

Wessex IAPT Feedback Report 2020



Report collating feedback from both women and maternity professionals on their experience of local psychological services across Wessex particularly during womens perinatal period or with young families.



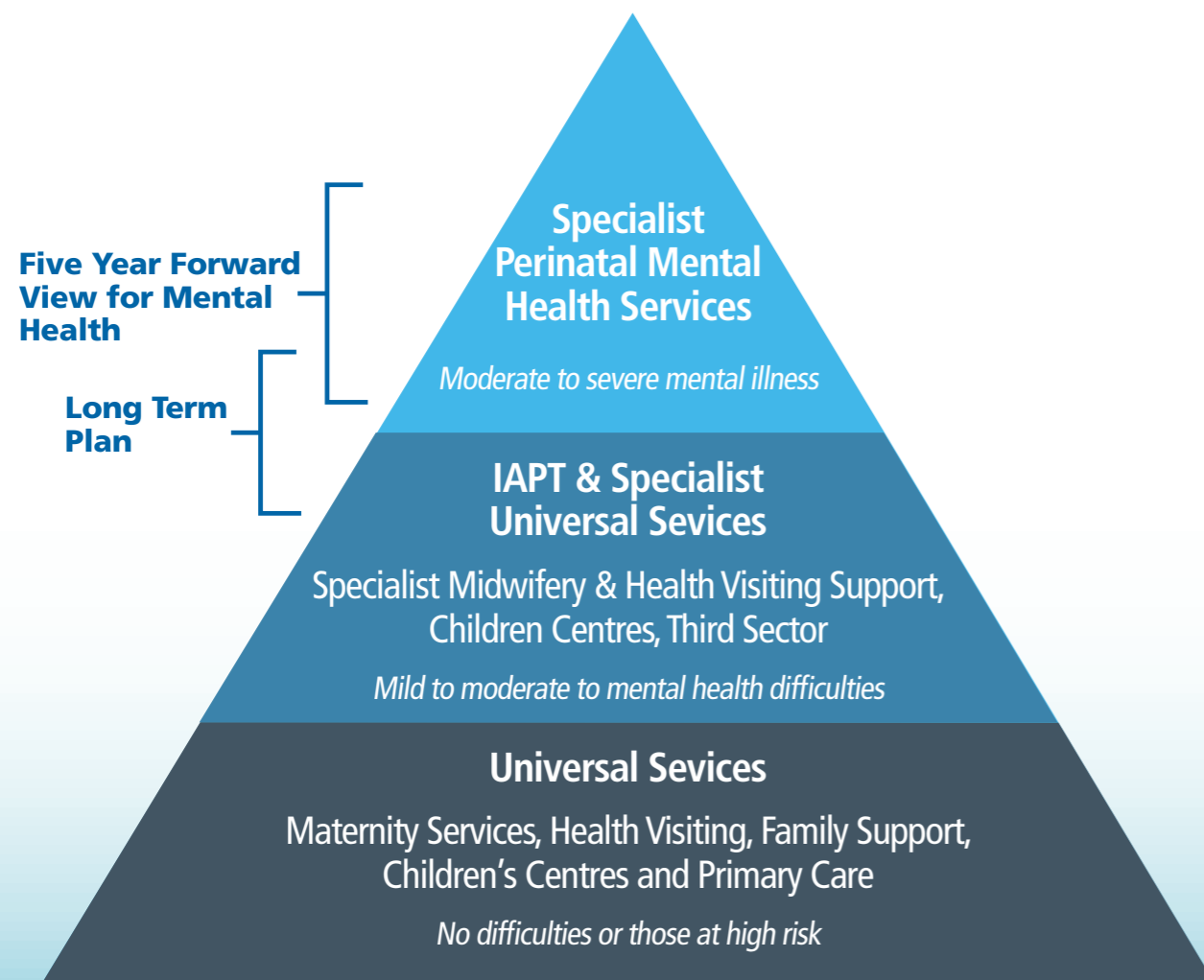
Contents

Introduction	4
Executive Summary	6
Survey 1 and 2 responses and themes	7
Methods used to collect feedback	8
Detail of responses to Survey 1 and 2	8
Further analysis	26
IAPT initiatives and examples of perinatal practice (Local)	27
IAPT initiatives and an example of developing perinatal practice (National)	28
Conclusions and Recommendations	30
Resources used for Surveys	31

Introduction

IAPT services are an extremely important part of the Perinatal Mental Health pathway, offering fast tracked access to therapy for women in the Perinatal period. However the Wessex PNMH Clinical network had feedback from Health professionals that they were not always sure about what IAPT services could offer and this raised questions about how IAPT services were then presented to and received by women.

With the roll out of the NHS Long Term Plan the relationship between maternity, health visiting, PNMH services and IAPT services becomes increasingly important as each service navigate their way through increased demand and new ways of working.



Purpose of this report is to describe firstly the results from the feedback sought from perinatal women about their experience of using local IAPT services with an emphasis on the mode of treatment delivery, the relevance of the service and ideas for future developments.

Secondly it will explore maternity professionals understanding of local IAPT services and what can be offered with an emphasis on ideas for developments.

1. Survey 1

Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues.

(Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

2. Survey 2

Wessex Perinatal Mental Health Network seeking NHS maternity professionals views and experiences on local IAPT services.

There will be no direct comparison between IAPT sites more an impression of the services across Wessex as it was felt that there could be individual sensitivities in direct comparison particularly when each service is serving a different geography and population and also can be viewed as competitors in a market.

The report also looks at innovative and or developing local and national joint working practice examples.

The research is not academic research but is seeking feedback to identify themes and individual ideas and experiences.

Results will be shared with relevant key personnel in the Wessex Perinatal Mental Health Network, IAPT network and maternity services. It is anticipated that discussion about the results will help build ideas and joint working on how to develop treatment being offered by Wessex IAPT sites for women in line with national guidance and NHS policy.

Questions were developed with input from Hampshire Lanterns and MSLC now Maternity Voices Partnership and then online surveys were identified as the simplest way to reach out to a significant number of women.



Executive Summary

Clearly the maternity professionals feel some distance from local IAPT services and there is a real interest in stronger partnership working and information exchange defined in the quote below

“ I also feel that having given women the information on who to contact we become peripheral to that service even though we have regular access to the women and can be of help in managing their problems “

It is clear that a proportion of maternity professionals do not feel confident about how to describe the local IAPT services treatments to women who may benefit and that their knowledge on the area of priority and specialism is vague with staff unsure what the guidelines mean. There was concern about the available local specialist resources and some strong statements about lack of psychological input to perinatal women. The threshold for women being accepted for IAPT treatment or not lead to some comments on not understanding why women would not be accepted.

It appears that negative feedback from even a few women could affect the decision to refer/signpost and with little feedback from the IAPT services maternity staff are not equipped to encourage engagement.

Mums said that they didn't have clear information or understanding of what their local services were and there were comments on not understanding whether what was happening to them was a mental health problem or just part of pregnancy /post natal experience. A strong theme emerged of how wellbeing and mental health should be emphasized throughout the pregnancy journey with appropriate materials or education available to women and men through ante natal and post natal classes or outpatient appointments. Discontent with venues and lack of creches was often stated and the idea of IAPT in maternity settings suggested by mums and maternity staff.

There were comments and uncertainty on what types of IAPT therapy were and weren't available including birth trauma and tokophobia. Lack of specialism or IAPT staff who had the experience to understand the situation of perinatal women was commented on. There was a theme that the groups offered weren't specific to perinatal women and that this was helpful to some but many felt that it wasn't relevant.

Survey 1

Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues.

(Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Survey 2

Wessex Perinatal Mental Health seeking NHS maternity professionals views and experiences on local IAPT services.

Finally The report also looks at innovative and or developing local and national best practice examples.

The research is not academic research but is seeking feedback to recognize themes and individual ideas and experiences.

Results will be shared with relevant key personnel in the Wessex Perinatal Mental Health Network, IAPT network and maternity services. It is anticipated that discussion about the results will help build ideas and joint working on how to develop treatment being offered by Wessex IAPT sites for women in line with national guidance and NHS policy.

Questions were developed with input from Hampshire Lanterns and MSLC and then online surveys were identified as the simplest way to reach out to a significant number of women.

Survey 1 and Survey 2 responses and themes

Survey 1

Broadly the questions asked of perinatal women were to elicit feedback on

- Modes of treatment
- Ease of Referral or Access
- Challenges and Barriers for perinatal women
- Suggestions for improvements and developments

The first 4 questions were closed with choice of answers and some minimal comments.

1. **Where did you get information on accessing the psychological service?**
2. **Did you get help or support to access the service?**
3. **Did you know what to expect?**
4. **What type of treatment were you offered?**

The following 3 questions were open questions with room for narrative answers.

5. **If you decided not to access psychological services can you tell us why?**
6. **Was the therapy or support helpful and appropriate to your situation at the time (ante or post natal) (examples might be flexible venue, timing, therapy time or type to fit round work and family responsibilities) If not can you describe the difficulties or barriers you faced accessing the service?**
7. **Have you any suggestions for improvements to the practicalities about accessing and using local psychological services for pregnant and post natal women?**

The following are the key subjects /themes and findings that were identified from the answers to all the questions.

- **Specialist or specific perinatal support query**
- **Mode of delivery (telephone, face to face, group, webinar)**
- **Process Issues**
- **Lack of information prior to treatment.. awareness of psychology services**
- **Venue and flexible hours**
- **Childcare**
- **Timing**
- **Woman not eligible for IAPT queries**

Survey 2

Questions asked of maternity professionals were to elicit feedback on

- Experience of signposting or referring to IAPT services
- Knowledge of what is available
- Feedback from IAPT services and any communication
- Ideas for future improvements and developments

Questions asked were mostly open and allowed for comments.

1. Do you signpost or refer women to your local IAPT service?
2. Do you feel informed to give any detail on the treatment they may be offered?
3. Are there any barriers that would discourage you from referring women to IAPT?
4. Are you aware/confident that women and their partners are prioritized?
5. Do you ever get feedback /any comment on this?
6. Are you aware of any specific support for perinatal women such as creche or flexible hours?
7. Have you any ideas on how your department and IAPT service could further support perinatal women?
8. Any ideas on improving communication?
9. General comments?

The following are the key Themes/Subjects and findings that can be identified throughout the maternity professionals answers

- Time wait and resource concerns
- Lack of Specialism support query
- Lack of understanding of pathway
- Too high a threshold for IAPT acceptance

Methods used to collect feedback

After the surveys were developed it was apparent that the best way to reach out to a broad base of perinatal women who had used local psychological services was through digital channels. This was achieved through sending a link to survey monkey to key organisations and identifying both specific and more generic facebook pages and twitter account to advertise or highlight the link to perinatal women and a wider audience of young mothers. The Groups sources are listed at the end of document.

The surveys questions were kept deliberately open to capture ideas and comments that would give a full picture.

Invitation was made to women who had either had their local IAPT service suggested to them even if they didn't proceed with the signposting or referral as well as women who had taken up treatment.

The number of women who responded and completed the questionnaire was 124.

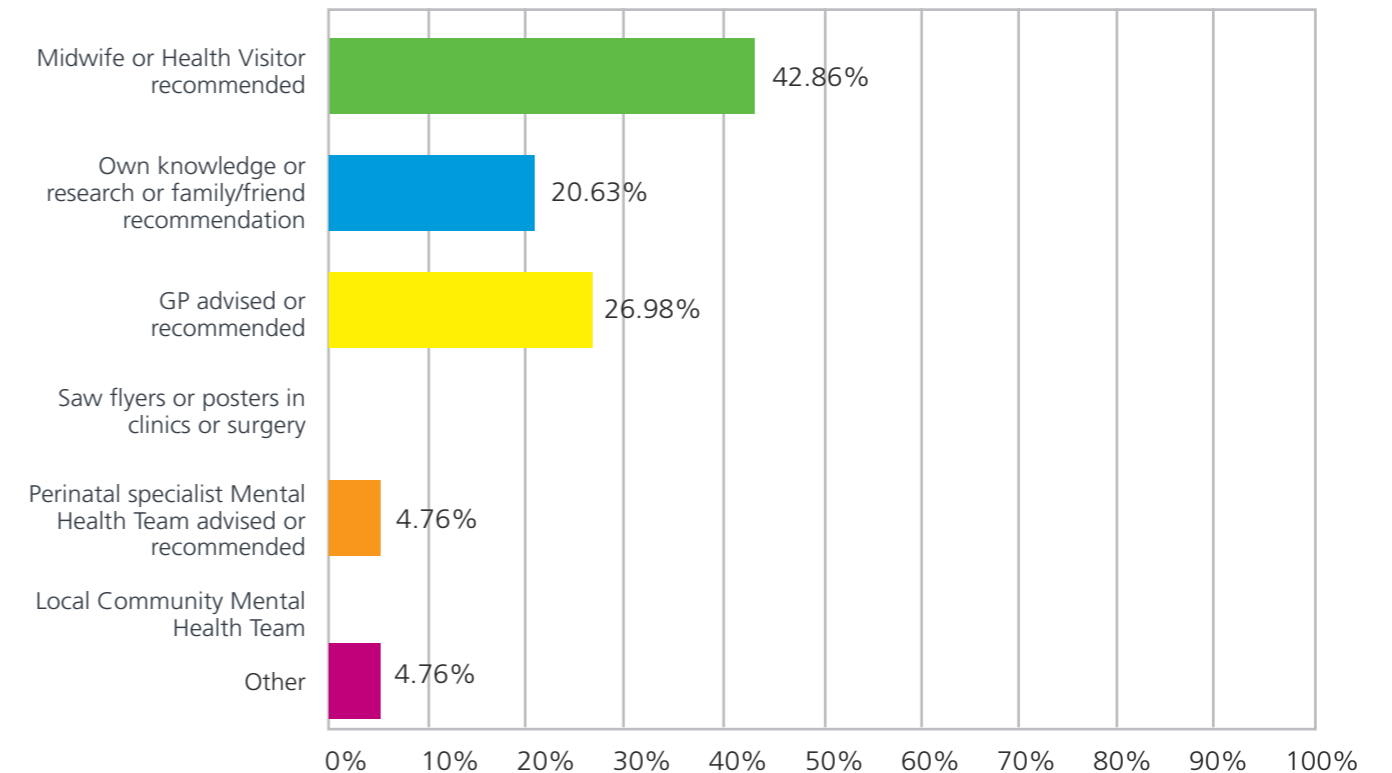
Maternity professionals were offered the opportunity to complete the survey on line through the PNMH Wessex Clinical Senate, Specialist Midwives, Health Visitors forums and specialist facebook groups and forums for professionals.

Detail of responses to Survey 1

Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Question 1*

Where did you get information on accessing your local psychological therapy services? (eg Steps to Wellbeing, italk, Talk Plus, Talking Change, or IOW primary care mental health team).

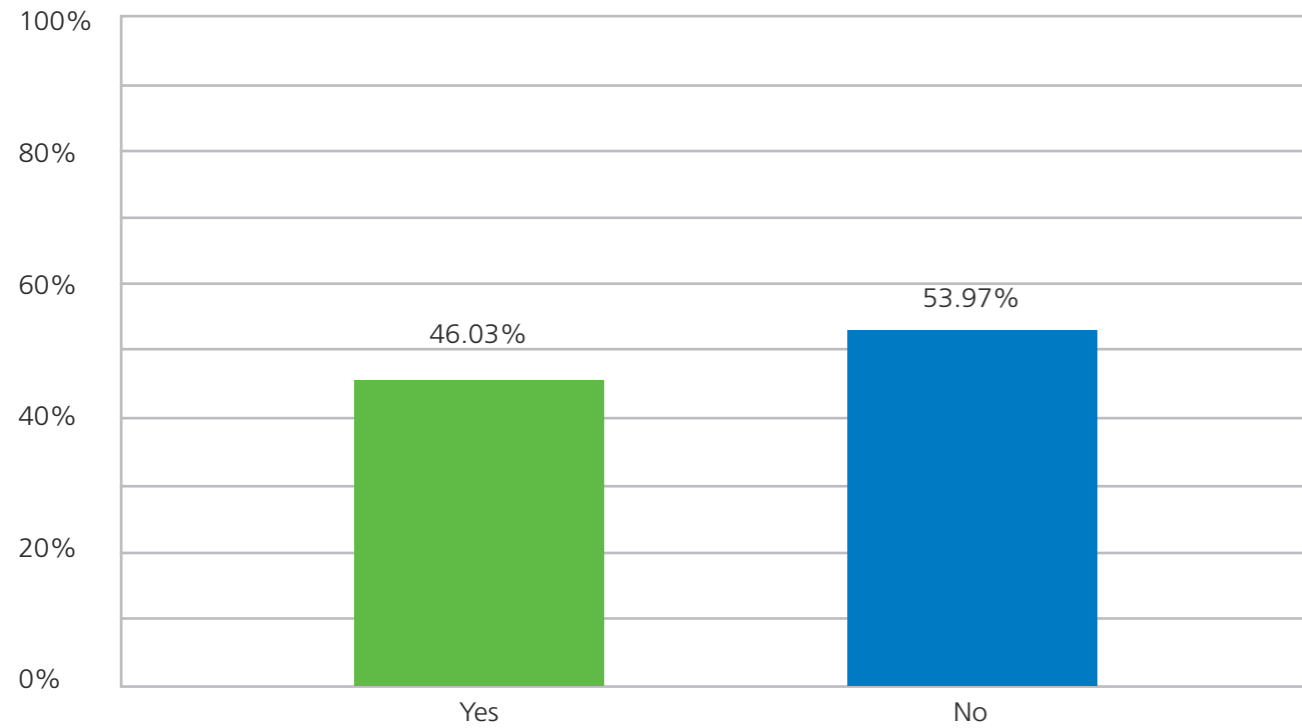


Answer Choices	Responses
Midwife or Health Visitor recommended	42.86%
Own knowledge or research or family/friend recommendation	20.63%
GP advised or recommended	26.98%
Saw flyers or posters in clinics or surgery	0.00%
Perinatal specialist Mental Health Team advised or recommended	4.76%
Local Community Mental Health Team	0.00%
Other	4.76%

* Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Question 2*

Did you get practical support or encouragement to access the psychological therapies service? Examples could be help with making phone call or a formal referral was made by a professional.



Answer Choices	Responses
Yes	46.03%
No	53.97%

There was an optional comment box. Examples of comments were as follows...

Given information to self refer "given website and phone number" some were given leaflets and general information on how to self refer.

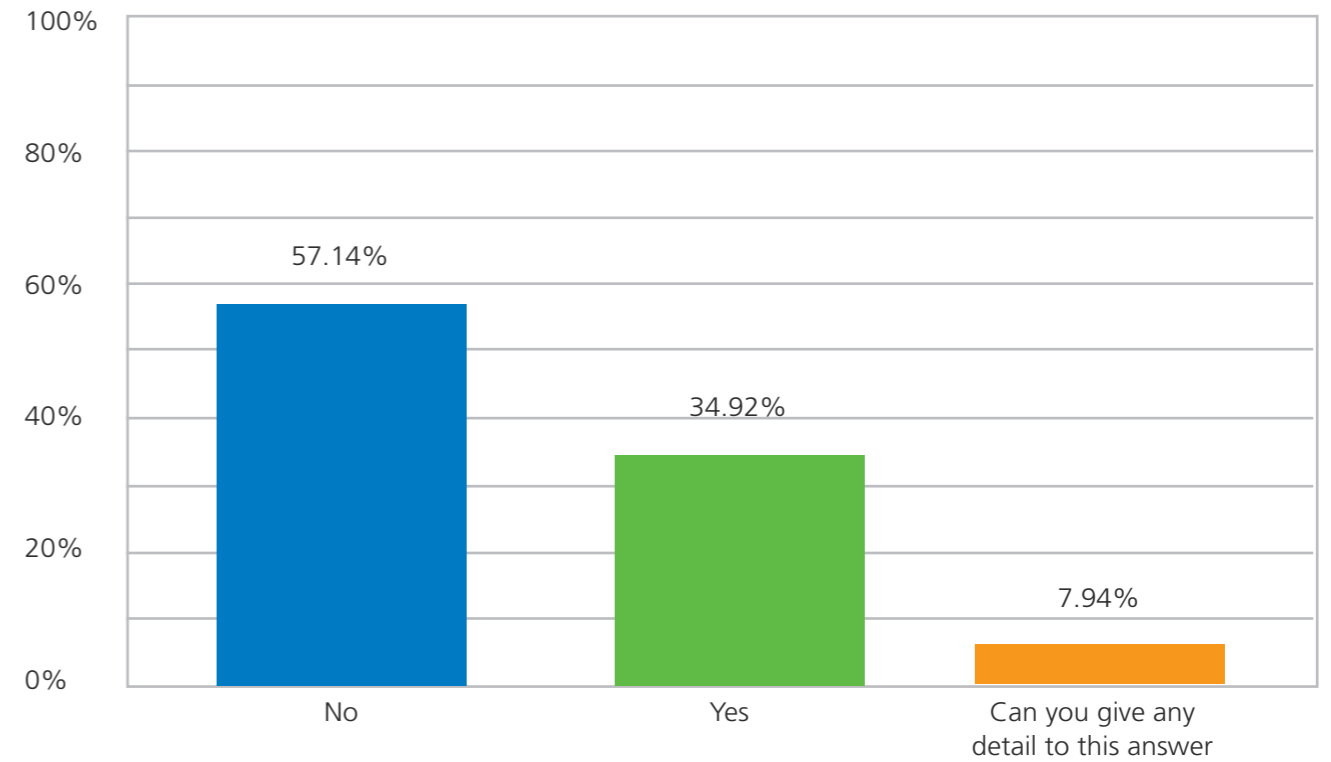
Next most common answer was "referred by HV or GP"

Some Midwifery referrals including to IAPT from specialist midwives after contact from other midwives Only a few were supported with a phone call to service.

* Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Question 3*

Did you understand what to expect from your local psychological service before you spoke to them?



Answer Choices	Responses
No	57.14%
Yes	34.92%

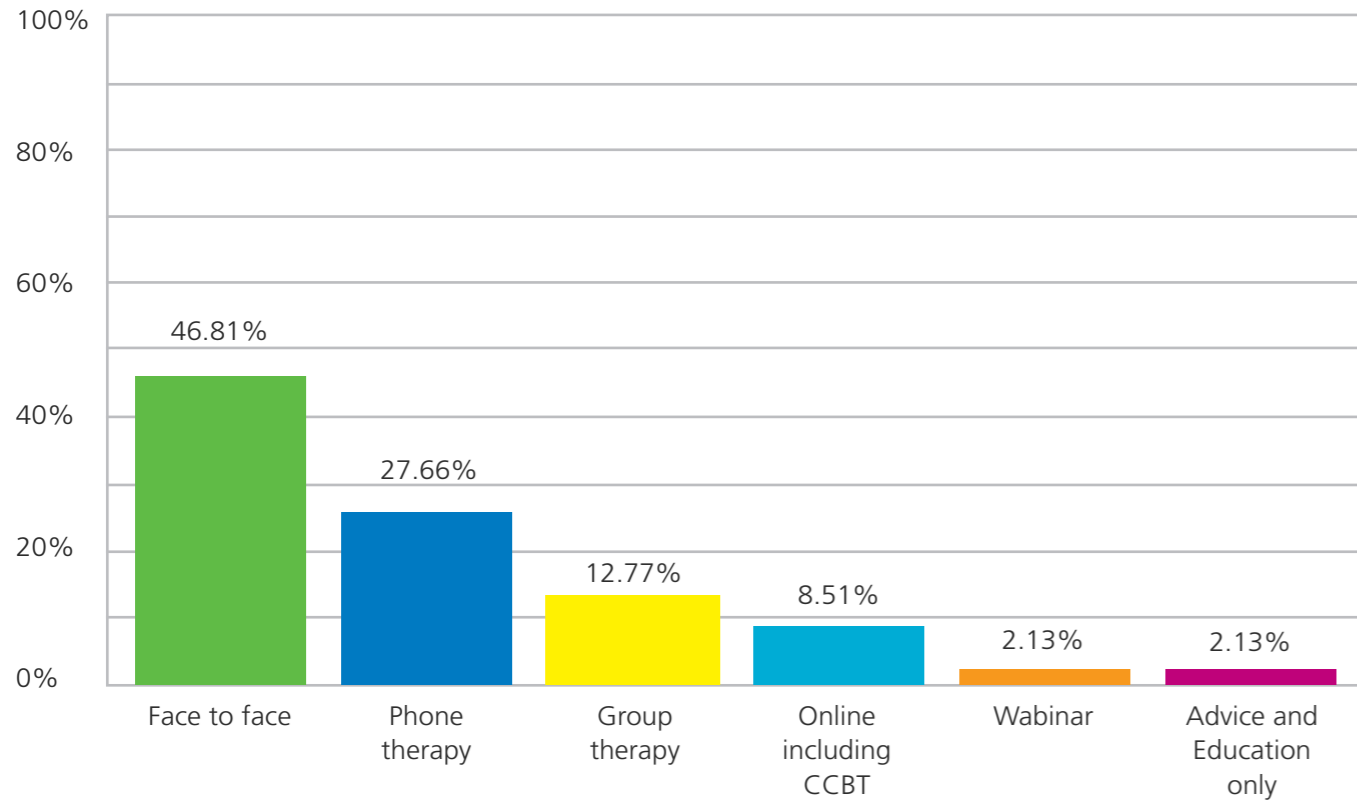
Comments included

"I knew as I had good knowledge of service already" "GP/Health Visitor explained how it worked"
"I had letter of introduction and explanation before assessment" "Not really"
"My referral was never acted on"

* Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Question 4*

What type of treatment or support were you offered?



Answer Choices	Responses
Face to face	46.81%
Phone therapy	27.66%
Group therapy	12.77%
Online including Computerised Cognitive Therapy	8.51%
Webinar	2.13%
Advice and information	2.13%

* Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Question 5*

If you decided not to access the psychological services can you tell us why?

To analyse the narrative answers they have been grouped under the following themes.

N/A..32%

“Specialist” or perinatal specific not available 22.7%

Hours clashed with work hours and or Not family friendly 15.8%

Chose Private counselling/other support alternatives 9.9 %

Process problems 6.82%

Perinatal Mental Health Team 4.5%

Positive comments 4.55%

The following are examples of mums comments under each theme.

Specialist narrative examples

“I attended the first 4 sessions but it wasn’t specific to perinatal/my situation”

“I just needed to talk about my pregnancy etc but not offered this”

“I needed to talk to someone post natal and there was sympathy but no real help for my situation”

“I didn’t access this straightaway as didn’t get given enough information to know what to expect”

Hours clashed with work hours and not family friendly narrative examples

“I felt like I shouldn’t take time off from work even though that’s what I needed”

“Phone therapy while caring for 2 children is impossible”

“Ended up waiting for 4-5 months for face to face appointment by which time worst was over. couldn’t offer time to fit around school or nursery”

“No creche facilities. Breastfeeding made group impossible. Took baby to 1-1 sessions”

Private counselling /alternatives..narrative examples

“Service unable to cope with my complexity so had to go private”

“I tried to access online but struggled to engage ..waiting list for 1 to 1 was too long so sought private counselling”

“Told counselling wouldn’t help but accessed it privately and it has been part of my recovery”

“Service told me they couldn’t help and to go back to GP or access counselling privately”

“Felt I had enough support from my midwife and the hypno birthing classes”

“I had to fight to get referral to specialist midwife who did birth r wind hypnotherapy”

PNMH team

*"I tried to get help from specialist PNMH team and still waiting after a year"
"I was sent to iapt from the pnmh service but they wouldn't accept me as I had a formal diagnosis of bi polar then no support"*

IAPT process issues

*"Took too long to get appointment"
"They cancelled me twice and I lost faith"
"Was offered phone therapy but waited for face to face"
"Its hard to wait for phone back after plucking up courage to ring"*

* Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Question 6*

Was the therapy or support helpful and appropriate to your situation at the time whether this was antenatal or postnatal ? (examples might be flexible venue, timing, therapy time or type to fit round work and family responsibilities) If not can you describe the difficulties or barriers you faced accessing the service?

Positive experiences 40%

Waits Timings 30%

Specialist or specific perinatal staff issues 18.33%

Other 10%

Process Issues 3.33% Practical 3.33%

Positive experiences..examples

*"Didn't need an assessment as mutually agreed but they kept my case open for a few weeks and then checked I still didn't need them"
"After my first child the stress management course helped as did the breathing exercises taught at class"
"They arranged a 6 o'clock appointment to fit"
"The waiting time was much shorter than I expected..had some difficulty fixing an appointment around family and work but the therapist was flexible and accommodating. It was local as well which helped "
"Online so flexible"
"It helped me understand that I was suffering from anxiety and depression"
"Yes offered home visits or phone calls..in the end appointments were made to link in with consultant appointments and scans"*

Waits and Timings...examples

"I Had my face to face meeting when I was 30 weeks pregnant as I had antenatal depression and high risk for PND. I was referred for CBT but was never contacted..my baby is 9 weeks old".

"Wait was months".

"No creche so had to wait for next group"

"The time to wait was so long it was not relevant to my situation (pregnant)"

"I had to wait 4 months for evening appointment"

"Constantly let down and appointments cancelled with hardly any follow up"

Specialist Staff

"Therapy type was not appropriate to my needs"

"Group on PTSD was not helpful to my needs"

"There didn't seem to be a plan so not sure if I ever did have therapy"

"The psychologist assessment was insufficient and didn't help me get the help I needed"

"Birth rewind hypnotherapy was helpful"

"Would have had to get 2 buses across town...would have been better in a GP surgery or Hospital..therapy didn't feel relevant"

"Therapist didnt talk about my traumatic birth at all"

Process and Practical issues..examples

"The whole referral process was off putting..I wanted to just quickly access a one off "

"My referral was never followed up"

"Too impersonal"

* Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Question 7*

Have you any suggestions for practical suggestions on improving access and using local psychological services for pregnant and post natal women?

To analyse the narrative answers they have been grouped under the following themes.

Process Suggestions 24.5%

Service Awareness 22.8%

Other 15%

Childcare Issues 14.04%

Therapy suggestions 10.53%

Limited Resources 7.02%

Specialist Help 7.02%

Process Suggestions examples

"If appointments have to be cancelled..more email advice and phone support as interim"

"Groups need to be specific therapy for peri natal women..not generic"

"Somehow make it quicker ..when desperate waiting for call and then one month for first appointment"

"I had to be persistent on the phone to get anywhere"

"Very difficult to get through on the phone...big barrier"

"Evening or flexible appointments"

Service Awareness examples

"Give advice during pregnancy ..no talk of support for post natal care for mental health.

"More leaflets in bounty packs ..leaflets and advice at check ups. Have it covered fully as a subject in HV checks".

"More information ante natal appointments including IAPT leaflets and advice"

"Lack of focus on maternal mental health at the 6 week check up"

"Help with referral into IAPT service would be a step up for mums"

"Midwives didn't cover post natal depression at all during clinics"

"More awareness of IAPT so that avoids getting very ill and having to be admitted to ward"

Childcare Issue examples

"Could groups involving infants be available ? Relaxed groups where babies can be present or childcare workers caring for babies in the room."

"Creche facilities on same premises or nearby"

"Childcare help especially for single parents"

"Need to have therapy at home or take children with you"

"Easy to get distracted from webinar when children need attention"

Therapy suggestion examples

"Using classes to maintain positive mental state to compliment the talking therapies"

"Perhaps offer face to face before just offering group"

"Should be group specific treatment for perinatal women"

"Group therapy shouldn't need referral..should be open access"

"Help on how to educate others on the subject"

Limited Resources examples

"NHS don't have the funding"

"More resources and closer working with women for longer"

"Treat the woman as an individual ..make plan for their needs not just the service"

Specialist help examples

"More support for those who suffered traumatic births..my problem of anxiety and panic in run up to baby number 2...No one was interested"

"Birth trauma therapy. Face to face would be better than phone therapy"

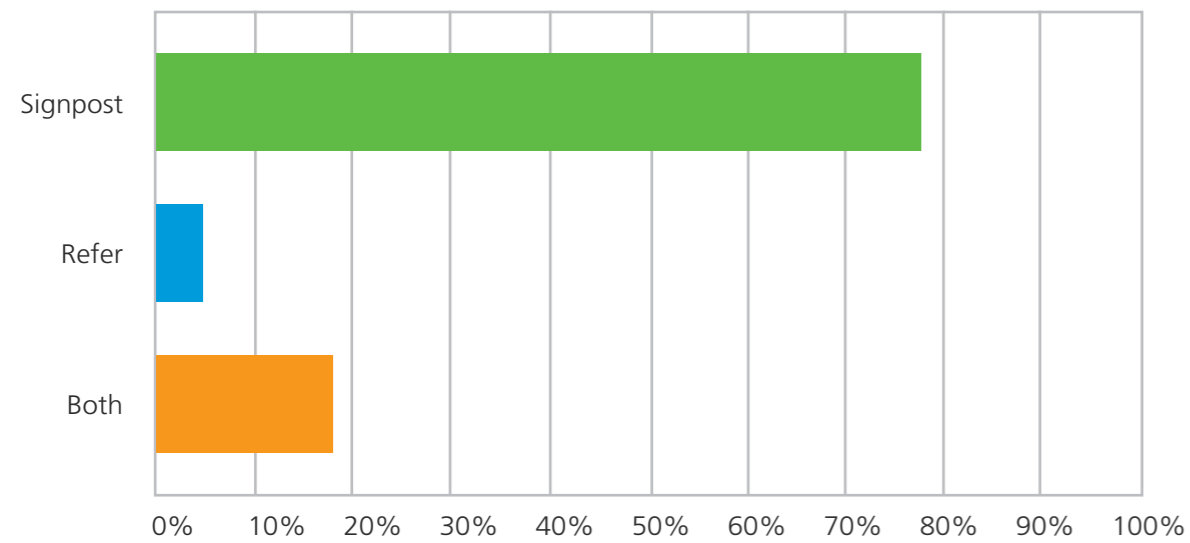
"Specific therapy for traumatic births is a must. Specific therapy for the trauma plus a link therapy to deal with past trauma. I had sex abuse trauma that had been retriggered..no one warns or even guides you where to get help. This is a sticking plaster that does not deal with root issues "

* Wessex wide anonymous survey of pregnant and postnatal mums and their experience of accessing local psychological services for depression, anxiety or other mental health issues. (Wessex is Dorset, IOW, Hampshire, Portsmouth and Southampton).

Detail of responses to Survey 2

Question 1*

Do you signpost or refer perinatal women to your local IAPT services?



Answer Choices	Responses
Signpost	77.27%
Refer	4.55%
Both	18.18%

*Wessex Perinatal Mental Health seeking NHS maternity professionals views and experiences on local IAPT services for perinatal women.

Question 2*

When you refer or signpost perinatal women do you feel informed to give any detail on the different types of treatment or therapy they might be offered? examples might be phone or group work?

58% do not feel informed

42% feel somewhat informed. Comments include the following

Do not feel informed..examples of comments

"It feels as if you are sending women into the unknown just hoping they get help but worrying that they are too busy and unless women are really unwell they wont get help"

"Give brief description but not sure of all the types of therapy"

"Unsure of what is available"

"Sort of know"

Feel somewhat informed examples of comments

"Personal experience means I can explain"

"I do because I have had phone therapy"

"Friends have used the service so I understand what happens"

"I explain it can be individual CBT or group CBT but I would like to be able to give clearer information to women"

*Wessex Perinatal Mental Health seeking NHS maternity professionals views and experiences on local IAPT services for perinatal women

Question 3*

Are there any barriers or other reasons that would discourage you from referring women to your local IAPT service?

To analyse the narrative answers they can be grouped under the following Themes

Time wait and resource concerns

Lack of specialist service (perinatal)

Lack of understanding of pathway

Too high a threshold for acceptance into service

Time wait and resource concerns

"Concerns over the time wait and individualized service for women and particularly what is available for tokophobia"

"I am aware of how busy the service is and have had women tell me that no one got back to them after they self referred"

"Worried about language barrier."

"Not enough services"

"Too long a wait"

Lack of specialist service (perinatal)

"Variable feedback on tokophobia treatment effectiveness"

"Not enough perinatal specialism locally. General lack of resources in Mental Health to IOW. No counselling or DBT, high thresholds and very long waiting lists making access to timely care almost impossible"

Lack of understanding of pathway

"Need a clear pathway"

"Unsure who new perinatal mental health nurse and if referral process is still the same"

"Unaware of what is offered"

Too high a threshold for acceptance into service

"If they are not seriously ill IAPT isn't interested and refers back to GP"

"No if I was concerned I would refer even if I suspect that they might not be taken on by the service"

"No..some professionals may think thresholds for accepting clients into specialist services will be high and referral not accepted"

"No..women can self refer..I am happy with outcomes"

*Wessex Perinatal Mental Health seeking NHS maternity professionals views and experiences on local IAPT services for perinatal women.

Question 4

Are you aware or confident that the perinatal women and their partners are prioritised ? Can you comment on this?

Broadly 50/50 split on answers..the following are examples of comments made.

"The waiting list is still long"

"I tell women to say that they are pregnant and that they should be prioritized"

"I know pregnant women and their partners are prioritized"

"Yes they are given priority"

"I don't feel confident because of timeframes..eg if I signpost women and they are 34 weeks gestation I am not confident anything can be done before 40 weeks..or if there is time for effective treatment ?"

"In my experience treatment is too little and too late"

"Wait times are too long..if we refer them at 3 months they cant afford to wait for 4-6 months"

"Some idea but unclear on timescales and what is services guarantee to this priority"

Question 5

Do you ever get feedback from either the service or women that you have referred to the service ? Any comments on how feedback communication could be improved if appropriate/relevant to you.

Comments include the following

"No never and it would be good to hear via email how quickly support accessed and what mode and whether any progress"

"When I have specifically requested it it has been useful " "Midwives are not copied into any letters"

"Women sometimes feedback"

"CBT feedback is really good and gives a clear picture of what has happened"

Question 6

Are you aware if your local service has specific support for perinatal women and what these are ? Examples might be flexible hours or creche facilities?

Large proportion said they were not aware of any specific but a few were aware that there were flexible hours and creches.

Feel "service keeps its head down as they are under resourced"

Question 7

Do you have any suggestions on how your local IAPT service and your maternity department/service could together or individually further support or treat perinatal women?

To analyse the narrative answers they can be grouped under the following main themes.

More dedicated resources

Better communication

More explanation of pathway

Education and training for maternity staff

The following are examples of comments and answers.

More dedicated resources

"Specialised multidisciplinary clinic available early in pregnancy +/- post delivery in time for next Pregnancy."

"Could IAPT work in the hospital ? with a crèche service for all?"

"I think we should have specialist midwives looking after all PNMH ladies regardless of the severity."

"I believe the IAPT should work very closely with maternity as it is proven PNMH can exacerbate during pregnancy and in the postnatal period and even a very mild depression can end up in suicidal attempt."

"We need a dedicated team of Psychologists and Psychiatrists who can develop a clinic and individual CBT sessions just as a start. Without this, it will not matter how many well meaning individuals help out at a group talking session, they need solid clinical help."

"Have a IAPT practitioner on site"

"Yes more specialised service for birth trauma or tokophobia"

Better communication

"Direct communication between the 2, email or telephone."

"Email communication would be appreciated"

"For the person referring to have input, especially if been working closely with them with post natal Care."

"I think the link between the two services is getting better but could improve. Need more info for Community midwives."

More explanation of pathway

"Maybe a flow chart/guideline on the walls in the ward offices to ensure all staff know what is available, and how to refer or signpost etc."

"Can you come and tell us more about it? Perhaps come to a few of our meetings, more visibility beyond contact with the specialist midwife e.g. a bit of a PR campaign!"

"I could be a lot clearer on exactly what the women will get when they self-refer - time frames, therapies, who they will see, what the expertise in perinatal MH is etc. Would make me feel more confident to encourage referral."

"Access to patient information feedback could be helpful, lets have inter department training"

"I think really exploring womens mental health in a non tickbox way at the discharge appointment"

"I have always found this a very helpful service"

Education and training for maternity staff

"More publicity on the neonatal unit for what is available. Education for nurses"

"Come to our annual midwife update days to give a ten minute talk to the staff perhaps."

"Further information in hubs"

Question 8

Have you any suggestions or ideas on how changes, improvements to communication could help your departments work together to support perinatal women

To analyse the narrative answers they can be grouped under the following themes

Information sharing
Training and education
Communication

The following are examples of comments and answers made

Information sharing

"It would be good if IAPT sent an update on their appointments with the woman to the perinatal mental health midwife at the hospital, which could then be passed on to the named midwife or uploaded to the woman's EDOCS"

"Copy midwives into communications even if self-referred"

"Email works best"

More information regarding referral and outcomes"

"Maybe communication via NHS mail"

"Feedback post referral and more detail in any referral rather than just self referral"

Training and education

"Drop in talks about the service"

"Inter department training"

"Some information on one of our professional updates"

"By working together and training staff"

"Sessions in our stat and mandatory days?"

"Come to team hub meetings"

"Study session - online learning about local services"

Communication

"Any feedback from IAPTS would be appreciated - I don't recall ever receiving any."

"More detailed information leaflets/email communication/summary of referrals and outcome"

"Liaison person at IAPT"

"I am at a loss"

Question 9

Any other comments?

Comments examples

- I feel that we have all these services which women can access but unless they fit a criteria, take medication the services is not immediately available to them even if they are pregnant. I also feel that having given them the information on who to contact we become peripheral to that service even though we have regular access to the women and can be of help in managing their problems.
- I have used them personally in the postnatal period and I received an amazing level of support and would recommend their services to anyone who was experiencing postnatal depression
- They should work better as a phone call to someone who is depressed might not work as that person might not even have the energy to talk. I believe an initial assessment should be always face to face and then decision in made of what treatment is best
- It just needs to be funded like you mean to make a difference ..you may as well give up otherwise because you are wasting money in doing a half job.



Further Analysis

There were many positive comments and around 40% of the participants who had engaged with IAPT had positive comments to make about the flexibility and attitude of therapists and the treatment offered. The offer of a local venue and creche was clearly appreciated leading to positive outcomes.

Many of the not positive issues that were commented on how difficult it was to get timely (connected to pregnancy) appointments or groups and appropriate venues etc

Drilling down to the details in the answers did not appear to show significant statistical differences as to which mode of treatment produced the most positive comments with positive comments across all modes as well as concerns. This is also true for other elements of the questionnaires including source of referral or signposting did not appear to affect the rate of positive outcomes.

Some of the questions allowed repeats of comments and there were recurring themes throughout the answers which were often echoed in the professionals feedback and have been identified throughout the report and at the Next Steps section.

Clearly the maternity professionals feel some distance from local IAPT services and there is a real interest in stronger partnership working and information exchange defined in the quote below.

“ I also feel that having given women the information on who to contact we become peripheral to that service even though we have regular access to the women and can be of help in managing their problems ”

It is clear that a proportion of maternity professionals do not feel confident about how to describe the local IAPT services treatments to women who may benefit and that their knowledge on the area of priority and specialism is vague with staff unsure what the guidelines mean. There was concern about the available local specialist resources and some strong statements about lack of psychological input to perinatal women. The threshold for women being accepted or not lead to some comments on not understanding why women would not be accepted.

It appears that negative feedback from even a few women could affect the decision to refer/signpost and with little feedback from the IAPT services maternity staff are not equipped to encourage engagement.

Mums said that they didn't have clear information or understanding of what their local services were and there were comments on not understanding whether what was happening to them was a mental health problem or just part of pregnancy /post natal experience. A strong theme emerged of how wellbeing and mental health should be emphasized throughout the pregnancy journey with appropriate materials or education available to women and men through ante natal and post natal classes or outpatient appointments. Discontent with venues and lack of creches was often stated and the idea of IAPT in maternity settings suggested by mums and maternity staff.

There were comments and uncertainty on what types of IAPT therapy were and weren't available including treatment for birth trauma and tokophobia. Lack of specialism or IAPT staff who had the experience to understand the situation of perinatal women was commented on. There was a theme that the groups offered weren't specific to perinatal women and that this was helpful to some but many felt that it wasn't relevant.

IAPT initiatives and examples of perinatal practice (Local)

Each IAPT service except one could identify a perinatal champion but with varying roles and responsibilities.

One service champion described a perinatal project team who meet approximately every 6 weeks to discuss ideas for development of the service. “We try to engage with other perinatal services but with mixed results - most notably the midwives have been the hardest to form links with but I know from speaking to them that they are very stretched and are having to prioritise lots of other issues “

“We work with the local health visitors joint working in their Knowing Me, Knowing You course for women with post natal depression and anxiety. The group usually has about 10-12 people each time “

“We attend the health visitors weighing clinics about once a month, to offer information about our service“

“We prioritise patients who are perinatal, and aim to allocate them to treatment straight from having their initial telephone assessment “

Across Hampshire the Knowing me Knowing you groups run with joint work with Health Visitors There were some concerns expressed from IAPT sources about dilution of therapy model within this group and whether the emphasis is on a social model rather than treatment.

The difficulty of running groups in rural areas with venue and travel issues was expressed from a service with a large area to cover. Dorset Steps to Wellbeing did a pilot of a webinar in part to overcome this **See poster presentation as Appendix A on the back page**, which shows good recovery outcomes and attendance etc in direct comparison with specialist groups with face to face and even creche facilities. There were some tech issues while running the group and the next steps which are being developed would be another virtual group but being able to see each participant.

Bright Beginnings..this is a 7 week course in deprived area of Portsmouth with creche facilities. Described as very effective with great individual progress but model doesn't show necessarily the recovery scores required by IAPT sites. The first hour offers CBT treatment and the second hour focuses on mother baby interaction.

IAPT initiatives and an example of developing perinatal practice (National)

A call out via the Quality Improvement Lead Wessex Clinical Senate & Strategic Clinical Networks| NHS England & NHS Improvement for any national initiatives and examples of good or developing practice lead to only a few responses including the following which echoed the themes identified in this piece of work.

1. Manchester described a coming together of all services who may be involved in relation to pathways, joint working and information training. This has been supported by NHS transformation funding.

The main areas emphasized a strong multi agency integrated PIMH pathway developed over 8 years and including non statutory services which acted as a base for the following areas of work.

Different antenatal groups were tried and the low take up was analysed and the following headlines identified with action planned for each.

Manchester Identified Action Points

- Parents may not identify their symptoms as mental health issue so reach out has included psychoeducation posters in relevant venues, flyers on mental health in the information packs to all mums with a link to full booklet, Pop up psycho education stands with IAPT staff manning in maternity clinics. Challenging stigma by addressing mental health information in any antenatal class. Ensuring parents understand that this wont be seen as safeguarding issues.
- Limited knowledge of support available from IAPT...better inform colleagues in antenatal wards and community. Attend the CPD team meetings.
- Improving access by running wellbeing courses by offering wellbeing workshops within antenatal clinics without having to commit to referring to IAPT sites....co facilitating with workers from maternity services
- Specialism ..All IAPT clinicians are expected to meet Tavistock PIMH training competencies." Our aim is that ALL clinicians will be able to hold a perinatal and infant mental health frame of mind and offer a specialised PIMH intervention within their routine IAPT model"
- IAPT Services are to work flexibly and to be checked against RAG rating.

RAG rating format used by Commissioners and IAPT services for tracking development of perinatal practice

Element	R/A/G
Appointment times are offered that are accessible for parents on the pathway e.g. within school hours if they have school age children, evenings for working parents, childcare etc.	
Booked phone appointments/alternative venues are offered to support access in late pregnancy and neonatal period	
Service avoid unnecessary breaks in support due to delivery date by considering alternative ways for parents to access support from IAPT clinician during this critical and vulnerable period. For example offering telephone based support and partnership working with midwifery and obstetric services	
Clinics where parents on the pathway come for face to face IAPT appointments are accessible for use of prams, have baby changing facilities / changing mats and a supply of age appropriate toys for the infants	
The service offers parents the option of bringing the infant to most 1:1 therapies at Step 2 and 3, adapting the sessions to accommodating the presence of the infant. If it is not appropriate to include the infant (e.g. EMDR) and a parent has no childcare the IAPT worker to consider alternative / interim support which parent can access.	



Conclusions and recommendations

The common themes and suggestions across both mothers and professionals questionnaire answers could form a basis for a multi agency development action plan.

The main recurring themes for women and maternity staff that could be considered and form the basis for any plan are as follows;

- Clearer information and education on wellbeing
- Clearer information about getting help for mental health issues and understanding what these might be in pregnancy and post natal.
- Wellbeing and mental health assessments/discussions to be more embedded in the ante and post natal process ?
- Maternity staff to be better equipped and more confident to describe IAPT interventions and referral system
- Maternity staff to have clearer understanding of the Pathway through education or training
- IAPT staff to attend maternity CPD meetings or training to update different staff
- IAPT staff to attend Hub meetings
- Interdepartmental training for close working and understanding
- Specialist training for IAPT staff on perinatal expertise (Tavistock)
- Identify where women can receive effective therapy for Tokophobia and birth trauma.
- Innovative ideas.. on for example wellbeing clinic pop ups in maternity settings or could IAPT be a presence in hospital settings
- More visibility from IAPT services
- Ensuring IAPT services are offering a flexible service and that they are aware of appropriate venues, modes of delivery, hours offered or specialist support for this group
- Information sharing between services is improved and understood

Other areas ...to consider

- To increase awareness around different national and other local developments it would be advantageous for a twice yearly Perinatal Champions meeting hosted by Wessex Clinical Lead for Perinatal Mental Health.
- Statistical Data on women who have been identified as perinatal or their partners has not been made available (one service did) for the benefit of this report but all services except one record perinatal women as distinct group and most say they also identify fathers to ensure priority for them. It would be helpful if the considerable IAPT statistical information which is collected was shared with Wessex PNMH network Clinical lead to show relevant numerical data and recovery rates (maybe on a 6 monthly basis) to assess against demographics and modes of treatment particularly with an emphasis on hard to reach group.

Resources for Surveys

On line groups and organisations contacted or involved through Facebook or Twitter "shout out" or direct communication to explain the survey and for further dissemination amongst relevant stakeholders

Wessex Clinical PNMH network

PANDA

Hampshire Lanterns

Solent Mind

Southampton parenting forum

Single parents Dorset

Dorset MH Forum

Dorset Parents

Portsmouth mums

IOW mums

MUSH

MUMS NET

LGBT parents group

Single mums

NCT local groups.....Southampton and South Dorset

EU welcome group

Asian mh discreet

Perinatal mental health network

HV forum

Katie Jubb IOW Midwife

Anna May Specialist Midwife

Jules Mckoy Specialist Midwife

Maternity Voices (fomerly MSLC)

Developing a Webinar-Based Course for Postnatal Depression

Aims of the 12-Month Pilot

- To pilot webinar as a mode of therapy delivery for women in the postnatal period.
- To establish effectiveness and acceptability to patients

Why a Webinar for Mums?

- To overcome potential barriers to attendance including a lack of childcare, transport, difficulties, infant feeding or sleeping routines, anxiety and stigma, thereby making the service more accessible.
- Providing a tailored, perinatal-specific intervention.
- Sessions recordings enabled women to catch up on missed content.

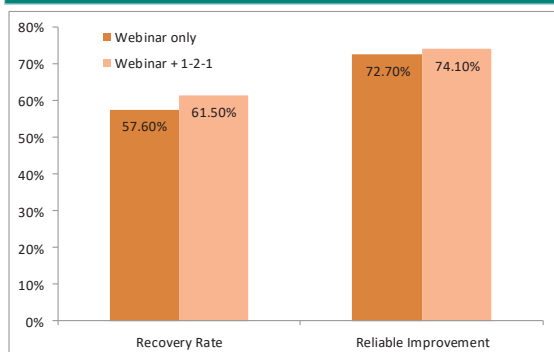
The “Steps 4 Mums” course

- 8 weekly online sessions, delivered via Skype for Business.
- Co-facilitated by CBT therapist and Health Visitor
- Accompanying course booklet, including weekly CBT worksheets to complete.
- Sessions were recorded and made available for patients to re-watch.

Outcomes

Four 8-week courses ran during the pilot, n = 60 women

Intervention Recovery Rate



“I am so glad that I participated in this course... I loved sharing my views and having them read out loud. I have got some good tools to refer to on a regular basis. I feel happy...I did something just to look after myself. I gave myself time in a way that I never did before.”

“I was booked to do a face to face course but had difficulties with childcare, so when they said I could do this online...it was really good”

“I liked that I could do it in my PJs, especially in the first few weeks when I was feeling really low....”

PND Courses

Attendance Rate

Out of the Blue F2F (Bournemouth)	61.3%
Mums Matter with crèche (Southampton)	68.7%
Steps 4 Mums Webinar (Online)	71.8%

Outcome

No.

%

Completed Webinar	33	55.0%
Webinar + 1-2-1	6	10.0%
Non-engagement	6	10.0%
Dropped out	5	8.3%
Alternative treatment	4	6.7%
Referred elsewhere	4	6.7%
Service declined	2	3.3%

Conclusion

- ↑ Webinar was an acceptable method of delivery with good outcomes, improved attendance, low drop out rate and positive patient feedback. Sense of “group” support and normalisation of experiences reported.
- ↑ Higher referral rate from rural areas (45%).
- ↓ For some, childcare remained an issue, with some women reporting difficulties engaging with the course when children were present.

