

Parent Infant Mental Health and Wellbeing Steering Group



2nd November 2017

Parent Infant Mental Health Strategy Group



2nd November 2017

Paula Mawson,
Commissioning Lead – Public Mental Health
Warwickshire County Council

Setting the scene

- What is the purpose?
- Background to the meeting?
- What can we learn from others?
- Agenda for today:
 - ✓ Setting the scene
 - ✓ Discuss the way forward
 - ✓ Agree initial priorities
 - ✓ Governance



Why are we here?

“There is no health without mental health...”

“ At least one in four people will experience a mental health condition in their lifetime”



Parent Infant Mental Health

One in five mothers will experience mental health issues during pregnancy or in the first year of their babies life....

10% of fathers experience post natal depression....



A mother's view

*“It was so subtle. I **didn't realise** at first it was happening. I thought I wasn't coping, not depressed. I thought it was a bad day, not serious. It didn't happen every day or even all day of one day.... I was trying so hard to keep it together.”*



A father's view

“My partner had a breakdown and severe depression after the birth. We tried to get help for him from the mental health services but it did not come to anything – he was not ‘serious’ enough. Our relationship broke down as a direct response to both of our mental health states at this time and we are no longer together.”



Infant Mental Health

Attachment relationships for children aged 0-2 (estimates)

	Warwickshire		Coventry	
	2016	2021	2016	2021
No. of infants aged 0-2	18,378 ⁱ	18,478 ⁱⁱ	13,785 ⁱ	15,992 ⁱⁱ
Attachment relationshipⁱⁱⁱ (%)				
Securely attached (60%)	11,027	11,087	8,271	9,595
Possibly struggling with attachment relationship (20%)	3,676	3,696	2,757	3,198
Struggling with attachment relationship (10%)	1,838	1,848	1,379	1,599
Concerning parent/infant relationship (10%)	1,838	1,848	1,379	1,599

ⁱ Office for National Statistics licensed under the Open Government Licence (2017), Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2016.

ⁱⁱ ONS (2016), Subnational Population Projections for Local Authorities in England: 2014 based

ⁱⁱⁱ Svanberg PO (2006) - TBC



What can we learn from others?

- Glossop and Tameside
 - Integrated Parent Infant Mental Health Pathway, service directory and training provision
 - Early attachment service
- Gloucestershire
 - Multi-agency group
 - Multi-agency workshops
 - Brazleton Insititute: NBO / NBAS training for HVs
 - MABIM mapping site



Our Journey so far...

- 2015** Smart Start Programme launched
- Specialist Perinatal Mental Health service launched
- 2016** Smart Start Strategy agreed – PIMH priority
- Foundation research undertaken
- 2017** PIMH workshop and recommendations
- New CAMHS contract commences
- Invited Coventry colleagues to join
- Launched PIMH Steering Group
- STPs – MH, Maternity and Paediatrics



What is our purpose?

- Make a difference to parents and infants
- Raise awareness of parent infant mental health issues, challenge stigma
- Further improve the mental health and wellbeing pathway for all parents, and infants
- Develop a longer term strategic plan, whilst also taking advantage of immediate / short term open doors...



Today's agenda

- Set the scene
- Discuss ideas for the way forward
- Governance
- Opportunities for discussion and contributions from everyone



Thank you

Paula Mawson

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Parent – Infant Mental Health & Wellbeing Steering Group

The picture and context in Warwickshire

Monika Rozanski

0-5 Redesign Coordinator



Why focus on parent-infant mental health?



Up to
1 in 5

mothers are affected by mental illness during the perinatal period



This means that at least 10% of children have a mother suffering from poor mental health during the first year of their lives

In Warwickshire this equates to approximately between 602 and 1,203 children



In the UK, the estimated cost of perinatal mental illness, per annual cohort of births, is...

8.1 Billion

Perinatal mental illnesses may impact the mother and the child's development in the following ways...

They induce the production of stress hormones during pregnancy

Stress hormones cross the placental barrier, are transmitted to the foetus, impacting how the child responds to stress once born

They are linked with poor birth outcomes such as obstetric complications, as well as...

Poor birth outcomes such as prematurity and low birth weight, which increases the risk of developmental problems and infant mortality

They impair a mother's capacity to respond to child's feelings and needs

Resulting in insecure attachment, resulting in lower cognitive development and emotional or behavioural issues

They sometimes result in suicide, are one of leading causes of maternal deaths in the UK, and...

Sometimes result in infanticide in extreme cases, particularly for women with psychotic illnesses

Cost of perinatal mental ill-health

Equivalent to £10,000
for every single birth



Costs v improvement

The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

72% of these costs relate to adverse impacts on the infant rather than the mother.

Facts & Figures

- Warwickshire is home to **37,974** children aged 5 and under. The boroughs of Rugby and Nuneaton & Bedworth have the highest numbers of 0-5 year olds in the county.
- Live birth rate: **6,086**
- It's estimated 25% of post-natal mothers in Warwickshire suffer from loneliness and 15% self-reported anxiety symptoms.
- The most common types of mental illness during the perinatal period are depression and anxiety.
- The perinatal period is linked with an increased risk of severe mental illnesses, and to the risk of women with a history of severe mental illnesses (e.g. schizophrenia and bipolar disorder) relapsing.
- The factors that cause maternal mental health issues include genetic factors, history of mental illness, lacking partner support and socioeconomic disadvantage.
- 14% (13,500) of Warwickshire children under 16 live in poverty.
- **Socioeconomically disadvantaged women are more predisposed to suffer mental illness during the perinatal period and children living in poverty are more likely to be impacted by their mother's illness.**

In Warwickshire

(in 2015):



Up to **1 in 5** women develop mental health problems during pregnancy or in the first year after childbirth



Pregnant women

1,091-1,475	18.2 - 24.6%	Self reported Anxiety
911	15.2%	Diagnosis of Anxiety Disorder
246	4.1%	Generalised Anxiety Disorder
444-767	7.4-12.8%	Depression
557	9.3%	Depression & Anxiety

Mums' post-natal mental health

1,499	25%	Loneliness
581-773	9.7-12.9%	Depression (up to 50% <20yrs)
180	3%	Severe Depression
899	15%	Self reported Anxiety
593	9.9%	Diagnosis of Anxiety disorder
342	5.7%	Generalised Anxiety Disorder
492	8.2%	Self reported Depression & Anxiety
252	4.2%	Diagnosis Depression & Anxiety

Dads' perinatal mental health

300-599	5-10%	Depression
300-899	5-15%	Anxiety

Parents' voices



Giving Warwickshire's children the best start in life

Foundation Project (2016)

Voices of 1,135 parents of 0-5 year old children in Warwickshire



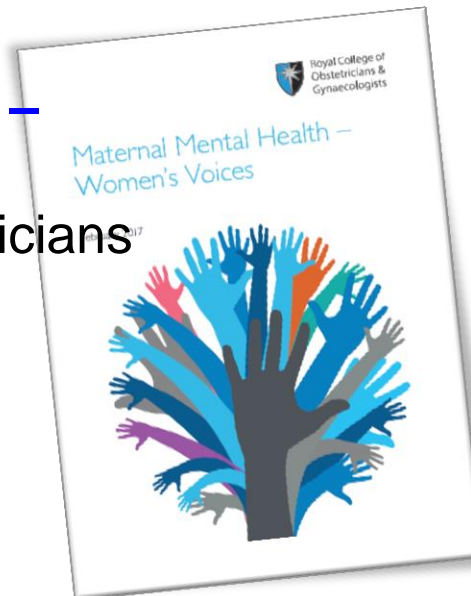
What Warwickshire Told Us
About the Family Hubs
Proposal 2017 – Executive
Summary



Warwickshire
Local Authority Council

Maternal Mental Health – Women's Voices (2017)

Royal College of Obstetricians and Gynaecologists



Public Consultation (2017)

Voices of circa 2000 respondents, incl. parents in Warwickshire

Smart Start Foundation Summary & reports:
<http://www.warwickshire.gov.uk/foundationproject>



Smart
Start

Giving Warwickshire's children the best start in life

Parents told us.....

Feeling low: Where do you go for support?

When you are feeling fed-up or low, where do you look for support?

I don't know where to find the support I need

Social media or apps

Online chat forum

I look for information on the internet

A Place of Worship

A Library

IAPT

A Medical Centre

A Children's Centre

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

18% of parents don't know where to look for support

Workless families

Loneliness and social isolation

Voices of parents & carers

“Mums need more support especially with little ones... it can be **very lonely**.”

“It would be nice to go to someone when I'm feeling down, or talk to them on the phone at that very time.... **Someone who is constant**, so they get to know you with your problems”

“I didn't find the **IAPT** helpful... the anxiety questionnaire... I had to repeat this at each appointment. This took up 15mins of the half-hour appointments...
I would have asked friends about where they go but I don't know anyone.”

“I felt I was **passed from pillar to post** and made to feel even worse with my mental health problems”



Smart
Start

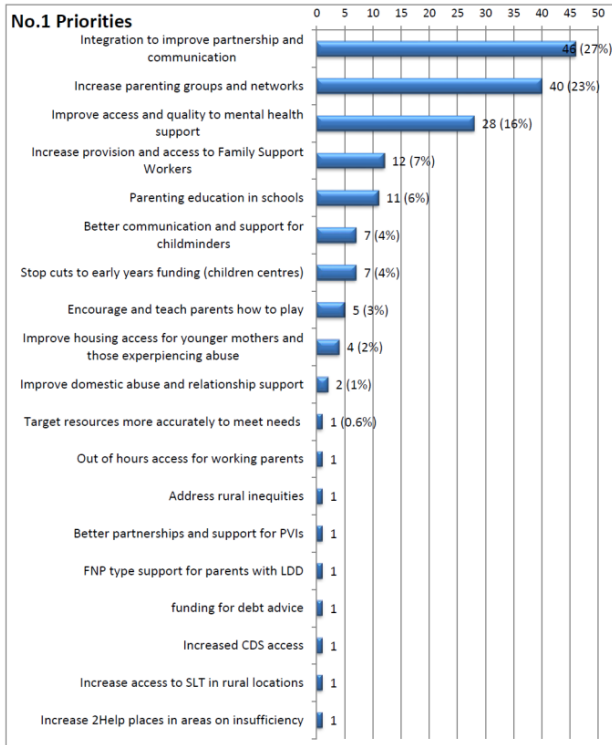
Giving Warwickshire's children the best start in life

Staff told us.....

'No.1 Priorities' chosen by frontline workers

Smart Start Focus Groups with Frontline Workers

'No.1 Priorities' participants wanted the Smart Start strategy group to consider



Acronyms

CDS	Child Development Service (part of the Integrated Disability Service)
FNP	Family Nurse Partnership
LDD	Learning difficulties and disabilities
PVI	Private, voluntary & independent early years education
SLT	Speech & Language Therapy
2Help	Free (15hrs) childcare for your two year old

2nd Increase parenting groups and networks

3rd Improve access and quality of mental health support

Mental health



“Children who are most needy in our nursery have mothers with a history of poorer mental health, it’s a common thread. It often shows as behaviour and learning development issues.” (Nursery)

"I'd say 8 out of 10 children we have in school with social, emotional and mental health problems have mothers that have had mental health problems... Lots of them have suffered post-natal depression and a lack of bonding with their child." (Primary School Head)



Dyadic Support

"Services are so separate... There's not enough co-working to look at the systemic family dynamics and the impact of the parent's MH on the child. The MH of the parent and child are seen in isolation....The problems then just repeat themselves!" (Other)

"We need to look at mum and baby as a whole, rather than just the mental health of the mum."
(nursery nurse)

"One of our young girls was rejecting her baby, and we were unable to get any help around this" (Midwife)

Headlines from the Family Hubs consultation

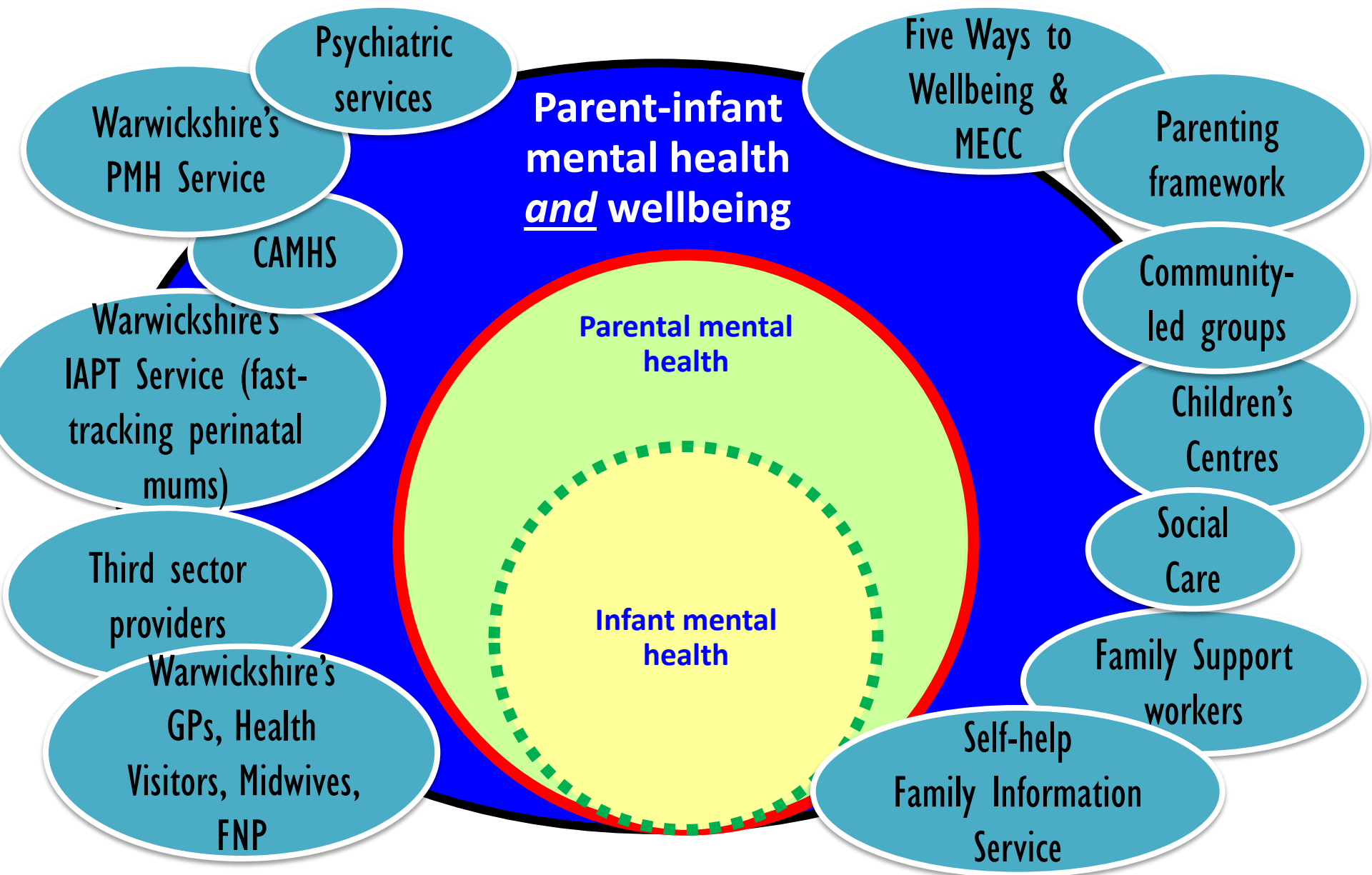


Key Headlines: Drop Ins

Headline....	Specifically..
Relationship more important than building – services should be prioritised	Health Visitors, New Baby Play & Stay, Perinatal Mental Health, Family Support Workers, Disabilities (North) Breastfeeding (South)
Meeting other new Mums is crucial prevents social isolation and loneliness Peer support to be available ante-natally <i>“It’s better to have friends before you need them”</i>	Moved to Area, JLR & Warwick University Travelling to Warks from other areas
Signposting to services - Navigator	“All age Sandra”
“They take my child and give me a break”	Specific to the Stratford area

Key Headlines: Consultation Survey

Headline....	
What services do people want to access in the community?	
Health Visitor	74.6%
Stay and Play	74.5%
Family Support and Advice	66.9%
Health and Wellbeing Services	61.5%
<u>Mental Health Services</u>	58.7%
Parenting courses	56.9%
Early Learning	56.8%
Speech, language and communication advice and support	56.0%
SEND support	54.3%
Parental support and education	51.1%
Does your child have Health or Developmental needs?	71% No 24% Yes



Warwickshire Service Landscape

Assets and developments

- Smart Start Strategy
- Children & Families Transformation Programme (0-5 Redesign, One Team, Social Worker Recruitment, FSW Review, Workforce Development)
- Parenting strategy (in development)
- STP/ Mental Health workstream/ Local Maternity System

Thank you



Parent Infant Mental Health and Wellbeing in Coventry

Harbir Nagra

Public Health Coventry City Council

November 2nd 2017



Why is this important?

- Large numbers of children grow up with a parent who has a mental health problem
- Parenting role
- Research has shown that some children of parents with a severe and enduring mental illness experience greater levels of emotional, psychological and behavioural problems than children and young people in the rest of the population.
- 1001 critical days
- Marmot city

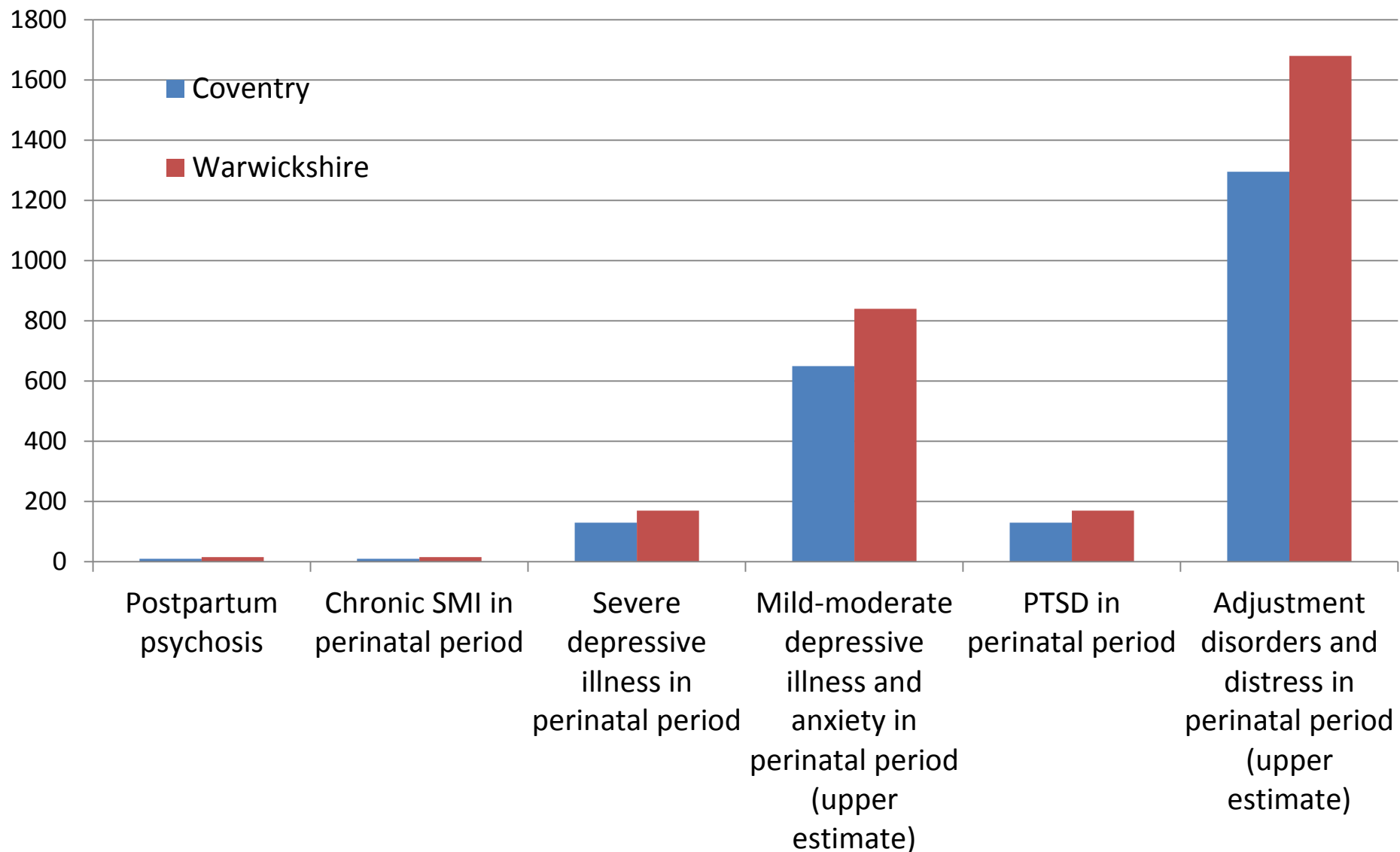


Facts about Coventry

- 1 in 6 people in Coventry are estimated to be affected by a common mental health condition at any one time
- 0-4 years make up about 7% of the population
- Live birth rate: 4,517 per year
- Higher BME population - approx. 30%
- Higher rate of under 18 conceptions per 1000 in 15 to 17 years (29.9 per 1000 compared 20.8 per 1000)

	Coventry	Warwickshire	England
Looked after children aged less than 5	46 per 10000	39.6 per 10000	36.9 per 10,000

Perinatal mental health



Risk factors

	Coventry	Warwickshire	England
Infant mortality	4.0 per 1000	4.4 per 1000	3.9 per 1000
Still births (13/15)	5 per 1000	3.1 per 1000	4.6 per 1000
Children living in low income families under 16	25.4%	14%	20%
Domestic abuse related incidents and crimes recorded by police (15/16)	23.5 per 1000	21.6 per 1000	22.1 per 1000

Assets

Acting Early

Family hubs

Family health and
lifestyle service
development

FNP and IBUMPS

Health Visiting

Coventry and
Warwickshire
MIND

Perinatal mental
health

NBO

CAMHS

The perinatal mental health service actions planned

- **Groups:** Developing a group for mothers who are struggling to bond with their babies
- **Recruitment:** Specific parent-infant therapist
- **Training:** Increase capacity and awareness of parent-infant work through training and consultation with other relevant stakeholders and professionals

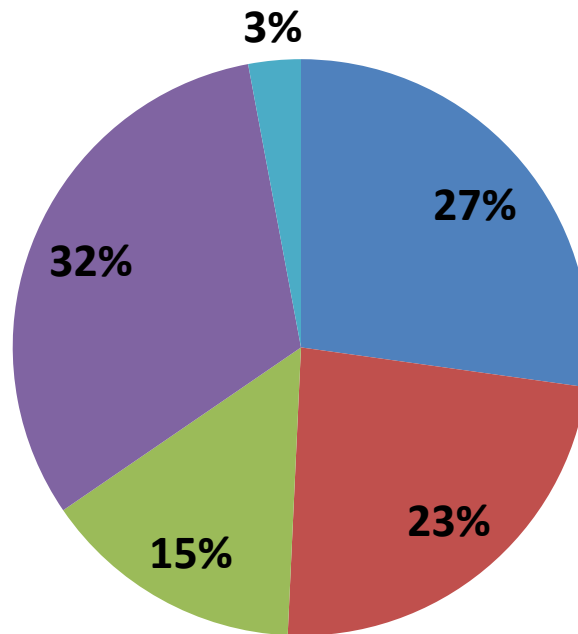
Parenting strategy development

Since June 17 Coventry has been developing a new parenting strategy

1. Mapping out current services
2. Consultation with parents
3. Identifying the key priorities for the strategy

How would you prefer to receive parenting advice and support

■ Online ■ Group ■ Drop in
■ One to one ■ On the phone



Online resources –
e.g. net mums

Maternity – hands
on and birth
expectation

Health visiting

Breastfeeding

Universal

Family links
programme -
attachment

Strengthening families
strengthening
communities

Solihull approach

Supporting BME
families - Mamta

Domestic violence – offer
- LWC, Coventry Haven,
neighbourhood

Parents with substance
misuse – NSPCC PUP,
Cyrenians alcohol
cessation

Parents with mental
health issues – Young
Smiles

Targeted

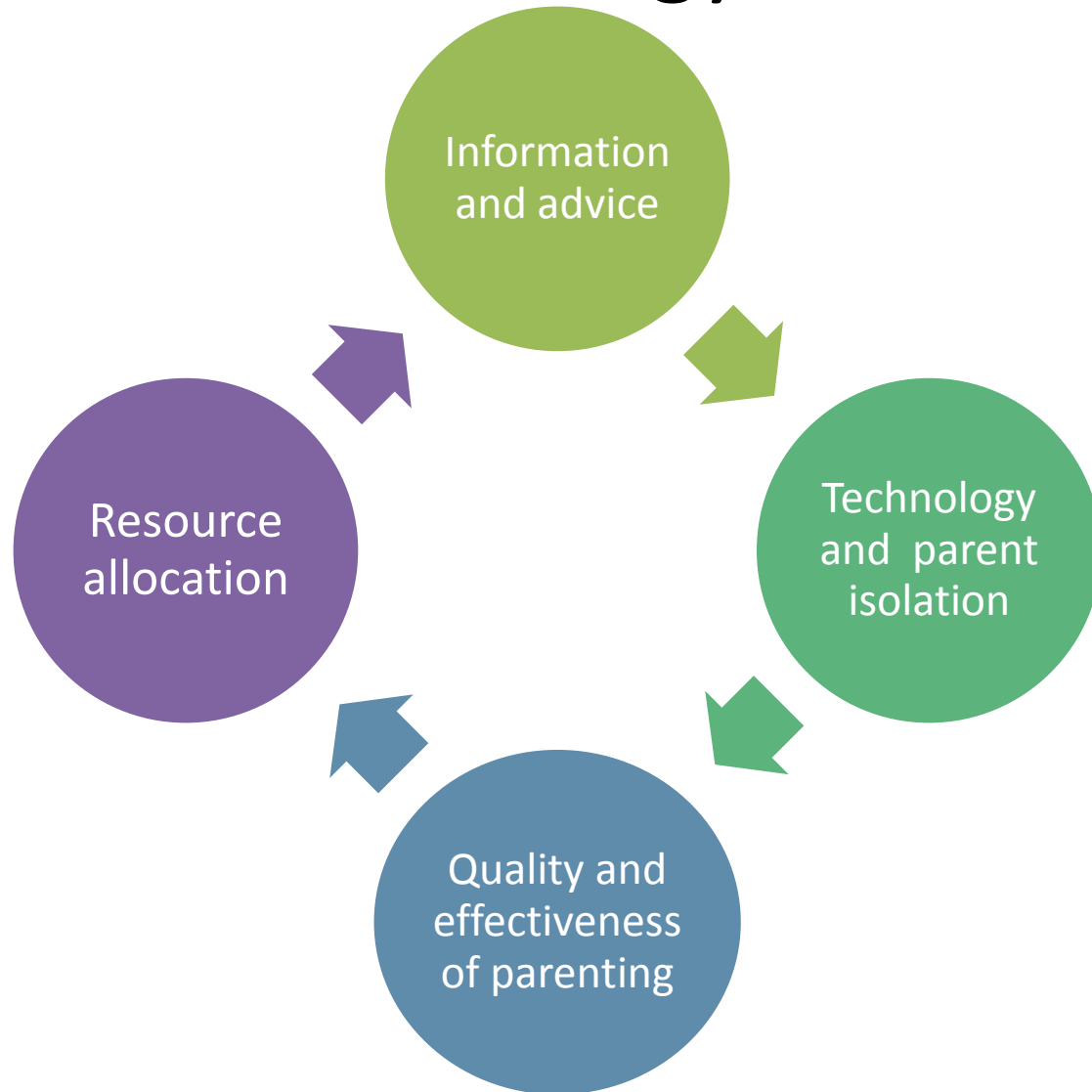
Supporting asylum
seeker families –
Carriers of hope,
Mamta

Teen parents – FNP
and iBumps

SEND- early years
parenting groups, SEND
EYSS CASS- Autism
Stepping stones- Triple P

Lone parents – relate
counselling

Key work streams for the parenting strategy



Thank you



The picture and context of mental health commissioning and services

**Eleanor Cappell,
Senior Commissioning Manager – Coventry &
Rugby CCG**

Eleanor.cappell@coventryrugbyccg.nhs.uk



The image features two men in conversation. The man on the left is wearing a dark blue t-shirt and has a beard. The man on the right is wearing a white t-shirt with a purple 'friend' logo that also says 'London' and 'DESIGN'. They are both smiling and looking at each other. The background is a blurred outdoor setting with green foliage. The entire image is overlaid with a blue geometric pattern of triangles. The title text is centered over the image in white, bold, sans-serif font.

IMPLEMENTING THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

Commissioning Intentions 2018/19

Our strategic work programmes

We have developed six strategic work programmes:

Primary Care

Our commitment is to enable the delivery of primary care at scale, increase opportunities for practices to work together to deliver resilient sustainable primary care, increase access to seven day services and same-day urgent care.

Out of Hospital Care

Our commitment is for fewer visits to hospital for patients with ongoing conditions and less time in hospital when you do have to stay, supported by more rehabilitation and ongoing support closer to home.

Maternity and Paediatrics

Our commitment is for a Maternity and Paediatrics service delivering safe, kind, family friendly, personalised care with improved outcomes for children, young people and families.

Urgent and Emergency Care

Our commitment is to deliver an integrated urgent and emergency care offer to the public with simple access for patients, delivering consistency of care.

Planned Care

Our commitment is to ensure timely access to expert opinion, investigation and treatment. We will reduce unnecessary visits to hospital for follow up care. Care will be provided in a range of accessible community settings.

Mental Health

Our commitment is to deliver a proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and support individuals and families to manage their mental health and wellbeing condition.

Mental Health

Our commitment is to deliver a proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and support individuals and families to manage their mental health and wellbeing condition.



EMBED

suicide prevention strategy
and reduce rates by 10% against
the 2016/17 baseline

Treat children
through community
services to reduce



AVOIDABLE ADMISSIONS TO INPATIENT BEDS



IMPLEMENT

all age neurology development pathway for
adults with suspected autism and/or ADHD



IMPLEMENT

the local CAMHS
transformation plan



INCREASE

access to talking therapies for
depression and/or anxiety to
19% during 2018/19



IMPROVE

care for people with
learning disabilities

INCREASE





access to annual health checks,
75% uptake by 2020

EARLIER ACCESS







and interventions, crisis aversion
and reduced demand for specialist care





Mental Health

COMMITMENT 	WHAT WE HAVE DONE 	PATIENT IMPACT 	NEXT STEPS 
<p>Implementing a new Child and Adolescent Mental Health Service (CAMHS) and deliver a range of transformational priorities such as a reduction in waiting times, acute liaison team, early interventions in schools and a community eating disorder service</p>	<ul style="list-style-type: none"> • New services commissioned for: patients with eating disorders • New pathway for autism assessment developed • Referral to treatment for emergency, urgent and routine appointments in 16/17 between 98-100% 	<ul style="list-style-type: none"> • Earlier access and interventions • Improved crisis averseion • Reduced unnecessary demand for specialist care by ensuring more appropriate care is available and easy to access 	<ul style="list-style-type: none"> • Reduce avoidable placements to in-patient beds • Ensure a highly-skilled workforce can meet demand • Local Transformation Plans to be annually refreshed • Ongoing monitoring of transformation priorities
<p>Review mental health crisis response and self-harm (i.e. provision of services that support crisis care as per the Mental Health Crisis Concordat)</p>	<ul style="list-style-type: none"> • Reviewed the Crisis Concordat work to ensure that our services are up to date and fit for purpose 	<ul style="list-style-type: none"> • Improved and increased access to a more responsive crisis service 	<ul style="list-style-type: none"> • The Crisis Concordat plan will be updated with a named CCG lead
<p>Implement an all age neurology developmental pathway for adults with suspected ASD and/or ADHD</p>	<ul style="list-style-type: none"> • Adult diagnostic pathway and support launched in February 2017. Work will continue to create the all-age pathway 	<ul style="list-style-type: none"> • Patients with suspected Autistic Spectrum Disorder and/or ADHD are diagnosed locally and given the right support for their individual needs 	<ul style="list-style-type: none"> • Staff are recruited and in post, undertaking assessments alongside the provision of specialist post-diagnostic support
<p>Continue transforming care for people with learning disabilities – phase 2 (repatriation of patients out of area and/or in NHSE commissioned beds)</p>	<ul style="list-style-type: none"> • Established a Transforming Care board to deliver a new model of care • Created a register of patients in a hospital bed or a risk of admission • Jointly commissioned new community services to support patients with learning disabilities or autism to avoid hospital admission 	<ul style="list-style-type: none"> • Delivery of patient centred care closer to home to reduce avoidable admissions 	<ul style="list-style-type: none"> • A reduction across the Transforming Care Partnership footprint of 24 beds from 61 to 37 by March 2018 across CCG and NHSE • Working closely with our provider to redesign services

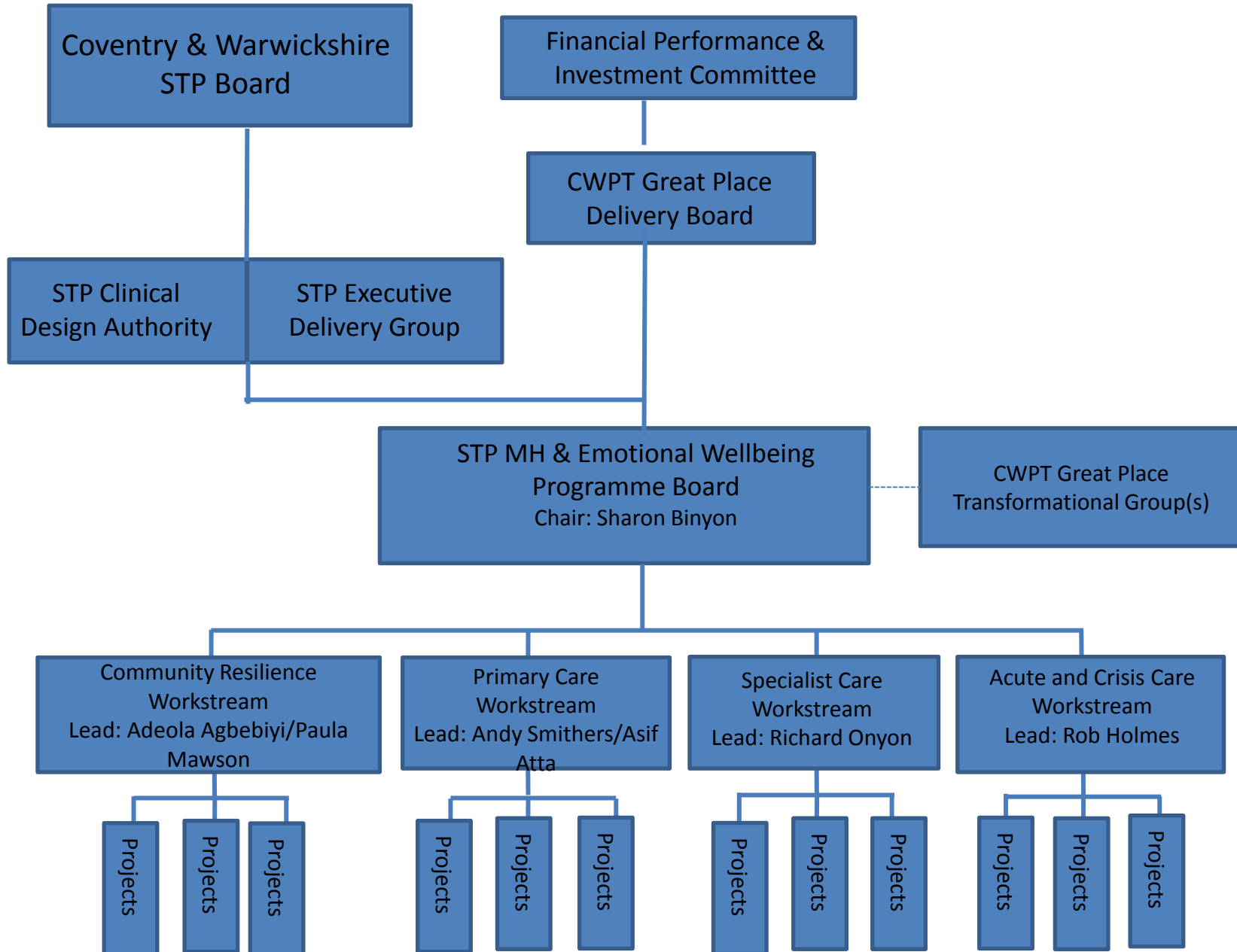
Mental Health

COMMITMENT 	WHAT WE HAVE DONE 	PATIENT IMPACT 	NEXT STEPS 
Improved referral and access criteria for services – focusing on respite, rehabilitation and specialisations	<ul style="list-style-type: none"> An ongoing programme of work has been developed to review all the mental health service specifications 	<ul style="list-style-type: none"> Improved patient experience, clinical outcomes and access to services 	<ul style="list-style-type: none"> Review current specifications to ensure transformation of services is contractually documented
Continue to implement our local mental health Commissioning for Quality and Innovation (CQUINs) to improve case management and acute mental health admission avoidance	<ul style="list-style-type: none"> Local CQUINs have demonstrated a reduction in readmissions 	<ul style="list-style-type: none"> Reduction in avoidable mental health admissions Improvement in the use of care coordinators Improved discharge planning for patients 	<ul style="list-style-type: none"> Continue previous CQUIN initiative Provide better, targeted, more appropriate support to frequent attendees at A&E
Review the options for a joint commissioning approach to learning disability with Warwickshire County Council as the lead partner	<ul style="list-style-type: none"> Local CCGs have agreed to work to a collaborative commissioning arrangement 	<ul style="list-style-type: none"> Care is based around individual patient needs for Rugby patients with learning disability 	<ul style="list-style-type: none"> Work collaboratively with our local provider to understand current activity and how best to use available resources
Improving access to Child and Adolescent Mental Health Service (CAMHS) services	<ul style="list-style-type: none"> Awarded a new contract to deliver a new model for emotional wellbeing service in Warwickshire (Rugby young people) Improved early identification of needs and closer working with schools to improve access to the CAMHS services 	<ul style="list-style-type: none"> Earlier access to intervention from a range of multidisciplinary teams (MDT) 	<ul style="list-style-type: none"> Contractual and governance arrangements to be agreed Begin the two-year implementation phase Develop a positive outcome based commissioning model
Embed the Suicide Prevention Strategy and reduce suicide rates by 10% against the 2016/17 levels	<ul style="list-style-type: none"> Implementation of a local multi-agency strategy for suicide prevention Begun working towards "Zero Suicides" across Coventry and Warwickshire 	<ul style="list-style-type: none"> Raise awareness of support available to those contemplating suicide Reduce levels of suicide 	<ul style="list-style-type: none"> Look at prevention strategies targeting high-risk groups and high-risk locations to work towards reducing suicide levels

Mental Health

COMMITMENT 	WHAT WE HAVE DONE 	PATIENT IMPACT 	NEXT STEPS 
<p>Commission additional psychological therapies, integrated with physical health</p>	<ul style="list-style-type: none"> • Ensure a highly-skilled, confident workforce with the right capacity and skill mix with access to ongoing training in new competencies for long-term conditions • Increased, improved and expanded access to psychological therapies i.e. reaching new patient cohorts such as those in Black Asian Minority Ethnic (BAME) communities 	<ul style="list-style-type: none"> • 15% (increasing to 16.8% by Q4 2017/18) of people with common mental health conditions access psychological therapies • 50% of people who access treatments achieve recovery 	<ul style="list-style-type: none"> • Provision of employment advisors to help people find and stay in work • Explore opportunities around new digital therapies • Test, design and implement integrated pathways for Improving Access to Psychological Therapies (IAPT) and long-term conditions (LTCs) focusing on diabetes, asthma and chronic obstructive pulmonary disease (COPD) • 16.8% (increasing to 19% by Q4 2018/19) of people with common mental health conditions access psychological therapies
<p>Ensure we have services in place to deliver national early intervention in psychosis standards and increase access to individual placement support</p>	<ul style="list-style-type: none"> • Progress towards National Institute for Health and Care Excellence (NICE) compliance standards 	<ul style="list-style-type: none"> • 53% of people with first episode of psychosis starting treatment with a NICE-recommended package of care within 2 weeks of referral 	<ul style="list-style-type: none"> • Working with the service to review and benchmark staffing capacity and capability to ensure we have the right staff with the right skills • Embedding specialist employment support to help people find and stay in work
<p>Increase access to annual health checks, progressing towards 75% uptake by 2020</p>	<ul style="list-style-type: none"> • New standards are being monitored as part of the Service Development Improvement Plan 	<ul style="list-style-type: none"> • Patients to have improved awareness of and access to annual health checks and reviews 	<ul style="list-style-type: none"> • Raise awareness of annual health checks to increase uptake as part of the five year plan
<p>Continue to develop the community-based Assessment & Treatment service that is providing an alternative to in-patient admission for people with learning difficulties in crisis</p>	<ul style="list-style-type: none"> • Community Intensive Support team developed and currently being reviewed to ensure it is provided improved outcomes 	<ul style="list-style-type: none"> • Ensure patients with behavioural challenges are supported to remain in the community, where it is appropriate and safe to do so 	<ul style="list-style-type: none"> • Undertake service redesign with local provider to increase impact of the service to prevent avoidable admissions

STP Mental Health & Emotional Wellbeing Programme Structure





Findings from 23 May Parent-Infant Mental Health and Wellbeing workshop (Warwickshire)

Sophy Forman-Lynch
Warwickshire Public Health
2 November 2017

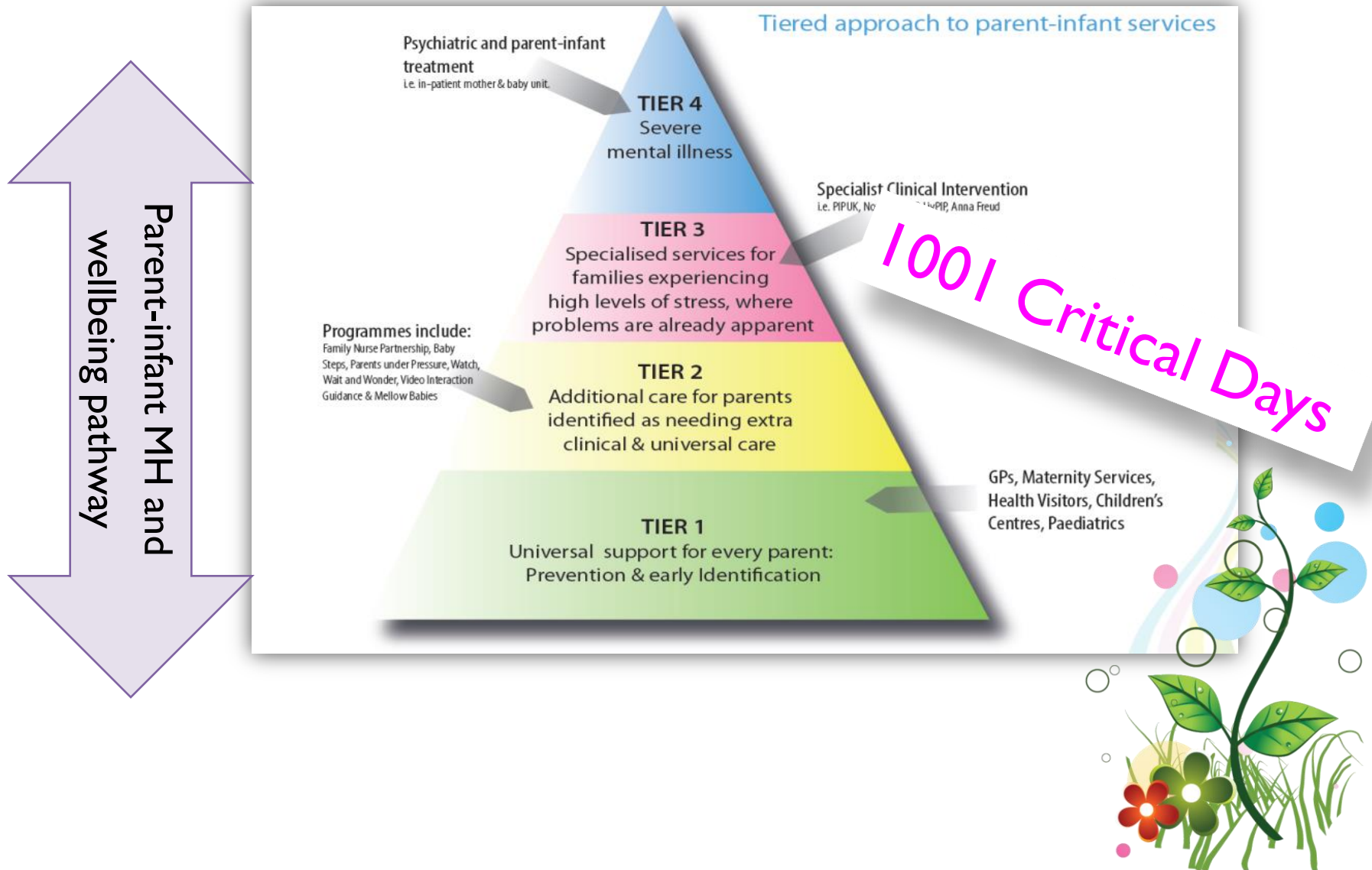


Workshop purpose and objective



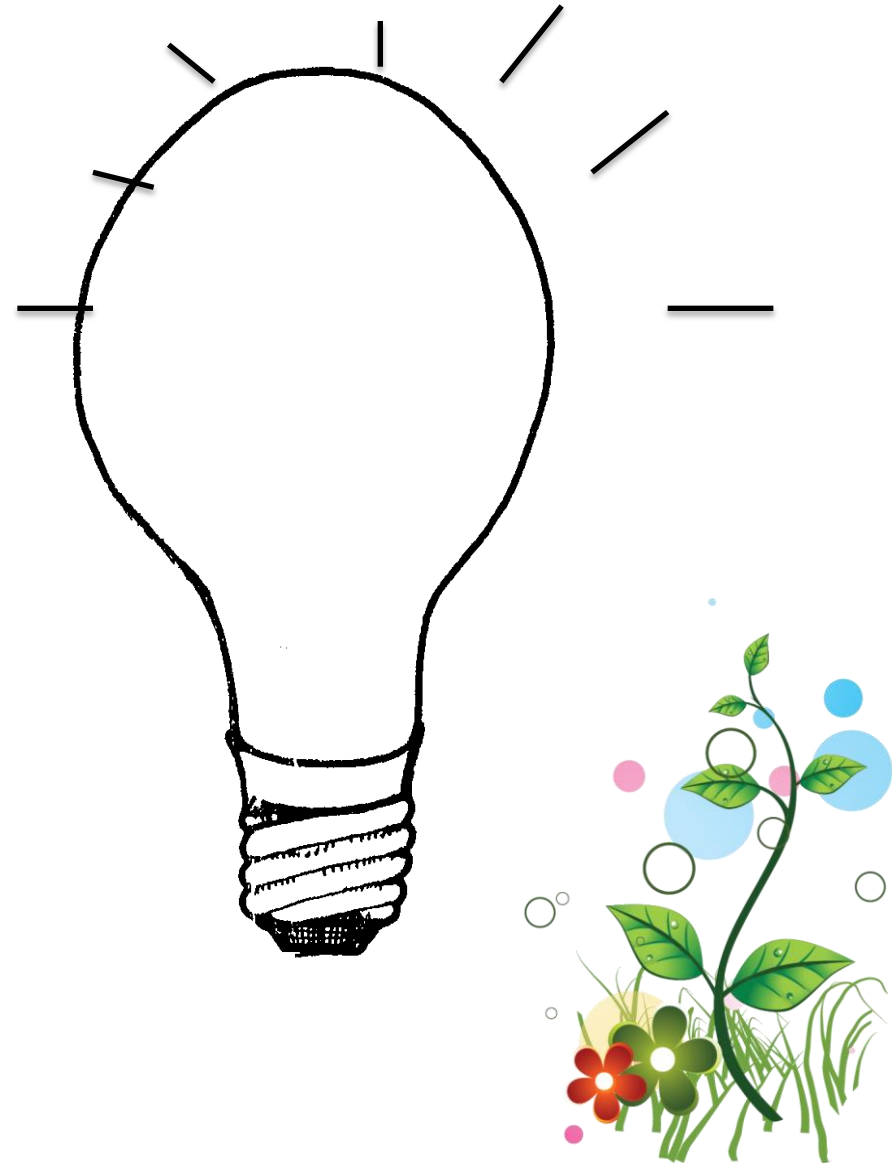
75+ multi-sector
delegates

Building a parent-infant mental health and wellbeing support pathway



Bright Ideas and Recommendations

Recommendations 23 May Workshop	
Key Messages	<ul style="list-style-type: none"> Set up a multi-agency parent-infant mental health and wellbeing working group Engage and coordinate parent-infant mental health support in Wiltshire and Swindon, using IMH4Child Improve capture of parent-infant mental health service data, to inform more evidence-based decisions Develop a 5-yr parent-infant mental health and wellbeing strategic plan and related roll-out and groups
Priority	<ul style="list-style-type: none"> Establish a Wiltshire and Swindon parent-infant mental health and wellbeing network to help build consistency and quality of parent-infant mental health and wellbeing support through shared standards, competencies Capture the voices of parents, staff and families, and develop a network of self-help services, with co-production of parent-infant mental health plans for the purposes of co-production Develop links to Wiltshire Children's Mental Health Forum
Communication	<ul style="list-style-type: none"> Challenge stigma relating to mental health issues and reduce parental fear of disclosing problems, through co-produced narratives, feedback, support and 1:1 coaching Develop a plan for parents experiencing mental health and wellbeing issues Co-design and co-produce a parent-infant mental health & wellbeing portal for practitioners, parents and families, to improve information sharing and signposting
Bring the best of all worlds	<ul style="list-style-type: none"> Strengthen parental mental health support, particularly for dads, using mental health services to inform approaches Consider the evidence base for parent-infant mental health and wellbeing (specifically IMH4Child) support interventions Deliver a tailored, dyadic/relational support to be available and delivered across all adult and infant mental health service sites Adaptation (i.e. use of this model) for local services that support families with parent-infant mental health needs Grow more free line text support for families where there are inter-parental relationship issues and conflict during the 100 critical days Establish a PP service in Wiltshire
Workforce development	<ul style="list-style-type: none"> Consider evidence base parent-infant mental health training and undertake workforce development needs assessment that considers whole pathway (from perinatal to age 5-6) All multi-agency staff who work with families in the 100 Critical Days to have a level of knowledge and skills in parent-infant relationship, and the ability to support and encourage the parent-infant relationship, (i.e. Making Every Contact Counts, with different levels of training) All multi-agency staff who work with families in the 100 Critical Days to be equipped with training to support parents with lower level mental health, address early identification and spend up the initial response, (i.e. Making Every Contact Counts, with different levels of training) Develop effective supervision models between agencies for parent-infant mental health support
Signposting	<ul style="list-style-type: none"> Start parent-infant relationship promotion and education with young people in schools Increase informal group-based parental opportunities to learn about being a parent (including importance of reflective thinking) and grow their non-peer support networks





MATERNAL MENTAL HEALTH ALLIANCE

Awareness Education Action
to improve the lives of mothers and their infants

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Mapping Tool

MABIM Perinatal Mental Health Mapping Tool

[MABIM PMH Mapping tool](#)



MABIM (draft) rating of Warwickshire services and pathways

Overall Rating

2

Care Pathway

3

Clinical and
Commissioning
Networks

3

Workforce Training and
Development

2

Commissioning

2

Maternity Services

2

General Practitioners

2

Health Visitors

2

Family Nurse
Partnership

4

Specialist Perinatal
Mental Health Services

4

Adult Mental Health
Services & CAMHS

2

Community and
Children's Services

1

Infant Mental Health

2

Information and support
for dads/partners

2

Third Sector

1

(rating as of 31 October 2017)

KEY 0 = None of this is true in my area.

1 = One or two of these things are true in some areas.

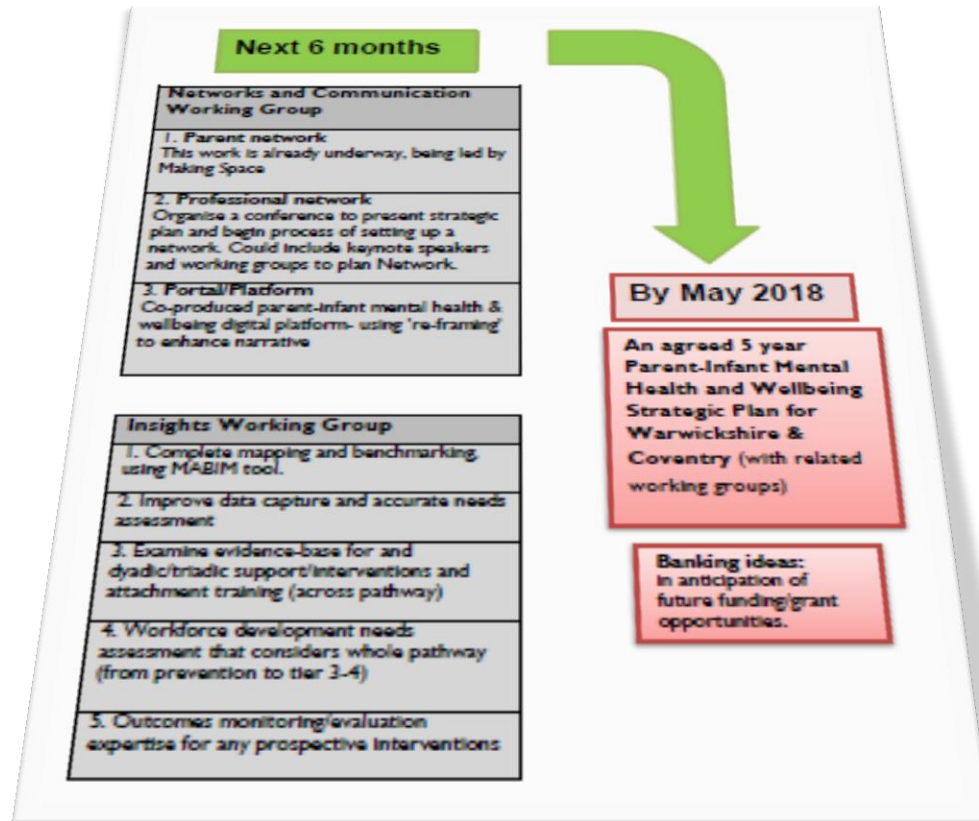
2 = A few of these things are true.

3 = We are doing many of these things but we don't know if they are working.

4 = We are doing many of these things and are confident in the quality.

5 = We are doing all of these things well.

Plans for the next 6-12 months?



Thank You!

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