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

(Summary Part 2)

Appendices

Prevention to Universal (tier 0-1)

Assets | Gaps | Issues | Issues

Appendix 1a

1001 Critical Days (conception to 2 yrs of age)

	Antenatal	Birth-3mths	4-6 mths	7-9mths	10-12mths	13-18 mths	19-24 mths
Maternal mental health	Universal Antenatal promotional interview HVs Baby Steps north Warks public health messages South Warks - impression - no capacity within AN/PN care to assess parent-infant MH. (member of public) Antenatal online Solihull course FIS (all ages) online, telephone and limited brokerage counselling provided to couples to explore issues and co-parenting Children Centre services Univeral & targeted: Antenatal baby massage, Chatters Matters (baby and toddlers), 1:1 family support FIS (all ages) online, telephone and limited brokerage Introduction to Breastfeeding sessions (AN) Routine enquiry DV by HVs Listening visits by HV (mums & dads)	Universal primary birth visit, postnatal promotional interviewing by HVs (Early breastfeeding support team working on North county birth-6/52, 1-2-1 & groups Project on preventing homelessness in Rugby Borough and countywide Wider support 3rd sector: CAB, Welfar Rights, Cov & Warks Mind/Springfield), foodbanks, parents & baby groups, social prescribing schemes, health & wellbeing hubs (link to community hubs) , refugee support	Offer of HV Listening Visits (up to 6 sesssions on an hr each) HVs have a caseload of 400 and potential cuts to numbers of health visitors Parenting Project Counselling Family Support service 0-5 self & agency referral Stay and play sessions		Routinely use Whooley & GAD2 questions at universal visits of HVs. Whooley routinely up to 10-12 mths.		Engagement and asset mapping project (Foundation Project) Smart Start about supporting services in Warks (June 2016) Parent Support sessions (Relate) Supporting parents to be able to support the mental health needs of their children.
Paternal (and carer) mental health	Breathing space (Orbit). 18+, across all areas where Orbit properties (15% non-orbit customers (help with low level MH) Good info from DV hostels in Stockingford. Dads encouraged to attend An universal visit by HV Relate offers family counselling and extended support to family members (no lower age limit)	Issue with getting information of children moving in and out of hostels in Nuneaton (Gables, Norman Ave, Church Rd Stockingford)	Disadvantages of social medial - increase in loneliness and anxiety				
Infant mental health and dyadic/tryadic work	Universal and targeted courses for parents including Family Links Nurturing Programme, Baby Steps, Malaki, Solihull online, Triple P Family Information service GP clinic 6/52 check and PN immunisations Community support networks (faith communities, parish councils, baby & toddler groups, mother and baby clinics etc)	Chatter Matters speech & language - attachment Baby massage			Importance that economic environmentyal issues aer not neglected in 'relation-developing' - Reclaiming De-mystify attachment for everyone- gap in everyone's knowledge Telling anyone about attachment is **not** enough. Attachment grow in relationship with others.		library and children's centre self help. Mini-sorted book scheme. (bereavement, anger, separation and fear). Fewer supportive activities in children's centres - fewer staff than historically. Leuven Scales - monitored in early years settings - wellbeing and involvement.

Tier 1 – 2 universal support to early identification

Grp	1001 Critical Days (conception to 2 yrs of age)					
	Antenatal	Birth-3mths	4-6 mths	7-9mths	10-12mths	13-18 mths	19-24 mths
Maternal mental health	Parents in Mind (NCT) Peer support - group + 121 (trained volunteers) antenatal - 1 year Coventry Warwickshire Kenilworth Children centre venue which could be hired out to 3rd sector/ Comm organisations, out of hours or used in an integrated way to All HVs work closely with GP to manage maternal mental health. All HV trained to do 'listening visits' up to 5yrs of life Parenting Project Counselling and psychotherapy for parents of children 0-19 - antenatal x 18 sessions covers, Leamington, Stratford district, St.. Michaels CC and Stockingford Parenting parents Lack of information sharing of antinatal families we need to offer our services to Antenatal feeding support (knowledge of responsive feeding and how bi-feeding works. Need more than hit & miss, 3rd sector and private providers. Parenting Project Anxiety workshops Stratford Town 0-9 Family Group Therapy. Stratford District currently limited 0-19 years Antenatal - promotional interview offered universally to ALL parents in Warwickshire by HV teams Parenting Project Nurturing programmes 0-5 Parenting programmes	MHM 0800 616171 Mental Health Matters Confidential, emotional support and guidance Helpline 24/7 www.MHM.org.uk Low level MH support - signposting/support to access specialist services - 16yrs+ - Warwickshire wide - Free open access - drop-ins - walk in - 1:1 sessions - Outreach WELLBEING HUBS Parenting Project Parenting Mentors Stratford District 6 months mentoring with trained volunteers 0-5 CBT based/ 16+ support in GP Parenting in mind See 1st ????? All Health Visitors coupled training to do 6-8/52 Postnatal interview with all parents in Warwickshire (Country wide case load of 30,000 children) Parenting Project	MHM 0800 616171 Mental Health Matters Confidential, emotional support and guidance Helpline 24/7 www.MHM.org.uk Parents in Mind Parenting Project	Parents in Mind Parenting Project	Parents in Mind Parenting Project 9 mth development assessment for all children in Warwickshire by HV. Looks at: - maternal mental health - interactions between parent/child	MHM 0800 616171 Mental Health Matters Confidential, emotional support and guidance Helpline 24/7 www.MHM.org.uk Parents in Mind Parents in Mind Parenting Project	Parents in Mind Parenting Project
Paternal (and carer) mental health	All Dad's invited to attend antenatal assessments with Health Visitors Parenting Project Dad's in the Womb 0-24mths Voluntary Sector Specific metnal health projects/support for fathers	Warwickshire FIS Signposting parenting courses Helpline Stepped approach All parents given named HV & tel.No. to contact if 'any concerns' - with parents/child - relationships etc. antenatal - 5yrs Coping with a crying baby Service in support of new parents who are experiencing intense emotions (post Parenting Project CBT based/16+ support in GP	Wellbeing Hubs Children's Centres CBT based/16+ support in GP for low level mental health support inc: - depression - anxiety - stress - anger management Parenting Project Warks FIS signposting parenting courses Helpline Stepped approach	Wellbeing Hubs CBT based/16+ support in GP Parenting Project	Wellbeing Hubs Perinatal mental health has a 'cut off' at age of 9 mths (for most mothers) post delivery ie. often not long enough	Wellbeing Hubs CBT based/16+ support in GP Parenting Project Warks FIS signposting parenting courses Helpline Stepped approach antenatal & 1001 days Parenting support framework Can there be windows of access to apply to the framework outside the initial + 4yr re-application dates?	2 yr delvelopment assessment completed on all children in Warwickshire by HV Teams Wellbeing Hubs CBT based/16+ support in GP Warks FIS signposting parenting courses Helpline Stepped approach antenatal to 2 yrs Increased dialogue between 3rd and Community Sector & SWFT/WCC services to improve the matrix of services and awareness of all local resources.	CBT based/16+ support in GP Parenting Project antenatal to 2 yrs Practical early months support for new mothers (isolate & social support networks eg. a Homestart type of service 0-5 yrs age range
Infant mental health and dyadic/tryadic work	Parenting Project Baby Massage Discussions at antenatals about holding babies in mind by Health visitors across Warwickshire (90% coverage at A/n appts county wide) Parenting Project 'Sentative Parenting' IMH workshop Stratford district Antenatal to 3 mths Parenting Project Children's centre workforce IMHol trained	Communication skills to identify issues early PIP Solihull approach online course offered to all parents in Warwickshire (antenatal & postnatal) Early Weeks breastfeeding support (in maternity unit & Community) (low level encouragement and moral support) Infant massage support group for Mum's/babies - needs to be the 'cues' and communication approach in the 'IAIM' model Children's Centres	Communication skills to identify issues early Relationshop support Parental wellbeing forum across 1st yr supporting awareness across sectors of community resources for signposting of low-level anxiety/ adjustment/PND disorder and to reduce isolation often experienced by mothers Children's Centres	Relationshop support Children's Centres	9/12 dev. check by HV looking at childs interactions	1001 Days Fever Voluntary led 'toddler/ mum & baby groups' being facilitated in the community and of early days support via Children's Centres Children's Centres	HV/Community nursery nurse use ASQ:SE (age & stages social & emotional assessment) on all 2yr children HV team involved in assessment of developmental delay/ ASD specified pathways Children's Centres

Tiers 1 - 2 early identification to additional support

1001 Critical Days (conception to 2 yrs of age)

	Antenatal	Birth-3mths	4-6 mths	7-9mths	10-12mths	13-18 mths	19-24 mths
Maternal mental health	- IT - Social Media & Groups - Isolated comms - Apps TVE and VE Practice nurses - identify those missed by midwives Thresholds/criterias if you don't meet the criteria you can't access the services - not quite bad enough Some services are non diagnostic criteria - focus on experience rather than diagnosis Mental Health as a focus in parenting classes different types of support to offer to families with different needs and preferences Wider families - can detect potential issues early - ref to FNP - GP and step up support with families STIGMA Media Language Directory / Website of Services Mental Health as a focus in parenting classes Midwives - perinatal womens MH - see women 14x in pregnancy and refer to MH services - use tools Attachment training in adoption * not present in parenting classes Family Support Workers education in schools - pre-conception relationships etc. 'Dads in the Womb' Parenting project	Experts by experience, mothers /fathers peer support Common language Normalised No Jargon Positive work with GP's & HVs = patchy geographic Wider contacts eg. hairdressers GAD tool - 20wk - 30wk 6 wk post natal FNP - mothers choice/referral IAPT - PN MH Team Community & Vol Sector 1 size doesn't fit all CAVA can appeal to mothers who have had prev. re exp with stat services Support informally as a peer - no judgement Community Big WCC Little faith groups Sports centres Inaccessible services - dads can't attend between 9-5 - services not available eve/weekends trauma experienced by Dad post birth? Financial stress on fathers to provide for the new family Dads are not valued enough - feel excluded/lonely - have less time with mum and baby Perinatal services not available to men/fathers Paternity leave is improving male dominated areas - pub, gym, checkouts, sports etc. - detect men early on	PP Parents in mind Need to be clear about what the servicve does so referrers and parents are clear Language and service titles is important to engage parents and carers in emotional wellbeing Where do you find information? Wellbeing hubs Need one stop shop of information in your area Parents in mind. - NCT - Peerted groups Lots of ways to identify individuals Filial mentoring and coaching - Observe parent/child play, teach new skills PP Lack of services for dads (some counselling available) Vunerable family may be different Safeline Rosa Relate charity counselling services PIP Relationship support Communication skills to identify issues early Primary Care GP over attendance or under attendance of GP etc....appts...early warning sign. Every contact check mom HV's 9-12 mths check - Then refer to portage service. CBT based 1:16t support surgery in GP for low level mental health support incl: support depression, anxiety, stress, anger management Perinatal wellbeing forum across 1st yr supporting awareness across sectors of community resources for signposting of low-level anxiety PND/ adjustement disorder and to reduce isolation often experienced by new mothers	MHM - Mental Health Matters confidential emotional support and guidance helpline 24/7 0800 616 171 www.mhm.org.uk PP Parents in mind Challenge Shgme around mental health + acessing SEND - Making things universal helps. Wellbeing hubs Emotional attachement - Training CBT based 1:16t Support GP surgery Drop off in service access when parents go back to work Gaps in training not just funding, but time to go PP Portage Service Birth -3 VCS ability to attend training Maternity portal with maps of services Warks FIS signposting Helpline Parenting courses stepped approach Relationship support Online training available to more people CAHMS services need skill to work with adults + children - work with parents too Referrals for very young children under 4 Children's centres	MHM - Mental Health Matters confidential emotional support and guidance helpline 0800 616 171 www.mhm.org.uk Parents in mind PP Sustainable projects. Ongoing funding for pilot projects e.g. parents in mind 9 mths dev. assessment for all children in Warks by HV Looks at - Maternal mental health - Interactions btw parent-child Wellbeing hubs CBT based 1:16t Support GP surgery PP Parenting support framework - Can there be 'windows of access' to apply to the framework outside the initial + the 4yr re-application dates? Perinatal Mental Health Service - Has a 'cut-off' at age 9 mths (for most mothers) post delivery ie often not long enough 9/12 dev. check by HV looking at child's interactions Fewer voluntary let "toddler" "mum + baby" groups being facilitated in the community + ↓ of early-days support via child's centres Children's centres	Wellbeing hubs CBT based 1:16t Support GP surgery 2 yr development assessment completed on all children in Warwick - Shine by HV teams Warks FIS signposting Helpline Parenting courses stepped approach Increased dialogue between 3rd & community sector + SWFT/WCC services to improve the matrix of services + awerness of all local resources HV/Community nursery nurse use ASQ:SE (ages + stages social & emotional assessment) on all 2 year children Children's centres	Teachers detect issues with older siblings as result on mat/int MH - 2nd child, (role in family unit changed) PP Nursery nurses, teachers, child minders etc..... can spot change 2 year development check. Emotional + wellbeing assessment PP Warks FIS signposting Helpline Parenting courses stepped approach Practical early months support for new mothers (isolated + ↓ social support network) (e.g. a homestart type of service 0-5s age range HV/Community nursery nurse use ASQ:SE (ages + stages social & emotional assessment) on all 2 year children Children's centres CBT 1:116t Support GP surgery
Paternal (and carer) mental health							
Infant mental health and dyadic/tryadic work							

Tiers 1 - 2 early identification to additional support

1001 Critical Days (conception to 2 yrs of age)

	Antenatal	Birth-3mths	4-6 mths	7-9mths	10-12mths	13-18 mths	19-24 mths
Maternal mental health	Baby Steps Course HV 9 week course Parents in need Meet with GP's Acting early HV/Midwives/Social Care Weekly meeting to discuss cases Not available Nursing care 9 week courses in Coventry Midwives or health visitors can signpost. Held in Children Need to help parents identify when they need support Delivery of available services for professionals and parents - Antenatal services - baby steps - Antenatal preparation	Could Baby Steps be made universal for all parents? How do we engage with women who are more vulnerable & wont seek help 'Bumps' Midwives in Cov 19yrs + under. Not available in Warwickshire Better engagement through CAF's Breastfeeding support - is available in all areas? Travel by Big Toes, Little Toes Portage Services Baby bonding 'Children in special care, cerebal palsy, downs syndrome Councelling available post- natally	Need to be clear about what the service does so referer and Language & service titles is important to engage parents and carers in emotionally wellbeing	Challenge stigma around mental health and accessible services Making things universal helps			
Paternal (and carer) mental health	Engagement with Mums via Social Care can be difficult (DNAs don't tell that they pregnant) PiP Team Teenage parents in Nuneaton "Hands on classes" - basic skills Antenatal period Is Baby Box available to Dads/other Midwives identify at ???? - referral to perinatal mental health team at SWFT. S psychologyish - Coventry other services, signpost services Notification from midwives to HV - access - Mums HWB - Dads WB - parenting experience, antenatal - signpost to MH Services Need services available for working parents - recognition that uptake varies	Referral to ACORN from counselling 1 - Bumps - available for Mums < 19yrs in Coventry but not across the patch FNP Whole Country Under 21's first time mums and second time Post-natal care is more of a gap than antenatal care Rural provision Social Isolation Birth listening service - GEH HV's & Midwives refer back Councelling Appts busy for parents who develop mental health	Where do you find information? Need one stop shop of information in your area Parents in Minda - NCT - Peer led groups Lack of services for Dads (some councelling available) structured donation Vulnerable familes may be different Safeline Rosa Relate charity Councelling services Lots of ways to identify individuals Filial mentoring and coaching - observe parent and child play teach new skills	Emotional attachment Training needed Gaps in training - not just funding but time to go VCS ability to attend training Drop off in service access when parents go back to work Portage service Birth - 3 Maternity portal with maps of services		2 year development check Emotional & well-being assessment	
Infant mental health and dyadic/tryadic work	Baby Box online infromation country-wide Antenatal/Postnatal anyone Warwickshire through Health Visiting - online course	Need to join up all the different offers Children Centres linking with antenatal / postnatal permission Health Visitor provide support and signposting Attachment support - massive gaps Awareness of importance of attachment has increased	Every contact check Mum HV's 9-12mth check 2yr check Could then refer to portage service	On-line training for most people CAMHS services need skilling to work with adults and children, work with parents too Referrals for every young children under 4			

Tier 2 – 3 additional support to specialist support

	1001 Critical Days (conception to 2 yrs of age)						
	Antenatal	**Birth-3mths**	**4-6 mths**	**7-9mths**	**10-12mths**	**13-18 mths**	**19-24 mths**
Maternal mental health	Pause project for 3 years Anfield - 6 mths North Baby Steps presently in North Warwickshire only, most areas have an established 'stand alone' Team CWPT Maternal Mental Health - 12 mths Pre-conception advice/medication GP & Psy 'Trust' refer to CWPT for advice and More work with Fathers whose partners are on medication exposed to trauma Key PMH worse in Health Visiting - though Teams have basic training to signpost Perinatel ???? not commissioned to work with Fathers Gap between Health Services & social care Family support information sharing	Parenting programme South 0-5 VIG - video infrastructure video Gap in Health Services knowledge of where to find help (Particularly Primary Care)	Chapter 1 - Homeless Mums - Pregnant to 2 yrs - living skills and support guidance - refer to Children Centres and Social Work No support for Mums who have child removed. Nothing to prevent cycle happening again Up-skill IAPT Service to work with Primary Care	Anti - 2yrs -FNP- Children's Centres 'Incredible Work' Children Centre's becoming a Gap Psychologists in both pathways (IAPT - perinatal) IAPT and anxiety assisting low moods, Mothers and Fathers Rugby Primary Care funding Family Support Worker Full range All Family Support workers train in PACE Birth to 19 yrs More to be trained in PACE CAMHS Supporting parents to break cycle of poor attachment	0-2 yrs IAPT Incredible years project to work with parents family/ Mother/Father		
Paternal (and carer) mental health	Fathers experiencing trauma refer to IAPT Perinatal Services refer Fathers to IAPT Domestic abuse gap in programmes for Perpetrators whole pathway Gap in ??? DV services and limited perpetrator work Mothers partner has mental illness extra stress no support	GAP - Use of VIG in parental interviews used in Baby Steps					
Infant mental health and dyadic/tryadic work	HV use/tained on Solihull Approach. Need to upskill to more gargeted modules Supervision for HV and Teams around families that have severe attachment Difficult and pre-term delivery, no automatic link to Perinatal service H V to help train MDT around P.MH. MDT training Key.	18 mths Peadiatric Services - Behaviours - Del of Baby - Health issues - Pre-term When peadiatricians identify attachment, where to refer to?					After 24 mths Gap between PACE and Attachment programmes and education systems focusing on behaviour not attachment /PACE CDS

Tier 3 – 4 specialist support to inpatient

Assets | Gaps | Issues | Issues

1001 Critical Days (conception to 2 yrs of age)

	Antenatal	birth-3mths	4-6 mths	7-9mths	10-12mths	13-18 mths	19-24 mths
Maternal health	Mental Health First Aid trainining (Mind, Rethink and Pulbic Health) increased training is now available to professional re perinatal MH the way families are perceived based on culture, faith, etc Wider determinants of MH - social isolation and debt etc Waiting times for services. pts report high satisfaction when can access, but concerns regarding wait. Social workers within the PMHT HVs training in promotional interviewing, GAD 2 & 7, EPNDNS score, Solihull HVs see AN, new birth, 6/52. Identify need. Those with need seen more often (Listening Visits. HVs work with PMHT & GPs, using CAFs to support families HVs work with whole family including Dads Governance Issues: Data can't always be sent directly across trusts. Birmingham, Staffordshire, Derby Mother & Baby Units (32 wks-1 yr.) Midwives offer direct containment of dyad Midwives liaise with wider psychological service/MDT Promotional interviewing and GAD in midwifery service. Bereavement services (loss of baby, stillbirth) MBUs full-women travel elsewhere - family division Crisis Team tend to underestimate risk. FSWs in children's centre well place to identify need at tier 1 Referral pathway for PMHT in place. Training for HVs and midwives to ensure appropriate referrals. inconsistent referral methods. Midwives online, other in hardcopy.			Referrals will go into IAPT rather than PMHT after 6/12 Lack of parent-infant dyadic MH training in IAPT service			
Paternal (and carer) mental health	No specific service for dads at tier 3-4. MBUs offer support and info for dads. HVs invite dads to AN promotional interview appt Nothing for fathers preventatively to protect against domestic abuse Existing services have some skills to work with dads but are not commissioned to do						
Infant mental health and dyadic/tryadic work	Training for 40 HVs in whole of West Midlands in PIMH - to start cascading training. CAFs 32/40 Mother & Baby Units do dyadic work. HVs consider the lived experience of the infant Issue about where dyadic perinatal MH sits Who provides service - CAMHS or PMHT PMHT deliver parent-infant interventions 0- Lack of specific parent-infant training for PMHT psychologists. Need to have parent-infant work delivered in PMH service (0-2) with a liaison person with a role between PMHT and CAMHS.			Referral to CAMHS for level 3-4 attachment. Difficult to get CAMHS to take under 5s Should be CAMHS but extremely difficult to gain access for children this age.			

Appendix 1b

Exercise 1, additional hand written notes

(Note: '?????' indicates words that could not be read clearly when transcribing)

Prevention to universal support - Group 1 (Green)

- Antenatal & Prenatal interview are happening, which is real strength
- Still problems with data sharing
- Positives – Asset building in communities. Some communities have less capabilities
- Negatives – no transport, so not able to get to support.
- Everyone should know about attachments and should be informed
- 'Sprinkle' same attachment learning
- Anxiety in antenatal more of problem than depression
- Importance of public health messaging – redirection of budget to preventative work as a universal offer may be delivered as part of the STP
- Importance of ante/postnatal interviews – in having an impact from health visitor perspective. Meeting the relational needs of parents. Baby steps mentioned as a useful tool – but this is targeted – just in the North.
- Parenting Project – counselling service in the South – to be rolled out
- Children's centres – massage, ???????, introduction to breast feeding. Go across all age ranges. Links with other agencies such as Health Visitors, Citizens Advice, Food-bank. Regular meetings and packages of care. Data sharing protocols in place. Information sharing agreement signed. Still some issues at the front line.
- Early breast feeding team in place in the North
- ~Capacity within the health visiting team is an issue. Emphasis on child protection which can take away energy from universal work. Thresholds to get social care are very high
- Early support is great if parents will engage. Animosity about being referred. Early support is not being sold properly. Early assessment is very invasive. Lack of understanding from parents about why agencies are concerned.
- Importance of relationships with grandparents. NHS talking about drawing up a family
- Plan – a lot of changes happening about working with families. Going back to building relationships with families. Importance of the quality of relationships with families. Public Health – emphasising compassion and care. Importance of auditing services with those aspects in mind
- Importance of supervision/ team meetings for training. Training is much more procedurally based – which is then audited. Discussion of how an audit process can include building trust and is more values based
- Making use of community support networks – examples given from Kineton. Examples given of isolated villages like Bearley in Stratford district with poor transport links. Links with Community Development workers from WCC who are doing asset based work. Identification of community activists and village halls/community centres.
- Co-location of services into existing venues such as GP Surgeries. Community Hubs – being discussed as a pilot. Difficulty of engaging people into services and/or Hubs. The emergence of Hubs needs to start with the community. Go to where people are.
- Increasing awareness of attachment in plain 'common' language and use of stories to better share information. Teaching young people in schools – particularly adolescents
- Importance of connecting up what there is and emphasis on adolescents around all as like sexual health. Need to access academy and schools with this agenda. Bring resources together

- Self-help – opportunities to use this more – apps, Big White Wall, Library staff trained around sources of support available, online, counselling – favoured by some
- Schools need to help young people manage anxiety. Relate – are seeing most young people with issues, A&E seeing most people suicidal/self-harming. Importance of getting in for the next generation.

Universal support to early identification - Group 2 (yellow)

- Assets
    - ♦ Workforce is asset. Practitioners are asset. Think about referrals – Support mother – VIG training (video interactive evidence)
    - ♦ Counsellors – trained counsels working with families now. Fap we have, we don't have a PIP in Warwickshire

Everyone else must have a knowledge of mental health

- Biggest gap – workforce development in
    - ♦ Attachment
    - ♦ Comms
    - ♦ Infant Mental Health
    - ♦ Parent/infant Psychotherapy
- Recommend

♦ High quality portal
♦ Language – Honest & faithful within family and ???????
♦ Freephone
♦ Ensuring consistency across all services/practices and tiers.

- Mental Health & Wellbeing Hubs
    - ♦ 1 to 1 support
    - ♦ Drop-ins
    - ♦ Walk-in service
- All HV's ??????? should undergo the NBOS training, observational skills need to be developed
- Working with the clinical but also with the Voluntary sector, so that the clinical can focus on the more severe needs – PARTNERSHIP WORK
- Working with parents (not just children/infants)
- Counselling with children centres very popular and effective
- Family Group Therapy (being delivered to older children 5-19 by Parenting Project) to address the issues resulting from poor attachment
- Family workers qualified in mental health
- Sensitive parenting – wrap around support and developing mentors
- Advocating for VIG
- CONTAINMENT (Solihull Approach) must be used by all front-line workers
- Active monitoring CBT training being developed by MIND for 16+ parents.

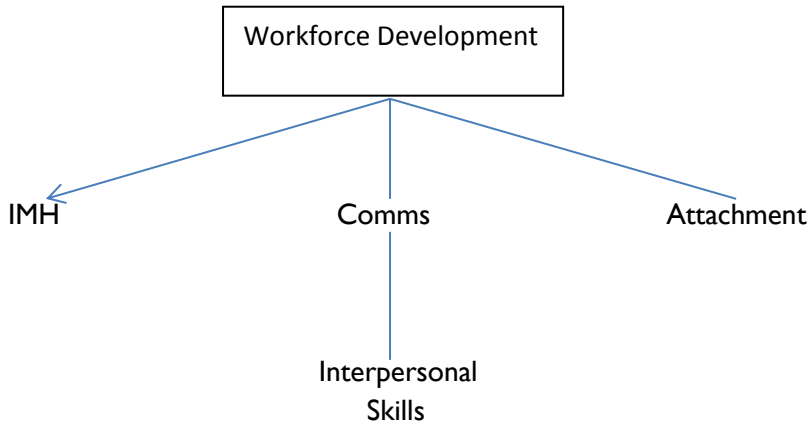
Gaps

- Gap in the lower level MH issues
- Gap in understanding by parents/families what there's available
- The parent/carer chooses who they want to trust and develop a relationship with – it's important to work in partnership and share information for best outcomes but with a chosen lead. Upskilling the workforce in infant mental health and maternal mental health, as well as.
- Mental Health to be integrated into all services for children and families

- Medical staff must be trained in attachment; this includes mental health staff as well as others, GP's.
- Framework for statutory services
- Infant Mental Health Online (IMOL) has changed practitioners in Parenting Project.

Workforce

Lack of Integration – Skill Gap – inconsistency - PIP



Early identification to additional support - Group 3 (light blue)

- Asset
  - Community (workforce) experience and knowledge needs to be passed onto others
  - Need to involve other sectors model in early identification sectors – Hairdresser
- GAP
  - Paternal support, not enough support for Dads
  - Win, win → if you can provide support will help most Dads to understand how to help mother & baby
- Asset
  - Earlier education given in schools i.e. RE lessons
- Recommend
  - Setting up PIP in Warwickshire
  - Triadic support

- GAD tools etc. if high, mother choice as to referral – some had experiences previously. May not engage – FNP need to contain, nurture etc….. prep for services.
- Vols can access mothers etc. that won't access statutory services.
- Issues of same sex relationships eg. Gay men/women – how do they access services?
- Stigma – guilt/shame – remove – to make difference – peer support is key

Early identification to additional support - Group 4 (dark blue)

- Asset
  - Number of additional services available
- GAP
  - Letting people know what services are available in our local area – information sharing

Additional support to specialist support - Group 5 (white group)

Specialist and GP Services

- Asset
    - Perinatal mental health service
- GAP
    - Cluster of services on health – not enough on sharing referrals
    - Fathers/men are not well supported
- Recommend
    - Go ask parents in Coventry & Warwickshire – What do they need? – Especially fathers
    - Inconsistencies in wording from all service providers

Specialist support to inpatient - Group 6 (red group)

- Asset
    - Already specialist services (Perinatal, ABK Service)
- GAP
    - ?????
    - Need parent information service needed for 8 months – 2 years old
    - Fathers – need to get them in the rooms, getting mums to think "what if Dad was here, what will he be doing"
- Recommend
    - Raising awareness of mental health in expecting families
    - Role of fathers – re: PMH services to not only work with mothers but whole family
- Conclusion
    - Workforce – How we share knowledge
    - Parents – Fathers included
    - Set up multi-agency sharing group

Appendix 2

Delegates List

(and those booked to attend)

NAME	ORGANISATION	POSITION	Attended
Kate Sahota	WCC - Public Health Commissioning	Commissioning Lead, Health Improvement	√
Sophy Forman-Lynch	WCC - Public Health	Public Health Officer	√
Monika Rozanski	WCC - Public Health	Public Health Officer	√
Andrew Sjurseth	WCC - Strategic Commissioning	CAMHS Commissioner	√
Paula Mawson	WCC - Public Health Commissioning	Health Improvement Commissioning & Performance Lead, Mental Health	√
Claire Taylor	WCC - Public Health Commissioning	Health Improvement Commissioning & Performance Lead, Mental Health	√
Cat Rigney	WCC - Public Health	Public Health Officer (Mental Health Team)	√
Debi Maskell-Graham	Big toes little toes	Director	√
Dawn Cannon	Warwick University	Director of Warwick Infant and Family Wellbeing Unit	√
Helen King	WCC - Public Health	Deputy Director of Public Health	√
Jane Holdsworth	CAVA	Locality Manager	√
Andrew Smithers	NHS Coventry and Rugby CCG	Mental Health Lead	√
Emma Adams	South Warks CCG	Commissioning Manager	√
Romeo Camara	WCC - Public Health	Administration	√
Vic Jones	WCC - Strategic Commissioning	Early Years Commissioner	√
Sue Ingram	Violence Against Women and Girls	Strategy Development Manager	
Heather Kelly	North Warwickshire CCG	Senior Commissioner (Non-acute)	
Anne Allan	North Warwickshire CCG	Commissioning Manager	√
Karmah Booth	North Warwickshire CCG	Senior commissioning Manager	√
Harminder Khalsa	SWFT	Health Visitor - Rugby	√
Karen Healey	SWFT	Health Visitor	√
Sam Game	SWFT - Health Visiting Service	Health Visitor	√

Angela Yeomans	SWFT - Health Visiting Service	Health Visitor	√
Amanda Goodyer	SWFT - Health Visiting Service	Health Visitor	√
Rachel Tompkins	SWFT - Health Visiting Service	General Manager	
Katy Coates	SWFT - Health Visiting Service	Locality Manager South	√
Kirstie McKenzie-Mcharg	SWFT	Consultant Clinical Psychologist PMH Service	√
Susan Drewitt	PMH Service - Coventry & Warks Partnership Trust	Mental Health Service Team Manager	√
Helen Stephenson	IAPT - Coventry & Warks Partnership Trust	IAPT Service Lead	√
Elliott Baker	IAPT - Coventry & Warks Partnership Trust	Coventry and Rugby IAPT service Manager	√
Michelle Websters	IAPT, Coventry & Warks Partnership Trust	Locality Team Manager	
Alex Seb Cooper	CAMHS	Professional Lead for Psychological Services	
Michelle Rudd	CAMHS	Specialist Mental Health Service Manager	√
Alison Clayton	SWFT	Specialist Midwife (Infant Feeding) and Trainee Psychotherapist	
Michelle Waterfall	SWFT	Deputy HoM, Midwifery	√
Angela Doherty	UHCW	Matron Midwifery	√
Sumi Subramaniyan	SWFT	Community Paediatrician	√
Jelena Jankovic	Birmingham and Solihull Mental Health NHS Trust	West Midlands Perinatal Mental Health Network	√
Emma Walker	WCC - CAF	Early Help Operations Manager	
Tammy Mason	WCC - Vulnerable Learners	Developing Nurture Provision In Schools And Other SEMH Responses	√
Charles Barlow	WCC - Community Safety and Locality Working	Localities & Partnerships Team Manager (North)	√
Zoe Harwood	WCC - Integrated Disability Service (IDS)	IDS 0-5 Strategic Manager	√
Joanne Rolls	WCC - Family Information Service (FIS)	FIS Manager	√
Kate Abbey	WCC - Comms and Marketing	Marketing and Communications Officer	√
Lisa Lissaman	WCC - Mental Health	Mental Health & Autism Commissioner	√
Ruth Eden	WCC - Priority Families	Family Therapeutic Practitioner	√
Diane Aldersley	SWFT - Health Visiting Service	Clinical Lead South, HIA MH Forum Chair	√

Deborah Sarson	SWFT - Family Nurse Partnership (FNP)	Family Nurse Supervisor	√
Jo Min	Springfield Mind	Business Manager	√
Sue Berry	Banardos - Children's Centre Provider	Assistant Director	√
Elaine Johnston	Children's Centre Provider - Parenting Project	CEO of the Parenting Project	√
Emma Tait	Parenting Project	Counselling Coordinator	√
Stacey Gill	Stockingford Children's Centre	Children's Centre Manager	√
Jill Krust	St Michael's Children's Centre	Children's Centre Manager	√
Heidi Stewart	Rethink	Director of Enterprise & Innovation	√
Sarah Hislam	Parents In Mind Pilot Initiative	Coventry and Warwickshire Service Delivery Manager: Perinatal Mental Health	√
Ore Judje	Chapter 1 Housing	Link Support Manager	√
rachel Southam	Orbit Housing	Community Investment Officer	√
Mandy Booth	Relate	Services Manager	√
Tracey Cooper	The Acorn Centre	Centre Manager	√
Carol French	Sycamore Counselling Services Centre	Manager	√
Rachel Gillett	Kenilworth Nursery School	Executive Headteacher	
Helen Andrews	Family Matters in Warwickshire	Clinical Psychologist	√
Clair Hobbs	South Warks Perinatal Well-being Forum	Chair of Forum	√
Sarah Calvert	IDS Birth to Three Portage Service	Lead for Portage Bonding and Play Programme	√
John Linnane	WCC - Public Health	Director of Public Health Warks	√
Jo Chapman	OXPIP	Senior Psychologist	√
Chris Bain	Healthwatch	Chief Executive	√
Jessica Brooks	Making Space	Service User Involvement Coordinator	√
Elizabeth Pfute	Making Space	Service User Involvement Coordinator Team Leader	√
Michelle Cooke	guideposts	Mental Health Specialist Carer Support Worker	
Sarah Moran	Together Your Way	Project Manager	
Daniel Lenham	Mental Health Matters	Team Leader	√

Chris Smith	Mental Health Matters		√
Vanessa Biddulp	voiceability		√
Hilda Craig	SWFT	Health visitor	√
Liz Feldman	South Warwickshire CCG 3PG	Mental Health Support Worker	√
Jeanette Smith	WCC - Portage Services	Manager	√
Fiona Palmer	Cov + Warks MIND	Service Lead	√
Zoe Moore	Cov + Warks Mind	Project Coordinator	√
Eleanor Cappell	Coventry & Rugby CCG	Contracts Manager Non-Acute	√
Tracey Briggs	tracey.biggs@swft.nhs.uk	FNP	
Liz Feldman	South Warks MH forum	Public member	√

Appendix 3

Group exercise 2 (part 1): BRIGHT IDEAS!

(Note: '?????' indicates words that could not be read clearly when transcribing)

Add more bright ideas here PDF

Group 1

- Work with Private & Local Authorities Nurseries on providing relationship development.
- Use community support networks (faith communities, parish councils, village hall committees etc.)
- Utilise GP clinic for mother and baby and PN immunisation clinics to identify parent-infant MH needs
- Village-level - Have informal weekly meetings to support and identify vulnerable parents – Orbit low level support role?
- In larger villages – utilise mother and baby clinics with refreshments and modelling support (local knowledge)
- Engage & Consult with families "with lived experience" at Point of Service? Based on the agreed plan
- Joined up working, perinatal mental health service followed by family support to reflect and support next steps
- Strengths based NOT pathologising parents
- We need to wrap this 'universal' approach to maternal and infant mental wellbeing around the WCC children's Customer journey
- "Family Health Portal"
- Parents as experts NOT Practitioners
- "Plan" agreed right as start 0-2 NORMAL not problem focused.
- Attachment is totally cross-cultural "parenting" styles are NOT
- "Relationship" time coming alongside parents not doing to parents
- Teaching from childhood about managing stress (Mindfulness)
- For Mental Health Carers, the old education and support programme was most effective – something similar to be available?
- Access to therapy from child psychotherapy, parent & child
- Have supervision development programme which "endorses value of worker"
- Basic toolkit for frontline workers & volunteers on activities to support positive attachment, Big toes, Little toes.
- Remember same sex families too
- Watch, wait and wonder programme

Group 2

- Call the HELPLINE 0800 616 171, it's for everyone
- Training/Workforce development in
    - Infant Mental Health and Attachment
    - Communications/motivational in???? to be able to observe, identify and support

- Offer free (or very low cost) training for members of the community (who are embedded in local networks) re: infant mental health/baby brain development, egg. The SOLIHULL APPROACH workshop. Resources led by the above – trained people i.e. Local toddler groups could be listed on a 'Resource Map'.
- Normalise perinatal – mental health
    - Info in local news
    - Real life stories
    - Get celebrities to 'Share' stories.
- Midwives & Health Visitors to be trained to observe and identify early mental health issues in
    - Mums
    - Babies
    - Dads

  and offer support/signpost etc…..
- Workforce trained in attachment and infant mental health and in how to observe and identify and communicate as part of their professional qualification (Uni/College etc.)
  This should include all medical/health and care professions.
- Good Apps that are relevant for Perinatal Mental Health (evidence based)
- Joined – up work using previous foundation – laying pieces of work egg. Walles "Infant Mental Health Pathway" 2013 and "Shaping the Future". WCC and the 3rd Sector into the future.
- Multi-disciplinary Strategic approach to getting access to schools.

Group 3

- Triadic Work
- PIP set up in Warwickshire
- All Early Years Education / nursery/ children centre staff trained in attachment & infant mental health (fundamental knowledge) and their knowledge & skills applied in every day work.
- Well publicised website with statutory & voluntary sector perinatal services available – maintained regularly.
- Information placed at supermarket check-outs (leaflets, cards, etc…) as done in New Zealand
- More Peer support and befriending for parents.
- Making services more accessible out of hours and home visits.
- Mental Health support for parents as well as children/dyadic support to be available in Family Hubs
- Quality information / resources available to professionals and parents - ? webpage.
- Developing Apps to increase understanding of infants' needs and role of primary caregiver.

Group 4

- Need to get people to make the link with PND
    - Web
    - Apps
    - Social media
    - egg. Headspace. SAM APP
- Portal for all referrals (like the GP Gateway)
- E-Directory of services – for practitioners & service users
- Universally available training on attachment – different levels

Group 5

- Raise the profile of attachment and improve understanding. 'Attachment in today's world…….'
- Support for women with complex pregnancies…… better antenatal care – be more proactive with care.
- Universal language across all area's
- Language to address parents without prejudice egg. Change breast feeding team to infant feeding team so mums don't feel failure around not being able to breast feed/sustain breast feeding.
- Focus also on the strengths……all agencies using same language, same message.
- Attachment is everybody's business….
- Support needs to be available outside of Mon – Fri 9-5 → early evening egg. Chat Health.
- Language of attachment can be a barrier…..
- Permission to be 'good enough' – how do we communicate this?
- Need to get better at assessing experiences of parenting through generations – trauma.
- How can we localise support for parents who are receiving treatment away from home?
- Make more of baby boxes and bounty packs to promote services. Coventry & Warwickshire.
- Services available before face to face egg. Text, anonymous on-line.
- Get framework of support clear before raise awareness.
- Make 'attachment' fashionable, use social media.
- Promotion of baby boxes across agencies.

Group 6

- Attachment parent & toddler workshop
- Promoting emotional well-being and de-stigmatising mental health & myth busting.
- Promote role, support & access of HV's in 0-5's not just 0-3 to parents/families/midwives/GP's across the system.
- Perinatal Task and Finish Group
- Expand Perinatal Mental Health Service to include dyadic work
- Pass for Grandparent signature. Other if attends support course
- Need quality assurance on range of services available so that professionals can confidently refer.
- Formalising (and recognising) case co-ordination role of Health Visitor.
- Consolidating activity within Universal Care Services – system around HV & MW.
- Professional development around AUTISM &/or ATTACHMENT is needed → around the time of 2year checks there can be confusion.
- Highlighting role of Midwives in supporting good attachment between the ????? and timely referral.
- Containment for frontline staff – mindfulness & self-compassion workshop

Appendix 4

Notes from Floor Map
Exercise 2: Recommendations

PREVENTION

- Same key messages
- It MUST include 3rd Sectors
- Commissioners need to ensure training is available to full work-force coming into contact with families eg. Early years
- Different levels, a bit like safeguarding
- Empowering parents to listen to their instincts
- Start all of this in school!
- Good RSE
- Resilience
- CBT skills
- Use of appropriate language – all professionals.
- Focus on wellbeing/strengths based – neutral
- Open portal/link to Public Health to post further Bright Ideas
- Bring back 1st parent groups. 6 week courses run by HV
- Perinatal infant mental health awareness raising campaign – myth busting
- Strategic approach with working 0-19 (schools health) – co-ordinated approach
- Workshop for Grandparents re: support/parentcraft, if attend can visit hospital out of hours
- Services to engage with MH awareness raising campaigns for young families
- Run accessible, open to all, workshops for parents antenatally and postnatally re: attachment and child development
- Increase the digital offer across the patch
- Quality resources for families/carers

UNIVERSAL SUPPORT

- Capture the voices of women and families
- Service user form
    - General
    - BME
    - Vulnerable groups
- Bank of Apps (evidence based) that we can recommend to parents
- Bring back universal antenatal classes
    - Holistic
    - Emotional & Mental Health
    - Baby Steps
- Task and finish group to monitor new initiatives and hold people accountable for any areas falling short
- Short sessions re: containment for frontline staff → mindfulness & self-compassion to support staff, mindful self-awareness to enrich parent containment

- "Local" Bounty bag type offer that includes very relevant local information about local services ……..NOT JUST ADVERTISING!!
- Expand workforce capacity/knowledge in attachment/relationship – part of existing role
- Head, Heart, Hands tool + others, big toes, little toes, Train Everyone in a simple ref, func, tool to build relationships fast
- Promote role of HV's with 0-5 years to parents, midwives and GP's
- Mindfulness in schools & nurseries

EARLY IDENTIFICATION

- Train all Health Visitors and children centre workers + early years practitioners in Watch, Wait & Wonder
- Drive forward baby boxes in Coventry & Warwickshire
- Improved support for fathers
    - Universal through to more specialist
    - Webinars, skype
    - Engage with Dads to find out what would help, especially hard to reach Dads
- Train workforce (early years, children's centre, social workers) in Solihull approach
- Training in CBT for Health Visitors (as recommended by NICE)
- Up skilling frontline staff to use proven interventions, VIG WNN
- Training in VIG for Health Visitors (as recommended by NICE)
- Improve education around attachment and bonding to help break the cycle……
- Reinstate Baby Steps Programme across Warwickshire fully funded
- Use google analytics to connect parents searching online with support – adverts etc…
- Proven driven multi-agency supervision
- Coproduce links???
- Well-designed portal, eg. See Dementia website, responsibility?, user friendly, strength focused, Q&A
- Developing/promoting existing kite mark and QA awards to wider services and groups

EARLY INTERVENTION IN UNIVERSAL SERVICES

- Workforce development
    - Infant mental health & develop infant mental health specialists
    - Comms (for observation, identification, containment & support & MECC
    - Attachment
- Re-visiting 0-5 strategy to place HV & MH at the core across Coventry & Warwickshire
- Appropriate supervision & support to Practitioners (ongoing)
- Normalise mental health dialogue/discussion, increase awareness, educate
- All services to include Dads/family unit in its scope of reference for their service delivery
- Birth listening visits for Fathers as well
- All support services need to be reached (so when the money runs out on the phone) calling an 0800 number would help
- Accredit, assure quality of 3rd sector services so NHS can refer in to them with confidence

ADDITIONAL and SPECIALIST CARE

- Triadic support/whole family approach/wrap around service
- Develop a PIP for Warwickshire
- Link the Warwickshire Parenting Support Framework to a 'Resource Mapping' process for antenatal to 2 yr. period.
- PIP in Warwickshire
- Put support in place for families where there is inter-parental conflict
- Model – Supervision – model between agencies – brings everyone together to review cases
- Consistency of messages between different programmes – one message for all & one language

TIER 4

No recommendations made

Appendix 5: Estimated prevalence of Perinatal Mental Health Issues in Warwickshire (2015)

	Per 1,000 maternities[1,2]	Percentage (%)	Warwickshire (based on 5,994 maternities in 2015[i])
Antenatal			
Antenatal depression[ii]	74-128	7.4-12.8	444-767
Post-traumatic stress disorder[iii]	33	3.3	198
Post-traumatic stress disorder - high risk groups[iii]	189	18.9	1133
Self-reported anxiety symptoms[iv]	182-246	18.2-24.6	1091-1,475
Clinical diagnosis of any anxiety disorder[iv]	152	15.2	911
Generalised anxiety disorder[iv]	41	4.1	246
Co-morbidities			
Self-reported anxiety symptoms and mild to severe depressive symptoms[v]	95	9.5	569
Self-reported anxiety symptoms and moderate/severe depressive symptoms[v]	63	6.3	378
Clinical diagnosis of any anxiety disorder and depression[v]	93	9.3	557
Clinical diagnosis of generalized anxiety disorder and depression[v]	17	1.7	102
Post-natal[3]			
Post-natal depression - <20yrs (3 months)[vi,vii]	530-560	53-56	107-112[4]
- all ages (1-3months)[viii]	97-129	9.7-12.9	581-773

[1] Maternities are women having babies (including stillbirths). A maternity is a pregnancy resulting in the birth of 1 or more children; therefore, these figures are not the same as the number of babies born.
[2] A range is presented when the estimate is from a number of studies or a systematic review.
[3] The definition of postnatal varies – typically it defines the period immediately after the birth and for the first six weeks of life, however often when referring to service provision the term can extend to one year after childbirth. The post-natal period the prevalence data is based on is stated where known.
[4] Based on 201 live births to women under 20 years old in Warwickshire in 2015 (ONS)

Post-traumatic stress disorder (during 1st year)[iii]	40	4	240
Post-traumatic stress disorder - high risk groups (during 1st year)[iii]	185	18.5	1109
Self-reported anxiety symptoms (1-24 weeks after birth)[iv]	150	15	899
Clinical diagnosis of any anxiety disorder (1-24 weeks after birth)[iv]	99	9.9	593
Generalised anxiety disorder (1-24 weeks after birth)[iv]	57	5.7	342
Loneliness following birth (postnatal period not defined)[ix]	250	25	1499
Adjustment disorders & distress (postnatal period not defined)[x]	150 - 300	15-30	899 - 1,798
Postpartum Psychosis (postnatal period not defined)[x]	2	0.2	12
Chronic Serious Mental Illness (postnatal period not defined)[x]	2	0.2	12
Severe Depressive Illness (postnatal period not defined)[x]	30	3	180
Co-morbidities			
self-reported anxiety symptoms and mild to severe depressive symptoms (1-24 weeks)[v]	82	8.2	492
self-reported anxiety symptoms and moderate/severe depressive symptoms (1-24 weeks)[v]	57	5.7	342
clinical diagnosis of anxiety and depression(1-24 weeks)[v]	42	4.2	252
Father's Mental Health[5]			
Diagnosed perinatal depression[xi]	50-100	5-10	300-599
Diagnosed perinatal anxiety[xii]	50-150	5-15	300-899

References

[i] ONS 2015

[ii] Bennett HA, Einarson A, Taddio A et al, Prevalence of Depression during Pregnancy: Systematic Review, Obstetrics & Gynaecology, 2004;103(4): 698-709.

[iii] Dikmen Yildiz P, Ayers S. The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis, Jnl of Affective Disorders 2017; 208:634–645.

[iv] Dennis C-L, Falah-Hassani K, Shiri R. Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis, The British Journal of Psychiatry, 2017;210(5) 315-323.

[5] For purposes of estimating numbers in Warwickshire an assumption has been made that a father can have perinatal mental health issues regardless of marital status or whether they are still in relationship with the mother. This is likely to result in an overestimate.

[v] Falah-Hassani K, Shiri R, Dennis C-L. The prevalence of antenatal and postnatal co-morbid anxiety and depression: a meta-analysis, Psychological Medicine, Published online: 17 April 2017 DOI: https://doi.org/10.1017/S0033291717000617
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[ix] http://www.mynewsdesk.com/uk/axa-ppp/pressreleases/social-isolation-putting-first-time-mums-at-risk-1115877
[x] Joint Commissioning Panel for Mental Health: Guidance for Commissioners of Perinatal Mental Health Services Volume Two: Practical mental health commissioning, 2012
[xi] Paulson JF, Bazemore SD. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. J Am Med Assoc. 2010;303(19):1961–9.
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