they are struggling.

“We welcome this report in raising awareness about the issues affecting our local community and look forward to working with partners in Croydon to deliver an outstanding service.”

On behalf of South London and Maudsley NHS Foundation Trust

Croydon Health Services NHS Trust

“We're pleased to be working with Healthwatch Croydon to better understand the needs of new parents in our borough. This report recognises the hard work of our maternity teams, with 75% of parents surveyed reporting that they had received good support for their emotional needs.

“We want every new baby in Croydon to have the best start possible, starting with continuity of care for both mum and baby. For mothers giving birth at Croydon University Hospital, this allows our teams to build relationships with parents early on and provide a comprehensive service, ensuring a safe space and a familiar face to discuss any concerns throughout pregnancy, birth and post-natal care.

“As a partner in the South West London Health and Care Partnership, we're also delighted that Croydon mums will benefit from an expanded community perinatal mental health team. This team supports new and expectant mums with complex or severe mental health problems during the perinatal period.

They will also offer psychiatric and psychological assessments and care for women and pre-conception advice for women with a current or past severe mental illness who are planning a pregnancy.

“We will continue to work with our local communities, our Healthwatch colleagues and Croydon Maternity Voices Partnership, to learn from the experiences of new parents across the borough and to use their feedback to improve the services we provide.”

Manjit Roseghini, Director of Midwifery at Croydon Health Services NHS Trust

Croydon Maternity Voices Partnership

“Croydon Hospital MVP are really pleased to see user voices and experiences at the heart of these recommendations and echo their importance to the wider Perinatal Mental Health pathways as a whole. It is good to see support for improvements and the MVP hoped to support a space for greater user involvement and voices, including those from harder to reach groups.”

Healthwatch England

“In recent years the NHS has invested significantly in the mental health support it provides to new and expectant mums. So it’s really positive to see this translating into thousands more women being supported every year across the country.

“But to make sure the right support is being offered, and families are getting the tailored help they need, we have to look beyond the headline numbers.

“This report by the Healthwatch teams in Croydon, Lambeth and Sutton, provides a rich insight in to the experiences of new parents across South London and how well the NHS is helping them with their emotional wellbeing, not just the physical side of having kids.

“It identifies that people want the doctors, nurses and other NHS staff involved in their care to take the time to listen to them, to act on their concerns and to work together to develop a plan that helps them and their baby get off to the best possible start.

“I want to express my deep thanks to those who have shared their often emotional stories with local Healthwatch over the last nine months. It isn’t always easy to speak up, but doing so means Healthwatch are able to help the NHS identify where things are going well and where they can improve to ensure every parent gets the help they need.”

Jacob Lant, Head of Policy at Healthwatch England - the national champion for people who use health and social care.

5 Quality assurance

Design

Does the research ask questions that:

Are pertinent? This research asks new parents and healthcare professionals pertinent questions around adequate delivery of the perinatal service pathway looking specifically at mental health needs.

Increase knowledge about health and social care service delivery? This research helps both commissioners and providers of services in healthcare to find out with the use of statistical analysis and real service user accounts of what the needs are of service users and how the service is perceived by those that deliver it, therefore it will help inform knowledge for the future delivery of mental health services within the maternity pathway.

Is the research design appropriate for the question being asked?

a) Proportionate: In Croydon, we have one of the highest birth rates in London, we know from previous research projects in adult autism and our local perspective report in 2016 that changes need to be made to services to make them better suited for Croydon residents. We also have one of the largest mental health trusts in the UK, South London and Maudsley NHS Foundation Trust, of which its inpatient hospital Bethlem is within Croydon service users' geographic remit.

b) Appropriate sample size: Has any potential bias been addressed?

During our project, we were able to speak and engage a quota of new parents although we found it difficult to speak to fathers. We found that although attendance numbers at the children's centres were high, they are limited capacity and therefore many women who were not well networked we were not able to

contribute. In total, we received responses from 77 residents which is a proportionate number.

Have ethical considerations been assessed and addressed appropriately?

Participants were always given the opportunity to refuse our request for their views. Questions were also asked with the utmost respect and attention to confidentiality issues.

Has risk been assessed where relevant and does it include?

- a) **Risk to well-being:** None.
- b) **Reputational risk:** That the data published is incorrect and not of a high-quality standard. Careful checking and referring to relevant organisations have been undertaken before publication.
- c) **Legal risk:** Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

Where relevant have all contractual and funding arrangements been adhered to? Yes, this project was funded by Healthwatch England of which all contractual obligations have been adhered to.

Data Collection and Retention

Is the collection, analysis and management of data clearly articulated within the research design? Yes.

Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act. As

part of this research we did not speak to any residents that has acute mental health issues, so in this case any applicable legal requirements do not apply.

Has appropriate care and consideration been given to the dignity, rights and safety of participants? Yes.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes.

Collaborative Working

Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? There was a contractual agreement for this research with Healthwatch England with all terms adhered to. Working with partners was clearly agreed in advance of research taking place. The local Public Health department gave advice in the drafting of the questions as well we facilitating some of the outreach activity.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot access key people to research	low	There are many local organisations which offer help, support and guidance to new parents in Croydon
Organisations let you down	medium	Use social media and online advertising
Question set does not work with group	low	Questions were framed from the initial research conducted by Healthwatch England and tailored to the local needs of Croydon
Data is seen as being out of date	low	Questions have been tailored in consideration of current issues, as well as the research undertaken by Healthwatch England
Not enough respondents	medium	Extend survey time.

Has Healthwatch independence been maintained? Yes, at all levels we have communicated that we work independently and anonymously, in order to gain unbiased views from the public.

Quality Controls

Has a quality assurance process been incorporated into the design? There was a proper process of scoping.

Has quality assurance occurred prior to publication? Data collection was checked and re-checked.

Has peer review been undertaken? No peer review was undertaken. However, the survey questions were piloted and internally reviewed for relevancy.

Conflicts of Interest

Have any conflicts of interest been accounted for? The public health department as previously mentioned has assisted in the design of the survey as well as an outreach activity. They too have a role in influencing services and have hosted a public engagement event in July 2019 to raise awareness of challenges new parents face and this project will be able to feed into their research. However, this research including presenting data from this report at the Perinatal Mental Health Matters: Mind the Gap Workshop conference, does not directly state a view on the work they do, we also contacted a number of applicable local organisation to promote our survey online, namely Norbury Mums, Croydon babies, Net mums, and Mums hub.

Does the research consider intellectual property rights, authorship and acknowledgements as per organisational requirements? The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

Is the research accessible to the general public? It appears on our website as of 14 June 2019.

Are the research findings clearly articulated and accurate? To the best of our knowledge, we believe they are.

6 References

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