

Trafford Healthwatch 100: Parental Mental Health

October 2022

Table of Contents

About the Trafford Healthwatch 100.....	2
About this project.....	2
What did we do?	2
Healthwatch and parental mental health.....	3
Key Findings.....	5
Recommendations.....	6
Who did we speak to?	7
What we heard	8
Symptoms of mental health issues	8
Seeking support	11
What could be improved.....	12
Overall support.....	12
Post-natal support	15
Health visitor questionnaire.....	16
Other related services and issues	16
Positive overall support.....	17
Anything else	19
Appendix: Full list of questions	21

About the Trafford Healthwatch 100

Healthwatch Trafford is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

The Trafford Healthwatch 100 aims to get as many local people as possible to sign up and give their views on topics to do with health and social care via regular surveys. We want to gain as much information as possible so that we can direct our work to the issues that matter.

Full details for signing up can be found at <https://healthwatchtrafford.co.uk/the100/>.

About this project

For Mental Health Week 2022 we decided to look at parental mental health and opened a Healthwatch 100 survey on the topic.

We want to thank all the members of the public that took part, as well as our volunteers who assisted in the design stages of the project.

What did we do?

The survey was opened in May 2022 and closed in August 2022. It was sent out to our Healthwatch 100 subscriber list, promoted on our website, and shared across social media. We also visited local groups during this time for general engagement and promoted the survey there.

Healthwatch and parental mental health

Healthwatch as an organisation has previously worked on the issue of maternal mental health. This report builds on some of the work already done, also asking more widely about the experience of parents.

Healthwatch Trafford contributed to the work done by Healthwatch England in 2019, which can be found here

(<https://www.healthwatch.co.uk/news/2019-09-09/make-more-space-new-parents-talk-about-their-mental-health>). At that time it was found that not just in Trafford, but across England, there were people facing mental health issues around the time of their child's birth.

The Healthwatch 2019 report offered follow-up information for people to refer to / consult. A summary news article was also produced in 2019 titled 'Make more space for new parents to talk about their mental health' (<https://www.healthwatch.co.uk/news/2019-09-09/make-more-space-new-parents-talk-about-their-mental-health>). The article features useful videos of people's experiences.

The following year, in 2020, Healthwatch presented evidence of how the sharing of views had improved the care for mothers around mental health and childbirth (<https://www.healthwatch.co.uk/blog/2020-03-09/how-your-views-have-helped-improve-mental-health-support-future-mums>).

In 2022 the work has continued with new guidance on 'Where can I go for support for my mental health as a new parent?'

(<https://www.healthwatch.co.uk/advice-and-information/2022-04-27/where-can-i-go-support-my-mental-health-new-parent>) which includes a list of relevant signposting groups and options.

Our listening about maternal mental health across the country has also been updated here (<https://www.healthwatch.co.uk/report/2022-10->

[18/policy-briefing-what-people-told-us-about-maternity-services](#)) with new experiences from the network collected into a summary report by Healthwatch England. Some of these experiences reference the COVID pandemic, which is important for understanding the impact of the period, which had not yet occurred in our work during 2019. As a network there has also been more discussion about ethnic minority experiences and those identifying as LGBTQ+. A continued focus on the whole family around maternal mental health is also highlighted, which would better include both parents.

From October 2022 Healthwatch England will once again be calling for more experiences (<https://network.healthwatch.co.uk/guidance/2022-10-23/support-our-campaign-maternal-mental-health>) as well as conducting further investigation into this area.

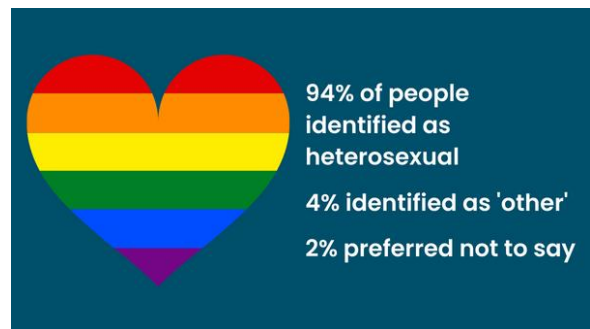
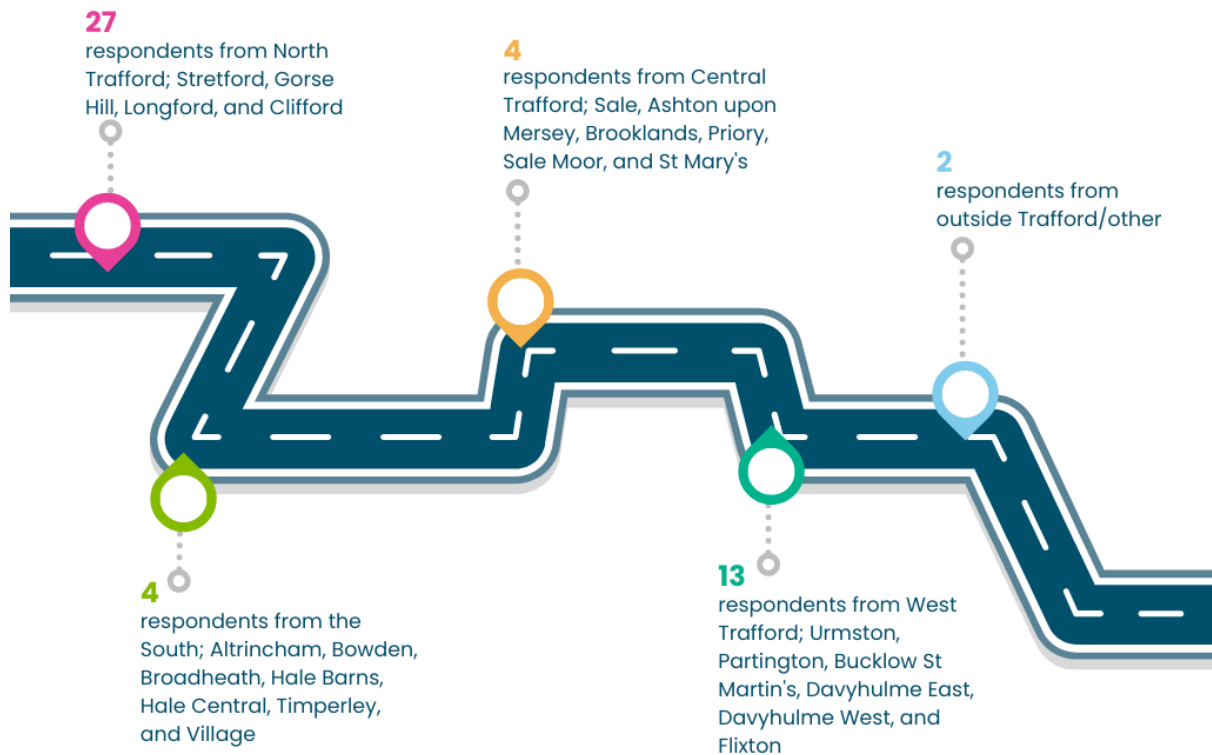
Key Findings

- Most of the stories we heard happened over 12 months ago.
- Most people who responded did experience mental health issues both before and after the birth of their child.
- Most people's symptoms lasted a long time, with some still ongoing.
- Most people experienced feelings of sadness, low mood, and anxiety.
- Two thirds of people reached out for support with their symptoms.
- Most people contacted their GP for help, but some other sources people reached out to included counsellors, friends and family, mental health services, midwives, and the hospital.
- Two thirds of people got some of the help they needed; less than half said they had received all they needed.
- Language barriers, support for partners, and preventative support were also flagged as important issues.
- People wanted clear communication about what would happen to them at every stage of pregnancy. Post-natal support in the community was also important.
- When we asked what went well, people praised the support from their GPs, as well as health visitors.

Recommendations

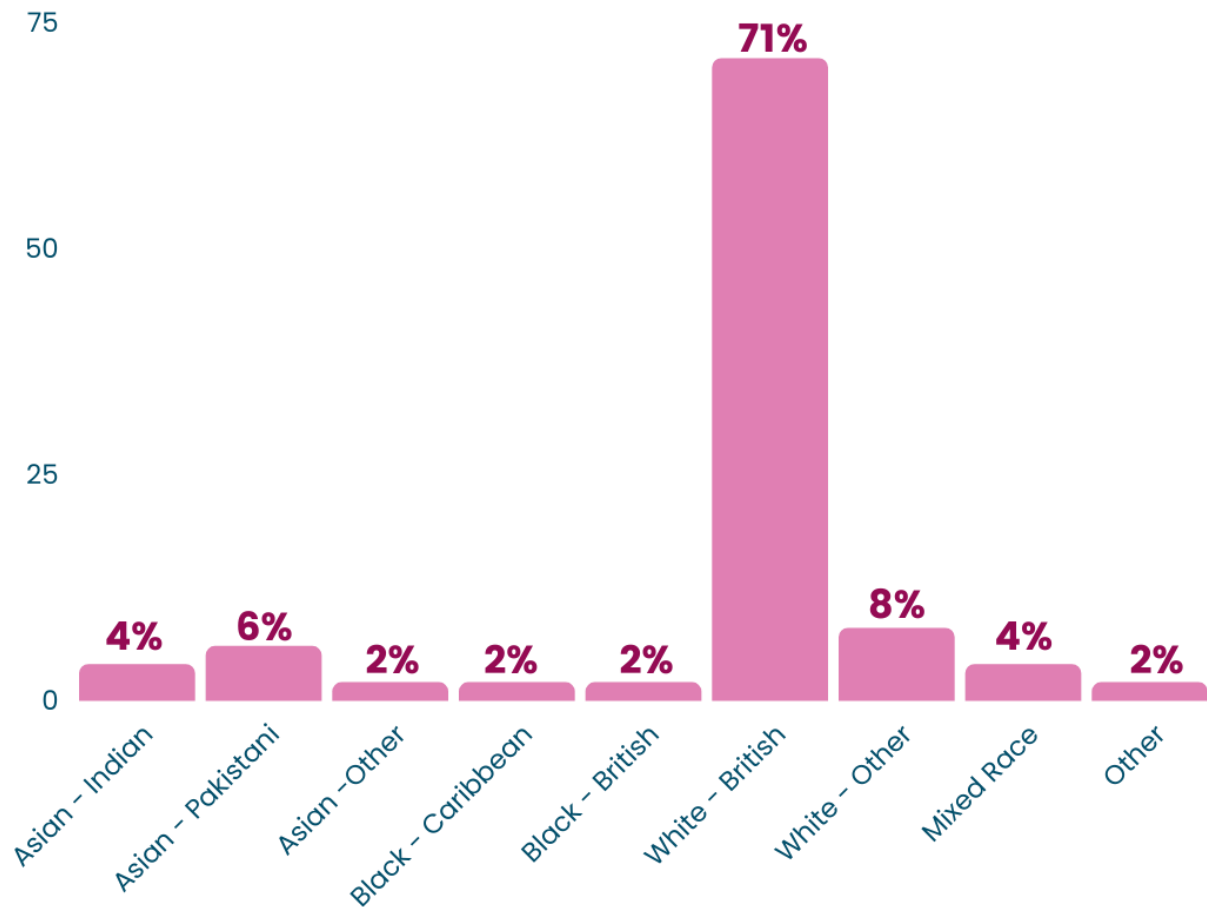
- A third of respondents did not seek help, saying they either did not know how or felt very alone. We recommend that **clear and simple information** about sources of help is made available **throughout the parental journey**, from pre- to post-natal.
- One respondent commented that one of their twins died before birth and they were given no support. This understandable made any mental health issues much worse. People need **signposting** to specific services like bereavement counselling.
- Another person told us they had to ask for a health visitor before they got help with their mental health. The **pathway to support services** should be clearer, and there should be **analysis** throughout pre- and post-natal periods to identify issues and assign appropriate support (including community services where needed).
- The previous work by Healthwatch England recommended the **NICE guidelines** on care around pregnancy be followed (<https://www.nice.org.uk/guidance/cg192>). This remains a goal.
- There needs to be **better communication to patients overall**. The comments we received suggest that well- handled advice and support can make all the difference. Likewise, one negative interaction

Who did we speak to?



The majority of respondents identified as female (86%). 12% identified as male, and 2% as other.

Race and ethnicity



We heard from 53 people in total. All demographic data was collected anonymously.

What we heard

Symptoms of mental health issues

Did you experience any mental health issues around the birth of your child?

We heard that people did experience mental health issues before (3 – 6%), after (19 – 37%) and both before and after (14 – 27%) the birth of their child. There were also a number of people (16 – 31%) that said they did not experience any issues.

When was this?

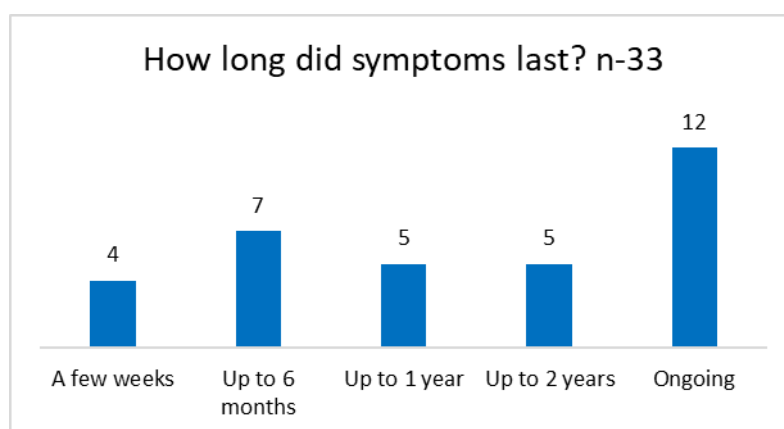
For the majority of respondents their experiences happened more than 12 months ago (25 – 74%). We also heard from those that referred to 12 months ago (1), 6 months ago (3), 3 months ago (2), 1 month ago (2), and unsure (1).

Where were you?

In this project most people referred to experiences in the Trafford area (25), with others outside Trafford (Greater Manchester 4, other part of UK 3, another country 1).

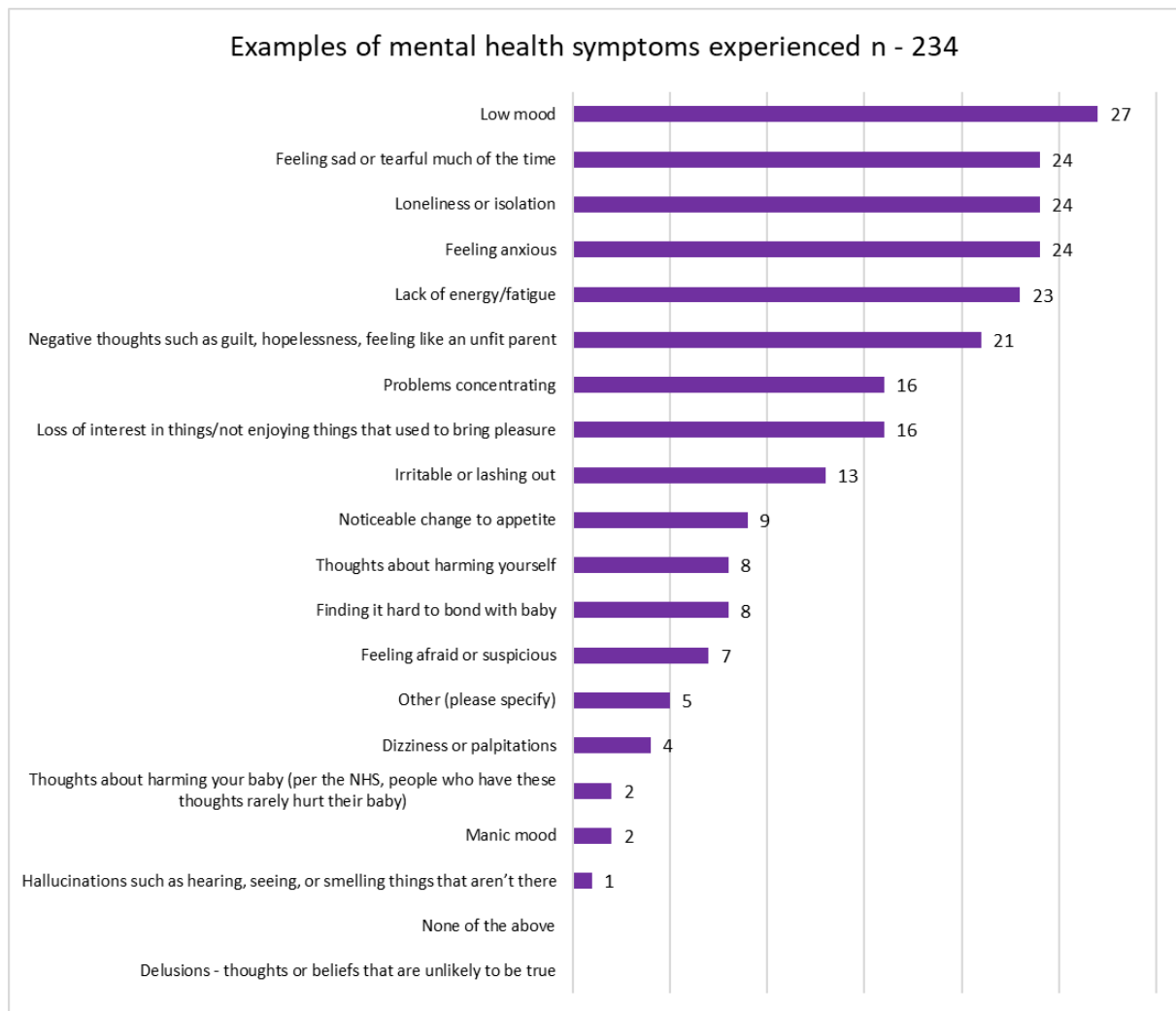
How long did symptoms last

The chart below shows estimates of how long mental health symptoms lasted for respondents. It shows that symptoms can last some time, notably as our sample is mostly from parents giving birth more than 12 months ago. The largest category for symptoms was 'ongoing' (36%).



Examples of mental health symptoms

We asked people to give examples of the symptoms they experienced. These are summarised in the chart below, people were given the option to select as many responses as they wished.



Whilst there is a spread of responses and some individuals selected more than others, the main cluster of issues are around low mood, feeling down or alone.

Seeking support

Following on from identifying the experience of mental health around the birth of their child, we checked whether people sought help and support.

We found that a majority said they did seek support (22 – 67%), with a minority saying they did not (11 – 33%).

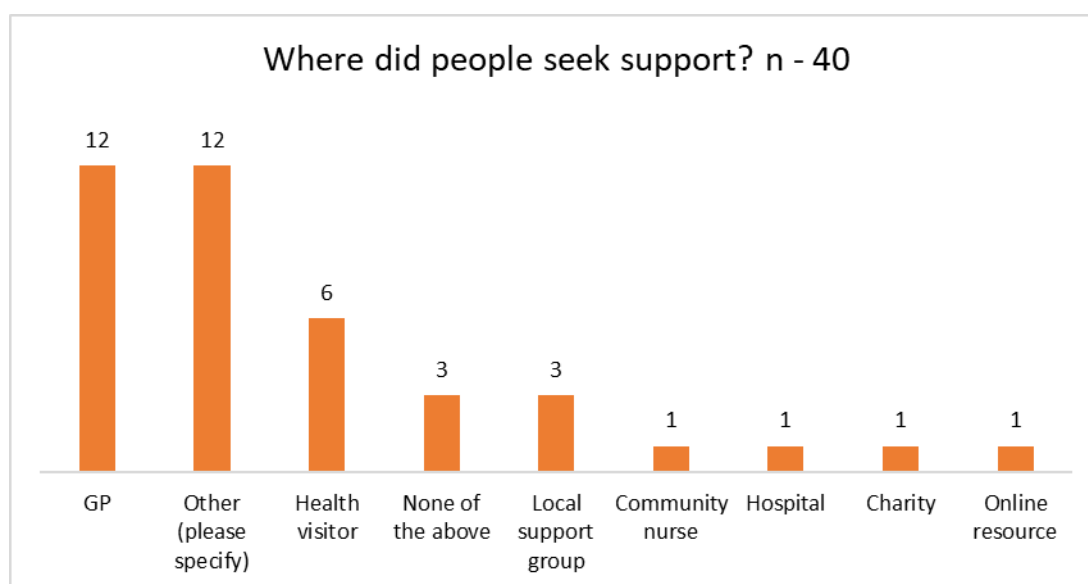
It should be noted that the term ‘support’ was not defined in our question.

Where did people go for support

Those that did look for support were asked where they chose to do so. People were able to choose more than one option for this question.

The chart summarises the responses, with the majority focusing on their GP or ‘other’ source of support.

This ‘other’ category included a mix of counsellors, friends and family, mental health services, the midwife, or hospital.



How long did it take to access support

Of those that accessed support we heard it mostly took 'about the right time' (11) with others stating too long (8) and neither too long nor the right time' (4).

Did people get the support they needed

We asked people to select from three statements in this area, 'I had all the help I needed' (3 – 11%), 'I had some of the help I needed' (18 – 66%), and 'I had none of the help I needed' (6 – 22%).

The responses suggest most felt they had either partial help or none.

What could be improved

We heard a wide range of experiences from people in this project on what could be improved. The experiences have been grouped together so we can better show what people thought about mental health and health services around pregnancy.

It should be noted that the majority of respondents said their experiences came from 12 months ago or more. Therefore practices may have changed or been updated after this time.

Overall support

The majority of comments related to support overall. For example in this account the patient did not feel they understood fully what was happening whilst in hospital for the birth of their child.

"The problem I had (which I didn't know at the time) was that I didn't know what was going on and therefore I wasn't retaining information to even

think about asking for help. The whole thing was a haze. Some of the mental health would be helped by being prepared better physically and practically. I thought that the antenatal group I went to would go through the practical stuff for after the birth, but it didn't. The experience in hospital after the birth wasn't great. Someone said that they would come round the wards to check on breast feeding, but they didn't properly. I thought I was breast feeding but it turned out I wasn't, but I didn't know that because I was completely out of it. I had to walk to get my own meals when I could hardly stand in hospital. A whole catalogue of problems.... Indirectly this doesn't help mental health. Being asked a yes and no question, is not a great way of handling someone who has just been drugged up. We have no clue what is happening."

In another account we heard that channels to communicate would be beneficial.

"I feel there could be more channels to communicate my concerns. I felt very alone. My anxiety was/is all consuming and feels very isolating. Friends and family tried to support me but couldn't understand why I was anxious."

Though there were no further details in the statement, we also heard that it appeared easier to get support if paying privately.

"It was really hard to access any support without going private."

One respondent offered a quite detailed list of how patients could be better involved and supported overall.

"A Safe Place (possible other issues are at play. ie; domestic abuse, substance abuse etc). Funding. Communication between Orgs. Involved to prevent 'slipping through the net' (That could include housing, health visitor. Early Help etc But keeping the patient 'in the loop' at all times. Checking to see if they understand what's happening. Do they have any

disabilities. Visible or no visible. Educate on What the different services [actually] do. What/where support can be accessed if required. Keeping in mind their present circumstances. (Ie; pregnant, exhausted, depressed and the rest). Perhaps family history if any. Info about patients current with all involved."

Giving birth was found to be a difficult experience for one patient. The challenges were felt to be compounded by the discharge questionnaire, which added concern that the baby might be taken away.

"Yes, when I had my eldest child I was told I needed to be under consultant care. I was assessed by a psychiatrist who said I had no diagnosable mental health issues. The birth was traumatic for me - it was 3 days worth of induction followed by medication that was given to me to slow my labour because there was no space on the birthing ward followed by an emergency c-section. My baby wouldn't separate from me and screamed when he wasn't feeding. The midwives said that there was nothing they could do, I wasn't allowed to go home or access any other support. 3 days later after a handful of hours sleep over a week I had to go through an assessment with a midwife "to check if I was fit to take my baby home". A lot of the questions were intrusive and irrelevant and related to my finances, intimate relationship with my partner etc rather than my mental health. I never sought any support for the trauma, anger and anxiety that the experienced caused because I was afraid that someone would decide I was unfit to parent my child. I feel that the process around maternal mental health needs to be a lot more supportive and a lot less threatening."

Post-natal support

There were also several comments related to post-natal support; this was the second most common area for comment. In each area the available support may vary, as will ease of access depending on an individual's situation. The comments show the importance of signposting and awareness in this area.

"When a mother has a traumatic birth, signpost her to therapy as its likely it will impact bonding. It took me 12 years to figure out why I was closer to my daughter than my son. I also think when someone is pregnant they should be [encouraged] to think about their own upbringing and if there are areas they could do with therapy to stop cycles of poor mental health."

"I think a closer form of interaction with new mothers especially, making sure they are mentally okay and not experiencing post-natal depression, or depression in general. I also think more focus needs to be put onto new mothers and giving them the opportunity to cope with the life changes. I think the frequency of visits should be carried on for longer to recognise the difference in mothers from the new born stage until after the baby's 1."

"Listen! Was fobbed off too many times with the idea of baby blues."

"More/better promoted breastfeeding support groups - I felt so isolated when breastfeeding and was good to meet up with other mums and health visitor. A friend who is currently breastfeeding said she didn't know where the groups were."

"At the time there was no support for maternal mental health, I had a twin pregnancy, one of the babies died before she was born during my pregnancy. I had no support at the time the baby died or when I gave birth to the surviving twin. I really hope that services have improved since,

as I have suffered with depression and anxiety related to this for the past 34 years."

Health visitor questionnaire

Post-birth, first midwives, and then health visitors assess at the patients home whether the parent and child are doing well. In both accounts that mentioned this post-birth support, people referred to the questionnaire used and the follow-up resulting requiring improvement.

"My first contact regarding my mental health was when I requested a visit with a health visitor. I felt she was very dismissive of my concerns and quick to suggest antidepressants. The questionnaire used on the first visit is insensitive and does not encourage mum's to share real concerns. I also feel this check in is too soon after the birth."

"The midwife asked me a question about mental health very flippantly like it was a tick box exercise while I was pregnant. The health visitor did a questionnaire with me which I apparently failed but she didn't take any action or follow up, I said I was fine but I wasn't, I think she was probably very over stretched. But if she'd encouraged me to get help other than just saying that help was available I might have taken it."

Other related services and issues

A range of comments were gathered on other related services and issues. One respondent suggested normalising and increasing awareness of the range of emotions that follows childbirth could be helpful.

"Make it more normal as all you hear about is happy mums not the ones that weren't necessarily ready to be mums and feel like they have lost their life and identity."

Despite us conducting this project after the recent COVID-19 pandemic, only one comment mentioned this specifically.

"It was disgraceful that partners weren't allowed to accompany mums to antenatal appointments through lockdown. Need a culture change to more openness of struggling amongst fathers and mothers."

There was also a comment about access to counselling, with access said to be a long process and therefore not of much help.

"GP just offered antidepressants. I applied for counselling but it was a long process and I was turned down, despite having felt suicidal. Response [times] for counselling need to be shorter."

Employers were also said to need to do more around pregnancy and after child birth.

"I think places of work have no sympathy for women during pregnancy or after. I became a nervous wreck and the option given to me by the nhs was to sign me off work which although solved the issue in work because I wasn't there made them worse on my return. I was put on a wait list I am now 14 months postpartum and add an extra 6 months on to that I have still not been contacted regarding my mental health I rang for an appointment update daily for 6 weeks before giving up."

Positive overall support

Overall there were positive comments about **health visitors**, and we also heard in several comments that **GP surgeries** had played a positive role.

"The health visitor was good in following the questionnaire system in place and was very personable but I wish she had the ability to think outside the box - because I wasn't in the right place to do it for myself. The children's

ward at Wythenshawe were brilliant in all ways. The staff at my doctors surgery were good."

"Checks are done routinely."

"My GP was very supportive but it was difficult to see her. I had some support from a health visitor who was very helpful. I saw her every few months."

"GP said there is help if needed but if they had given more information may have helped more."

"I visited the nurse at my GP surgery initially to discuss a possible milk intolerance for my baby. She was very intuitive and suspected I was struggling and asked me to check back in in a week. She was easily contactable and I felt heard. [at Urmston Group Practice]"

"I did contact the GP initially, and they got back to me very quickly and left a voicemail. The problem was I didn't have time to follow it up. But it did assure me that the GP would support me if needed."

One comment praised the experience in **neonatal intensive care**.

"Full support given to parents with children in NICU."

We also heard how **services can work well together** to support parents during parenthood.

"I was referred to [counselling], and a local baby and toddler group and given anti depressants really quite quickly. I was in Manchester (Whalley range) at the time and my older children in primary school. I was offered parent support through the school, and also 16 free childcare hours for my youngest once he was about 10 months old, not so I could work, or train, or

go back to studies, but just so I could have time to myself to recover. Which meant I did eventually return to work part time also. I think this is the one instance where I felt like nhs, social care and schools actually worked well together and like a unit. The support from each area complemented each other."

There were examples of relevant **support groups** such as 'Koala' and 'Homestart'.

"Support groups such as koala on the Wirral were amazing! Experienced mums who don't judge!"

"I had support from homestart charity -they were fab."

Anything else

Finally, we asked an open question on if there was anything else people might like to add to the discussion.

One comment related to the **difference in experience between local areas**. There was a feeling that Trafford offered less than other boroughs, though it is unclear which ones are being compared to.

"I've found that Trafford is far less supportive than other boroughs. In regards to funding, communication etc. Which was and is rather disappointing. Considering I moved back into an area to which I loved."

We also heard that **partners could do with additional support** around mental health.

"My partner was struggling with his mental health and was diagnosed with post-natal depression. He was questioning whether he should have had a third child, my first. This was very distressing for me to hear. He has 2 sons

from a previous relationship and feels guilty about leaving them, albeit he sees them regularly. My partner finds our son's developmental stages very difficult to manage and becomes intolerant of him and me. This makes me very anxious."

Language could also be a factor in some not getting the best out of mental health services.

"I am a volunteer ESOL teacher in Old Trafford over the last 14 years and there are many people who don't read or understand English and they don't know how to get help for their mental health."

One opinion described how the **preventative nature of practical support** for parents might relieve stress and reduce need to turn to mental health services.

"Quite often what we need is practical support. Talking therapies can be great, but so can someone coming and doing the dishes. When you've no family around locally, being offered physical, tangible practical help can be much more valuable than anti depressants."

There was further mention of **support groups** and the role they play or might play in **ongoing support**.

*"We are working ourselves at PRC to be there for people - only if the GPs directed people to such places." *PRC – Pakistani Resource Centre*

"I currently attend sessions at Trafford PANDAS. Their sessions structure is fantastic and they would be a good organizational for you to liaise with."

Appendix: Full list of questions

1. Demographics
2. Did you experience any mental health issues around the birth of your child?
3. When was this?
4. Where were you during this time? (to give a general idea of which service location)
5. How long did the symptoms last?
6. What symptoms did you experience?
7. Did you seek support?
8. If so, where did you go to find it?
9. If you had help, how long did it take to access support?
10. Did you feel you got the support you needed?
11. Is there anything you felt could be improved in the area of Maternal Mental Health?
12. Is there anything else you would like to tell us about?

THIS REPORT IS AVAILABLE IN OTHER FORMATS ON REQUEST.

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