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IHV Perinatal Mental Health Champions Training – It really works!

*Evaluation of the Institute of Health Visiting Perinatal
Mental Health Champion programme in North West
London*

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March 2018

Background

The transition to parenthood can be a difficult time for parents and during the perinatal period some parents may experience mental health difficulties. Poor perinatal mental health (PMH) can have a significant negative impact on the mother, father, child and the wider society. In a report by the Centre for Mental Health and the London School of Economics, the social and economic cost of PMH problems was reported as 8.1 billion for each cohort of births in the UK (Bauer et al, 2014).

Transition to parenthood and the early weeks, and maternal perinatal mental health are two of six high impact areas, has been identified by the government where health visitors can really make an impact in improving outcomes for children and families (DH, 2014a, b).

Health visitors are ideally placed to support parents during this transition. Through delivery of their universal service, they can provide anticipatory guidance, assess for risk and signs of mental health problems, manage mild to moderate perinatal mental illness and ensure timely referral on to more specialist care when needed.

Commissioned by the Department of Health, the Institute of Health Visiting (iHV) developed a PMH training package for health visitors across England during 2013 and have refined it since. It addresses the fundamental requirements that are necessary for health visitors to manage anxiety, depression and other perinatal mental illnesses and to understand the impact of these conditions on the infant, family and society, and to know when to refer on. The vision for this training model is that those attending the training become their organisation's local PMH Champions and will be given the tools, information and support to cascade the training to their colleagues and to become a local resource for this area of practice.

The Role of the iHV Perinatal and Infant Mental Health Champion

A Champion is an ambassador for perinatal and infant mental health (PIMH) within their local area. Champions take an active role in leading these very important agendas through:

- cascading the training to their colleagues: increasing awareness and knowledge of perinatal and infant mental health within teams, enabling them to signpost effectively to the right service at the right time
- ensuring service users and those who are experts by experience are partners in the planning and shaping of local services
- being the voice of the child
- making certain that services are developed to meet the needs of its population with respect to diversity, equality and equity
- improving access to services for those families affected by or at risk of perinatal mental illness and/or infant mental health problems
- progressing local integrated perinatal and infant mental health care pathways
- empowering colleagues to raise parity of esteem for perinatal and infant mental health
- promoting evidenced based information at all levels
- building community capacity through working in partnership with local citizens
- dispelling myths and proactively working to challenge and reduce stigma

The model of training encompasses a process-orientated health promotion model. The resources and materials are based on the 'orientation to practice' which includes an ecological, human valuing and salutogenic approach, identified in the 'Why Health Visiting' review of health visiting practice (Cowley et al 2013). This theoretical model contains the spectrum of promotion, risk and protective factors, considering the mother, family and societal conceptions of coping with perinatal mental health and the methods of empowerment used, thus contributing to the creation of a level of health and well-being, described by Antonovsky (1996) as a 'sense of coherence'. The training methods also incorporate the Principles of Health Visiting (Cowley and Frost 2006). The educational approach includes forms of partnership working (Davis and Day 2010) and psychological mindedness (Morrell et al, 2009; Brugha et al 2011) that have been shown through research to support effective practice in the field of PMH.

Upon successful completion of the 2 day training, Champions are provided with excellent training resources and lesson plans to support a consistent high quality training experience for delegates attending the cascade training. .

Implementing the training model in North West London

While working in Harrow health visiting services as Professional Lead and Practice Teacher, we attended the first cohort of the 2-day iHV PMH champion's training. At that time, many health visitors in organisation had not received any training in this area for over 10 years. A training needs analysis carried out in July 2014 identified PMH to be the most requested training. The training was gradually rolled out to the health visiting workforce initially in Harrow and then across Brent and Ealing as the services merged and became part of London North West University Healthcare

NHS Trust (LNWUH). Health visitors and community staff nurses were offered the training across 1.5 days while a half day awareness session was offered to community nursery nurses and health visiting assistants.

The training was so successful that we later extended to local authority staff, practice nurses and local GPs. This was a great way to get practitioners who worked together to train together, in turn supporting pathway development at a local level. We fed this back to the iHV who had been hearing the same thing from other Champions. Whilst they viewed the move to include other professional groups as a positive one, they were concerned about the quality assurance as the programme was only quality assured for health visitors. In response, the iHV collaborated with experts (by lived experience and leading PMH professionals from the Royal Colleges) and developed a multi-agency PMH Champion programme. We, like other Champions also fed back the need for combined perinatal and infant mental health (PIMH) training and a fathers' PMH training. The Institute now has a range of accredited PIMH programmes (box 2) that are benchmarked against national standards, including the new Competency Framework for PMH (HEE, 2017). The programmes are scalable nationally and evaluations are excellent.

Box 2

iHV Champions Training 2018

- 2013 iHV Commissioned to create 400 HV PMH Champions
 - Agreed a cascade model
- By 2015 (May) 573 HV PMH Champions and 298 HV IMH Champions
- By 2016 PMH cascade reach: 10,000+ practitioners
 - Needed to be multi-agency
- By May 2017 over 500 Multi-agency Champions (inc from Psychiatry, Maternity, GP, psychology) and direct delivery of PMH Awareness to 780 practitioners
- Range of multi-agency and uni-professional programmes, including:
 - Integrated PIMH Champions Programme
 - Maternity Champions Programme*
 - Fathers and PMH Champion Programme
 - Multi-agency PMH Champion Programme
 - One Day PMH/PIMH/IMH Programme

98% of the health visiting workforce within LNWUH Trust is currently trained and in total 525 individuals have been trained to date. As well as rolling out training, a whole infrastructure for identifying PMH problems and supporting parental mental health has been developed through policy, guidelines and pathways.

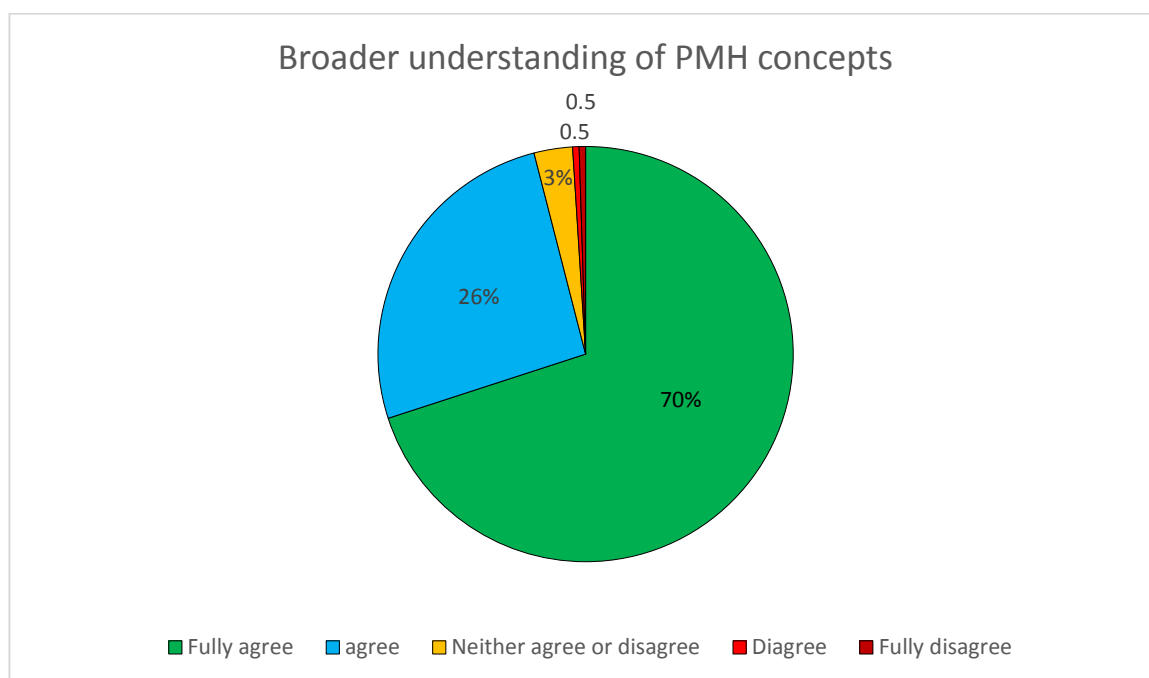
Evaluation of the LNWUH Trust PMH training programme - 3 years on

Prior to training:

- Of the total number of participants trained over the past 3 years 240 were either trained health visitors or student health visitors. Of these, the majority (79%) had encountered new parents with perinatal mental health problems, and 21% had not encountered parents experiencing PMH problems.
- Prior to the training only 3% of participants reported to feel fully prepared to support mothers with mental health problems and 25% did not feel prepared at all. The remaining participants reported to feel somewhat prepared.
- 69% of these participants had not received any previous training in perinatal mental health. Of the remaining 31% who had received prior training, many of the training was reported not to be in recent years.

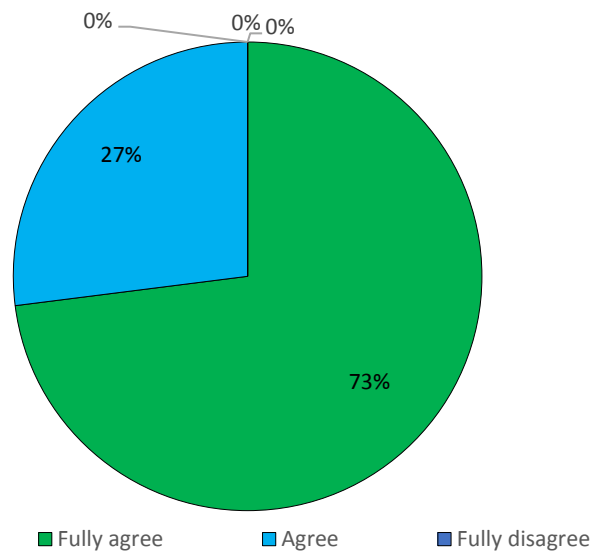
Following training:

- The participants were asked to report whether they had broader understanding of the concepts of PMH as a result of the training. 96% of the participants either 'agreed' or 'fully agreed' with this statement.



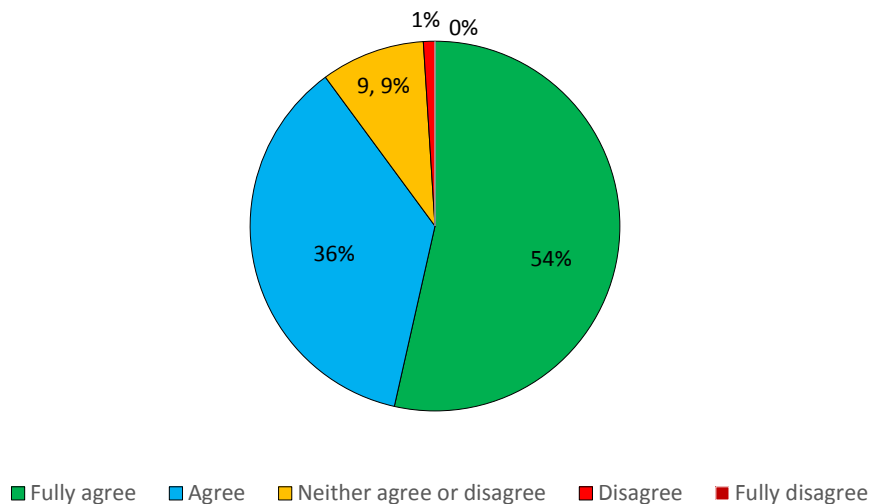
- When asked whether the training had increased their understanding of the impact of PMH on the family and society, 73% fully agreed, while 27% agreed.

Increased understanding of the impact of PMH

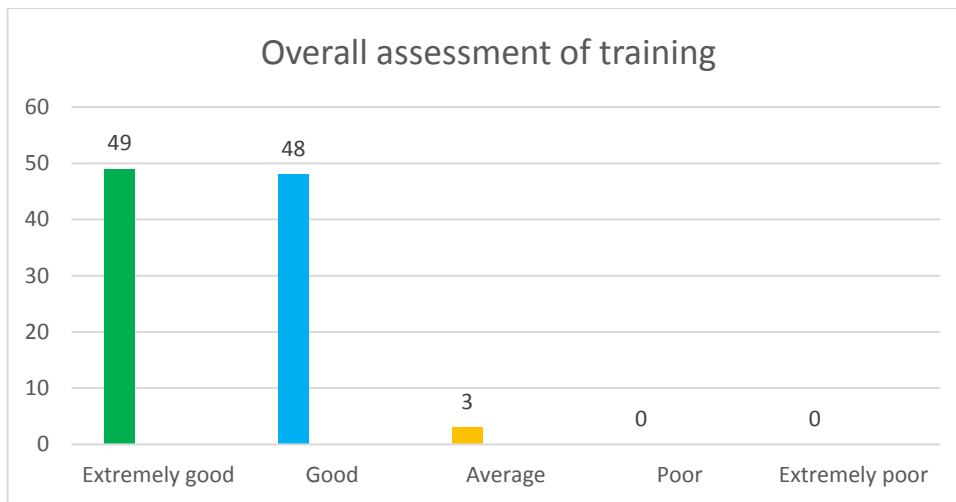


- As a result of training 90% of participants reported being able to effectively assess women and their partners for the presence of PMH problems, while 9% 'neither agreed or disagreed' and only 1% 'disagreed'.

Sales



- 100% of participants reported the training to be useful and interesting. The most informative topics were: signs and symptoms, fathers' mental health, effects on child and family, referral pathways and options for signposting for support. Participants particularly enjoyed the interactive group work, scenarios and the listening visit activity.
- Overall assessment of training was rated as being very high.



Trainers:

- 99% of the participants reported the trainers to be fully prepared and familiar with the training material; encouraging, respectful and inclusive; and the teaching methods to be appropriate and interesting.

Discussion

This iHV 'train-the-trainer' model has been a huge success for our trust and our partner agencies in North West London. Overall the training was very well received and participants found it useful – it increased their knowledge and skills around perinatal mental health and increased their confidence in managing this in practice. This training package not only focussed on using research based delivery material, but also incorporated interpersonal, interactive and practical activities. It was fed back to the trainers that these related to individuals and real clinical situations experienced by the trainees. Ultimately it allowed the transfer of theory to practice in a fun interactive way.

On a personal level, during the three years that we delivered the training our knowledge and confidence has grown. Every session has been different and every group has brought different skills, knowledge and challenges. Not only has our knowledge of mental health increased, but our skills as group facilitators have developed rapidly too. There is no doubt that training can be hard work and sometimes daunting. We always give ourselves time to reflect on the session, and are always eager to review the evaluation forms. No matter how experienced you are as a trainer, it is hard work. Two trainers working together therefore can be a very supportive process especially if there is good rapport and understanding between the two people. Each person will have different strengths, so it is important to use them to your advantage, but it is also good to go outside your comfort zone and challenge yourself by delivering different parts of the session.

The train the trainer model does work, but it requires commitment from both the practitioner and the employer. A minimum of half a day will be required to prepare and plan the session, so some discussion needs to take place with managers to allow for this. We were supported by management to deliver it to the whole of the

health visiting service and as a result, we became a local resource for staff and able to fulfil the role of the iHV Champion in full. Within our Healthy Child Programme working group we led on the development of perinatal mental health guidance for the health visiting service and the development of individual borough based PMH pathways (we had 3 boroughs within the trust each with different services). As part of our Champion role, we also developed a useful resource – the Postnatal Depression Wheel (Baldwin and Kelly, 2014) and from this came a poster presentation at the iHV conference and the CPHVA conference, a publication (Baldwin and Kelly, 2015) and a presentation at the International Marcé Society Conference in Wales.

We continue to deliver the PMH training within our organisation and have extended the training to 2 days based on the feedback received from participants to date - 1 day for nursery nurses, health visiting assistants and early years staff and 2 days for health visitors, staff nurses and student health visitors. We are confident that this training will continue to be a success and look forward to others getting involved in such training to develop their teaching and leadership skills.

We are grateful to the iHV for giving us this training opportunity, which has helped us develop our health visiting workforce and improve PIMH care delivered to parents and children in North West London. Furthermore, we very much appreciate the on-going support for the Champion role from the iHV. The iHV know that to maximise the value of the Champion role, it is vital to build in additional support. The Champions movement is sustained by the iHV through the iHV website, newsletters, online forums, social media, iHV professional resources, in print, from local, national and international conference platforms and most recently the iHV Fellow led PIMH Forums (see box 3).

Box 3

iHV Fellow led HV Perinatal and Infant Mental Health Champion Forums

The iHV currently have 5 forums but are aiming to have one in each region, aligned to the strategic clinical network (SCN) in the area. The forums run quarterly, and include iHV Fellows* and all iHV Perinatal Mental Health (PMH) and Infant Mental Health (IMH) Champions within the SCN area. iHV PIMH Forums are modelled on the principles of place-based leadership, complementing a “whole system approach” that will enable the “right care at the right time by the right people in the right place”. The Forums aim to:

1. Support service improvement through strengthening perinatal and infant mental health outcomes for all women and children in the community, through networking, influencing, promoting and sharing best practice across health visiting.
2. Align the Champions with other perinatal mental health professionals in the community and secondary/tertiary care services through the new Strategic Clinical Networks in England.
3. Develop the research base for perinatal and infant mental health by aligning a research project to each forum and linking these to local research networks.

** iHV Fellows are health visitors who have demonstrated exceptional leadership and outstanding work in the field of public health. The iHV has 150 Fellows nationally who as ambassadors of the iHV provide strong leadership for the health visiting profession. Many of the Fellows are also iHV Champions.*

Being a Champion is an incredible opportunity to be supported to become a leader for PMH at a local and national level. With the expansion of the Champion programmes, we hope that others continue to join the Champions movement and make the most of such opportunities too!

*The next National iHV PIMH conference in Manchester on 24th April <http://bit.ly/2EYGrCp> is a fantastic opportunity to join this amazing social movement. We hope to see you there!! **This is only relevant if it is likely to be published before 24th April.***

Top Tips for Success

1. **Prepare and plan** – The preparation takes time so book dates in your diary and give yourself plenty of time to get to know the slides. Decide how people, you are going to train and in what timescale. Operationalise a system so delegates can book on and receive any pre reading materials-such as the local/trust PMH pathway/policy. Print out and organise any resources you may need. Plan the venue and ensure any IT equipment is working.
2. **Deliver** - Know your strengths and your subject. Decide who will deliver which part of the training session. Be familiar with the timings, try to stick to time although you may find that the timings need adjusting as you go along especially if there are good group discussions that you want to encourage. Start and finish on time, people will appreciate it. Ensure the safety of the group at all times. It is very important that safety messages are made clear. Inform participants that perinatal mental health training can trigger emotional responses from participants. Ask participants to contribute to the discussions in a way that is safe for them. Give explicit permission for participants to opt out of exercises and take breaks if needed.
3. **Evaluate & Review** – Ask for constructive feedback. If they didn't enjoy it, ask why not? What could you do to make it better? Book time to go through the evaluations as part of the quality assurance for future training sessions and also for your own continuing professional development as individual practitioners. Build in time to read, attend conferences, uptake further learning and keep informed of ongoing PIMH developments.

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