

PERINATAL MENTAL HEALTH REVIEW SEPTEMBER 2019

Croydon Public Health Department

Delivering for Croydon

CROYDON
www.croydon.gov.uk

Contents

Executive Summary	3
Key recommendations.....	3
1.0 Introduction	5
What is perinatal mental illness?	5
The impact of perinatal mental illness	5
Context	5
Perinatal Mental Health ‘Landscape on a Page’:	12
Structure of this Assessment	6
2.0 Assessment of Need	7
3.0 Assessment of local provision compared to evidence based guidance.....	10
5.0 Overview of Recommendations	17
6.0 References	21
7.0 Appendix.....	27
National Context.....	27
Key Indicators	28
Sources of Vulnerability.....	29
Abbreviations.....	29
Internal Plans, Strategies, and Reviews referenced	30
Existing perinatal mental health pathways for maternity and health visiting.....	31
Evidence Based Recommendations	33
Partner summary	36
Acknowledgements	40

Executive Summary

'Perinatal mental illness' describes the range of mental health issues that women and their partners can be affected by during pregnancy and in the year after birth. Nationally, it is estimated that 25% of women and 10% of men have a mental health illness during this time (1) (2). Poor mental health during the perinatal period can have immediate and lasting serious impacts for parents and children including relationships, employment and education and life attainment (3). These can largely be mitigated by early detection and high-quality care. However, it is estimated that 50% of perinatal depression and anxiety is undetected and many of those detected do not receive adequate evidence-based treatment (4). The overall economic burden to the UK is £8.1 billion for each year of births (1). The majority of these costs are due to adverse impacts on the child and longstanding safeguarding risks, rather than the treatment of the parents (1). The aim of this work was to map the services working in this field across Croydon in order to identify ways that care provided to women and families affected by perinatal mental illness and their experiences and outcomes, can be improved. The aim of this review is to describe this work and its findings, to identify recommendations and inform commissioning.

There are many strengths across the borough in the services that support women and families during the perinatal period. These include an established community perinatal mental health team (CPMHT) with effective integrated working with maternity and health visiting to provide continuity of care for women with the most severe and complex needs. However, there remains substantial unmet need across the borough in terms of numbers receiving care and especially for fathers and partners, those with mild or moderate illness and women in high risk groups such as young mothers and asylum seekers. In 2017 there were 5761 births to Croydon residents from a population of 79,495 women of childbearing age. In 2018/19, 96 referrals were accepted by CPMHT compared to an estimated 372 women with severe or complex mental health needs. Nearly one in three young mothers working with Family Nurse Partnership reported mental health problems but only one in 10 were receiving care from mental health services. There is no pathway or specific service to support the mental health of teenage mothers. An estimated 578-868 women will have mild to moderate anxiety and depression and 868 – 1735 will have adjustment disorder and distress but only 280 pregnant or postnatal women received treatment from IAPT. The number receiving support from other services, including primary care, is unknown.

Extensive stakeholder and service user engagement identified the main challenges in this field as:

- Lack of integrated working between services resulting poor continuity of care or negative experiences by women and families
- Gaps in service provision for women that experience mild to moderate illness, fathers and partners, women that experience traumatic birth, teenage mothers, hard to reach groups such as asylum seekers as well as challenges in accessibility of services due to their lack of suitability for families.
- Lack of awareness or confidence in professionals in knowing the symptoms, management and available support available across the borough.
- Unclear governance and strategic overview.
- Growing unmet need due to reduced funding and capacity in many services.

Key recommendations

1. Integrate services and data sharing: Services are seamless, flexible and responsive across the whole range of need, from those with lower level needs to those needing specialist support.

This includes:

- Better communication between services
- Improved routine data collection and review
- Increased data sharing between services

2. Reduce inequalities and address specific service gaps: Services are accessible to all, across the whole range of need, from those with lower level needs to those needing specialist support.

This includes:

- Increased access to specialist services in line with national expectations
- More support for people with mild to moderate mental health concerns
- Addressing specific gaps: e.g. fathers and partners; women that experience traumatic birth; young mothers; people with limited English; asylum seekers and crèche provisions.
- Extended range of care from pre-conception up to the first two years after birth

3. Workforce training and public awareness: Staff know how to identify and signpost or provide evidence-based support. The public are enabled to recognise and know how to seek help

This includes:

- Improved knowledge of available services and how to access them among staff and public
- Increased community engagement
- All professionals that work with families are trained

4. Governance and commissioning: This work is overseen by the right decision makers, fits with the strategic context and has a strategic overview of the funding.

This includes:

- A clear action plan that is monitored and adapted as national and local policy develops
- Perinatal mental health is championed within the upcoming mental health strategy
- Continued involvement of the adult mental health and Children's and Young Persons Mental Health and Emotional Wellbeing Boards with inclusion of wider boards as appropriate.
- Increased input from mothers, parents partners and lay members
- Accessible language used throughout.

1.0 Introduction

What is perinatal mental illness?

The term 'perinatal mental illness' is used to describe the range of mental health issues that women (and their partners) can be affected by during pregnancy and in the year after birth. Mental health issues may exist prior to pregnancy and persist, deteriorate, recur or arise for the first time during this period.

Nationally, it is estimated that 25% of women and 10% of men have a mental health illness during pregnancy and the first year after birth (1) (2). Despite this overall high prevalence, it is estimated that 50% of perinatal depression and anxiety is undetected and many of those detected do not receive adequate evidence based treatment (4). Perinatal mental health conditions range from mild to severe and require different kinds of care.

The impact of perinatal mental illness

Poor mental health during the perinatal period can have immediate and lasting effects for parents and children. It can impact on many aspects of life including relationships, employment and education. (3) Perinatal mental illness also remains a leading cause of maternal death in the UK, where over half of women that die during pregnancy have a previous history of severe mental illness (5).

Importantly parents need to care for their child, whose environment during pregnancy and the first two years of life will shape their future emotional, behavioural and intellectual developments. Children born to a mother with poor mental health are, for example, at higher risk of poor physical, mental health as well as social and educational outcomes (6). Where a father's mental health impacts his relationship with his child or partner, this can also cause problems with emotional and behavioural development in the child (7).

It is estimated that the long-term cost to society from perinatal depression, anxiety and psychosis is £8.1 billion for each year of births (1). The majority of these costs are due to adverse impacts on the child and longstanding safeguarding risks, rather than the treatment of the parents (1). These could be minimised with improved detection, and proactive, high quality care (8).

Early identification and management is required to minimise the exposure for the foetus or infant. Increasingly, it is recognised that health status needs to be optimised even before conception, in order to promote safe healthy pregnancies and healthy early years (9). This is also true of mental health, where many problems that exist before pregnancy may be exacerbated in the perinatal period.

Failure to recognise need at the earliest opportunity can result in children being exposed to chronic stress from factors such as parental relationship breakdown, neglect and parental substance misuse. These are known as adverse childhood experiences (ACEs). Children who are exposed to any of these at home may themselves have complex needs that require additional support and safeguarding (10). Approximately 9% of children will experience 4 or more ACEs. In Croydon this equates to an estimated 500 babies per year that will have experienced four or more ACEs by the time they reach 18 years old. There is strong evidence that children exposed to four or more ACEs are more likely to develop health-harming and anti-social behaviour, experience poor mental health, become a teenage parent and perform poorly in school (11).

Context

A joint strategic needs assessment (JSNA) in Croydon looking at the comprehensive needs of families mental health has not been carried out since the implementation of the Health and Social Care Act (2012) (12). Through evaluating the burden of perinatal mental illness in Croydon and appraising services in terms of effectiveness, availability and gaps, this review aims to:

- **make recommendations** to improve perinatal mental health services,
- **improve commissioning**, through understanding need and identifying gaps in support
- provide the intelligence to shape future plans, initiatives and strategies that seek to improve mental health and emotional wellbeing thus **targeting our resource**.

The 2018 Annual Director of Public Health Report identified a key recommendation to “review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019”. Mental wellbeing and good mental health has also been selected as a key priority of both the 2018 Health and Wellbeing strategy and the One Croydon Transformation Plan. Both the adult and children’s mental health programmes in Croydon are undergoing transformation with a greater focus on prevention and community outreach.

Whilst there has not been a specific needs assessment in this area, a joint strategic needs assessment looking at maternal health, which was undertaken in 2014/15, identified perinatal mental health as a key area of focus. In September 2018, Croydon Best Start held a conference on perinatal mental health. This highlighted the many strengths across the borough, but also the need to better integrate services and ensure coverage of services meets recent national guidance.

Perinatal mental health is a current national priority and is included in both the Five Year Forward View for Mental Health and Better Births programmes. This has attracted increasing funding with £365m nationally allocated between 2015-2021, to improve the proportion of women that receive evidence based care at the right time and place. Croydon is part of the South West London Perinatal Mental Health Network which is a multidisciplinary network accountable to the London Mental Health Strategic Clinical Network. South West London Sustainability and Transformation program successfully bid for funding in 2017/18 to expand their programme of work in perinatal mental health. Further funding is anticipated from 2020 onwards to meet the aims of the NHS Long Term Plan. This includes several priorities including widening access to psychological therapies, providing maternity outreach for women that experience traumatic birth, and assessing and supporting partners mental health in families where the primary caregiver has severe or complex mental illness.

Together, these mean there is good local motivation at the political and professional level at this time.

Structure of this Assessment

For the purpose of this assessment, we consider need and services:

- From early identification of risk to treatment
- For women, their partners and families
- When planning pregnancy, during pregnancy and within one year of delivery

Where available and possible, this report contains:

- Croydon data (available from national data sets), set out in tables and benchmarked against regional and national comparators
- Local service level activity data and local context. Due to the nature of this type of data it is not possible to benchmark these. Often these are only a snap shot of a moment in time or a survey of professionals in this field (primary care), however they help us to establish a local picture.
- The experiences of women and families that have utilised services that support perinatal mental health, gathered through a Healthwatch survey.
- A narrative description of the services that support perinatal mental health needs. This was informed by a formal mapping process comparing five statutory services (maternity, health visiting, primary care, community perinatal mental health team and IAPT) against national evidence based standards. A further 54 stakeholders from 22 different services were met and engaged in identifying the strengths and gaps in our services.
- Recommendations based on the local picture which were informed by these stakeholder engagement discussions, a specific stakeholder workshop attended by approximately 90 stakeholders across a range of services and our steering group.

The cut off for data inclusion was the 1st of July 2019, however, in some instances, individual data points have been updated where relevant. This report has identified a lack of data regarding perinatal mental illness in Croydon. The majority of cases are managed outside of SLAM perinatal mental health services but there is no data readily available from the wider primary care, universal services or social care system on prevalence of perinatal mental illness.

2.0 Assessment of Need

Demographics

In 2017, Croydon had the second highest number of births in London, behind only Newham (13). There were 5761 births to Croydon residents from a population of 79,495 women of childbearing age (20.7% of the population) (14). Approximately two thirds of these births occur in Croydon University Hospital NHS Trust (CUH) with one third of Croydon residents delivering outside of the borough. The annual variation in the number of live births per year is shown in Figure 1.

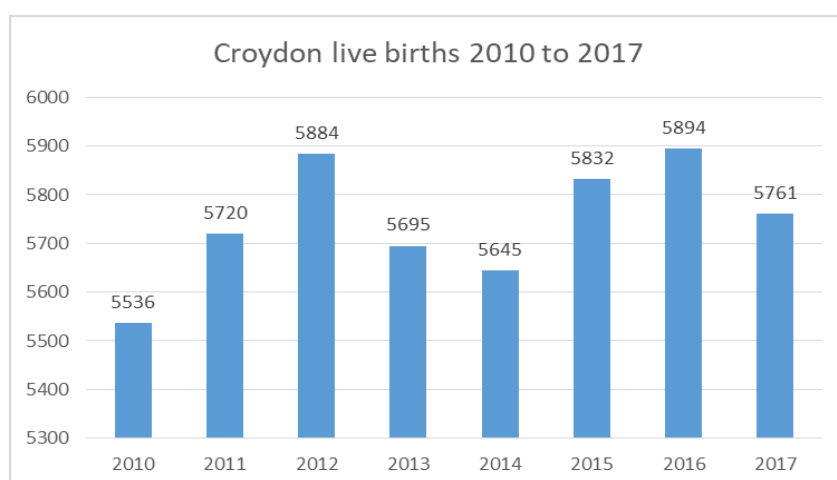


Figure 1 Croydon Live Births 2010 to 2017

Croydon's diversity is reflected in this population, where 45% of deliveries are to mothers from Black and Minority Ethnic (BAME) groups. Half of births are to mothers born outside of the UK (52.1%) and an estimated 13% of women attending the first antenatal assessment at CUH had little or no understanding of English language. In addition, 25% of women attend this first appointment after 12 weeks of pregnancy (19) and therefore may miss important information and opportunities to improve the chance of a healthy pregnancy.

Perinatal Mental Health

The estimated number of women with mental health problems during pregnancy and after childbirth in Croydon are shown in Table 1. These figures are based on national prevalence data and do not take into account the demographics or underlying risk factors of the borough. In addition, some women will have more than one of these conditions, therefore the total does not reflect the total population affected in Croydon.

Table 1 Prevalence of Mental health disorders during pregnancy and after childbirth in Croydon

Mental health disorders during pregnancy and after childbirth	National Prevalence estimate (per 1000 deliveries)	Estimated no. of women affected in Croydon annually
Post-partum psychosis	2	12
Chronic Serious Mental Illness	2	12
Severe Depressive illness	30	174
Mild-moderate depressive illness and anxiety (lower – upper estimate)	100-150	578 – 868
Post-traumatic stress disorder	30	174

Adjustment disorders and distress (lower-upper estimate)	150-300	868 - 1735
----------------------------------------------------------	---------	------------

Vulnerable Groups

Any woman may develop a mental health problem during pregnancy or after birth. However, NICE guidance identifies a number of factors, which increase the risk, these are complex and likely to be interrelated. Social and environmental factors such as low social support, negative life events such as childhood sexual and physical abuse, domestic violence, low socio-economic status, housing, drug and alcohol use and migration all place women at greater risk (15). Individual factors such as young age, personal or family history of psychiatric illness and women that experience pregnancy complications, also put women at greater risk (15). Additionally, women with untreated depression in pregnancy are seven times more likely to experience postnatal depression, compared to those with good mental health in pregnancy.

Any partner may also experience mental health problems in this period. Less is known about the risk factors for this group, but research suggests that fathers whose partners have postnatal depression have a 2.5 fold higher risk of depression at 6 weeks postpartum (16). Other factors that increase the risk of poor mental health in fathers is a previous history of poor mental health (17), childcare challenges for example poor infant sleep and poor economic circumstances (18).

Black and minority ethnic groups (BAME) are particularly at risk of poor mental health in the perinatal period. This may be due to a combination of factors including acceptability and accessibility of services, varying levels of risk such as poverty and low social support and lack of awareness or stigma around mental ill health and its signs and symptoms (19). With the high BAME population in Croydon further work needs to be undertaken to understand how well and equitably these groups are being supported.

Women seeking asylum are at greater risk of mental illness, with a four-fold increased risk of postnatal depression. Over half of pregnant asylum seekers have experienced some violation of human rights which may further increase the risk of mental illness (20). This in combination with challenging accessing services, unstable accommodation and cultural differences in awareness of mental health all contribute to risk in this vulnerable group. NICE guidance makes several recommendations to help women who are recent migrants, asylum seekers or refugees, or who have limited English, make antenatal care accessible including training on individual needs of these groups and longer appointments to allow for interpreters (21) (22).

Half of all adults with a lifetime mental illness (excluding dementia) will experience symptoms by the age of 14 and 75% will experience symptoms by the age of 18 (23). Young women aged 17 to 19 have the highest rates of mental disorder with one in four (23.9%) having a diagnosable mental disorder. Croydon has the second highest rate in London of under 16 conception and has the fifth highest rate in London of under 18 conceptions. The teenage conception rate in Croydon is reducing, however an increase in 2013 means that Croydon's rate has not yet fallen to a rate similar to the overall London average. It is therefore vitally important that services appropriately target younger age groups and that teenage mothers can access high quality perinatal mental health services.

The sources of information and comparison with national rates are shown in the Appendix.

Evidence	Each year in Croydon:
Being from a minority ethnic group has been highlighted by some studies as a potential risk factor for perinatal mental illness. Women that have recently arrived in the country, or whose first language is not English, may have difficulty	<ul style="list-style-type: none"> • Half of births are to mothers born outside of the UK (52.1%). • This is 3466 live births each year • 108 women giving birth each year are living in initial accommodation after seeking asylum

accessing services and may lack social support networks.	<ul style="list-style-type: none"> an estimated 13% of women attending the first antenatal assessment at CUH had little or no understanding of English language
Perceived support and marital satisfaction are protective factors against antenatal anxiety and depression (24). Poor relationships or low partner support are risk factors for their onset during or after pregnancy (25). Lack of social support, such as information and advice, practical help and emotional support, is associated with an increased risk of perinatal anxiety and depression (24) (15).	<ul style="list-style-type: none"> 1 in 4 live births in Croydon were to single parent households (23.0%). This is 1327 live births each year.
Experiences of conflict or intrusive life events such as domestic violence, emotional, physical or sexual abuse increases the likelihood of perinatal mental health disorders 3-fold (26).	<ul style="list-style-type: none"> Between 233 and 466 pregnant women in Croydon are estimated to experience domestic abuse each year. 47% of new referrals to the Family Justice Court had children under 5 years old (10). 65% of referrals to the Multi Agency Risk Assessment Conference (MARAC) had children (27).
Homelessness during pregnancy is associated with poor mental health in infants and children and developmental delay. In addition to being a source of stress it also presents challenges with accessing services and reduces the likelihood of having good social support (28).	<ul style="list-style-type: none"> In 2015 there were 2005 households living in temporary accommodation. This means they were unintentionally homeless and eligible for assistance. 5.7 families per 1,000 were homeless in 2015/16, significantly worse than London and England.
Many studies have reported that young age as a risk factor for depression and anxiety during pregnancy, some also report that older age was a significant risk, however the evidence is not conclusive. (24).	<ul style="list-style-type: none"> 164 births were to mothers aged under 20 (2.8%) 29 were to mothers aged under 18 years (0.5%) (29) 336 were to mothers aged 40 and over (5.6%)
Substance misuse is also a risk factor for perinatal mental health disorders.	<ul style="list-style-type: none"> 285 women aged 18-49 are in treatment for substance misuse. 12 of which are known to be pregnant. The number of parents in Croydon who misuse drugs and alcohol who are not in treatment is not known.
Post-traumatic stress symptoms have a negative impact on rates of breastfeeding, the couple's relationship as well as the parent infant relationship, therefore may have significant long lasting impacts for the mother and child (30) (31).	<ul style="list-style-type: none"> 1749 women giving birth may experience some symptoms of post-traumatic stress disorder following birth (30%). 233 may experience postnatal PTSD This is based on research estimates as local data is not publically available.
Pregnancy loss, including medical termination, miscarriage, ectopic pregnancy and still birth are all associated with grief and an increased risk of adverse mental health such as depression and anxiety (32).	<ul style="list-style-type: none"> 23 women suffered a stillbirth There were 15 infant mortalities within 1 year of birth 1 in 5 pregnancies end in miscarriage
Admission of the baby to the neonatal unit with preterm birth or low birth weight is also associated with high rates of post-partum depression in the early postnatal period (up to 8 weeks), with more sustained depression	<ul style="list-style-type: none"> Estimated 352 babies born at full term admitted to neonatal care (based on national data)

associated with earlier delivery, ongoing disability and perceived lack of social support (33). Depression in this group following delivery has recently been shown to have long term negative impacts on parenting behaviours (34).

3.0 Assessment of local provision compared to evidence based guidance

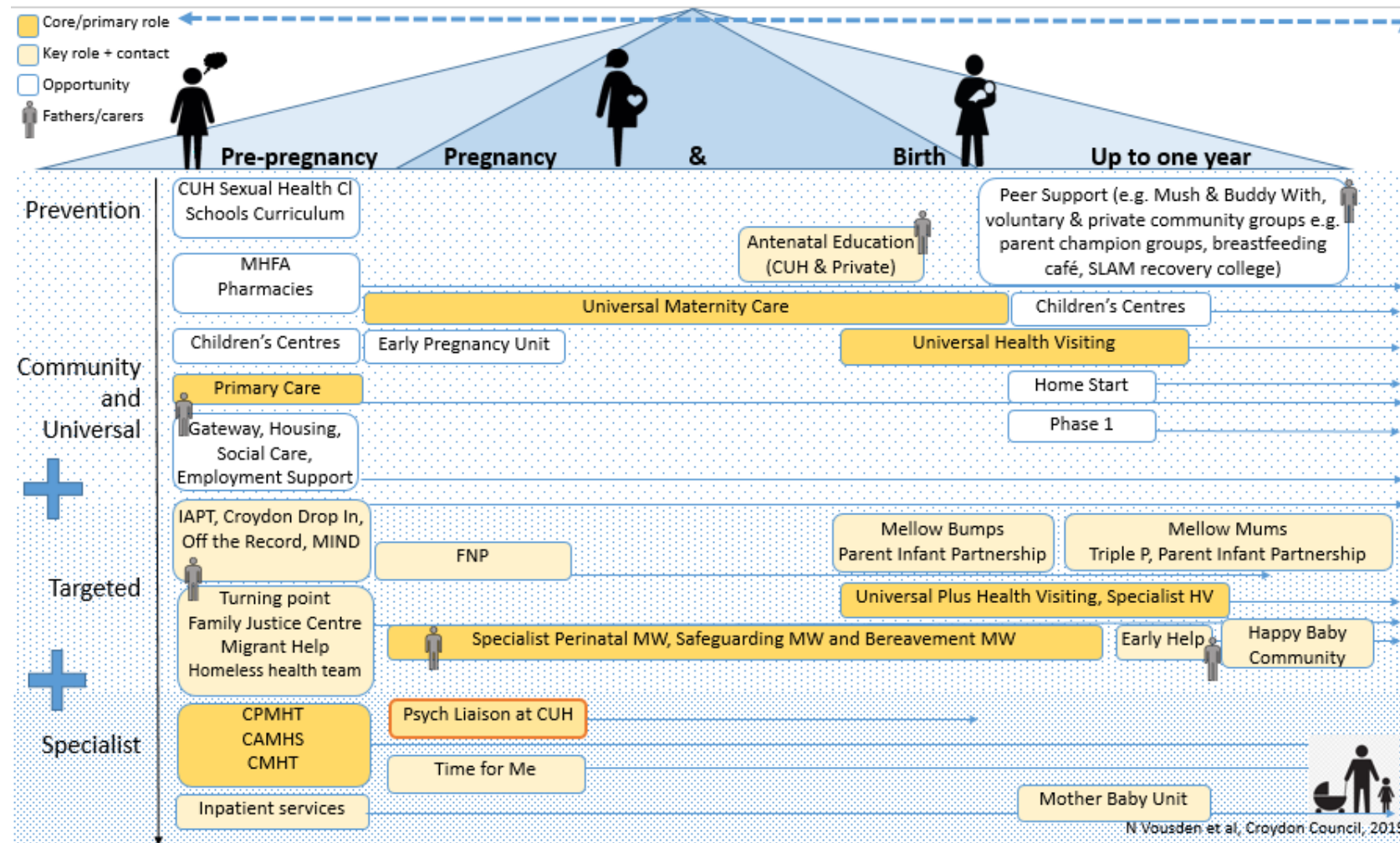
The following table is a broad overview of the services that support perinatal mental health in Croydon. The recommendations are taken from the Maternal Mental Health Alliance: Mums and Babies in Mind Mapping Tool, which are based on all national guidance including NICE Clinical Guidance on Antenatal and Postnatal Mental Health, Joint Commissioning Panel on Mental Health, Pan London Perinatal Mental Health Pathway Document. Further information on these evidence based recommendations and their sources is shown in the Appendix. Themes are explored in more detail below for universal, targeted and specialist services that support perinatal mental health for families. Data discussed within this section is for services in Croydon. Therefore provisions for the estimated one third of women that access maternity care outside of the borough is not known. After delivery, health visiting is provided by Croydon services to Croydon residents regardless of place of delivery. A summary of the main services that support perinatal mental health are shown in the image below.

Recommended Service	Comment
Up to date joint commissioning strategy and commissioning lead for perinatal mental health	Currently there is no joint strategy or commissioning lead but this is an anticipated output of this work.
Part of Perinatal Mental Health Network	Croydon is part of SWL network which has recently been developed.
High quality training is available across the workforce	Training is mandated in maternity and available to most other services but uptake in social care and children's centres is low due to awareness of availability and time. Nearly all services reported a training need as explored below.
Mother and Baby Unit	Available at Royal Bethlem Hospital for national referrals
Community perinatal mental health team	Available and expanded capacity
Parent infant mental health services	A range of programmes to support parent infant mental health exist although capacity is unlikely to meet need.
IAPT services are adapted and accessible in the perinatal period	Two IAPT therapists have specialist interest in perinatal mental health and this group are prioritised. Absence of crèche facility restricts access.
Perinatal Mental Health Midwife	There is 0.5 FTE specialist midwife who provides weekly clinic joint with obstetrician. There are two midwife champions but no allocated time to provide support. Capacity is stretched and limited to those with highest need.
Obstetrician with Mental Health Interest	There is a named obstetrician who runs the joint weekly clinic.
Perinatal Mental Health Visitor	There is 1 FTE specialist health visitor, a large part of the role is ensuring continuity of care between maternity, health visiting and the community perinatal mental health team for women with complex and serious mental health needs. There are four health

	visitor champions but no allocated time to provide support. Capacity is stretched and limited to those with highest need.
Maternal Bereavement Service	There is a named bereavement midwife.
GPs are equipped to tackle perinatal mental health	Half of GPs report training in perinatal mental health. Around 75% are confident in supporting women with mental health concerns before, during and after birth. Communication between primary care and other services is a challenge.
Community support available	There are some community groups and services. Many report a training need in perinatal mental health. There is insufficient groups that specifically support women with mild and moderate perinatal mental illness.
Services are in place for partners	There are limited services targeting partners across the borough.
Specialist pathways exist for vulnerable groups (e.g. substance misuse, teenage pregnancy, asylum seekers)	A monthly vulnerable women's MDT meeting identifies women at risk and coordinates care. The substance misuse pathway is clearly identified but pathways and services for teenage mothers, asylum seekers and other hard to reach communities need improvement. Integration between services requires improvement.

Perinatal Mental Health 'Landscape on a Page':

Families will need differing levels of support across the continuum of need, from universal through to targeted services. This 'landscape on a page' aims to bring together both the breadth of services available and the levels of need to which they are targeted.



Universal Services

All universal services should review mental health and emotional wellbeing at every visit during pregnancy and the postnatal period and provide information on good mental health. Health visitors and midwives report being confident in assessment mental health and offering advice.

- **Maternity:** A survey of 106 women that gave birth at CUH in February 2018 demonstrated that 90% of mother's recalled that they were asked about their emotional wellbeing in the antenatal period and 100% in the postnatal period (Picker, 2018). 69% of women in CUH were told who to contact if they needed emotional support (national average 78%). There is no standardised information tool used. Brief mandatory training is provided annually by a specialist perinatal mental health midwife. In a Healthwatch survey of women's experiences of perinatal mental health services in Croydon in 2019, 75% (n=15/20) found the support they received from maternity services for their emotional and mental health needs to be good to excellent.
- **Health Visiting:** In a 2017 survey of 176 women that delivered their baby within the previous 6 months, 57% recalled talking about their emotional wellbeing and mental health with their health visitor (n=100). Of those that were not asked (n=76), 86% reported they did not need to discuss it and 14% would have liked to discuss it. Of those that did discuss emotional wellbeing and mental health with their health visitor, 73% of women found this conversation very helpful or helpful (n=73). There is a standardised information leaflet disseminated. Detailed training is available and provided by a specialist perinatal mental health visitor but attendance is limited by workforce capacity. The Healthwatch survey of women's experiences of perinatal mental health services found that 75% (n=12/16) of women report the support they received from health visitors for their emotional and mental health needs to be good to excellent.
- **Primary Care:** In a 2019 survey 13 GP's working in Croydon identified that 85% (n=11) feel confident asking, and 62% (n=8) feel confident giving information, about emotional wellbeing and mental health during pregnancy or postnatal period. There is no standardised information tool provided. Under half of GP's state they have had training in this field. Training has been available in 2018/19 provided by the South West London GP Perinatal Mental Health Champion but there is no funding available for this to continue. The Healthwatch survey of women's experiences of perinatal mental health services found that 68% (n=17/25) of women report the support they received from health visitors for their emotional and mental health needs to be good to excellent.

All services including adult and children's social care, housing, employment support, pharmacies and children's centres all have regular contact with families during this period and have a potential role in identifying poor mental health and signpost to appropriate services. Indeed, 50.6% of social care users in Croydon in 2017/18 reported feeling moderately or extremely anxious or depressed (35). National guidance suggests that all practitioners and volunteers working with mothers, families and babies in the perinatal period are trained and understand how to detect and escalate mental health problems and infant social and emotional development. However, many have identified limited awareness of mental health concerns, and the information or sources of support to which they could signpost people. Training is available for social workers and all employees in the borough provided by a specialist adult mental health social worker, however the future funding for this post is uncertain and awareness of the availability of training and reach to the workforce is limited.

These challenges were highlighted by the recent Healthwatch survey of 77 women that lived in Croydon and were either currently pregnant or within three years of delivery. This concluded that whilst women felt it was important to be formally asked about their emotional wellbeing (n=62/68 strongly agree or agree), a large proportion were not satisfied with the extent to which they were able to discuss concerns or worries about emotional wellbeing and mental health at routine appointments during pregnancy and the postnatal period (52%; n=34/66). Half of women reported they were asked regularly about their emotional wellbeing and mental health by health care professionals during pregnancy (50%, n=37/73) and 54% reported they were asked regularly about their emotional wellbeing and mental health by health care professionals after pregnancy (n=33/61).

'Welcome evenings' are held at the hospital during pregnancy to inform parents of the support options available. In 2017/18, 3,443 children aged under 1 with their parents or carers accessed Children's centre services. These offer a range of services for families with children under 5, for example baby massage, stay and play, parenting and family support. Antenatal classes and young parent classes are available weekly at CUH and around 12 women and partners attend each week. This includes information on transition and adaptation to parenthood, including information about mental health. Attendees are signposted to social groups and professionals. The accessibility of these information events to hard to reach groups, fathers and partners, has not been evaluated. NICE recommends that antenatal education is adapted to be accessible to women are recent migrants, asylum seekers or refugees, or who have limited English (21) (22).

Croydon has an open access sexual health service which offers comprehensive sexual health screening and contraception. The Young Persons Sexual Health Outreach (YPSHO) service provides 6-8 week intensive relationship and sex education (RSE) course at 15 local secondary schools with the highest rates of teenage pregnancy. The YPSHO is working with the council to develop course materials and resources to support teachers in delivering RSE lessons once the new guidance is enacted in 2020. We also commission a specialist domiciliary nurse to work with particularly vulnerable clients, to access and engage with services, especially at key points such as contraception follow up after a termination of pregnancy.

Targeted Services

The Community Perinatal Mental Health Team SLAM support women in the community with severe or complex mental health conditions during pregnancy and up to one year after birth. They also provide pre-conception counselling service and professional and patient advice line although uptake of these services is not optimal. If patients from Croydon are admitted on the MBU the CPMHT attend the ward round and automatically take over care on discharge from hospital. If women with existing mental illness prior to pregnancy are under adult community mental health teams, their care may remain with these teams rather than transfer to CPMHT. This provides continuity of care but means they may lack specific perinatal expertise. **In 2018/19 96 referrals were accepted by CPMHT compared to an estimated 372 women with severe or complex mental health needs.**

The Family Nurse Partnership (FNP) service works with teenage mothers and their children in an intensive way, focusing on tackling issues related to child development and parenting, contraceptive use, reducing levels of NEET, safeguarding, and reducing the likelihood of mother or baby becoming a 'looked after child'. Teenage mothers aged under 17 years that are pregnant or postnatal with severe or complex mental health needs are not eligible for care under CPMHT. Treatment will be provided by CAMHS, however there are no specialist perinatal service. **In 2018/19 nearly one in three teenage mothers working with FNP reported mental health problems but only one in 10 were receiving care from mental health services.**

Talking therapies for adults are provided by IAPT and MIND. IAPT have two therapists with special interest in perinatal mental health and these clients are prioritised. Croydon Drop In and Off the Record are the main counselling and therapy services for individuals aged <25 years, they do not keep record of whether clients are pregnant or postnatal or prioritise on this basis. These therapies are provided in a range of locations across the borough with some capacity for evening appointments, however none provide crèche facilities which is likely to restrict access to young families. All require self-referral which is likely to be a barrier for some vulnerable groups such as mothers seeking asylum and teenage parents. **In 2018/19, 280 pregnant or postnatal women received treatment from IAPT. The number receiving support from other services, including primary care and MIND is unknown. However, an estimated 578-868 women will have mild to moderate anxiety and depression and 868 – 1735 will have adjustment disorder and distress.** The Healthwatch survey of women's experiences of perinatal mental health services found that 75% (n=12/16) of women reported the support they received from talking therapies for their emotional and mental health needs was good to excellent.

Women that suffer a miscarriage are provided with a leaflet that highlights support and services available to them. Women that suffer a traumatic birth are identified by the labour ward midwife or obstetrician and offered a 6 week outpatient review. Two midwives have recently received traumatic birth therapy training and there are plans for this to be a referral therapy for those that have identified need at the 6 week review. A high proportion of women experience birth as traumatic but few receive specific support from any service therefore there is likely to be increased need from women and families that is not recognised by clinicians. Women that experience neonatal loss or stillbirth are not eligible to attend CPMHT services. General bereavement support for adults is provided by IAPT. A trained bereavement midwife provides bereavement support as recommended by NICE, this is a Mon-Fri service.

Happy Baby Community is a charity that provide group sessions for mums that are seeking asylum and in initial accommodation (awaiting approval of application and then permanent accommodation). Sessions include yoga and relaxation, welfare advice, listening and counselling, antenatal and postnatal support, English lessons and activities for infants. A high proportion of the pregnant asylum seekers in the borough attend these sessions, due to weekly outreach recruitment from hostel accommodation. The proportion of this group that experience poor mental health is unknown, as is the proportion that receive support. However, considerable barriers to accessing support exist, especially for those that do not meet the threshold to support from CPMHT, for example, language barriers preventing access to talking therapy self-referral system.

	Numbers supported
Number of new women referred to the vulnerable women's group	203 (2018/19)
Proportion of total women reviewed by the vulnerable women's group with mental illness	42.1% (297/705) (2018/19)
Number of families on the health visiting universal plus pathway average per month	759 (2018/2019)
Numbers of families on the health visiting partnership plus pathway	587 (2018/2019)
Number of parents taken on to the FNP in the last year (parents 19 and under from pregnancy until children are aged 2)	85 – 90 on the programme (55 new clients in the last year) (55% of eligible) Funded capacity 135
Proportion of FNP clients with mental health concerns	28.9% of FNP clients reported ever having had mental health problems, 5.3% had a high or probable likelihood of anxiety and depression and 11.4% were receiving care from mental health services (2018/19)
Number of referrals to IAPT during pregnancy and up to 1 year after birth	484 (2018/19), 280 of which engaged in treatment (remaining did not return call for assessment or were referred elsewhere)
Number of referrals accepted by the CPMHT	96 (2018)

Parent-infant Services

There are also specific services set up to assist families with positive parenting such as the Family Nurse Partnership for young parents of 19 and under having their first child. The Early Help Support and Interventions Service provides parenting support (one to one and in group settings) as well as targeted interventions for families affected by domestic violence, drug and alcohol misuse, parental mental ill health and low levels of neglect. Programmes include:

- Mellow Bumps aimed at pregnant women between 20-30 weeks gestation

- Mellow Parents for parents of children aged 0-3.
- Triple P for parents of children aged 0-17

Parent Infant Partnership is a referral service for parents-to-be and parents of babies up to 24 month that offers a range of therapeutic and key working interventions to improve the parent-infant relationship. They work closely with community perinatal mental health team and specialist neonatal care unit. They are currently funded within Croydon Drop In. These are targeted group and individual therapies for families with recognised challenges.

There are a variety of community support available for example, HomeStart, funded through best start, offers a range of services including home visiting support, a weekly service by volunteers that supports parents with practical tasks and to become self-reliant and have strong and supportive social networks. In addition, they offer a range of peer to peer support through Parent Champions and a Young Mums group. Details of these and other community and peer to peer support groups such as BuddyWith, Phase 1 and Mush are available in the appendix. Targeted peer to peer support is provided by SLAM 'Becoming a Parent' course. Several of these services, including PIP and HomeStart have had funding reduced in the past 24 months, this restricts their reach into the community and they are no longer able to promote their service. There is limited community support for fathers or partners and limited support specifically aimed at mothers with mild to moderate mental health issues.

Number of mothers, fathers and carers supported by parenting programmes (all ages)	53 (2017/2018)
Number of mothers, fathers and carers supported by Mellow Bumps (under 5s)	16(2017/2018)
Number of mothers, fathers and carers supported by Mellow Parents (under 5s)	6(2017/2018)

Pathways and Integrated working

Individuals who are identified as having a severe or complex mental illness during the perinatal period should be referred to the community perinatal mental health team (CPMHT). The majority of referrals are from primary care. In maternity and health visiting there is a documented and widely used pathway for this escalation of care which both utilise practitioners with specialist perinatal mental health expertise. The maternity and health visiting pathways are shown in the Appendix. Neither service has audited the effectiveness of their pathways.

There is no documented pathway in place to identify or refer women with mental illness during the perinatal period from primary care, although the majority of GPs knew how to refer patients to IAPT (13/13, 100%) and the community perinatal mental health team (11/13, 85%). The CPMHT provide a preconception referral service and professional and patient advice line. Knowledge of these services within primary care was lower with 36% of GPs ever having called the SLAM perinatal mental health advice line and 27% referring patients for preconception advice.

All clients referred to CPMHT are discussed in a weekly MDT meeting attended by health visiting, maternity, CPMHT and IAPT. Continuity of care for women with severe and complex needs is led by the specialist health visitor who ensures high risk clients are identified to health visiting teams. Women with complex needs are also referred to the monthly multi-agency vulnerable women's group. Primary care are not represented at these multiagency meetings. Primary care hold weekly vulnerable patient MDT huddles but maternity/health visiting/mental health are not represented. Therefore, communication about high risk patients between primary care, maternity, health visiting and the CPMHT is a challenge in all directions. There is a possibility for this to result in sub-optimal care e.g.:

- Women that self-refer to book their pregnancy and do not disclose past psychiatric history may not be identified by maternity services.

- Primary care may not be informed that maternity or health visiting have referred to CPMHT or IAPT and vice versa.

Within all services the pathway for women experiencing mild or moderate mental illness is less clear. Most GPs had some knowledge of community support available, for example children's centres (8/13, 62%) and HomeStart (8/13, 62%) but only 15% (2/14) knew details such as how patients should access these services. Many other partners, for example children's centres staff, health visitors and family nurse partnership identified challenges in knowing the support available in the community due to the lack of directory or platform.

These challenges were highlighted by the recent Healthwatch survey. This found that, of those that needed support for their emotional wellbeing and mental health during the perinatal period, a large proportion found it challenging to get this support. With the challenge being greatest prior to pregnancy (50% reporting it was 'somewhat easy or very easy to get support'; n=9/18 compared to 57%; n=12/21 during pregnancy and 65%, n=15/23 after pregnancy). Women also reported a lack of communication and continuity between services:

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

There are some examples of positive integrated working, for example PIP works closely with CPMHT to identify and support clients. However, a minority of GPs had heard of services that support parent-infant mental health such as parent infant partnership (2/13, 15%) and Mellow bumps/parents (4/13, 31%).

5.0 Recommendations

Key Recommendations

These key recommendations provide an overview of the aims and direction to improve care in this field. Specific recommendations to deliver each of these four key recommendations are found in the Table beneath. These have been sorted into those that are immediately achievable, and priorities for future funding.

1. Integrate services and data sharing: Services are seamless, flexible and responsive across the whole range of need, from those with lower level needs to those needing specialist support.

This includes:

- Better communication between services
- Improved routine data collection and review
- Increased data sharing between services

2. Reduce inequalities and address specific service gaps: Services are accessible to all, across the whole range of need, from those with lower level needs to those needing specialist support.

This includes:

- Increased access to specialist services in line with national expectations
- More support for people with mild to moderate mental health concerns
- Addressing specific gaps: e.g. fathers and partners; women that experience traumatic birth; young mothers; people with limited English; asylum seekers and crèche provisions.
- Extended range of care from pre-conception up to the first two years after birth

3. Workforce training and public awareness: Staff know how to identify and signpost or provide evidence-based support. The public are enabled to recognise and know how to seek help

This includes:

- Improved knowledge of available services and how to access them among staff and public
- Increased community engagement
- All professionals that work with families are trained

4. Governance and commissioning: This work is overseen by the right decision makers, fits with the strategic context and has appropriate funding methods.

This includes:

- A clear action plan that is monitored and adapted as national and local policy develops
 - a. Perinatal mental health is championed within the upcoming mental health strategy
 - b. Continued involvement of the adult mental health and Children's and Young Persons Mental Health and Emotional Wellbeing Boards with inclusion of wider boards as appropriate.
 - c. Increased input from mothers, parents partners and lay members
 - d. Accessible language used throughout.

	1. Integrate services and data sharing: Services are seamless, flexible and responsive across the whole range of need, from those with lower level needs to those needing specialist support.	2. Reduce inequalities and address specific service gaps: Services are accessible to all, across the whole range of need, from those with lower level needs to those needing specialist support.	3. Workforce training and public awareness: Staff know how to identify and signpost or provide evidence-based support. The public are enabled to recognise and know how to seek help	4. Governance and commissioning: This work is overseen by the right decision makers, fits with the strategic context and has appropriate funding methods.
<i>Actions amendable to immediate change in 2019/20</i>	<p><i>1.1 Specialist services to identify high risk clients suitable for pre-conception care to primary care through discharge letters.</i></p> <p><i>1.2 Vulnerable women to be communicated to primary care through sharing of MDT cases and promotion of specialist advice line via GP networks, with creation of data-sharing agreements as required.</i></p> <p><i>1.3 Health visiting and primary care to have improved communication through joint access to EMIS.</i></p> <p><i>1.4 Perinatal mental health diagnoses and referrals to have standardised coding in routine data sources with annual reporting within statutory services on prevalence and management.</i></p> <p><i>1.5 CPMHT and adult CMHT to formalise and agree process for shared care during pregnancy and postnatal period.</i></p>	<p><i>2.1 Specialist services to provide outreach into the community (children's centres and community groups) to increase support for people with mild to moderate illness and meet service gaps e.g. asylum seekers</i></p> <p><i>2.2 CAMHS and specialist perinatal mental health services to ensure services meet needs of young mothers including transition to adult services and step down into community services.</i></p> <p><i>2.3 Maternity, health visiting and primary care to have a clear pathway and appropriate services to identify and support women that identify as having had traumatic birth.</i></p> <p><i>2.4 Information sources such as NHS provided antenatal education and leaflets should be accessible and available (e.g. translated into common languages).</i></p> <p><i>2.5 Public health to explore the role of good employer charter to include parental leave.</i></p>	<p><i>3.1 All services to disseminate standardised information leaflets which raises awareness of emotional and mental health in pregnancy, ways to maintain it, self-help and signposts services available to all families during and after pregnancy.</i></p> <p><i>3.2 All statutory services (health visiting, maternity) working with families should have high quality mandatory annual training.</i></p> <p><i>3.3 All training should include information on wider determinants, fathers and partners, and parent infant relationships and expanded window of care from preconception to two years after birth.</i></p> <p><i>3.4 Public Health to work with sexual health: to ensure relationships, mental health for families and parenting is included in the sexual reproductive education course materials and trailblazer bids and to explore increasing service provision by the domiciliary nurse with Turning Point, FJC and social care.</i></p>	<p><i>4.1 Develop a joint commissioning strategy informed by all relevant commissioners, this should include a review of commissioning for parent-infant services.</i></p> <p><i>4.2 Increased input from mothers, partners and lay members through working with community perinatal mental health team on the development of their patient involvement group and through maternity voices partnership.</i></p> <p><i>4.3 Perinatal mental health executive group to facilitate meeting of the working group, review delivery of actions and regularly report to the Adult mental health and Children's and Young Persons Mental Health and Emotional Wellbeing Boards.</i></p> <p><i>4.4 Perinatal mental health executive group to champion inclusion of this field within the all age's mental health strategy and others including the pre-conception care guidance and teenage pregnancy action plan.</i></p> <p><i>4.5 Perinatal mental health executive group to engage with external groups across South London e.g. SWL clinical</i></p>

		<i>2.6 IAPT to work with Croydon Drop In and off the record to ensure that pregnant and postnatal clients are prioritised and receive specific expertise appropriate for need.</i>		<i>network to ensure work is in line with local and national developments.</i>
<i>Prioritise for future (in order, review 6 monthly)</i>	<p><i>1.1.1 Midwifery and health visiting to join up antenatal and postnatal care through increased coverage of the health visiting antenatal check and enhanced midwifery care up to 28 days for clients with or at risk of mental illness with creation of data-sharing agreements as required.</i></p> <p><i>1.1.2 Children and Adults Social Care to have named champions in perinatal mental health to foster links with other services and the SWL clinical network and promote training opportunities.</i></p>	<p><i>2.1.1 Increase provision for fathers and partners and women with mild to moderate needs in the community through ensuring adequate funding for existing groups and expansion of services.</i></p> <p><i>2.1.2 Crèche facilities to be available within talking therapy services.</i></p> <p><i>2.1.3 Perinatal mental health champions in maternity, health visiting and primary care to provide increased support for people with mild and moderate illness and meet service gaps e.g. those at risk for example mothers of babies in neonatal special care/traumatic birth/ people with limited English.</i></p> <p><i>2.1.4 Integrate new paternal mental health checks into a parental mental health screen.</i></p> <p><i>2.1.5 Services should have adequate access to interpreters 24/7 with inclusion in specifications.</i></p> <p><i>2.1.7 Specialist services to review expansion of provisions up to two years after birth in response to national standards.</i></p>	<p><i>3.1.1 All staff working with families (primary care, social services, children's centres etc.) should have access to training.</i></p> <p><i>3.1.2 Improve existing early help directory or develop a new online directory of available support including statutory, community and voluntary groups.</i></p> <p><i>3.1.3 Promote perinatal mental health awareness through creation of community peer champions in hard to reach groups and workplace parent champions.</i></p>	

6.0 References

1. **Centre for Mental Health.** *The costs of perinatal mental health problems – report summary.* s.l. : LSE Personal Social Services Research Unit., 2015.
2. *Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis.* . **Paulson JF, Bazemore SD.** 2010, JAMA, Vol. 2303, pp. 1961-1969.
3. *GPs and health visitors views on diagnosis and management of postnatal depression: a qualitative study.* . **Chew-Graham, C. et al.** 58: 169-176, s.l. : British Journal of General Practice .
4. *Early years high impact area 2: Maternal mental health. Health visitors leading the Healthy Child Programme.* **England, Public Health.** London : s.n., 2018.
5. *Saving Lives, Improving Mothers Care- Lessons learned to inform future maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-2012.* **al., Knight et.** 2014.
6. *The effect of perinatal depression treatment for mothers on parenting and child development: A systematic review.* **Letourneau, NL., Dennis, CL. and Cosic, N & Linder, J.** 10, 2017, *Depress Anxiety*, Vol. 34, pp. 928-966.
7. *The effects of paternal depression on child and adolescent outcomes: A systematic review.* **Sweeney S. and McBeth, A.** 2016, *J Affective Disorders*, Vol. 205, pp. 44-59.
8. *Falling through the gaps: perinatal mental health and general practice.* **al., Khan et.** 2014.
9. *Making the Case for Preconception Care.* **England, Public Health.** s.l. : Public Health England, 2018.
10. **LBC.** *Toxic Trio and Children in Croydon.* s.l. : Unpublished, 2016.
11. *The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects.* **UCL.** 2014.
12. **Health and Social Care Act 2012.** *legislation.gov.uk.* [Online] 27 March 2012.
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>.
13. **ONS.** *Birth and fertility rates, borough.* s.l. : <https://data.london.gov.uk/dataset/births-and-fertility-rates-borough>.
14. **Office for National Statistics.** *Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2017.* Fareham : Office for National Statistics, 2018.
15. *Non-psychotic mental disorders in the perinatal period.* . **oward, L. M., Molyneaux, E., Dennis, C.-L., Rochat, T., Stein, A., & Milgrom, J.** 9956, s.l. : The Lancet, 2014, Vol. 384. 1775-1788.
16. *Paternal and maternal depressed mood during the transition to parenthood.* **Matthey, S., Barnett, B. and Ungerer, J., Waters, B.** 2000, *Journal of affective disorders*, pp. 60: 75-85.
17. *Correlates of ante- and postnatal depression in fathers: a systematic review.* **Wee, KY., et al.** 2011, *Journal of Affective Disorders*, pp. 130: 358-377.
18. *Paternal postnatal depression in Ireland: Prevalence and associated factors.* **Philpott, LF. and Corcoran, P.** 2018, *Midwifery*, pp. 56:121-127.
19. *A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe.* **Watspm, H. Harrop, D. Walton, E. Young, A. Soltani, H.** s.l. : PLoS One, 2019, Vol. 14.
20. **British Refugee Council.** *Refugee Council Briefing - The experiences of refugee women in the UK.* . London : British Refugee Council,, 2012.

21. NICE. *Pregnant women who are recent migrants, asylum seekers or refugees, or have difficulty reading or speaking English: service provision*. 2018.
22. Royal College of Obstetricians and Gynaecologists, Royal Collge of Midwives,. *Pregnany and compelx soaicla factors: A model for service provision for pregnant women with complex social factors*. 2010.
23. Croydon CCG. Child and Adolescent Menthal Health Services - local transformation plan. *Croydonccg.nhs.uk*. [Online] . <http://www.croydonccg.nhs.uk/about-us/our-plans/Documents/Croydon%20Local%20Transformation%20Plan%202017%20refresh.pdf>..
24. *Identifying the women at risk of antenatal anxiety and depression: A systematic review*. Biaggi, A. Conroy, S. Pawlby, S. & Pariante, C.M. 2016, Journal of affective disorders, pp. 191: 62-77.
25. *Non-psychotic metnal disorders in the perinatal period*. Howard, LM., et al. 1775-88, 2014, Lancet, Vol. 9956, p. 384.
26. *Domestiv Violence and Perinatal Mental Disorders: A Systematic Reiew and meta-anlysis*. Howard, L.M., Oram, S. Galley, H., Trevillion, K. & Feder, G. e1001452, s.l. : PLOS Med, 2013, Vol. 10(5).
27. *Domestic Abuse & Sexual Violence Report Q2 (July-Sept 2017)*. 2017.
28. NSPCC. *The impact of homelessness on babies and their families*. s.l. : QNI,.
29. Statistics, Office of National. *Live births by mothers' usual area of residence*. Wareham : Office for National Statistics, 2016.
30. *Prevalence and predictors of post-traumatic stress symptoms following childbirth*. Czamocka, J. & Slade, P. 2000, Br J Clin Psychol, pp. 39 (1): 35-51.
31. *Prevalence and predictors of women's experiences of psychological trauma during childbirth*. Soet, J.E., Brack, G.A. and & Dilorio, C. 2003, Birth, pp. 30(1):36-46.
32. *History of pregnancy loss increases the risk of mental healt hproblems in subsequent pregnancies but not in the postpartum*. Chojenta, C., et al. 2014, PLOS ONE, p. 9(4):e95038.
33. *Prevalence and risk factors for postpatrum depression among women with preterm and low-birth weight infants: a systematic review*. Vigod, SN., Villegas, L. and Dennis, C-L. & Ross, L.E. 2010, BJOG, pp. 117(5): 540-550.
34. *Maternal depression and stress in the neonatal intensive care unit: associations wit hmother child interactions at 5 years*. Gerstein, E.D., et al. 2019, J Am Acad Child Adolesc Psychiatry, pp. 58(3):350-358.
35. LB Croydon. Croydon's New Vision. *Croydon Observatory*. [Online] 2016. <http://www.croydonobservatory.org/wp-content/uploads/2016/06/croydons-new-vision.pdf>.
36. Organisation, World Health. Basic Documents. *World Health Organisation Constitution*. [Online] 2006. <http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=7>.
37. System, South West London Local Maternity. *Maternity Transformation Delivery Plan 2017/18-2020/2021 October 2017 submission*.
39. GLA. 2016-based population projections. *London Datastore*. [Online] 2017. <https://data.london.gov.uk/dataset/2016-based-population-projections>. housing-led projections incorporating the 2016 Strategic Housing Land Availability Assessment (SHLAA) development trajectory.
40. Ofsted. Single Inspection of LA Children's services and review of LSCB. *Ofsted*. [Online] 2017. https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/croydon/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf f.

41. LBC. *School Nursing Interim Report*. Croydon : Unpublished, 2017.
42. PPL. *Croydon SEND Demand and Capacity Review - Final Report*. Croydon : Unpublished, 2017.
43. Department for Education. Schools, Education and Children's services Spending 2014-2015. *Gov.uk*. [Online] 2015. <https://www.gov.uk/government/statistics/schools-education-and-childrens-services-spending-2014-to-2015>. SR48 Table 6.
44. —. LA and School Expenditure: 2015-16 Financial Year. *Gov.uk*. [Online] 2016. <https://www.gov.uk/government/statistics/la-and-school-expenditure-2015-to-2016-financial-year>. SR63 Table 7.
45. PHE. Health visitor service delivery metrics 2016 to 2017. *Gov.uk*. [Online] 2017. <https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2016-to-2017>. 2016-2017 annual data.
46. LBC. Looked after children in Croydon 2013 to 2017. *Croydon Observatory*. [Online] 2017. <http://www.croydonobservatory.org/wp-content/uploads/2017/10/Looked-After-Children-in-Croydon-2013-2017.pdf>.
47. Health and Wellbeing Board. Joint Health and Wellbeing Strategy Refresh. *Croydon CCG*. [Online] 2015. [http://www.croydonccg.nhs.uk/news-publications/publications/Documents/Joint%20Health%20and%20Wellbeing%20Strategy%20Refresh%202013-18%20\(March%202015\).pdf](http://www.croydonccg.nhs.uk/news-publications/publications/Documents/Joint%20Health%20and%20Wellbeing%20Strategy%20Refresh%202013-18%20(March%202015).pdf).
48. HMRC. Personal tax credits - children in low income families. *Gov.uk*. [Online] 2016. <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2014-snapshot-as-at-31-august-2014-30-september-2016>.
49. SugarSmart. Sugar Smart. *Sugar Smart UK*. [Online] <https://www.sugarsmartuk.org/>.
50. Department for Education. Characteristics of children in need: 2016 to 2017. *Gov.uk*. [Online] 2017. <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017>. SFR61.
51. Department for Education. Special educational needs in England January 2017. *Gov.uk*. [Online] <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017>. SFR37/2017 .
52. GLA. Ethnic group housing-led population projections incorporating the 2016 Strategic Housing Land Availability Assessment (SHLAA) development trajectory. 2016. *London Datastore*. [Online] 2016. <https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables>.
53. LBC & CSCB. Children's Improvement Plan. *www.croydon.gov.uk*. [Online] November 2017. https://www.croydon.gov.uk/sites/default/files/articles/downloads/Croydon_Children%27s_Improvement_Plan_Nov_2017.pdf.
54. ONS. Main Language by sex and age (from Nomis 8 December 2017). *ONS*. [Online] 2011. [Cited: 8 December 2017.] <https://www.nomisweb.co.uk/census/2011>.
55. —. Mid-year Population Estimates. *ONS*. [Online] 2016. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/latest>.
56. PHE. Child and Maternal Health. *Fingertips*. [Online] <https://fingertips.phe.org.uk/profile-group/child-health>.
57. Joseph Rowntree Foundation. Free school meal status and educational attainment at age 16. *JRF*. [Online] 2015. <https://www.jrf.org.uk/mpse-2015/free-school-meal-status-and-educational-attainment-age-16>.

58. Croydon, London Borough. Community Profile Planning Area. *Croydon Observatory*. [Online] 2017. <http://www.croydonobservatory.org/wp-content/uploads/2017/12/2017-Community-Profile-Planning-Area-1.pdf>.
59. GLA. GLA population projection custom age tables. [Online] 2018. <https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables>.
60. Flowers, Rachel. *Annual Director of Public Health Report: Early Experiences Last a Lifetime*. s.l. : Croydon Council, 2018.
61. Council, Croydon. *Joint Strategic Needs Assessment - Maternal Health*. s.l. : Croydon Council. , 2014/15.
62. PHE. PHE Fingertips: Perinatal Mental Health. [Online] 2015/16. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/0/gid/1938132957/pat/6/par/E12000007/ati/102/are/E09000008/iid/92259/age/1/sex/2>.
63. *The costs of perinatal mental health problems – report summary*. Health, Centre for Mental. s.l. : LSE Personal Social Services Research Unit, 2015.
64. Council, Croydon. *Joint Strategic Needs Assessment: An overview of mental health and well-being in Croydon*. s.l. : Croydon Council, 2012/13.
65. *The effects of paternal depression on child and adolescent outcomes: A systematic review*. Sweeney S. and McBeth, A. 44-59, s.l. : J Affective Disorders, 2016, Vol. 205.
66. Organisation, World Health. Report of the Commission on Ending Childhood Obesity. <http://www.who.int/end-childhood-obesity/final-report/en/>. [Online] 2016.
67. England, Public Health. Health of Children in the Early Years. <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-4-health-of-children-in-the-early-years>. [Online] 2018.
68. Digital, NHS. National Child Measurement Programme. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme>. [Online] November 2017/18.
69. Health, Royal Society for Public. *Health on the High Street; running on empty*. 2018.
70. DHSS and PHE. *Early years high impact area 1:*. s.l. : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754787/early_years_high_impact_area_1.pdf, 2018.
71. DHSC and PHE. *Early years high impact area 2: Maternal mental health*. s.l. : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754790/early_years_high_impact_area_2.pdf, 2018.
72. National Maternity Review. *Better births: Improving outcomes of maternity services in England: A Five Year Forward View for maternity care*. 2015.
73. PHE, DHSC and. *Early years high impact area 3: Breastfeeding*. s.l. : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754791/early_years_high_impact_area_3.pdf, 2018.
74. Department of Health & Social Care & Public Health England. Early Years High Impact Area 1. [Online] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754787/early_years_high_impact_area_1.pdf.
75. DHSC and PHE. *Early years high impact area 5: Managing minor illnesses and reducing accidents (reducing hospital*. s.l. :

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756697/early_years_high_impact_area_5.pdf, 2018.

76. PHE. PHE Fingertips. CHP's Mental Health and Wellbeing. [Online] <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/46/par/E39000018/ati/152/are/E38000040/iid/92766/age/245/sex/4>.

77. Mental Health of Children and Young People in England, 2017 [PAS]. *NHS Digital*. [Online] <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>.

78. Mental Health of Children and Young People in England, 2017 [PAS]. *NHS Digital*. [Online] <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>.

79. Croydon Borough Profile: Children and Young People's Mental Health and Wellbeing Tool, September 218. *PHE Fingertips*. [Online] <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh> .

80. DHSC and PHE. *Early years high impact area 4: Healthy weight, healthy nutrition*. s.l. : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754792/early_years_high_impact_area_4.pdf, 2018.

81. PHE. *Oral health survey of 5-year-old children 2017* . s.l. : <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017>, 2018.

82. Croydon Council . *Oral health needs assessment (draft)*. 2018.

83. Croydon CCG, Croydon Council. *Croydon Children's Health Transformation Strategy (draft)*. 2018.

84. DHSC and PHE. *Early years high impact area 6: Health, wellbeing and development of the child aged 2: Ready to learn*. s.l. : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756700/early_years_high_impact_area_6.pdf.

85. Review of children and young people's mental health services. https://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf. [Online]

86. Self-Harm. Royal College of Psychiatrists. www.rcpsych.ac.uk. [Online]

87. Public Health Profiles. *PHE Fingertips*. [Online] <https://fingertips.phe.org.uk>.

88. Fingertips. *PHE fingertips*. [Online]

89. Gov.uk. *The mental health of children and young people in England*. [Online] Public Health England, December 2016. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf.

90. *Adult oral health: applying All Our Health*. . s.l. : Public Health England; , 2017. s.l. : available from: <https://www.gov.uk/government/publications/adult-oral-health-applying-all-our-health/adult-oral-health-applying-all-our-health>,.

91. *Croydon: Dental health of five-year-old children*. s.l. : available from: <http://www.nwph.net/dentalhealth/5yearoldprofiles/London/2015/Croydon%20LA%20Dental%20Profile%205yr%202015.pdf>, : PHE., 2017.

92. *The Effects of Excessive Absenteeism in Schools*. Walters, Malikah.

93. The British Psychological Society. Behaviour Change: School attendance, exclusions and persistent absence. *BPS*. [Online] 2017. [https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Behaviour%20Change%20-%20School%20attendance,%20exclusion%20and%20persistent%20absence%20\(2017\).pdf](https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Behaviour%20Change%20-%20School%20attendance,%20exclusion%20and%20persistent%20absence%20(2017).pdf).
94. ., 4. PHE. Public Health England: Adult oral health: applying All Our Health. s.l. : s.l. : available from: <https://www.gov.uk/government/publications/adult-oral-health-applying-all-our-health/adult-oral-health-applying-all-our-health>, 2017.
95. NHS digital. NHS Dental Statistics for England, 2016/17. [Online] <https://digital.nhs.uk/catalogue/PUB30069>.
96. DHSC & PHE. Healthy School Aged: High Impact Area 4. *Gov.uk*. [Online] November 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754806/school_aged_years_high_impact_area_4.pdf.
97. NHS digital. *National Child Measurement Programme, 2016-17*. s.l. : <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2016-17-school-year>, 2017.
98. DHSC & PHE. Healthy School Aged High Impact Area 5. *gov.uk*. [Online] 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754807/school_aged_years_high_impact_area_5.pdf.
99. PHE. *Croydon YP Q2 Substance Misuse Interventions - Executive Summary*. s.l. : Restricted, 2018.
100. DHSC and PHE. School aged years high impact area 3. *gov.uk*. [Online] 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754804/school_aged_years_high_impact_area_3.pdf.
101. —. School Aged Years High Impact Area 2. *gov.uk*. [Online] 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754803/school_aged_years_high_impact_area_2.pdf.
102. —. School Aged Years High Impact Area 1. *Gov.uk*. [Online] 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754799/school_aged_years_high_impact_area_1.pdf.
103. —. School Aged Years High Impact Area 6. *gov.uk*. [Online] 2011. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754809/school_aged_years_high_impact_area_6.pdf.
104. news, NHS. Partners of new mums with mental illness set to get targeted support on the NHS. [Online] 2018. <https://www.england.nhs.uk/2018/12/partners-of-new-mums-with-mental-illness-set-to-get-targeted-support-on-the-nhs/>.
105. *Non-psychotic mental disorders in the perinatal period*. Howard, LM. Molyneaux, E. Dennis, CL. RoCHAT, T. Stein, A. & Milgrom, J. 2014, *Lancet*, pp. 384(9956):1775-88.
106. *Non-psychotic mental disorders in the perinatal period*. Howard, L. M., Molyneaux, E., Dennis, C.-L., RoCHAT, T., Stein, A., & Milgrom, J. 19956, s.l. : The Lancet, 2014, Vol. 384. 1775-1788.

7.0 Appendix

National Context

Perinatal mental health has been an area of increasing national interest since 2011 and the publication of the 'No health without mental health' cross governmental strategy **Invalid source specified**.. Subsequently commitment has continued.

- An objective of the 2015 NHS Five Year Forward View for Mental Health was to support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period by 2020.
- The 2016 National Maternity Review Better Births programme highlighted the need for significant investment in perinatal mental health services with a focus on smooth transitions between maternity and community services.
- Similarly the Future in Mind report by the Children and Young People's Mental Health and Wellbeing Taskforce identified the need to improve access for parents to interventions and support.

These national sources are united in their aim to focus on prevention and early intervention and improving access for all.

Perinatal mental health has attracted increased funding for transformation. Between 2015-2021 £365m has been allocated nationally to improve provision of specialist services for the top 5% of women with the most severe needs and access to psychological therapies. Under the NHS Long Term Plan, published in January 2019, further investment is anticipated between 2020 and 2024 with the aim of expanding the reach of services from pre-conception to 2 years after birth, improved access to therapies, maternity outreach clinics for women that experience traumatic birth and assessment and support for partners of women with perinatal mental illness. Figure 2 demonstrates the scope of the five year forward view and long term plan. National awareness raising campaigns have also been implemented with creation of GP, maternity and health visiting perinatal champions.

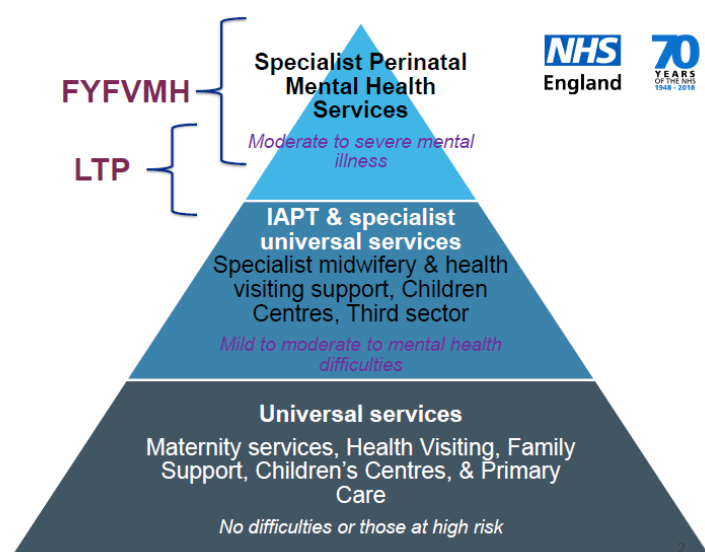


Figure 2 Schematic demonstrating five year forward view in mental health (FYFVMH) and the long term plan (LTP)




Key Indicators

Colour Coding:	
Worse than comparator	
Similar to comparator	
Better than comparator	
Higher than comparator	
Lower than comparator	
Not compared	

High Impact Area 1: Transition to parenthood

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Mothers receiving antenatal contact							
No. of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	n/a	n/a	n/a	262	n/a	n/a	2016/17
Mothers receiving new birth visit							
% of face-to-face new birth visits undertaken	97.8%	98.8%	96.7%	5,612	▣	n/a	2016/17
6-8 week check							
% of infants who received a 6-8 week review by the time they were 8 weeks	82.5%	58.5%	7.2%	427	▣	n/a	2016/17
Ages and Stages Questionnaire							
% of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	89.4%	77.2%	73.1%	1,205	▣	n/a	2016/17

High Impact Area 2: Maternal mental health

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Severe depressive illness in perinatal period							
Estimated number of women	n/a	n/a	n/a	160	n/a	n/a	2015/16
Mild-moderate depressive illness & anxiety in perinatal period							
Estimated number of women	n/a	n/a	n/a	535-800	n/a	n/a	2015/16
Adjustment disorders and distress in perinatal period							
Estimated number of women	n/a	n/a	n/a	800-1,600	n/a	n/a	2015/16
Still births							
Rate of fetal deaths occurring after 24 weeks of gestation per 1,000 births	4.5	4.9	4.6	80	▣		2014-16
Neonatal mortality							
Rate of deaths of children under 28 days per 1,000 live births	2.7	2.2	2.2	39	▣		2014-16
Infant mortality							
Rate of deaths of children under 1 year of age per 1,000 live births	3.9	3.2	3.5	60	▣		2014-16

Sources of Vulnerability

Risk Factor	Year	Data Source	National Prevalence estimate	Estimated no. of women affected in Croydon annually
% of children aged 0-15 in poverty	2015	PHOF	19.9%	23.2%
Statutory Homelessness	2017/18	PHOF	2.4 / 1000 households(n=56,600)	4.7/1000 households (n=749)
Unemployment	2017	PHOF	4.4% (n=1,242,000)	7.4% (n=15,400)
Lone parent households	2017	ONS	16.0 % (n=120,910)	23.0% (n=1327)
Substance misuse in treatment in women aged 18-49	2017	NDTMS	NA	N=285
Teenage pregnancy (<20 years)	2017	ONS	3.0% (n=20358)	2.8% (n=164)
Mothers aged 40 or older	2017	ONS	4.3% (n=29313)	5.6% (n=332) (2016 data)
Domestic Violence	2017	Estimated from national prevalence	4-8% (n=27.164 – 54,328)	4-8% (n=233 to 466)
Having children with special educational needs or disabilities	2018	PHOF	33.9 /1000 (n=296, 00)	19.9/1000 (n=1294)
Stillbirth	2017	ONS	4.2 per 1000 births (n=2873)	4.0 per 1000 births (n=23)
Infant Mortality (within one year of birth)	2016	ONS	3.8 per 1000 (n=2651)	2.5 per 1000 births (n=15)
Traumatic birth	2017	Estimated from research	NA	30% (n=1749)

Abbreviations

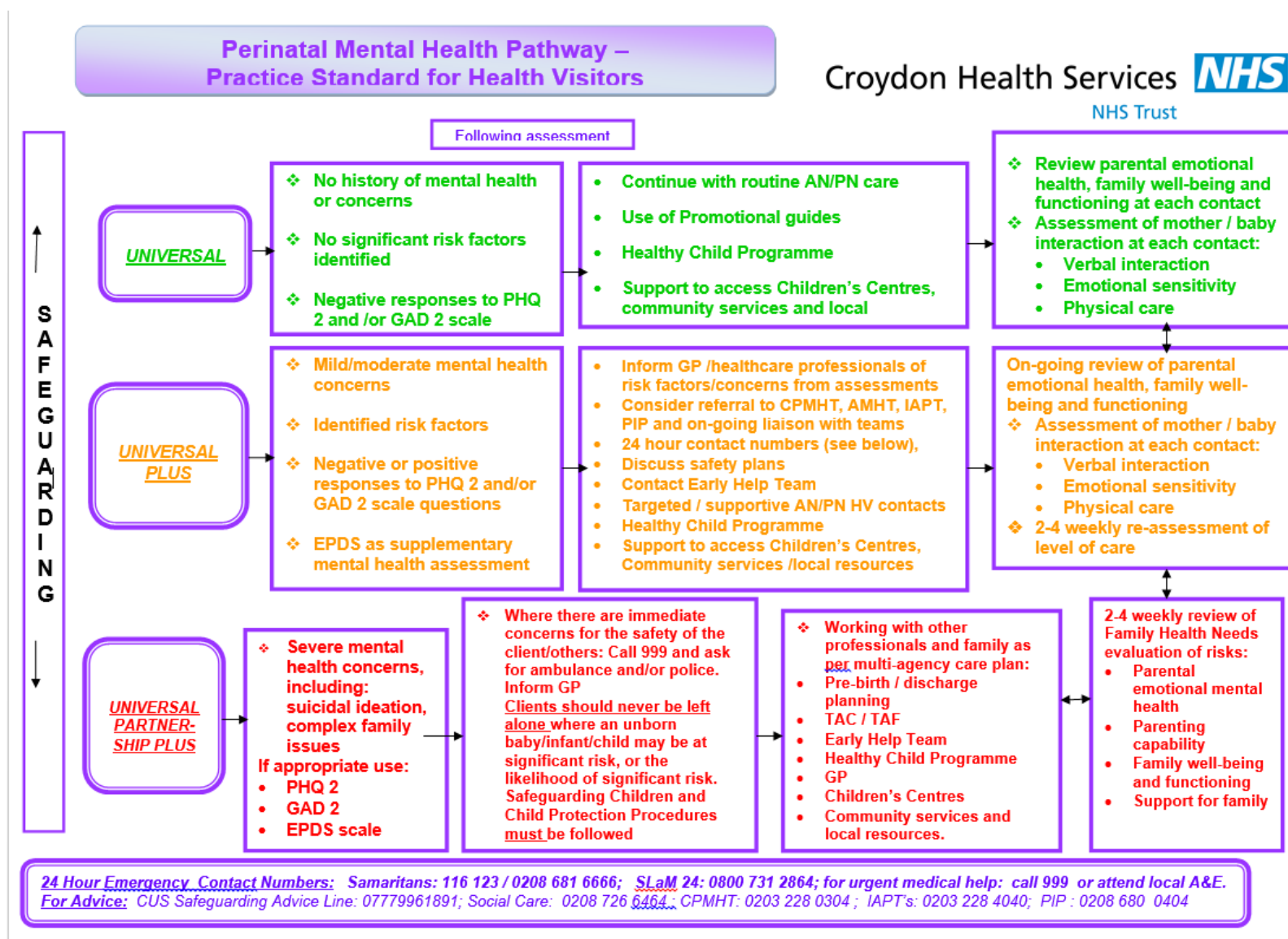
Abbreviation	Full Form	Abbreviation	Full Form
ACE	Adverse Childhood Experience	APHR	Annual Public Health Report
BAME	Black, Asian, and Minority Ethnic	FNP	Family Nurse Partnership
CAMHS	Children and Adolescent Mental Health Services	CPMHT	Community Perinatal Mental Health Team
CUH	Croydon University Hospital	PIP	Parent Infant Partnership

HWBB	Health and Wellbeing Board	JSNA	Joint Strategic Needs Assessment
LA	Local authority	IAPT	
MARAC	Multi Agency Risk Assessment Conference		
NHSE	NHS England		
PHE	Public Health England	PSHE	Personal, Social, and Health Education

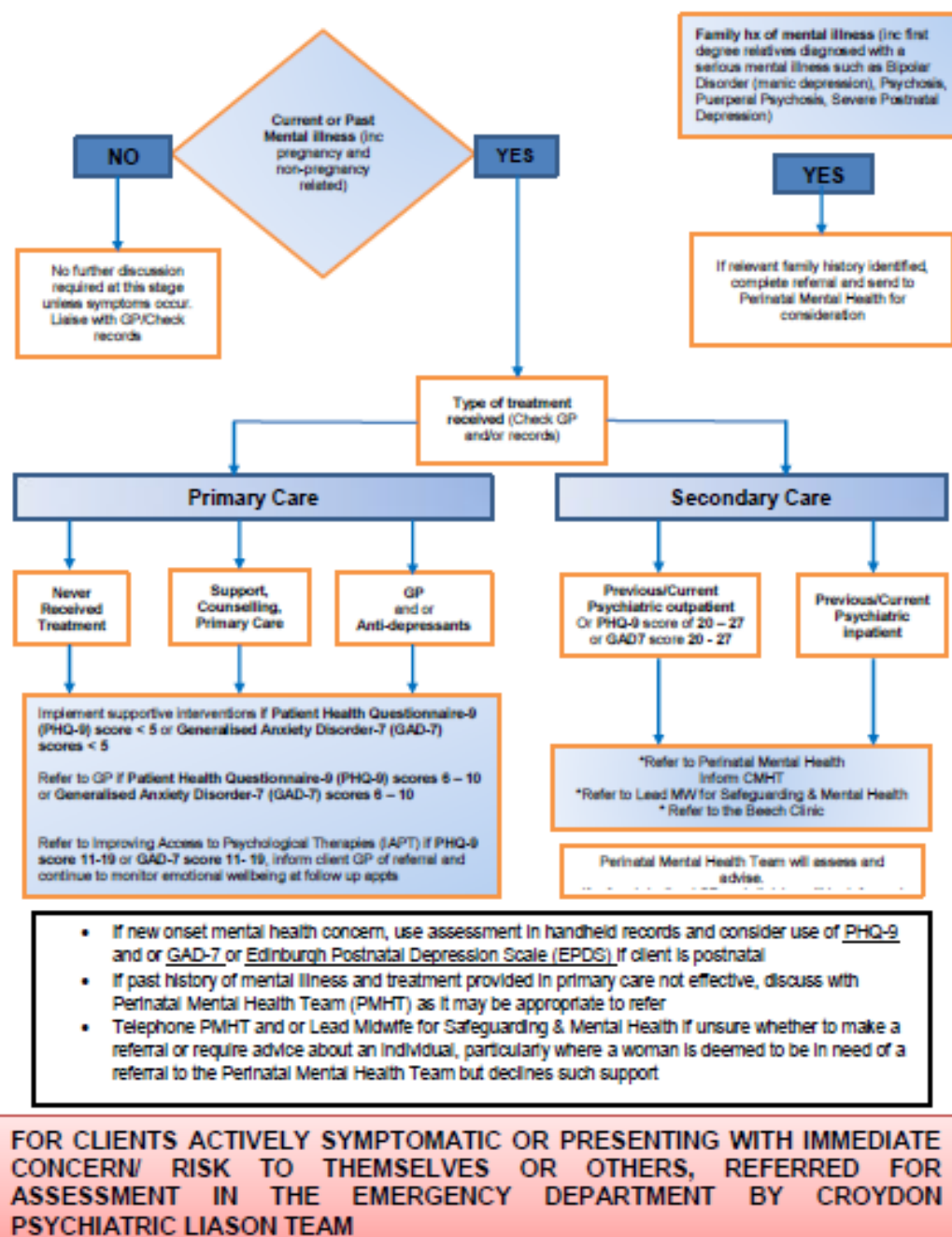
Internal Plans, Strategies, and Reviews referenced

Name of Plan, Strategy, or Review
Annual Public Health Report: First 1000 Days
Child Health Transformation Strategy
Children's Services Improvement Plan
Croydon Transformation Delivery Plan
CYP Emotional Wellbeing and Mental Health Local Transformation Plan
Partnership Early Help Strategy
Health and Wellbeing Board Strategy
Health Visiting Review
Perinatal Mental Health Scoping Document
Maternal Health Needs Assessment
CYP Emotional Wellbeing and Mental Health Summary Needs Assessment

Existing perinatal mental health pathways for maternity and health visiting



Maternal Emotional Wellbeing Referral Pathway



Evidence Based Recommendations

Area	Evidence based guidance	Key documents
Specialist Services	<p>All women with serious mental illness who are considering pregnancy are referred to a specialist perinatal mental health team for pre-conceptual advice and planning.</p> <p>All women with serious mental illness in late pregnancy and the postpartum period should receive specialist perinatal psychiatric care. If they require admission, these women should be admitted with their babies to a Specialised In-Patient Mother and Baby Unit. They also recommend treatment and management guidelines for perinatal conditions and women of reproductive potential. Their aim is to reduce morbidity and mortality in mother and infants and to improve quality of life and patient satisfaction.</p> <p>There is a multidisciplinary specialist community perinatal mental health team which meets the National perinatal Quality Network Standards with capacity for community outreach, obstetric liaison, case management and coordination of admission to MBU.</p>	<ul style="list-style-type: none"> • National Institute for Health and Care Excellence (NICE). Antenatal and postnatal mental health NICE clinical guideline 192. London: NICE; 2018. • NHS England, NHS Improvement, National Collaborating Centre for Mental Health (2018). The Perinatal Mental Health Care Pathways. NHS England and NHS Improvement. • Mental Health Task Force, Five Year Forward View for Mental Health for the NHS in England (2016) • National Maternity Review, Better Births, Improving Outcomes of Maternity Services in England (2016) • The British Psychological Society (BP8 2016), Perinatal Service provision: The Role of Perinatal Clinical Psychology • The Royal College of Psychiatrists – Perinatal Mental Health Services College Report CR197 (2015) • Joint Commissioning Panel – Guidelines for the Commissioning of Perinatal Mental Health Services (Royal College of Psychiatrists (RCPsych) 2012) • Royal College of Psychiatrists’ College Centre for Quality Improvement - Quality Network for Perinatal Mental Health Services - Standards for Mother and Baby In-Patient Units (2011) • Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines on Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period (Good Practice No 14) 2011 • Service standards for perinatal mental health community teams (3rd Edition) RCP Perinatal CCQI

<p>Primary Care Maternity Care Health Visiting</p>	<p>There is a clear process for identification of mental health problems before, during and after pregnancy and clarity on most appropriate response for different levels of need with clear and effective referral pathways in place.</p> <p>Women are asked about their emotional wellbeing at each routine antenatal and postnatal contact in a meaningful way. If mental health problems are suspected a more comprehensive assessment is undertaken.</p> <p>Healthcare professionals have access to user friendly, non-stigmatising information and parents are routinely provided information about mental health. Fathers and partners are included in care, receive appropriate information and can raise concerns.</p> <p>Women who have a traumatic birth are offered advice and support from all services with referral for high intensity psychological intervention in case of PTSD.</p> <p>Health care professionals are trained in perinatal mental health and have the skills, confidence and understanding to proactively support mental health for parents. There are trained specialist perinatal mental health midwives and health visitors with clear roles, sufficient time allocated to deliver.</p>	<ul style="list-style-type: none"> • National Institute for Health and Care Excellence (NICE). Antenatal and postnatal mental health NICE clinical guideline 192. London: NICE; 2018. • Pan London Perinatal Mental Health Pathway Document • Joint Commissioning Panel – Guidelines for the Commissioning of Perinatal Mental Health Services (Royal College of Psychiatrists (RCPsych) 2012) • Pregnancy in Mind (NSPCC 2013) • Perinatal Mental Health Experiences of Women and Professionals (Boots Family Trust, 2013) • Caring for Women with Perinatal Mental Health Problems: Standards and Competency Framework (RCM) • Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines on Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period (Good Practice No 14) 2011 • Falling through the gaps: Perinatal Mental Health and General practice (RCGP, 2015) • RCGP Toolkit • Specialist health visitors in perinatal and infant mental health: What they do and why they matter (HEE) • Maternal Mental Health Alliance, NSPCC and Royal College of Midwives (2012) Specialist Mental Health Midwives – what they do and why they matter.
<p>IAPT and Therapies</p>	<p>Women referred in the perinatal period are identified and prioritised. They are assessed within 2 weeks and being treatment within 1 month of assessment.</p> <p>There are a comprehensive range of dedicated interventions for women in the perinatal period delivered by specially trained practitioners. Therapeutic services are accessible in the perinatal period and sufficient to meet local need.</p> <p>There are clear pathways in place to ensure families experiencing or at risk of problems in the parent infant relationship receive parent infant therapies. These are appropriately linked with other services, are delivered by specially trained therapists and meet local need.</p>	<ul style="list-style-type: none"> • National Institute for Health and Care Excellence (NICE). Antenatal and postnatal mental health NICE clinical guideline 192. London: NICE; 2018. • Pan London Perinatal Mental Health Pathway Document • Joint Commissioning Panel – Guidelines for the Commissioning of Perinatal Mental Health Services (Royal College of Psychiatrists (RCPsych) 2012) • Pregnancy in Mind (NSPCC 2013) • IAPT Perinatal positive practice guidance, 2009

Community Support	<p>The voluntary and community sector provide a range of evidence based services to promote maternal mental health across the population which includes universal and targeted services. These are sufficient to meet need and are known, understood and used by families and professionals.</p> <p>Practitioners and volunteers working with mothers, families and babies in the perinatal period are trained and und understand how to detect and escalate mental health problems and infant social and emotional development.</p> <p>Groups are available in the community to enable women to connect and support each other. Local practitioners know about groups and resources and signpost women.</p> <p>Support is available for partners of women with mental health problems and services working with families ensure it is inclusive of fathers. Universal and targeted services promote mental health of expectant or new dads.</p> <p>Professionals understand when and how to raise safeguarding concerns. Services work closely to provide integrated care for these families. Social workers can access training in perinatal mental health and have an identified perinatal mental health champion.</p>	<ul style="list-style-type: none"> • National Institute for Health and Care Excellence (NICE). Antenatal and postnatal mental health NICE clinical guideline 192. London: NICE; 2018. • Pan London Perinatal Mental Health Pathway Document • Joint Commissioning Panel – Guidelines for the Commissioning of Perinatal Mental Health Services (Royal College of Psychiatrists (RCPsych) 2012) • 1001 Critical Days: The Importance of Conception to Age Two Period. Cross Party Manifesto (2013) • Prevention in mind: All Babies Count; Spotlight on Perinatal Mental Health. NSPCC (2013)
Commissioning	<p>There is an up-to-date joint commissioning strategy which covers maternity, health visiting, [public health, mental health and children’s services which informs commissioning decisions. There are structures in place and a clear strategic lead for perinatal mental health to support joined up commissioning.</p> <p>There are clear structures and processes for families with lived experience to inform commissioning and service development.</p> <p>There are clear processes for quality assurance of commissioned services.</p>	<ul style="list-style-type: none"> • National Institute for Health and Care Excellence (NICE). Antenatal and postnatal mental health NICE clinical guideline 192. London: NICE; 2018. • Pan London Perinatal Mental Health Pathway Document • Joint Commissioning Panel – Guidelines for the Commissioning of Perinatal Mental Health Services (Royal College of Psychiatrists (RCPsych) 2012) • Prevention in mind: All Babies Count; Spotlight on Perinatal Mental Health. NSPCC (2013) • Mums and babies in mind: Top Tips report on commissioning.

Partner summary

This is not a comprehensive list but a brief description of some of the main partners in this field, for reference for those less familiar and for contacts for ongoing discussion.

Universal Services

Health Visiting

- Routinely review of emotional wellbeing and mental health of mother in the community after birth, at 6 weeks postnatally and up to two years of age.
- Providing support through enhanced visits and signpost/refer clients to other services to meet their needs.
- Clients with severe or complex mental health needs will be seen by their named HV who can receive professional guidance by a specialist perinatal mental health visitor.
- Specialist perinatal mental health visitor liaises with partner health agencies and shares information with HV service.

Contact: Alison Dalton – Operational Lead; alisondalton1@nhs.net

Maternity

- Provide universal maternity care for all women during pregnancy and up to 10 days after delivery.
- Review emotional mental health and wellbeing at every visit and provide information and signpost or refer clients to other services to meet their needs
- Clients with severe or complex mental health needs may be seen by a specialist perinatal mental health midwife or consultant at the Beech clinic.

Contact: Bernice Peters; specialist perinatal mental health midwife; bpeter@nhs.net

Targeted Services

Community Perinatal Mental Health Team SLAM

- Support women in the community with severe or complex mental health conditions during pregnancy and up to one year after birth.
- Provide pre-conception counselling service and professional (referrals and prescribing) and patient advice line (020 3228 0304, 9-5, Monday to Friday).
- Hold a weekly MDT with maternity, health visiting and IAPT to discuss referrals and high risk cases.

Contact: Mary Ofori – Team leader; Mary.Ofori@slam.nhs.uk

Time for Me by SLAM Croydon Personality Disorder Service and Community Perinatal Mental Health Team

- Based on the Sun Project which is for people who have difficulty coping with their thoughts and feelings and who struggle to keep themselves safe.
- The self-referral group will be where people are helped to understand their thoughts, feelings and behaviours and to develop a plan to help them cope better.
- This group is due to commence, location and dates TBC

Contact: Penny Cutting; PersonalityDisorderTeamGeneral@slam.nhs.uk

Parent Infant Partnership

- Referral service for parents-to-be and parents of babies up to 24 month
- Offer the parent and infant a range of therapeutic and key working interventions to address both internal and external stressors that may affect the parent-infant relationship.
- Works closely with community perinatal mental health team, the Special Care Baby Unit, social care and all stakeholders working within the first 1001 critical days of the child's life.

Contact: Yvonne Osafo; Clinical Lead, Croydon Parent Infant Partnership (PIP);
enquiriesforcbspip@croydondropin.org.uk

Family Nurse Partnership

- Voluntary home visiting structured programme for first time young mums, aged 19 years or under, also Care leavers up to 24yrs of age. From early pregnancy until the child's 2nd birthday.
- The evidence-based programme has been demonstrated to improve health, social and educational outcomes for young mums and aims to help mums: Have a healthy pregnancy, improve their child's health and development, plan and achieve future aspirations.
- FNP also delivers the healthy child programme, monitoring health, growth & development.
- Mental wellbeing is assessed throughout the programme, support strategies explored and signposting/referral as required.

Contact: Margaret Walsh; m.walsh1@nhs.net

Early Help

Early Help services have been realigned under a new **Family Solutions Service** which aims to provide locality based early help to families to prevent difficulties becoming worse. The Family Solutions Service provides an intensive/targeted service and will work with children and families for 0-18 years old, where there is one or more of the following:

- Families affected by domestic violence
- Families living with drug and alcohol misuse
- Families affected by parental mental ill health
- Families living with low levels of neglect

This list is not exhaustive

- Referrals made via the single point of Contact form to: childreferrals@croydon.gov.uk

Contact: If you would like to seek advice before making a referral you can speak to an Early Help consultant in the Single Point of Contact by contacting the **Professionals' consultation line on 020 8726 6464**

The **Early Help Support and Interventions Service** provides parenting support (one to one and in group settings) as well as targeted interventions contributing to a child's plan or assessment.

Parenting programmes

We currently offer the following parenting group programmes:

- Triple P (0-12 and Teen)
- Mellow Parents
- Mellow Bumps

Groups take place in children centres, schools, community settings and our locality hubs. Access to parenting groups is by referral only, although parents can self-refer via Croydon's Single Point of Contact.

Targeted work

Targeted work can include:

- Supporting positive parent-child relationships and attachment
- Setting boundaries and establishing routines
- Helping parents understand their child's development and needs
- Supporting consistent co-parenting

Interventions are time limited (up to three months) with the aim to effect timely change, and should be clearly linked to the family's plan and/or assessment.

Support and Interventions workers will not be taking on the lead professional role, but will be working in partnership with the family's lead professional as part of a multi-agency response.

Referrals to the service are made via the Early Help pathway. An overview of our annual programme can be found here - <https://croydonlcsb.org.uk/parents-carers/#croydon-parenting-programmes-and-information>

Happy Baby Community

- Group sessions for mums that are seeking asylum and in initial accommodation. Sessions include yoga and relaxation, welfare advice, listening and counselling, antenatal/postnatal support, English lessons and activities for infants.

Contact: Joanna Doherty; jodoherty.nctbfc@gmail.com

Turning Point

- Referral service for individuals with drug and alcohol problems (self-referral and professional referral accepted).
- Provides family, carers and support services, women's group and attends joint antenatal clinics with maternity (Maple Clinic).
- New group supporting fathers is in development

Contact: Danny Heckman, Danny.Heckman@turning-point.co.uk

FJC

- Drop in and appointments to support victims of domestic abuse and sexual violence.

Contact: Ciara.Goodwin@croydon.gov.uk

HomeStart

- **Home visiting support:** A weekly service by volunteers that supports parents with practical tasks and to become self-reliant and have strong and supportive social networks (referral from children's centres or other professional, no specific eligibility criteria)
- **Parent Champions:** ensure that all families are aware of the local provisions for early education, childcare, access to children's centres, etc. They do this either by visiting existing groups, speaking to parents in the community or by creating their own peer-to-peer support groups to attract parents to them.
- **Young Mums:** a support group for young mums at risk of loneliness and isolation; helping to navigate the complex web of available support and services while you're coming to terms with what will probably be the greatest change in your life.

Contact: Derek Terrell; derek@croydon-homestart.co.uk or Louise Fuentes, louisef@croydon-homestart.co.uk

Talking Therapies

MIND

- Provide counselling (self-referral, 12 sessions, Monday, Wednesday, and Thursday evenings), advocacy, support with benefits/employment (referral preferred) and training.

Contact: Michael Edwards, michael@mindincroydon.org.uk

IAPT

- Self-referral counselling service ranging from self-help, Cognitive behavioural therapy or specific therapy across a range of locations in Croydon.
- Pregnant and postnatal women are prioritised during triage and will see therapist with specialist interest.

Contact: Emir Sidki; Emir.Sidki@slam.nhs.uk

Croydon Drop In

- Self-referral counselling service offering a range of therapy dependent on need for ages 10 -25 years.
- Outreach and education provided via the talk bus at schools and other youth projects

Contact: Gordon Knott, gordonknott@croydondropin.org.uk

Off the Record

- Self-referral counselling service ranging offering a range of face to face and online therapy dependent on need, for ages 14 -25 years.
- Specialist counselling for refugees and migrants and young carers aged 14-25

Contact: croydon@talkofftherecord.org

Peer to Peer Support and Community Groups

Buddy With

- Free online platform that connects parents in Croydon with other parents with same experiences in their community and links them to free services and charities (no eligibility criteria except parents with children under 5).
- <http://www.buddywith.org.uk>

Contact: Yuliana Topazly; yuliana@myoutspace.co.uk

My OutSpace

- Employment and self-employment support to women pre-pregnancy, during pregnancy and up to 5 years via training, mentoring, one to one advice, networking opportunities and peer to peer support groups. Building confidence and ensuring women are emotionally fit while providing support to become financial sustainable
- Drop in sessions in libraries and children's centres

Contact: Yuliana Topazly; yuliana@myoutspace.co.uk or visit the website: www.myoutspace.co.uk

MUSH

- Free online national platform that connects parents with other parents in their local community (no eligibility criteria)
- <https://letsplash.com/the-app/>.

Contact: Saskia Roddick; saskia@letsplash.com

ABCD Community Builders

- Part of a borough-wide initiative to give residents the opportunity to offer their gifts and energy to make the community a better place for all. Our Community Builders seek out the people with ideas and hopes for the future and they help them turn those dreams into a reality.

Contact: Sara Milocco, Sara.Milocco@cvalive.org.uk

Children's Centres

- Provide activities and support for families with children under 5.
- Many provide community universal services such as midwife and health visitor clinics.
- Sessions on offer vary by centre e.g. baby massage, early days (supporting parents in the first 6 months), stay and play activities, parenting and family support.

Contact: Croydon Best Start; Croydonbeststart@croydon.gov.uk

Other Partners Engaged with this Project

Croydon Maternity Voices Partnership

- Team of local women, men, midwives, doctors, health visitors, commissioners and other care professionals working together to review and contribute to the development and improvement of local maternity care.

Contact: Sakina Ballard, sakina.ballard@nhs.net

Healthwatch

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people and services in order to shape better services and influence decision making.

Contact: Jeet Sandhu; Jeet.Sandhu@healthwatchcroydon.co.uk

Croydon Council Training

One day training accessible to any professional working in Croydon on parenting capacity, impact of mental health and stress on parenting. Aiming to raise awareness and also empower professionals to deal with families. Sign up to sessions through practitioner space and Croydon Learning.

Contact: Lee Avery; Lee.Avery@croydon.gov.uk

Acknowledgements

Lead Author: Nicola Vousden, PH Registrar

Project Team: Rachel Tilford - PH Principal, Claire Mundle - PH Principal

Steering Group Members: Bernadette Alves, Ellen Schwartz, Claire Mundle, Jane McAllister, Dev Malhotra, Sakina Ballard, Rachel Tilford, Colbert Ncube, Alison Dalton, Rosemary Jones, Bernice peters, Dona Thomas, Manjit Roseghini, John French, Annie Murphy, Helen Galley, Mary Ofori

All partners that provided information and contributed to the formation of these recommendations

Lead Consultants: Bernadette Alves