Summary report of Warwickshire Parent-Infant Mental Health and Wellbeing workshop 23 May 2017

Part 1- Summary

Part 2 – Appendices *(separate document)*

Workshop organised by Warwickshire Public Health, on behalf of the Coventry and Warwickshire Mental Health Commissioning Group

NHS Coventry and Rugby Clinical Commissioning Group
NHS Warwickshire North Clinical Commissioning Group
NHS South Warwickshire Clinical Commissioning Group
Coventry City Council
Smart Start
Warwickshire County Council

Summary

On 23 May 2017 a cross-sector Parent-Infant Mental Health and wellbeing workshop was held with the purpose of improving parent-infant mental health and wellbeing support in Warwickshire during the 1001 Critical Days (from prevention to tier 4).

Post evaluation of the workshop was very positive: 82% or delegate rated it as 'excellent' and 17% as 'good' *(possible ratings: excellent, good, fair, and poor).*

Workshop delegates mapped existing assets and gaps in Parent-Infant Mental Health and wellbeing support (see section 3.1) and produced a number of 'bright ideas and recommendations' (see section 3.2) which will be presented to the Warwickshire and Coventry Mental Health Commissioning Group and other key forums, before a parent-infant mental health and wellbeing steering group is established to drive forward agreed key recommendations (see 3.2) and next steps.

Key findings and recommendations from the workshop includes the need for: more networking and joined-up working between services that support parent-infant mental health and wellbeing; effective use of local parent-infant mental health service data to help shape future provision; workforce development, particularly in relation dyadic support and the promotion of attachment and reflective functioning; a common language regarding parent-infant mental health and wellbeing co-developed and shared by professionals and parents; improved access to parent-infant mental health and wellbeing information through a specific portal, digital media and apps and enhanced community networks; quality assurance of support services and the use of kite marking; increased access to mental health and wellbeing support for dads; more support for parents experiencing relationship problems; and a Parent Infant Partnership (PIP) in Warwickshire.

1. Background

It is estimated that up to one in five women in Warwickshire experience mental health issues in pregnancy or the first year after birth, and more than one in ten expectant or new dads develop mental health issues during this period (see appendix 5 for national prevalence and local modelling data).

There is a long-term cost to perinatal mental ill-health. Taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. This is equivalent to just under £10,000 for every single birth in the country. Nearly three-quarters (72%) of these costs relate to adverse impacts on the infant/child rather than the mother. Over a fifth of the total costs (£1.7 billion) are borne by the public sector, with the bulk of these falling on the NHS and social services (£1.2 billion). The remaining £6.4 billion is a cost to wider society (Bauer.A et al 2014).

Research on attachment shows that roughly 60% of children develop what is called 'secure attachment' with their parents or primary caregivers. If parents experience mental health difficulties and feel depressed or anxious in the early period of their baby's life, this can have an impact on their ability to respond to their child's feelings and needs, and to develop a healthy secure attachment.

Warwickshire's Smart Start Foundation project research findings (Jan-May 2016) - from 1,135 parents and carers of children under 5 years of age, and 274 frontline staff who support families with children under 5 yrs. - highlighted the need for more specific dyadic/triadic (parent-infant) mental health and wellbeing support and expertise (including supervision), and interventions to promote secure attachment, particularly in babies of parents with low mood and anxiety.

These findings support the recommendations of the cross-Government 1001 Critical Days Manifesto (2015) http://www.1001criticaldays.co.uk/manifesto, which counsels on multi-agency coordination in order to promote parent-infant wellbeing and to meet the mental health needs of parents and their infants. The manifesto recommends a parental-infant mental health and wellbeing pathway that: (a) promotes parental self-efficacy, (b) early intervention and prevention of problems from developing or deteriorating, (c) effective, evidence-based interventions, and (d) timely interventions.

2. Why a workshop?

Warwickshire has a range of multi-agency services that help to support adults and children experiencing mental health and wellbeing issues. However, there is variation across the county, particularly in relation to early dyadic/triadic (parent-infant) support. A more clinically focused perinatal mental health pathway exists, but not a wider formalised multi-agency parental-infant mental health and wellbeing pathway (from prevention to tier 4).

With this in mind, the Coventry and Warwickshire Mental Health Commissioning Group agreed there was a need to organise a multi-agency workshop with the following objectives:

- To grow multi-agency coordination of the parent-infant mental health & wellbeing agenda
- To begin to map parent-infant mental health and wellbeing support 'assets' and 'gaps'
- Consider how to build the current perinatal mental health pathway into a parent-infant mental health & wellbeing pathway
- To help inform future commissioning
- To agree recommendations and next steps.

The workshop, held on 23 May 2017, included 70 delegates representing a wide range of public and third sector organisations, groups and community stakeholder across Warwickshire, as well as two expert speakers in the field of parent-infant mental health: Debi Maskell-Graham, Author and Director of Big Toes Little Toes, who spoke about the importance of attachment and the parent-infant relationship, and Dawn Cannon, Director of Warwick Infant and Family Wellbeing, Warwick University, who talked of steps Warwickshire could take to strengthen parent-infant mental health support. A presentation was also made by Dr John Linnane, Director of Public Health, emphasising the impact of parent-infant wellbeing and attachment on the life chances of infants. (See delegates list, Appendix 2).

The workshop recognised that there are currently a number of commissioning and contracting opportunities that could be harnessed to help progress the parent-infant mental health and wellbeing agenda in Warwickshire:

- New CAMHS contract and service (with Sub-Outcomes 5.2 Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parents and their child, avoid early trauma, and build resilience, especially for parents who may have their own mental health needs. 5.2.1 There is improved support to parents to help them build stronger bonds with their children. This makes them

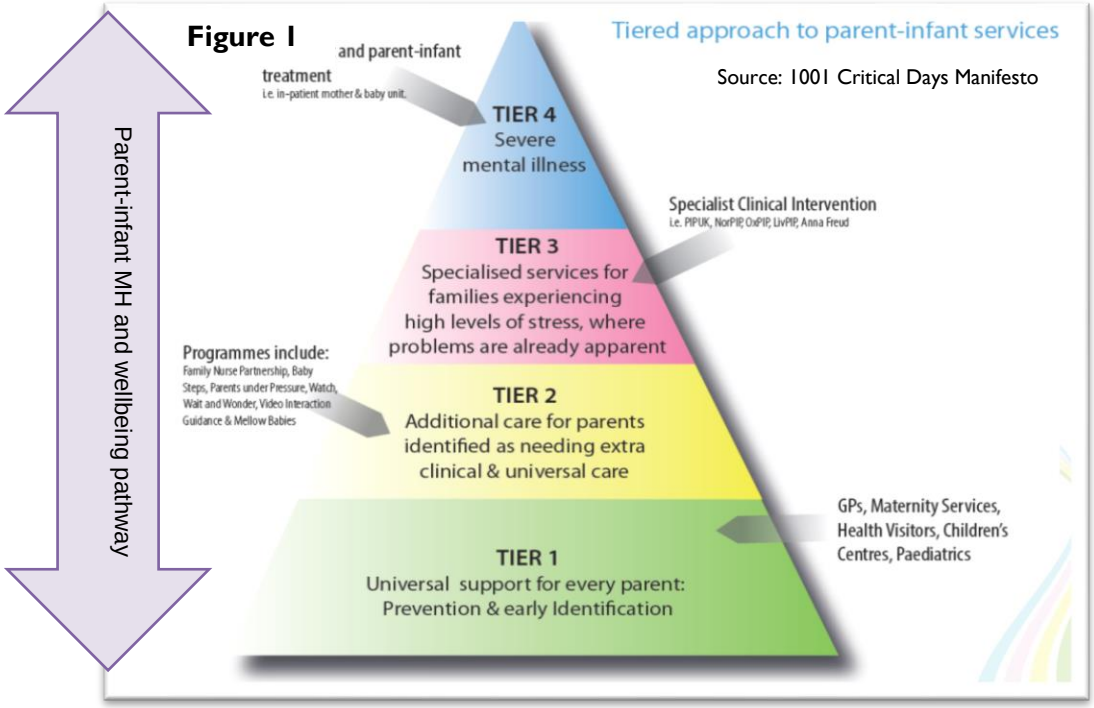
better able to cope with difficult times and to support our mental health needs. This is especially important if our parents have mental health problems themselves).
- Re-commissioning of health visiting services
- The Sustainability and transformation partnerships (STP) maternity and Paediatrics work-stream.

3. Group work sessions

The workshop included two group work exercises:

Group exercise 1: Mapping of existing assets and gaps (and issues) in relation to parent-infant mental health and wellbeing support, using the 1001 Critical Days pathway triangle (see figure 1below) as a basis for exploration.

Figure 1 Tiered approach to parent-infant services



Group exercise 2: Identifying 'Bright Ideas' and 'Recommendations' in response to the following question: *'how do we build/strengthen a parent-infant mental health and wellbeing support pathway for Warwickshire?'*

3.1 Key Findings from group exercise 1 – Mapping of Assets and Gaps

a) Assets for supporting parent-infant mental health and wellbeing

Delegates identified a large number of current assets for supporting parent-infant mental health and wellbeing within Warwickshire. However, there was a common view - across all the workshop groups - that knowledge and information sharing, relating to these assets, was poor and inconsistent across different service sectors and communities. Mapping also highlighted geographical inequities in assets. The experience and enthusiasm of the workforce was also regarded by workshop delegates as a key asset within Warwickshire's existing parent-infant mental health and wellbeing support and services.

Delegates wanted to see co-location and integration of parent-infant mental health and wellbeing support assets within current and future community/family hubs , and an increase in

the skills of a wider range of frontline workers/community members (eg. library staff, hair dressers etc.) - to be able to identify, as early as possible, parents and families at risk of poorer mental health and wellbeing. There was also a call for closer links between existing mental health and wellbeing services that parents can access at an earlier stage.

b) Shared language to tackle mental health stigma and promote parent-infant wellbeing

The importance of tackling stigma, guilt and fear associated with parental mental health issues was highlighted, as well as the need to explain the value of early help and attachment. The use of a consistent, clear, shared language between workers, parents and families was seen to be crucial in "busting myths", as the value of early help is "not being properly sold to parents".

The use of story-telling, co-production[1] of the narrative, and peer support work (father/partner-led peer support, mum-mum peer support) were recommended for this purpose, and the importance of really listening to parents was evident in all the group working exercises.

c) Service choice and consistent quality

Delegates supported the need for a range and breadth of parent-infant mental health and wellbeing support that gives parents choice. However, ensuring consistency and quality across the perinatal mental health support service offered was vital, with the use of agreed standards, competencies and monitoring frameworks that are transparent to parents as well as partner agencies.

A Warwickshire quality 'kite mark' for parent-infant mental health and wellbeing services was suggested.

d) Strengthening data analysis and sharing

There is a need to strengthen the capture of parent-infant mental health service access data, in order to improve needs assessment and service planning. Current barriers to sharing parent-infant mental health data also have a negative impact on desired mental health and wellbeing outcomes for families.

e) Parent Infant Partnership (PIP)

There was a call by delegates for a Warwickshire PIP service, to help bridge support parent-infant mental health and wellbeing gaps. It was suggested that social bonds might offer a way of providing matched funds needed NorPIP (http://www.norpip.org.uk/), for example, have used a number of innovative ways of building a sustainable business plan).

f) Knowing what support is out there

Delegates wanted a parent-infant wellbeing information portal - with a shared language, developed through co-production - for use by professionals and parents. The portal needs to include services and support available in Warwickshire. Many agreed that there were a lot of services available but knowledge about them amongst practitioners was quite poor, so knowledge amongst parents was also likely to be limited.

The Family Information Service (FIS) is best placed to meet this need, using co-production with professionals and parents to ensure a common language and shared appeal (N*ote:* FIS is currently in the process of being strengthened, in line with the requirements of the Stepped Approach).

[1] Co-production is about working in partnership with parents, carers, families and communities who use services in the 1001 critical days. It means recognising and utilising their lived experience and expertise to help improve service provision, thinking of solutions to needs and developing early help innovations.

Freephone access by parents for service suggested. *Note:* there is a planned launch of ChatHealth for parents, by the health visiting service, which may help to bridge this gap. It is not free, but it offers a low cost texting facility for help.

There was also discussion about enhancing community capacity and peer networks to support parents and improve information sharing.

g) Not enough for dads

Delegates agreed that there is not currently enough specific support for Dads experiencing mental health issues. This needs to be on offer from the antenatal period. There is also a gap in supporting dads whose partners are on medication or who have been exposed to trauma.

The Warwickshire Perinatal Mental Health Team (PMHT), whilst regarded as a very good service, is not commissioned at the present time to work with dads experiencing perinatal mental health problems.

h) Family relationships

Delegates identified a need for greater responsiveness and (free or low cost) support for parents and families experiencing relationship issues during the 1001 critical days.

Additionally there were seen to be gaps in the support pathways for families experiencing domestic abuse, and weakness in working with parents who were perpetrators.

i) Workforce development

Parents/carers choose which workers they want to trust and develop a relationship with. That chosen 'key' worker should act as the link to an integrated, multi-agency parent-infant mental health and wellbeing support system.

Partnership working and shared outcomes for improved parent-infant mental health and wellbeing are crucial and require upskilling of an integrated multi-sectoral workforce . This will ensure that parent-infant mental health and wellbeing support and messages are 'sprinkled' onto all interactions with families during the 1001 critical days (i.e. Making Every Contact Count). The workforce should needs to promote the idea of 'good enough', not perfect parenting.

Workforce development needs to include training, but also quality (specialist) supervision and auditing of workforce development outcomes, competencies and standards.

A number of knowledge and skills-based parent-infant training options were highlighted during the workshop, including: Infant Mental Health Online (IMOL), Cognitive Behavioural Therapy (CBT), Newborn Behavioural Observations (NBO), Neonatal Behavioural Assessment Scale (NBAS), Video Interaction Guidance (VIG), Watch, Wait and Wonder, Big Toes Little Toes training programmes, the Solihull Approach.

Group 6 identified a gap in specific upskilling parent-infant (dyadic) training amongst the PMHT psychologists and other professional groups. They also wanted robust dyadic expertise that would bridge between CAMHS and PMHT

Note: Concerns were raised regarding future cuts to the health visiting workforce and the likely increase to health visitors' caseloads. This could compromise their ability to offer increased parent-infant support.

j) Starting in schools

Delegates shared the view that an understanding of parent-infant mental health and wellbeing and the importance of building an early attachment should start in schools, as part of relationship education. They also wanted to see greater prevention work by improving support for young people in schools who are experiencing depression and anxiety.

(See Appendix 1a & b for detailed Exercise 1 group work feedback).

3.2 Key Findings from group exercise 2 – 'Bright Ideas' and Recommendations

(See Appendix 3 for Bright Ideas and Appendix 4 for Recommendations)

3.2.1 Service development and promotion

a) Dyadic/triadic support to be available and delivered across all adult and infant mental health service tiers
b) Where possible, parent-infant mental health and wellbeing phone numbers should be 'Freephone' to parents. *Note:* Chathealth, to be introduced shortly, aims to give parents cheap texting access to professional help and support;
c) Establish a PIP in Warwickshire;
d) Develop greater free and low cost support for families where there are inter-parental relationship issues and conflict during the 1001 critical days;
e) Co-design and co-produce a parent-infant wellbeing portal, with quality digital resources, and a bank of evidence-based apps for practitioners, parents, families and other who may come into contact with parents (e.g. receptionists, hairdressers). The portal should be promoted widely. Services listed on the portal should have a level of quality assurance to increase confidence in accessing or referring to these services (referring to services). Adaptation of FIS for this purpose was recommended.

3.2.2 Dads (or under service development)

All services should include mental health and wellbeing support for dads in the 1001 critical days.

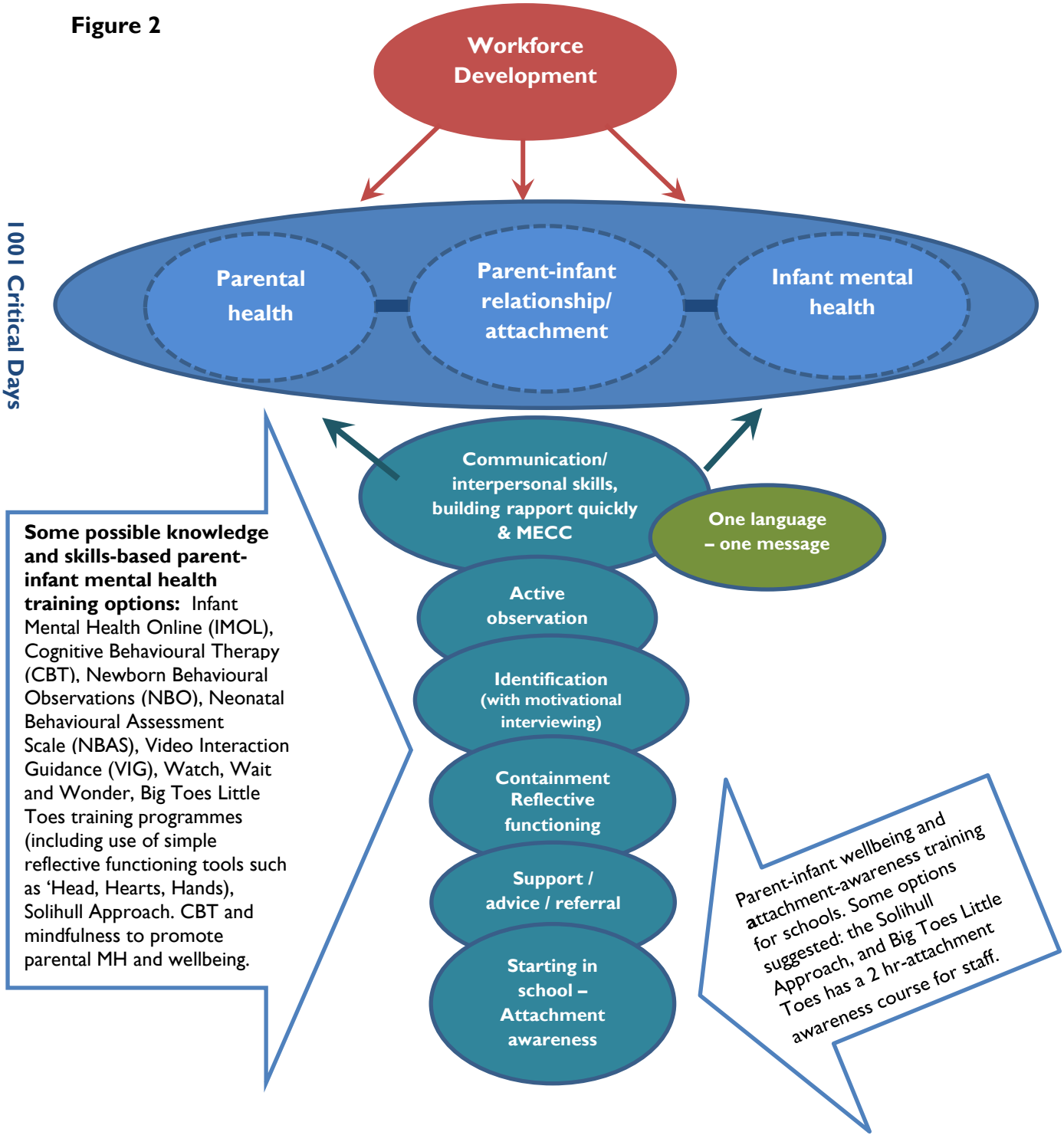
3.2.3 Workforce development

a) All staff to undergo parent-infant mental health and wellbeing training and development, including medical and non-medical staff (GPs, paediatricians, paediatric nurses, HVs, family nurses, midwives, social workers, family support workers, children centre staff, etc.). In future, the training should be part of their qualifications and Personal Development Plans (starting with a basic knowledge and understanding of parent-infant mental health and wellbeing that all staff should have (e.g. around attachment, communication and interpersonal skills).

b) Ensure all relevant multi-sectoral front-line personnel who work with families on the 1001 Critical Days have the skills and capacity to make a difference to parent-infant mental health and wellbeing (Making Every Contact Count (MECC), with different levels of training). See figure 2 below

c) Develop an effective supervision model between agencies that brings everyone together to review cases (look at economies of scale across service and sectors for the commissioning of shared specialist supervision).

Figure 2



3.2.4 Raising awareness of parent-infant relationships

a) Start parent-infant relationship promotion and education with young people in schools with a focus on:
   - Mental health/emotional wellbeing/Mindfulness (evidence-based)

- Bonding and attachment, reflective functioning etc.

b) Grow the number of groups for expectant and new parents in Warwickshire, to increase opportunities (and normalise) to learn about being a parent, and to help develop peer support networks;
c) Increase universal ante-natal courses for parents (and ensure equitable provision across the county) with a focus on:

- Parental and infant mental health and wellbeing, which can also help to reduce stigma
- Building parental confidence and self-esteem
- Bonding, attachment and reflective functioning.

3.2.5 Steering and underpinning functions

a) Steering Group

Set up a parent-infant mental health and wellbeing steering group or sub-group to the Warwickshire and Coventry Mental Health Commissioning Group that will lead on the improvements in parent-infant mental health support and ensure accountability. One of the roles for the group would be to prioritise and split the recommendations below into short term and longer term actions;

b) Network

Establish a Warwickshire parent-infant mental health and wellbeing network (virtual and/or face to face) that offers opportunities to build consistency and quality of parent-infant mental health and wellbeing through shared outcomes, standards, competencies, training and awareness campaigns;

c) Quality

Accreditation (i.e. use of kite mark model) for local service and support providers, including 3rd sector services, so that all parent-infant mental health & wellbeing service partners feel confidence to be able to refer parents and families between each other. This could determine those services uploaded onto the suggested portal (i.e. FIS).

d) Data

To strengthen the capture of parent-infant mental health support data for Warwickshire, in order to inform needs assessment and future service/support provision and design.

e) Mapping

To undertake more detailed mapping of parent-infant mental health support in Warwickshire, using the Mums and Babies in Mind tools (MABIM) tool. This tool could be considered for use in supporting quality assurance of services.

f) Co-production

Capture the voices of (diverse) mums, dads and families, and work with them in co-production, to improve/develop parent-infant mental health services and support – ensuring their appeal and enhanced functioning.