



Partners in improving local health



North of England
Commissioning Support Unit

Perinatal Mental Health Needs Review – Coventry City Council

29th September 2023
Gillian De'Ath

Official



Background and context

Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions.

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family.

Historically there has been a lack of integrated physical and mental health care for women during pregnancy and in the weeks and months following birth, and a lack of specialist perinatal mental health services to support women who become unwell.

Timely access to good-quality perinatal mental health care can provide a range of long term gains for the woman, the baby/child and wider society. These include:

- improving recovery rates and outcomes for women and their children, including reducing the risk of adverse psychological, social, parenting and employment outcomes
- reducing the risk of premature births and stillbirths, obstetric complications and delayed physical growth in the developing baby
- reducing the risk of behavioural and emotional problems for the child later in life, and the likelihood of lower IQ and lower educational attainment
- reducing wider societal costs – of the £8.1 billion described above, almost £6 billion relates to the impact on the child rather than the mother



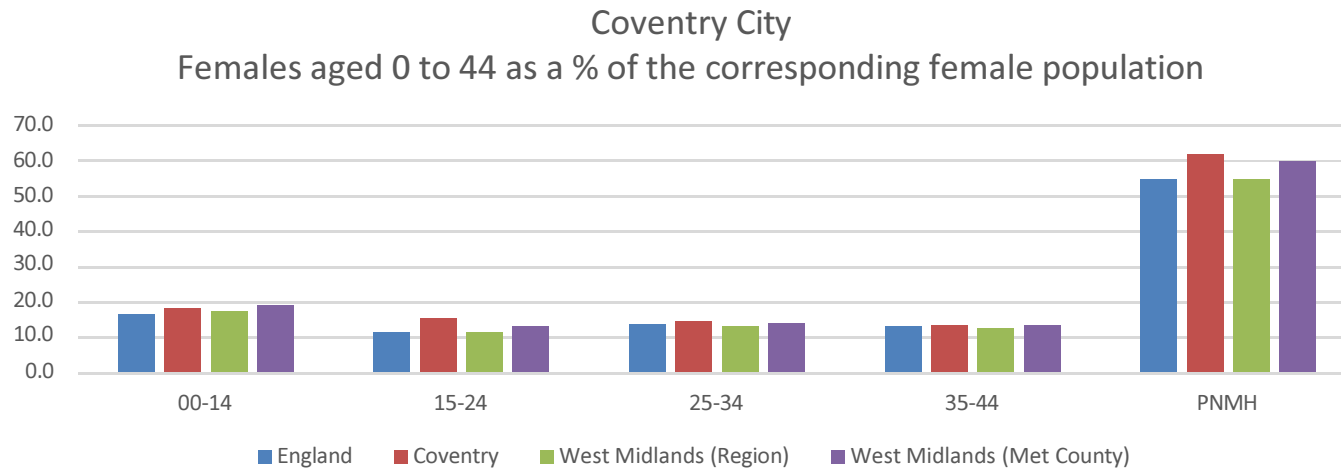
Population Summary - General

Coventry's population is growing and changing. It is the second fastest growing population outside of London. Growth is particularly high amongst 18-29 year olds - This includes an increase in the student population. Coventry residents are, on average, eight years younger than the national average. The increase in young adults has continued to lower Coventry's median age. It is 32 years in 2017, compared to 40 in England or the region. A third of the city's population growth is concentrated in one-tenth of the city, so local organisations may need to review the location of its services. Population growth has been concentrated in and around the city centre and a few new housing developments such as around Banner Lane, Lower Stoke and Wood End.

Coventry celebrates its multi-cultural nature. 28% of people in Coventry are born outside of the UK. 10.9% of people were born in European countries including Ireland, 5.5% were born in Africa, 10.5% of residents were born in the middle East or Asia. 1% were born in the rest of the world, including America, the Caribbean and Oceania. 13.2% of families do not have an adult in the household who can speak English. 85% of households speak English as their main language.



Female aged 0-44 population comparisons



Coventry has a larger proportion of females in the all age brackets under 35, compared to England and the region.

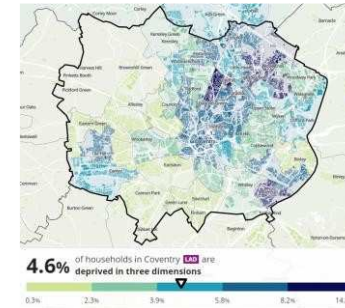
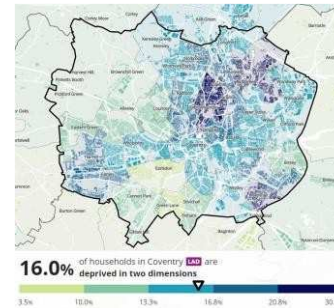
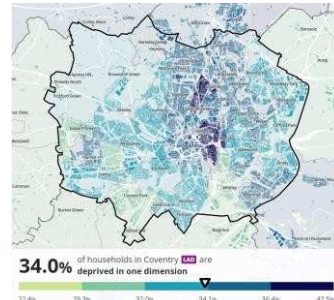
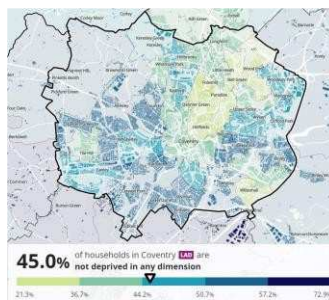


Population Summary – Families & Households

It is important to understand the make up of families in Coventry when considering perinatal mental health as environment is a key factor which predisposes a women to poor mental health during and post delivery. 15% of households in Coventry contain one family with dependant children, another 4% of families are living with multiple families in a single property have dependant children. 4.5% living with co- habiting parents whilst 8.3% live in a single parent family

45% of households do not live in deprivation, whilst 55% live in deprivation of at least one domain or more. 5% of households live with significant deprivation across 3 or 4 different domains.

In 2016, 16,795 children are living in families which do not have enough income to maintain a basic standard of living, the 2019 IMD child poverty rating suggests that 21.8% of Coventry's children are living in deprivation. The current cost of living crisis will have impacted further on these figures. The maps below highlight areas of higher deprivation. The majority of areas with high deprivation are in the central north east and north east of the city with pockets in the south west and south east.



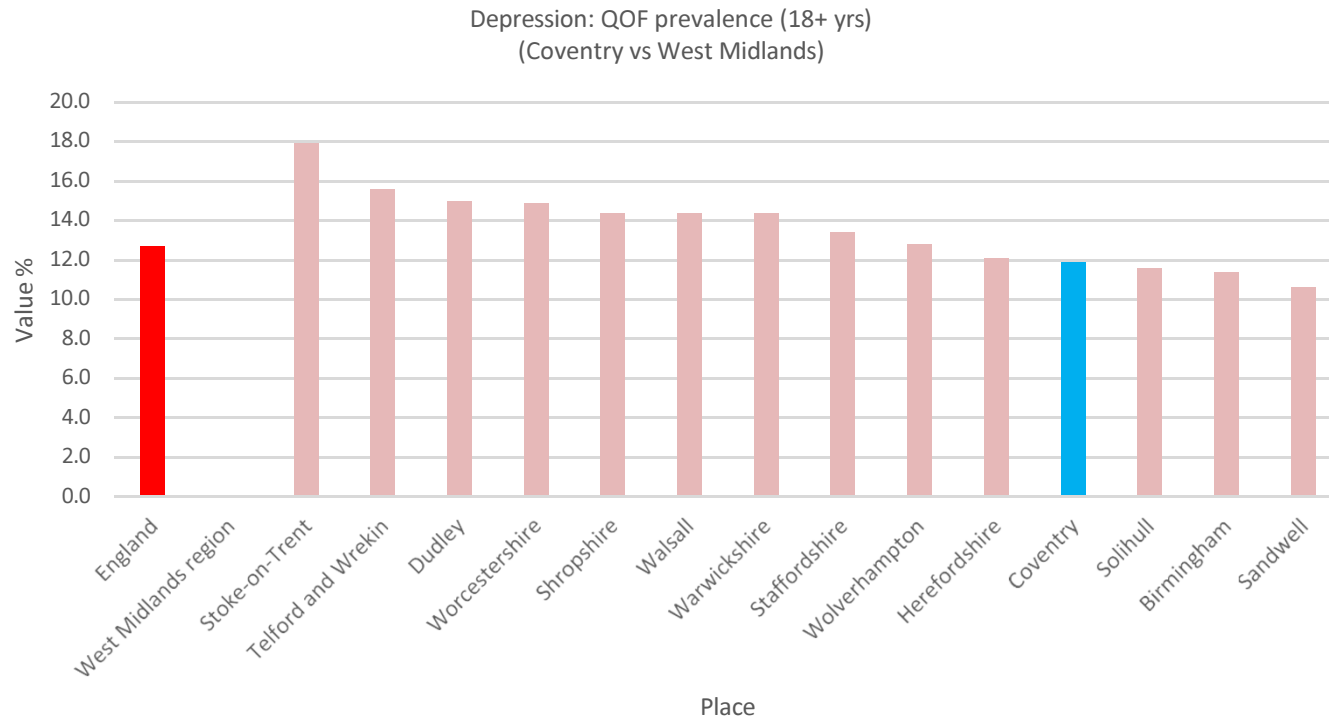


Population Summary – estimated Perinatal Mental Health prevalence

In Coventry, there are approximately 4500 births per year. If one assumes that between 10% – 20% will suffer from some form of mental ill health in the year after pregnancy, we can expect between 450 – 900 women requiring some level of care. 581 are likely to suffer from anxiety and 536 are likely to be depressed. There will be an overlap between these as some women will suffer from Anxiety and Depression. Between 5 -10 women are likely to develop psychosis each year. Data quality is poor in this area and so local intelligence of the communities will be critical in understanding the likely prevalence.

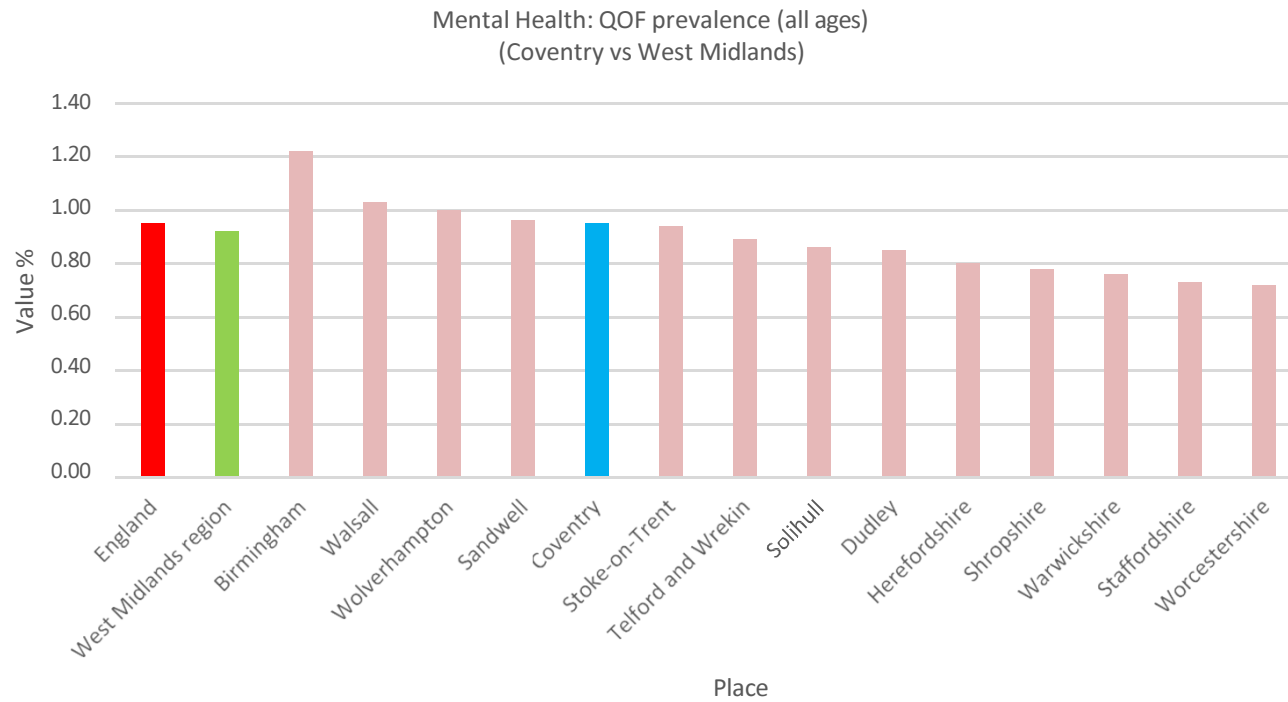


Depression – QOF Prevalence





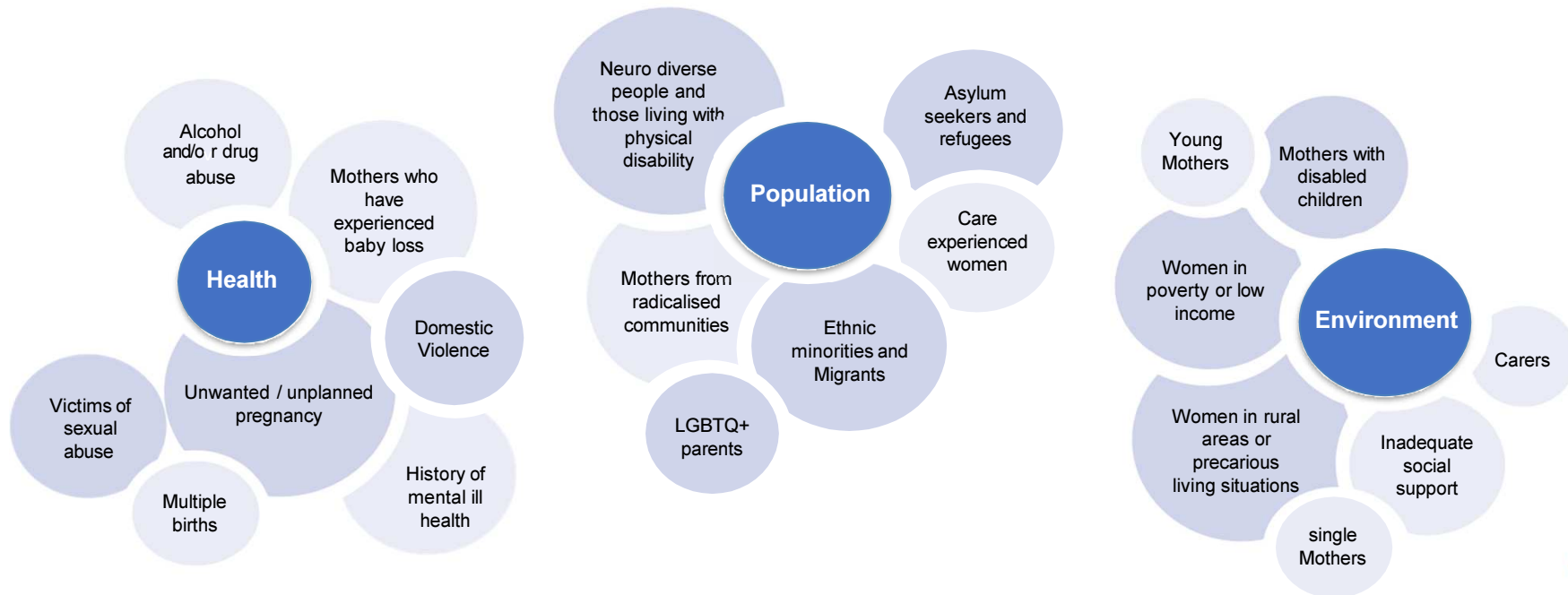
Mental Health – QOF Prevalence





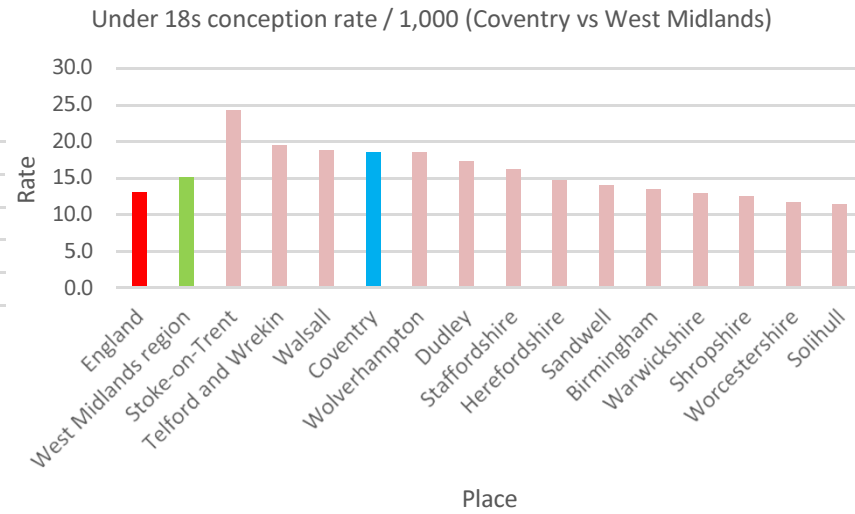
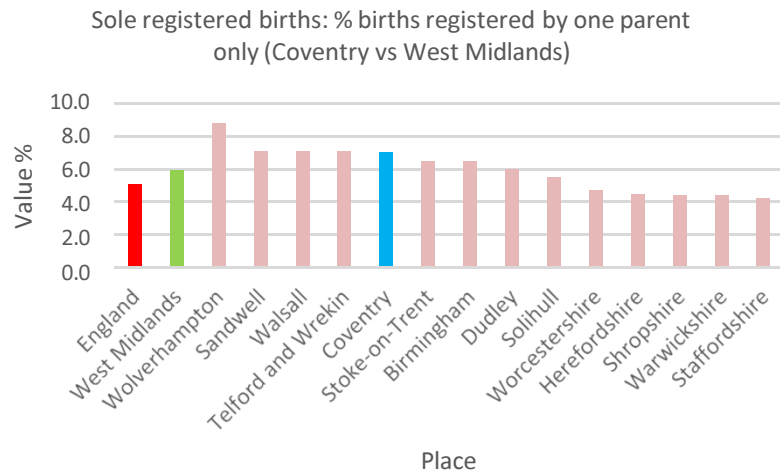
Risk Factors and prevalence

There are many reasons why women develop mental health problems after giving birth, and this can be influenced by a number and often a combination of factors. Understanding the prevalence of risk factors can help estimate levels of need as well as inform adopting risk stratification approaches in related services. The series of graphs that follow show rates in Coventry of some of the risk factors below.



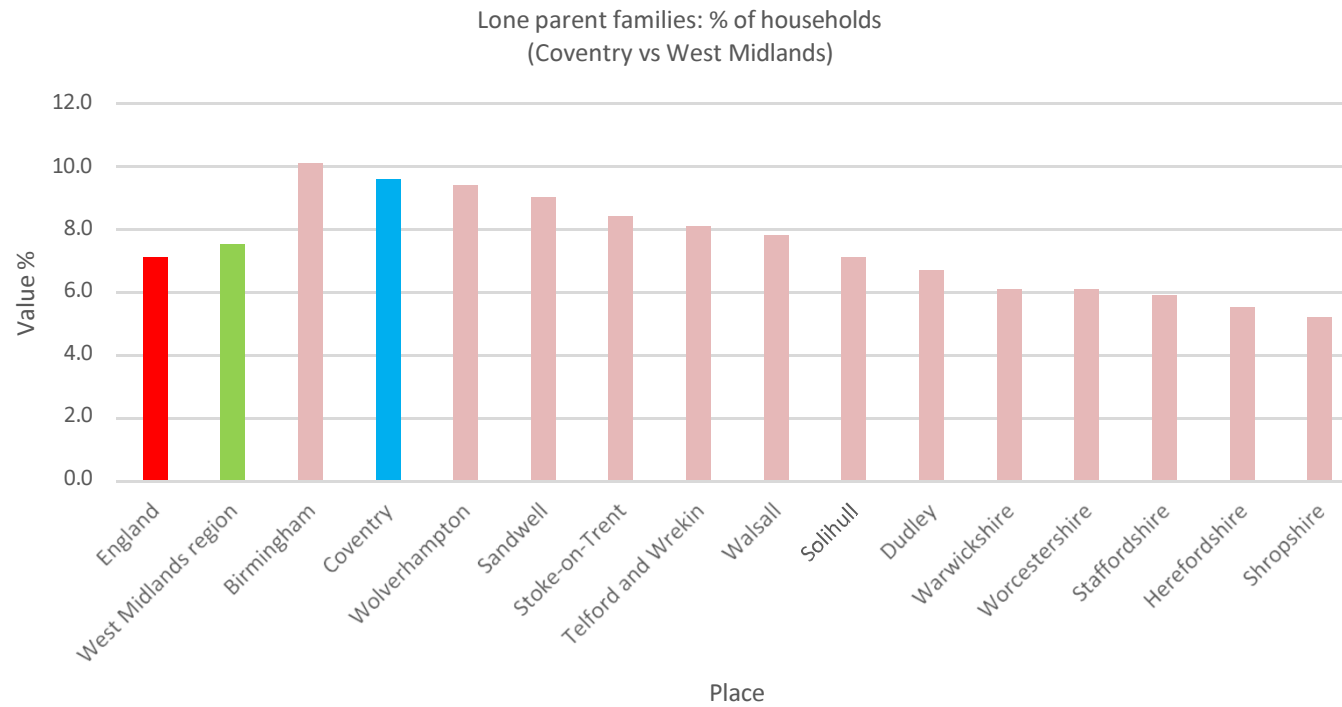


Sole Registered Births & Under 18 Conception rate



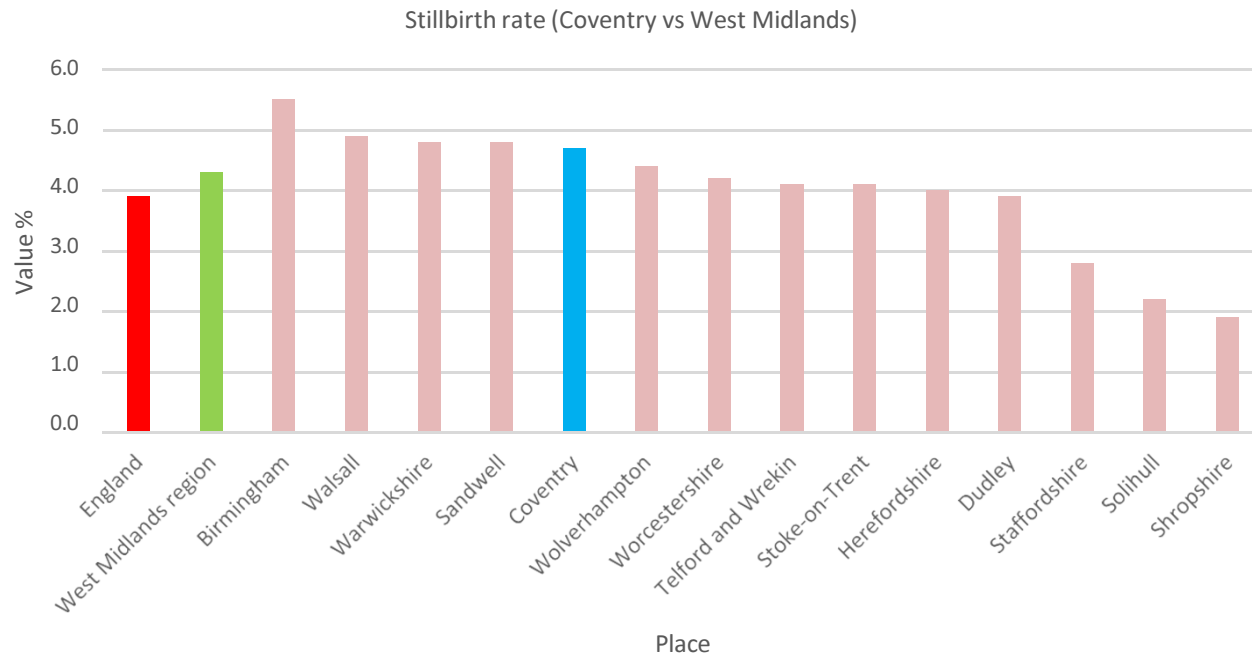


Lone Parent Families



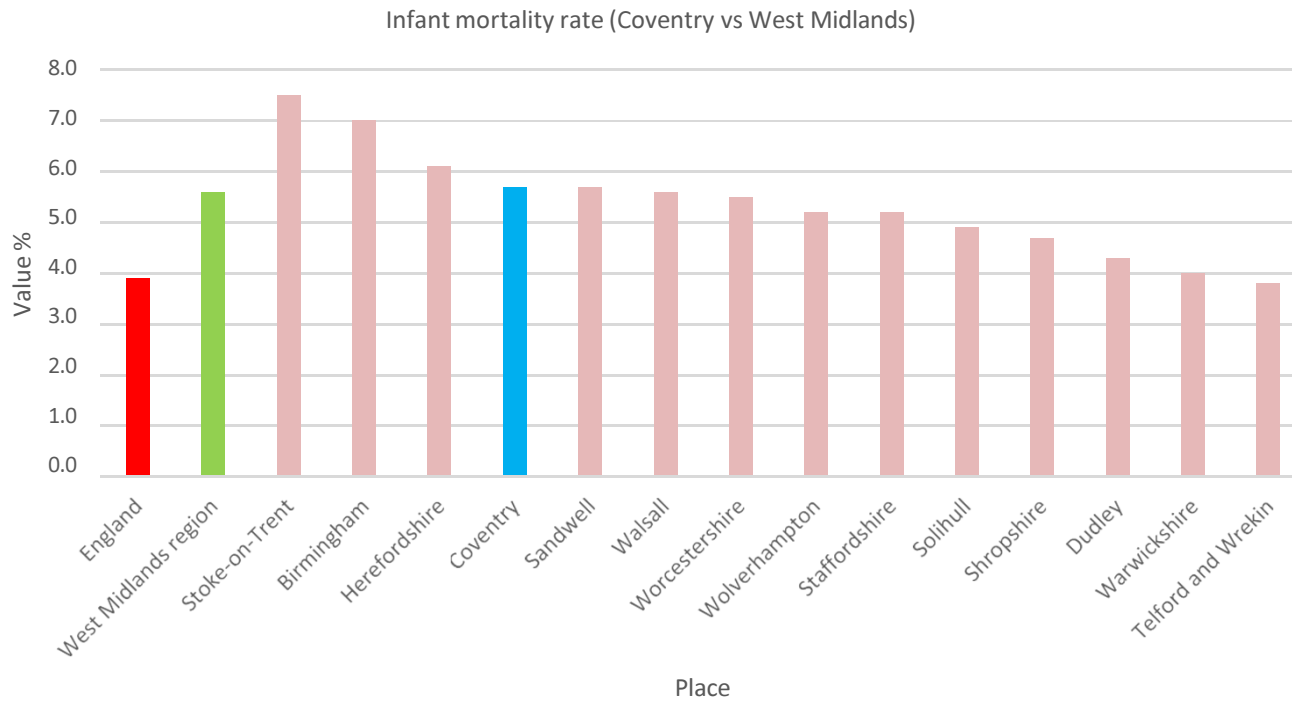


Stillbirth Rate





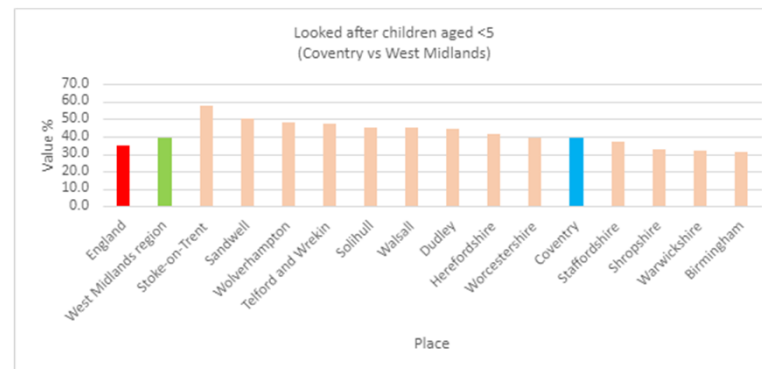
Infant Mortality Rate





Looked After Children aged under 5

There are currently around 747 children who are looked after by Coventry County Council in 2021. Of these, 226 were in care because of abuse or neglect (30%). Coventry has a higher than national average number of Looked After Children aged <5.



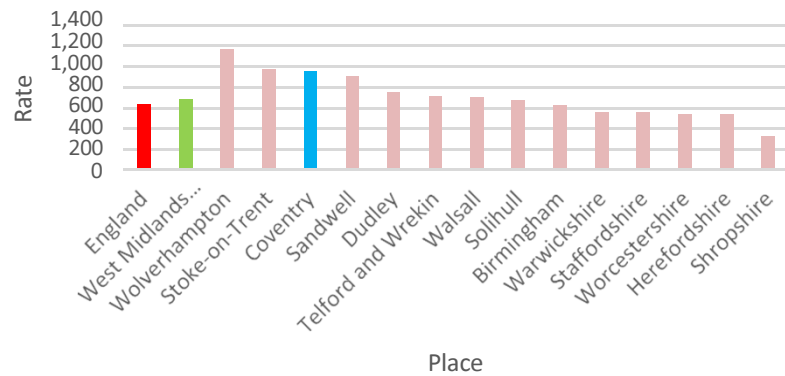
Recommendation:

There is a Looked After Children's Service which makes health assessments. It is recommended that links are made with the service to establish how perinatal needs are assessed both for families with a baby in the first year of life and with young people experiencing pregnancy.

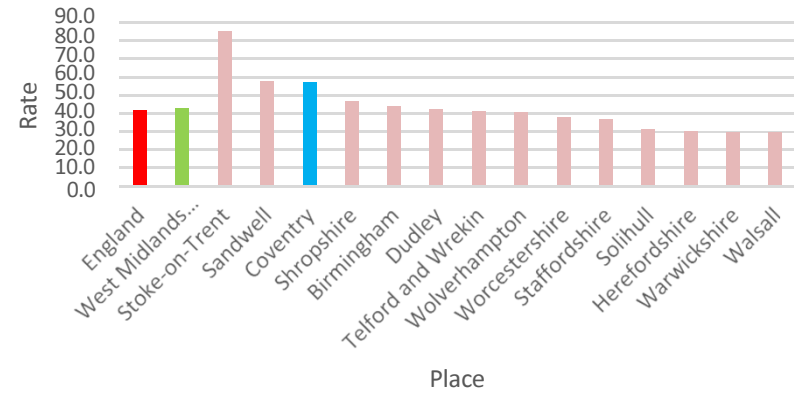


Children in Need rate and Child Protection Plan Rate

Children in need: Rate per 10,000 children aged <18
(Coventry vs West Midlands)

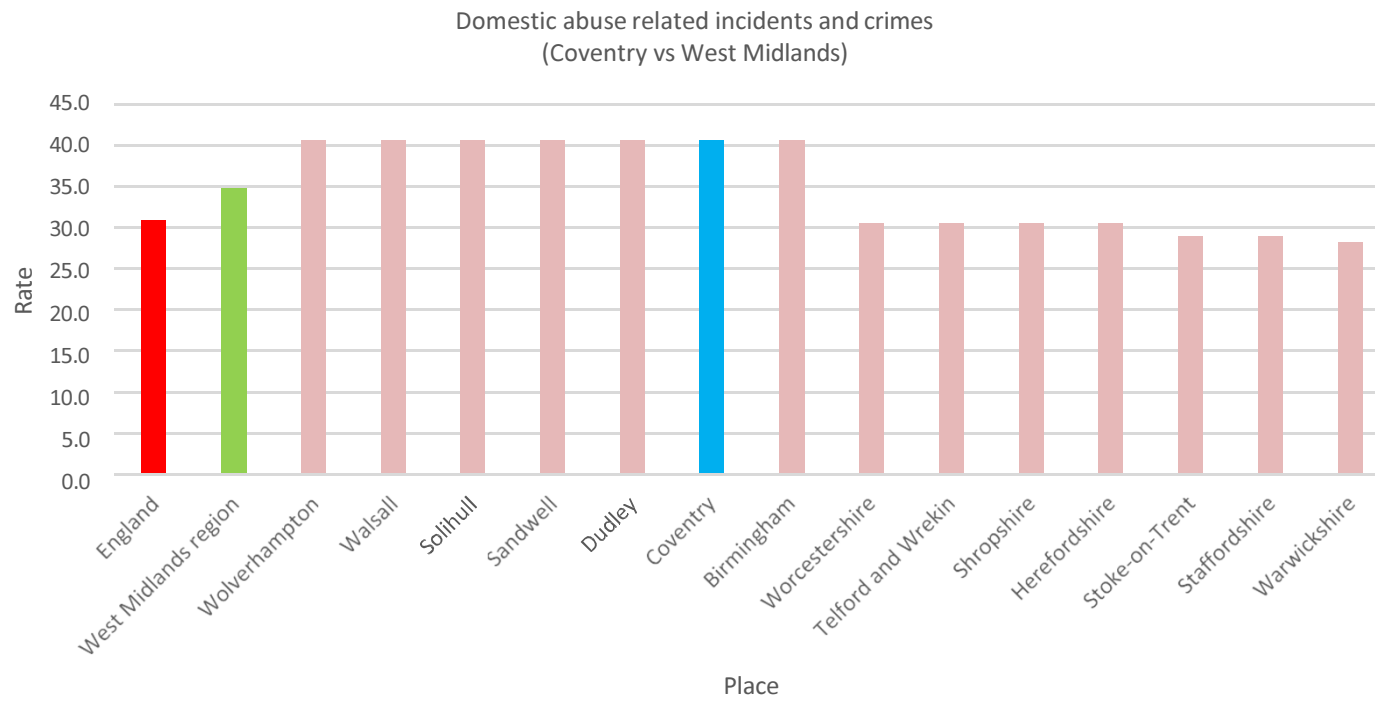


Children on child protection plans: Rate per 10,000 children <18
(Coventry vs West Midlands)





Domestic Abuse





Prevalence of Risk Factors - Summary

When compared to regional values, Coventry is **above** for prevalence of all risk factors, with the exception of the rate of looked after children <5 . There is no regional comparator figure for depression (QOF prevalence 18+)

Coventry is **above** the national value for all risk factor prevalence indicators except depression QOF prevalence (18+) and mental health QOF prevalence (all ages)



Coventry Perinatal Mental Health Pathway

The Coventry Perinatal Parent and Infant Emotional Wellbeing Pathway describes the services available at different levels of need. Green being Wellbeing for Everyone, Green plus being low to medium level concerns, amber being medium to high clinical concern and red being immediate high level concern.

The link to the pathway document is: [WCCC-684757548-401 \(warwickshire.gov.uk\)](https://www.warwickshire.gov.uk/WCCC-684757548-401)



Universal Pathway (Green and Green+)

Routine contacts across the perinatal pathway are critical to facilitating prevention, identifying early and referring for treatment where needed. The three main groups of professionals who will have contact with women during their pregnancy are midwives, general practice and health visitors.

Midwives:

Nationally, evidence suggests that discussion focuses on the baby and mums' physical health e.g., smoking cessation. Women may be expected to initiate discussion about mental health issues if they need help. There may also be an assumption that prior experience of pregnancy or childbirth mean that a woman knows about PMH issues and how to access help. Workload pressures in busy clinic sessions may mean there is a danger of inadequate assessment and assumptions are made.

Post natal stigma, fear and guilt alongside pressure to be seen as a good mother may inhibit meaningful discussion with midwives and other health professionals. There may also be a fear of judgement and fear of care proceedings if mum perceives she is failing as a mother.

Where a mother has pre-existing mental ill health, services may not be linked up to enable a more holistic approach to care

Recommendations:

- Understand workforce development plan for midwives and maternity support workers in relation to PMH
- Explore opportunities for all partners review how to connect to provide a whole system approach to PMH



Universal Pathway (Green and Green+)

Health Visitors

The five mandated visits identified for under 5s in the National Healthy Child Programme are delivered by the 0-19 service. Compliance for the contacts is measured by commissioners and reviewed against England average. With some quarterly variation, Coventry compares favourably with the national average. To give a clearer picture of performance in Coventry, commissioners review total percentage contacts for each visit. This data is not included in the NCDS reports. For example, in Q4 2022/23, 96% families receive a primary visit, 81% receive a health visitor 6-8-week check, 86% receive a 12-month review and 79% a 2-year assessment.

Breast feeding rates are 55% with 92% recording rate at 6-8 weeks. England average is 49.5. Service providers audit the use of Whooley or GAD mental health and wellbeing assessment tools at mandatory contacts.

Unlike many areas across England, Coventry has continued to provide Family Nurse Partnership Programme (FNP) for mums under 19. It is reported that the complexity of cases has increased. In addition, Early Intervention Health Visitors hold a caseload of mums who would benefit from the FNP approach but do not meet the strict criteria.

Planned developments in support of early intervention include VIG and wellbeing visits. Work is also underway to look at pathways between CAMHS and Perinatal MH services. As with all 0-19 services across England, workforce planning remains a challenge. Coventry currently carries 11 wte health visitor vacancies. Delivering ante natal contact as part of the HCP remains a challenge. Alternative approaches to identify mums in need early are under consideration. A SOP is in place between health visitor, FNP and midwifery services to ensure vulnerable mums are identified and supported as early as possible.

Recommendations:

Consider benchmarking across statistical neighbours as data quality and reporting improves across the National Community Data Set

Agree metric for increasing ante natal contacts

Ensure planned developments are progressed where feasible.



Universal Pathway (Green and Green+) continued.....

GPs:

GP is often the first point of contact for PMH related issues. Consultation time is limited and evidence suggests that post-natal assessment of mothers by GP's is variable. Due to pressures in workload many GPs may not be familiar with what is available to mothers both during pregnancy and postnatally.

Recommendations:

Determine uptake of mothers offered post-natal assessment by GP

Engage with General Practice colleagues to share and raise awareness of Coventry pathway

Engage with General Practice to support delivery of high quality perinatal mental health care. Guidance is available via the Royal College of General Practitioners ([Perinatal mental health \(rcgp.org.uk\)](http://rcgp.org.uk))



Targeting vulnerable groups

The data set to provide intelligence about women in vulnerable groups is complex and cross organisational. Women may fall into more than one vulnerable group depending on their circumstances. Targeting interventions or service improvements for these groups is therefore complex and relies on partners sharing intelligence. It is crucial that universal services review their pathways to explore reducing any health inequalities and ensure any inequalities are not widened.

Recommendations:

Use a population health management approach to explore the needs of some of these vulnerable groups further

Enhanced targeted education in pregnancy.

Co-produce alternative mechanisms for engagement e.g., creative therapeutic approaches which may be more acceptable than traditional therapeutic approaches/avoid stigma, establish special interest groups.

Build trust through relationship building, community involvement, collaboration with trusted communities, cultural sensitivity.



Talking Therapies

Talking Therapies is provided by the Healthy Minds service (Coventry and Warwickshire Partnership NHS Trust)

Both self referrals and referrals from a professional are accepted

Information available online states that the service is for anyone experiencing depression or anxiety. The service has five perinatal mental health champions to support mums, dads and partners

Recommendations:

- Explore with service provider what data is collected in relation to perinatal presentation, demographics and risk factors to identify how closely the service is responding to the needs of the population
- Seek assurance from provider that they have implemented or have plans to implement IAPT Perinatal Competency Framework (2021)



Specialist Perinatal Mental Health Services

The NHS Long Term Plan has four ambitions around PMH. One ambition is to provide access to evidence based care. Specialist Perinatal Mental Health Services are provided by Coventry and Warwickshire Partnership NHS Trust. The service is provided by Consultant Psychiatrists, Psychologists and Perinatal Community Psychiatric Nurses.

The service works with women or birthing people who are pregnant, or in the first postnatal year, who are experiencing serious perinatal mental health difficulties.

These might include issues such as:

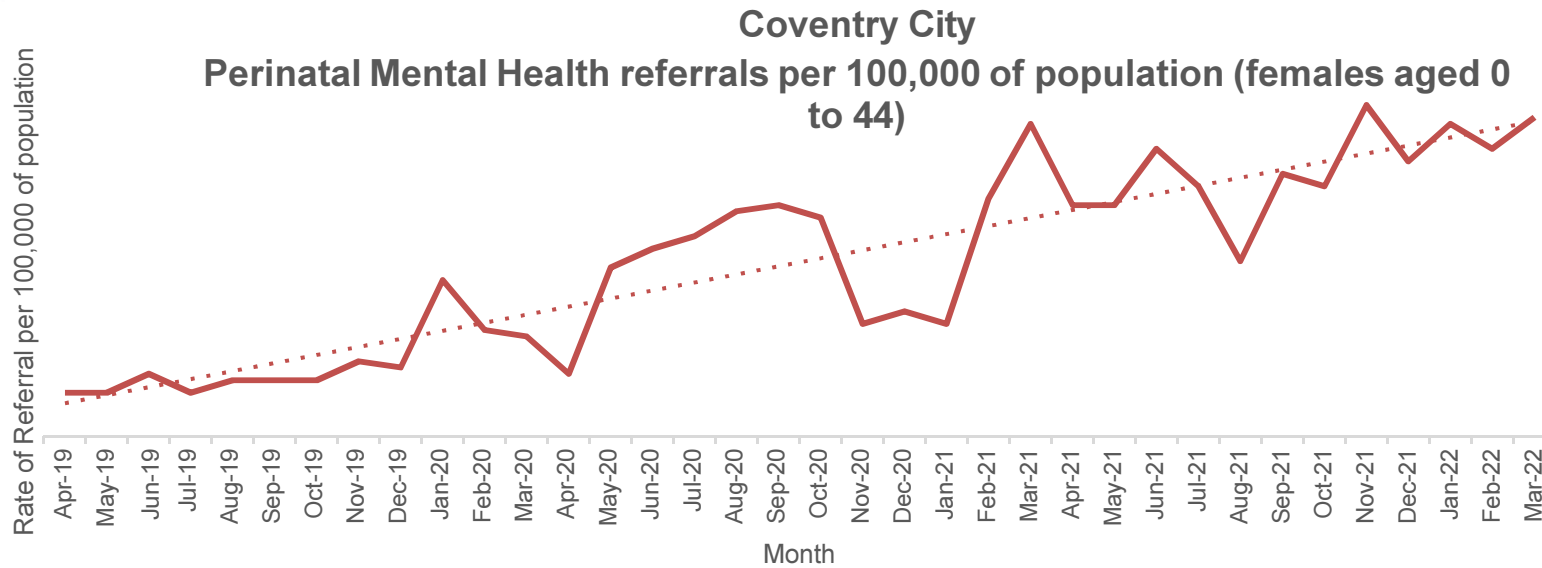
- birth trauma;
- psychosis;
- depression;
- anxiety;
- prolonged feelings of loss, such as stillbirth;
- an intense and disabling fear of childbirth (tokophobia);
- obsessive compulsive disorder;
- needing support with medically complicated pregnancies such as placenta praevia or a multiple pregnancy.

Referrals are from a health professional only. Referrals are accepted up to twelve months post partum.

A report published in May 2023 places Coventry and Warwickshire in category 3 which is “Specialist perinatal community team that meets Perinatal Quality Network Standards and are still working towards delivering Long Term Plan ambitions”



Specialist PNMHS – Referral rates

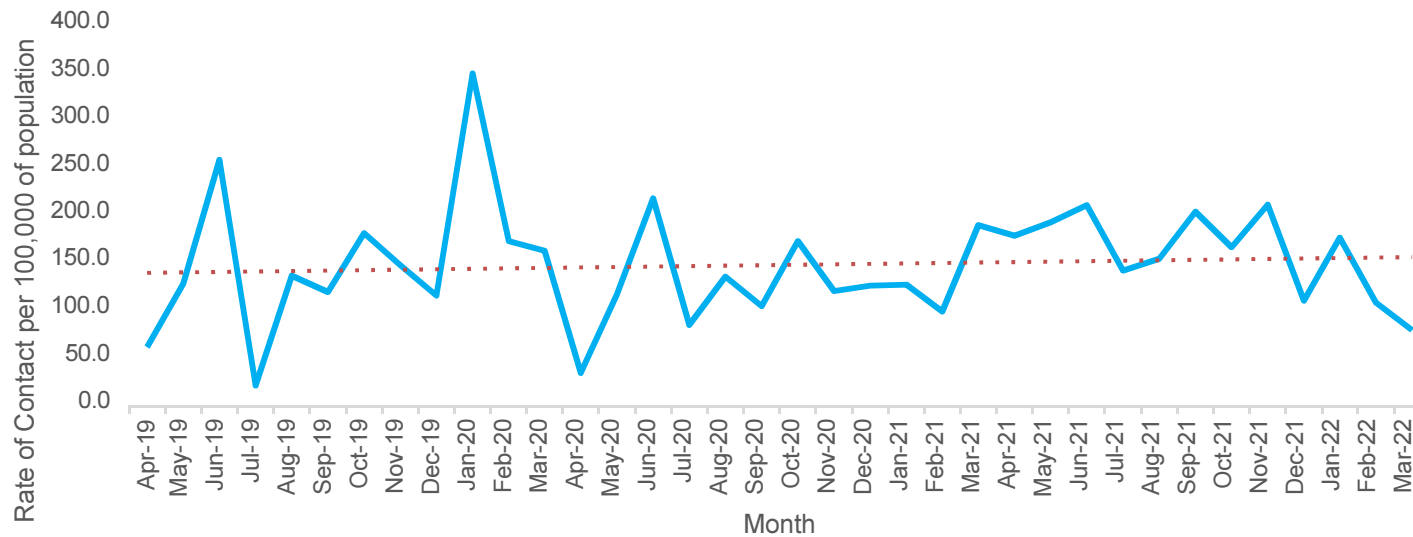


The data shows a clear upward trend for referrals to the PNMH service. Note that we have excluded the data from March 2022 onwards because of the serious data breach at CWPT.



Specialist PNMHS – Contact rates

Coventry City
Perinatal Mental Health - Contacts per 100,000 of population
(females aged 0 to 44)

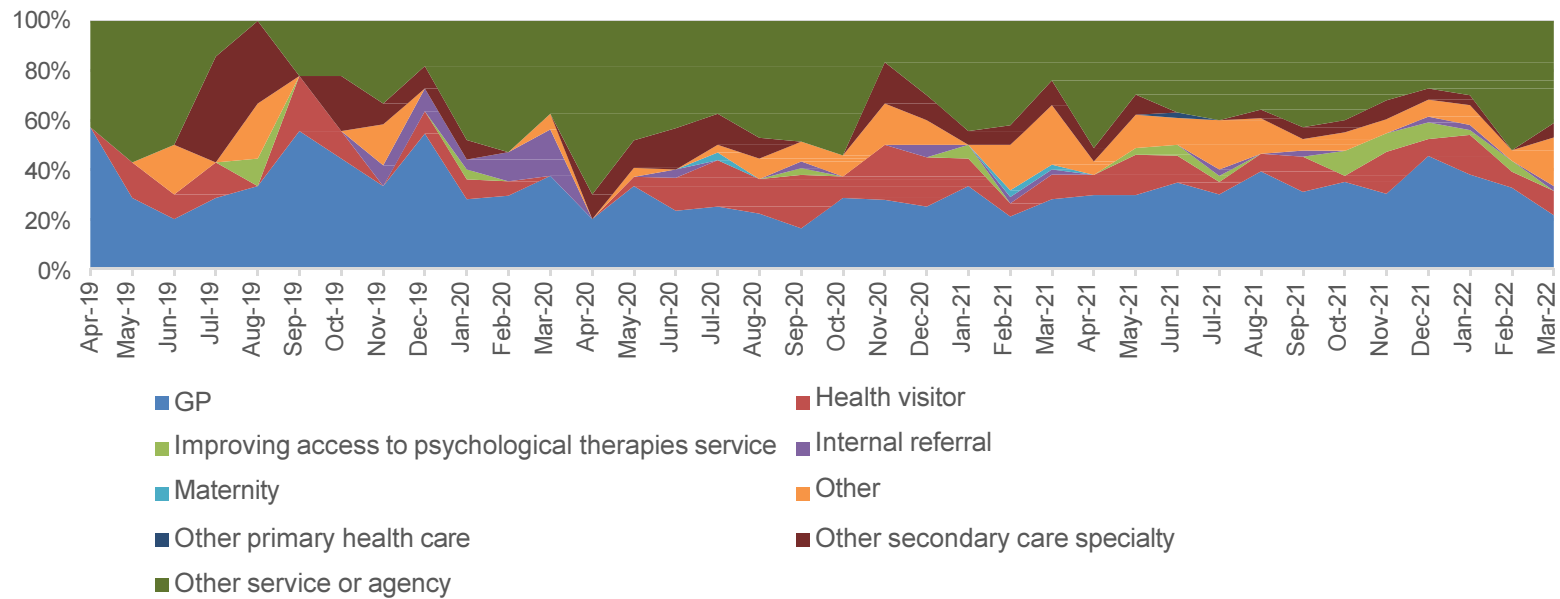


The data also shows a less steep upward trend for contacts to the PNMH service.



Specialist PNMHS – Referrals by source

Coventry City
Perinatal Mental Health
Referrals by source per 100,000 of population (females aged 0 to 44)

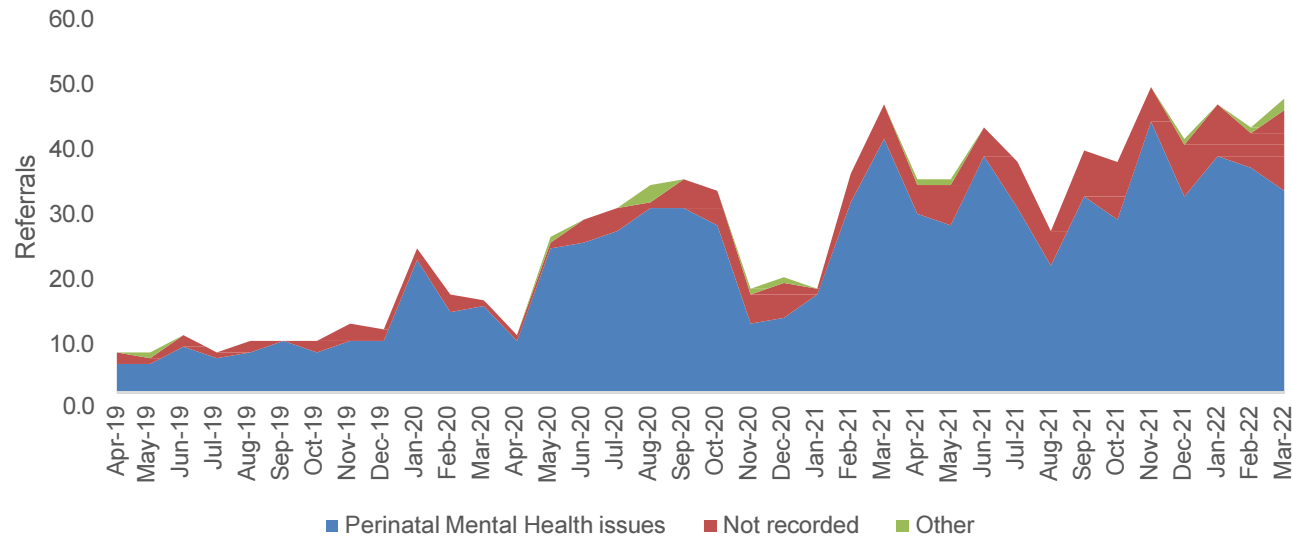


Referrals from GPs remain at a consistent level throughout the period. Note the sharp fall off in referrals from Health Visitors as Covid struck.



Specialist PNMHS – Referrals by reason

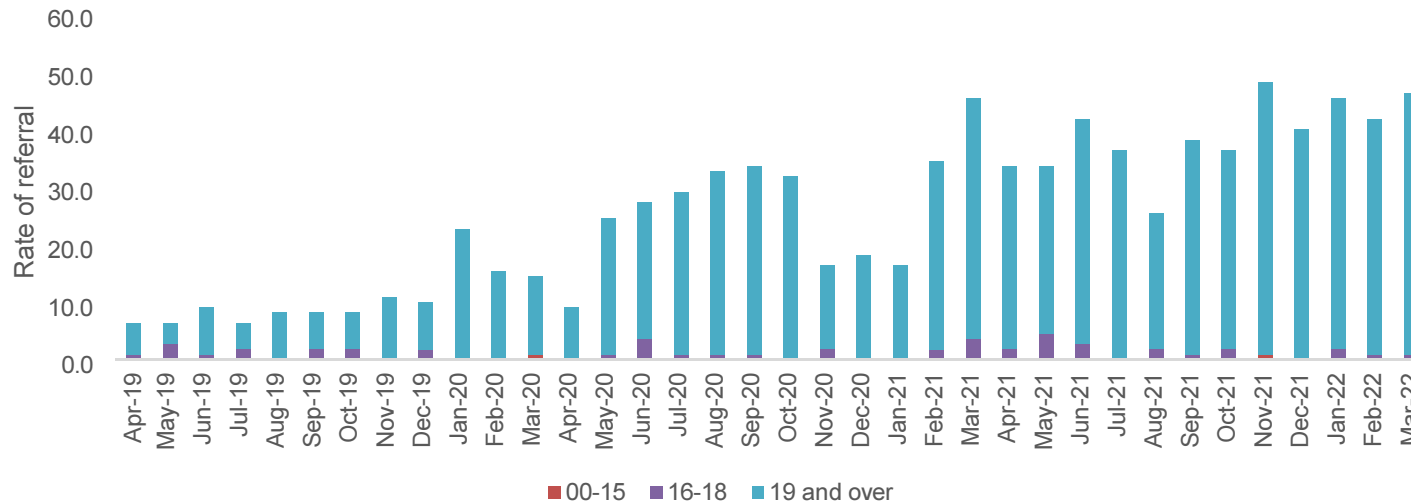
Coventry City
Perinatal Mental Health - Referrals by reason per 100,000 of population (females aged 0 to 44)



The data also shows a steady upward trend for referrals to the PNMH service though the vast majority were recorded under the reason 'Perinatal Mental Health issues'.



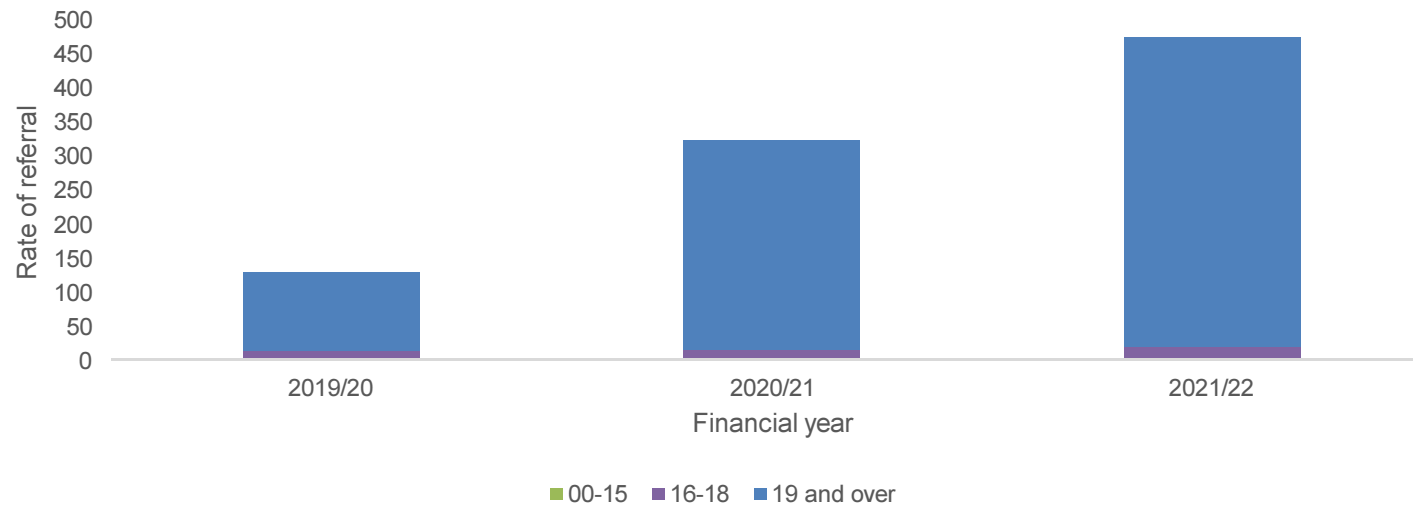
Coventry City Perinatal Mental Health Referrals by age group per 100,000 of population (females aged 0 to 44)



Referrals for the age group 19 and over are clearly the most prevalent. There are only two under 16s in the reported period.



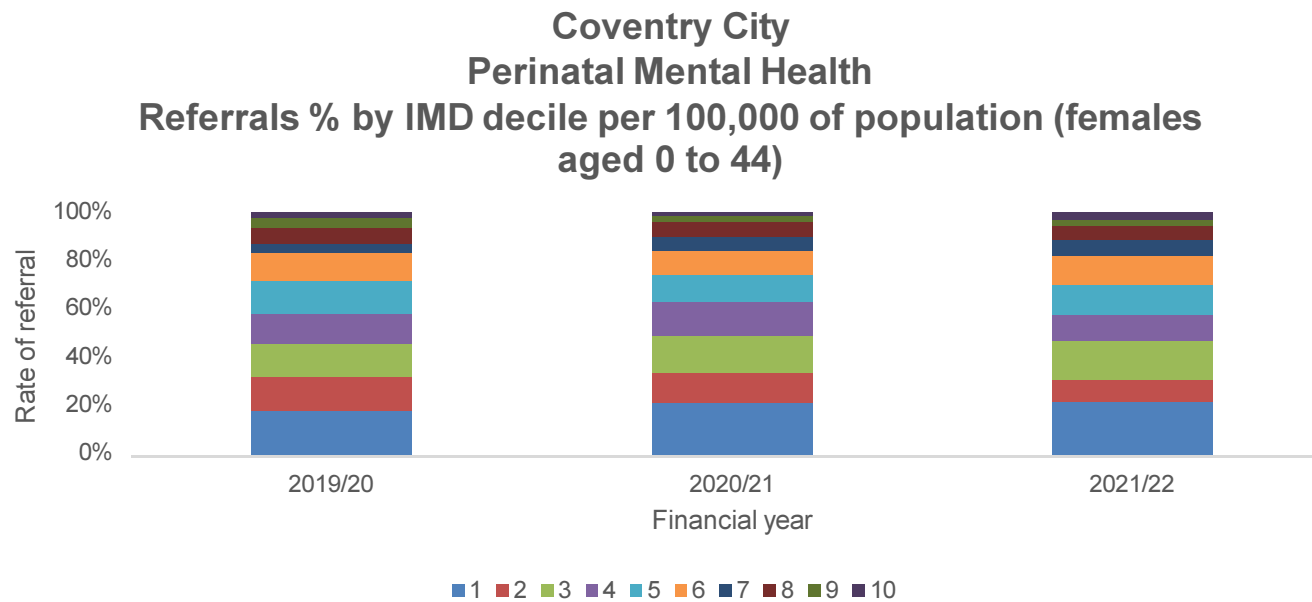
Coventry City Perinatal Mental Health Referrals by age group per 100,000 of population (females aged 0 to 44)



The view by financial year emphasises the prevalence of referrals for the 19 or older cohort.



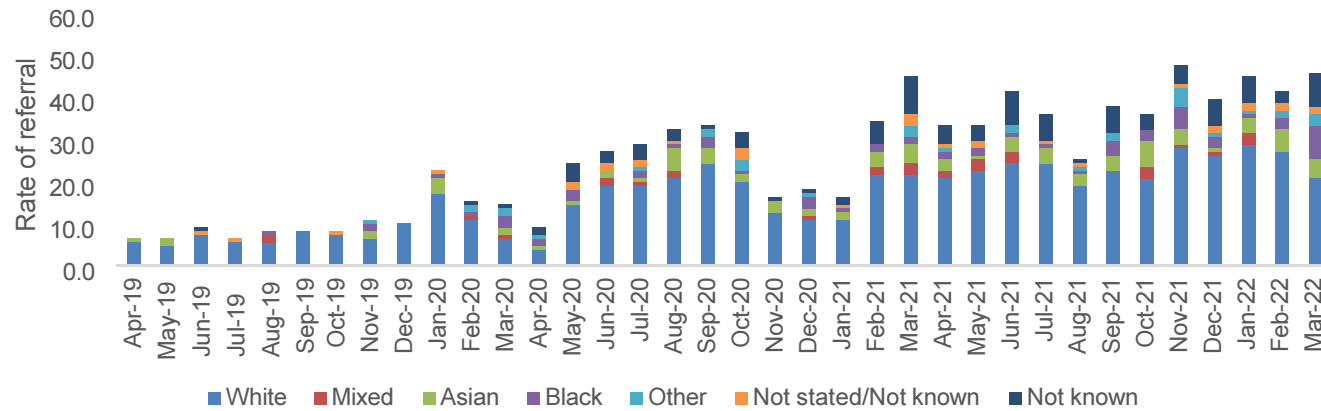
Specialist PNMHS – Referral % by IMD decile and financial year



The majority of referrals to the service come from IMD deciles 1-6. This view (by %) displays that the relative share of referrals across the deciles has remained steady despite the increase on referral rates year-on-year.



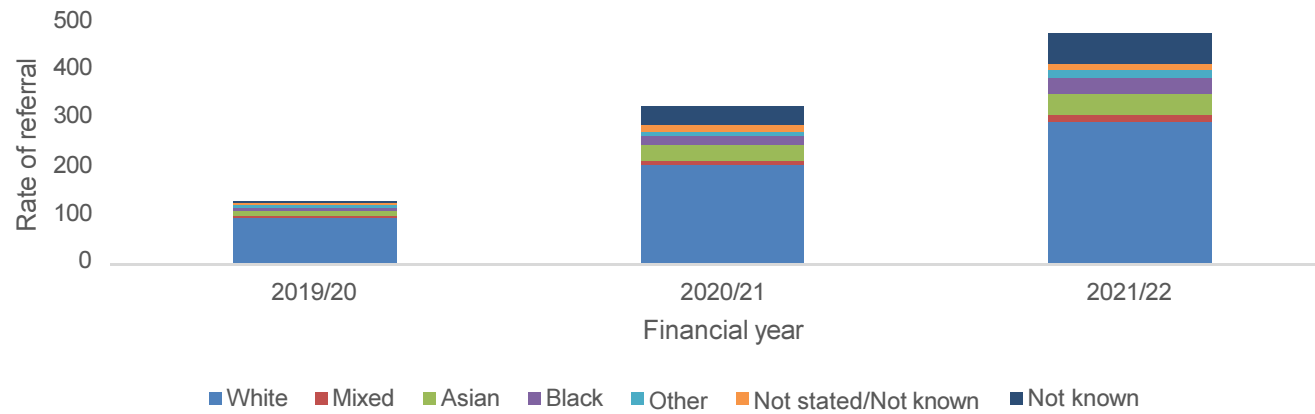
Coventry City Perinatal Mental Health Referrals by ethnicity per 100,000 of population (females aged 0 to 44)



The largest group of Referrals is of patients reported as 'White'.



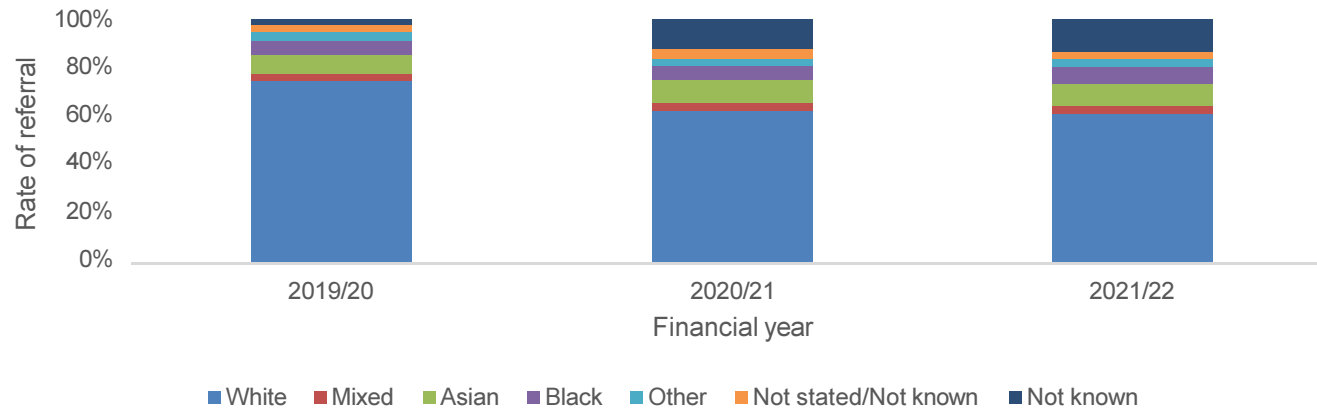
Coventry City Perinatal Mental Health Referrals by ethnicity per 100,000 of population (females aged 0 to 44)



This view by financial year highlights the prevalence of Referrals of patients identifying as 'White'.



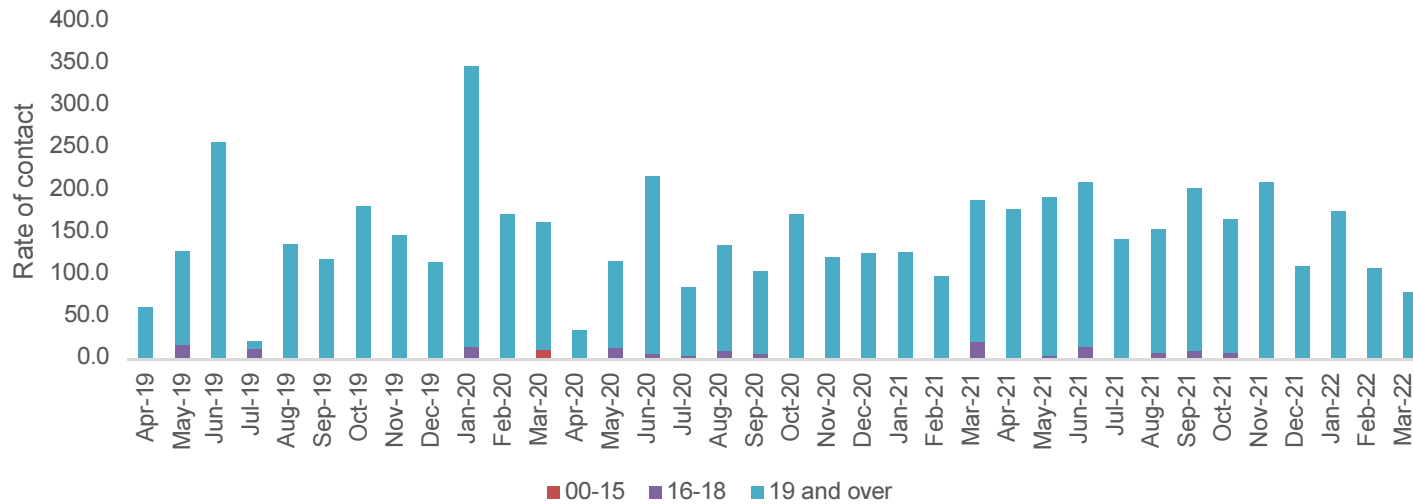
Coventry City Perinatal Mental Health Referrals by ethnicity per 100,000 of population (females aged 0 to 44)



This view (by %) shows that the relative share of Referrals of patients identifying as 'White' drops slightly year-on-year.



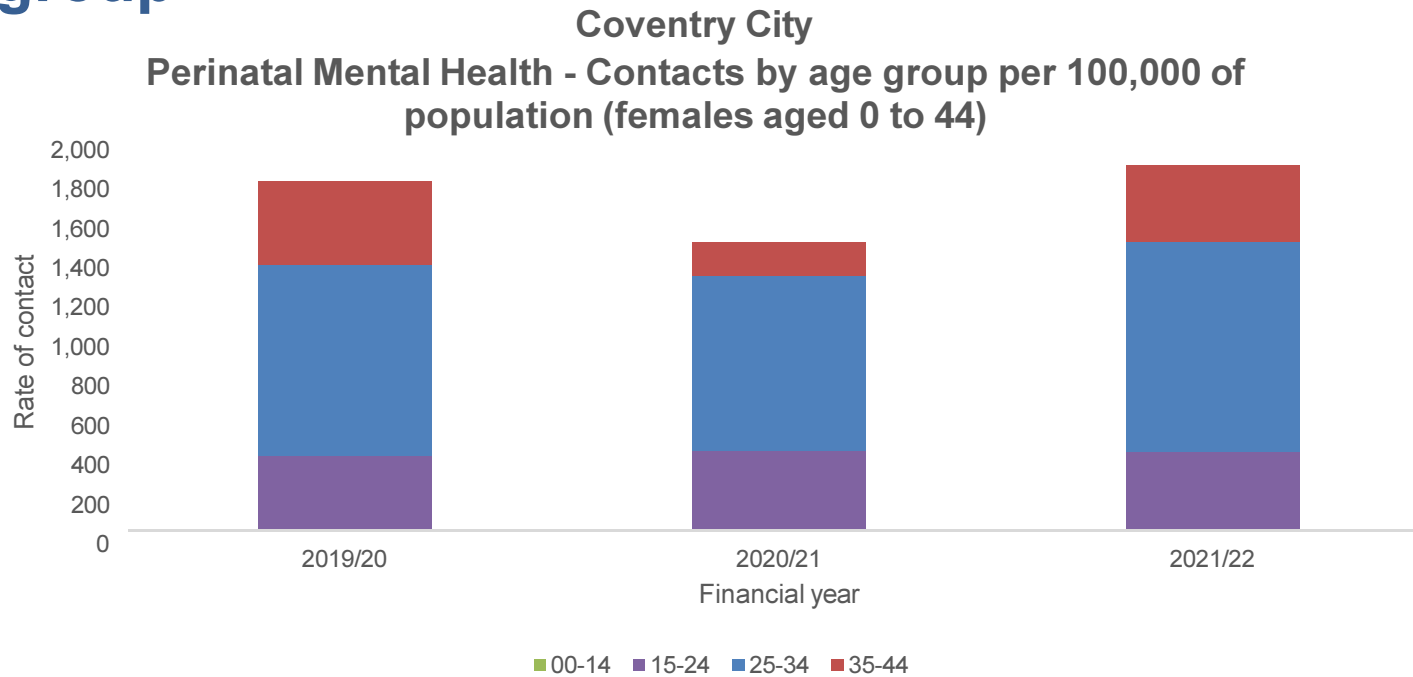
Coventry City Perinatal Mental Health Contacts by age group per 100,000 of population (females aged 0 to 44)



As with Referrals, Contacts for the age group 19 and over are most prevalent.



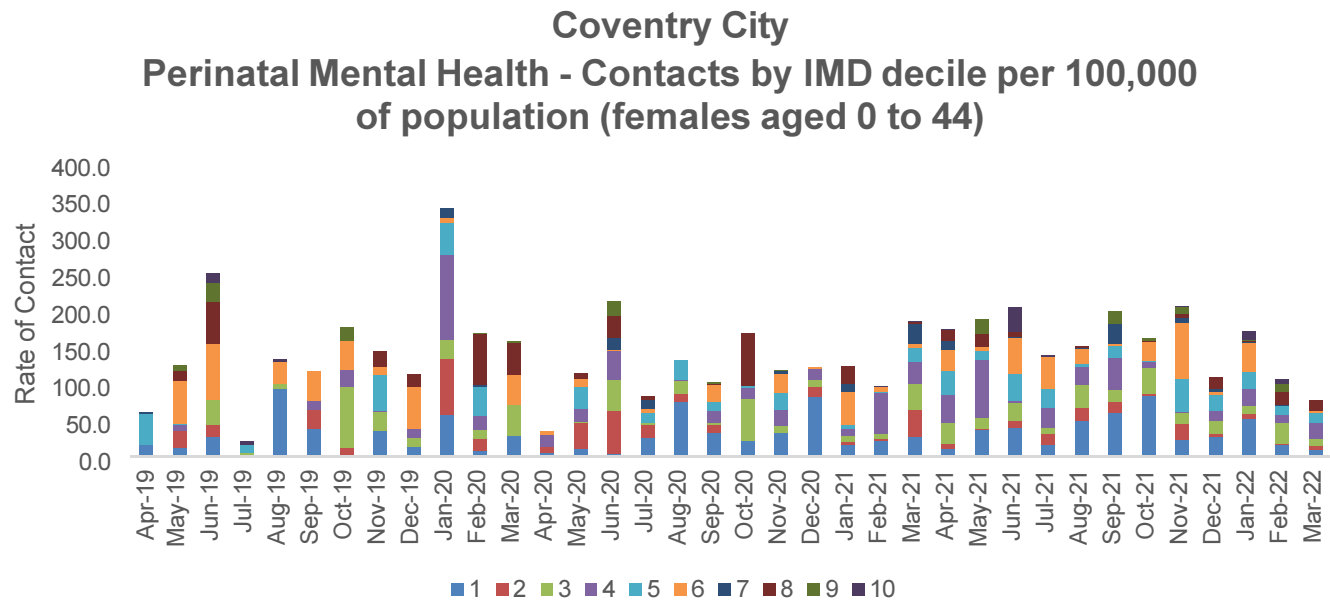
Specialist PNMHS – Financial year contacts by age group



Again the view by financial year emphasises the prevalence of contacts for the 25-34 cohort.



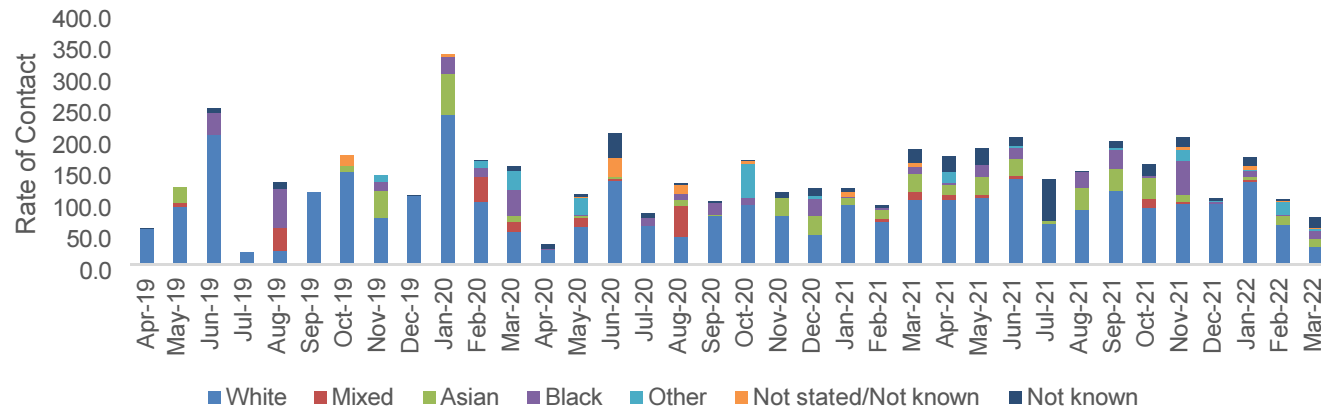
Specialist PNMHS – Monthly contacts by IMD decile



As with Referrals, Contacts with patients in the 1st decile are the most numerous but there are sizeable rates as high as the 7th.



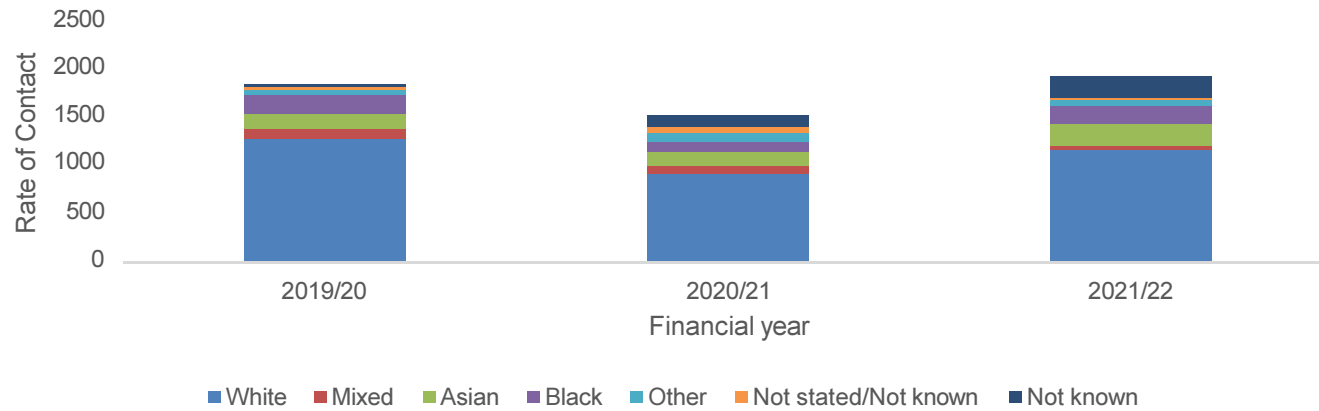
Coventry City Perinatal Mental Health Contacts by ethnicity per 100,000 of population (females aged 0 to 44)



As with Referrals, Contacts for the cohort of patients reported as 'White' are most prevalent.



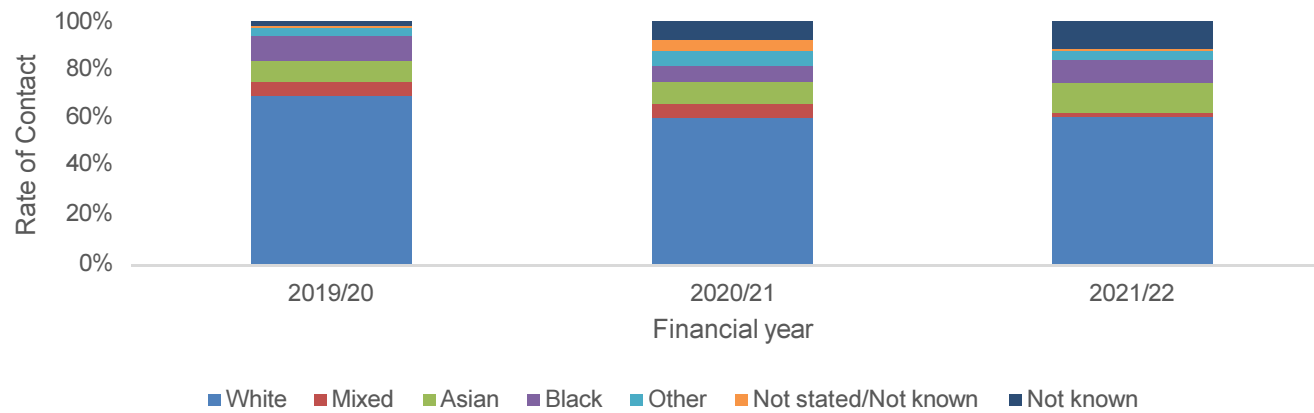
Coventry City Perinatal Mental Health Contacts by ethnicity per 100,000 of population (females aged 0 to 44)



This view by financial year highlights the prevalence of Contacts reported as 'White'.



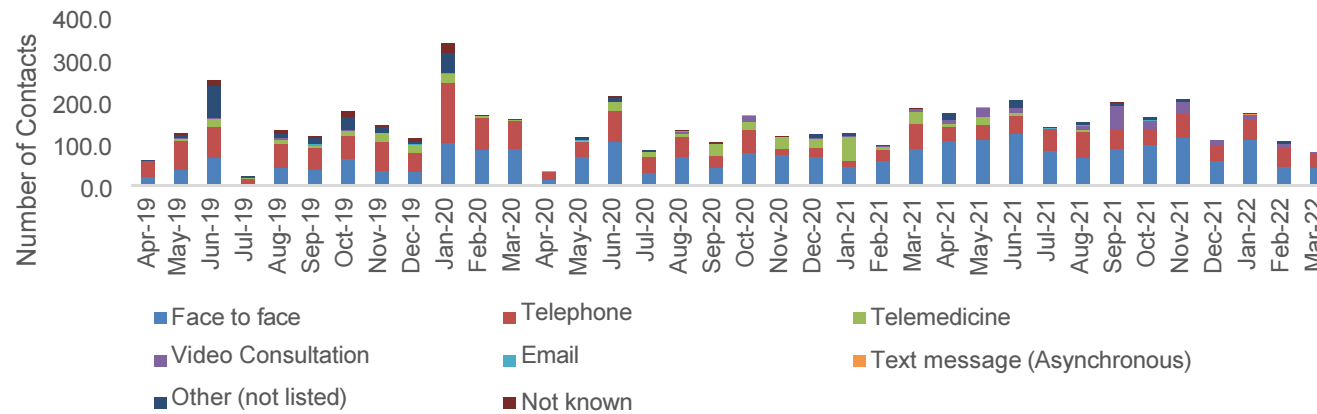
Coventry City Perinatal Mental Health Contacts by ethnicity per 100,000 of population (females aged 0 to 44)



This view (by %) shows that the relative share of Contacts, as with Referrals, with patients identifying as 'White' drops slightly year-on-year.



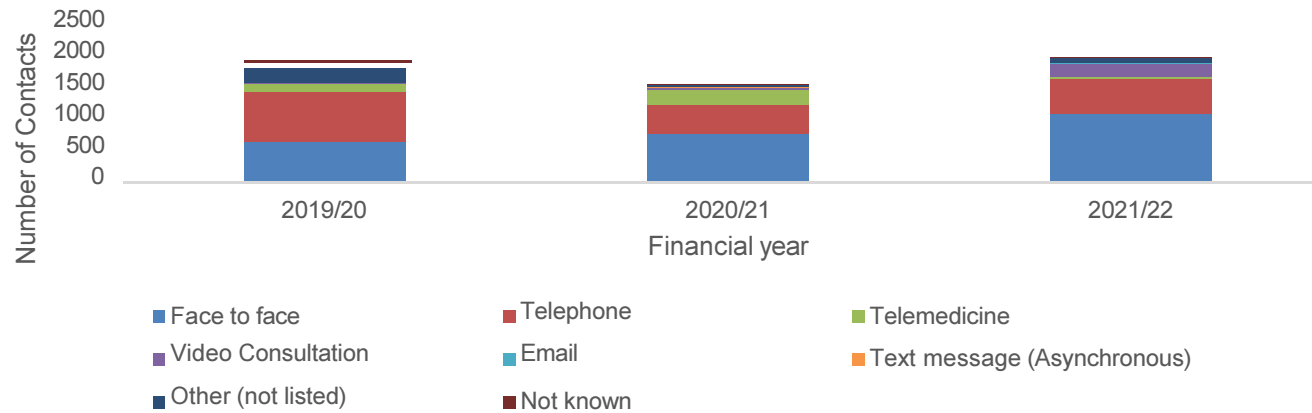
Coventry City Perinatal Mental Health Contacts by Type per 100,000 of population (females aged 0 to 44)



Face to face contact is generally the most prevalent though note how the proportion of contact by video conference increases over time.



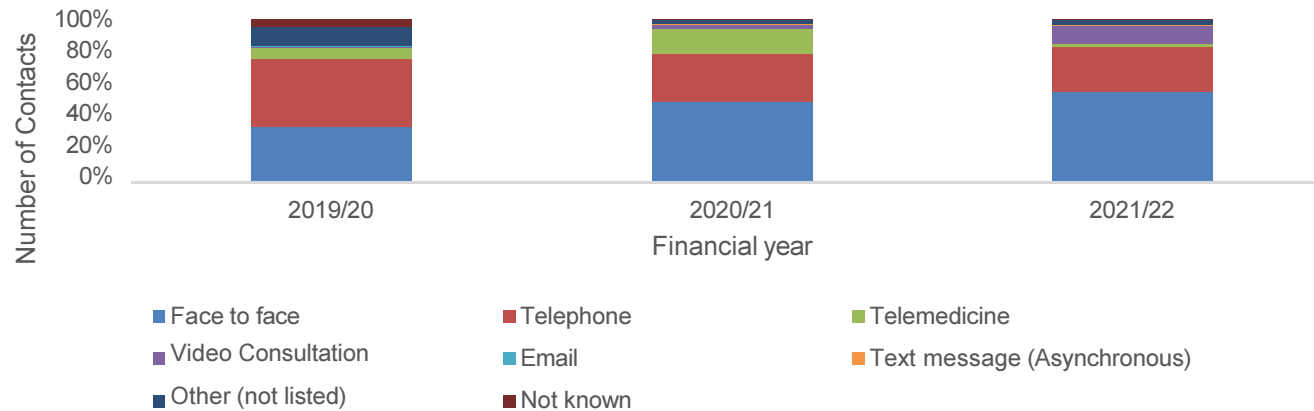
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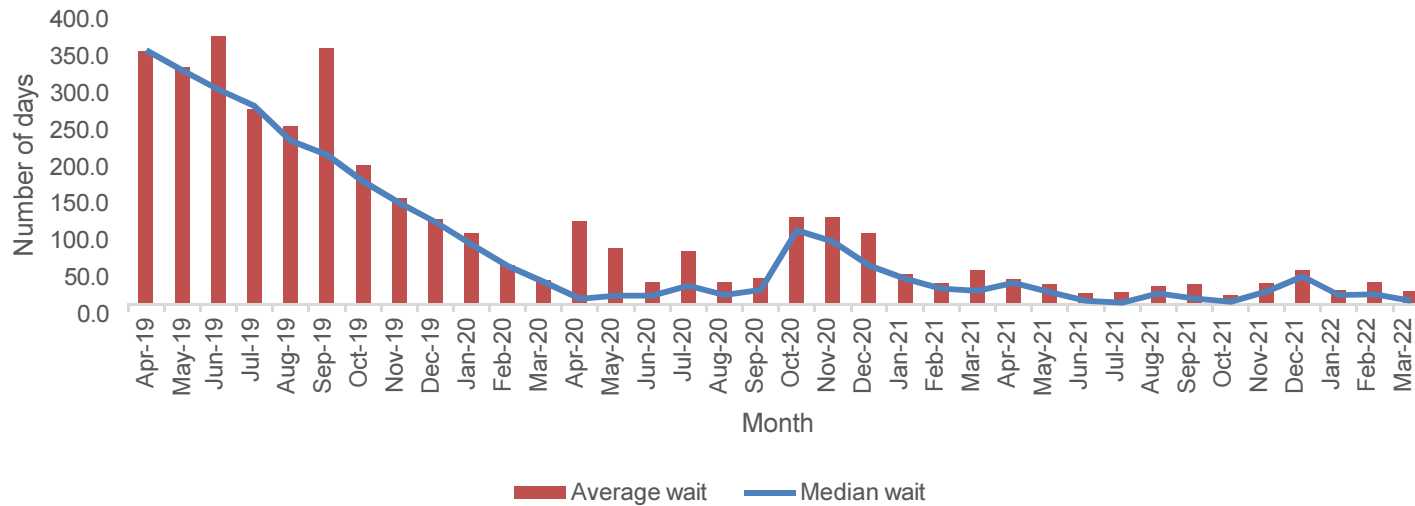
Coventry City Perinatal Mental Health Contacts by Type per 100,000 of population (females aged 0 to 44)



This view by year (%) shows how face to face contact is increasing steadily year on year.



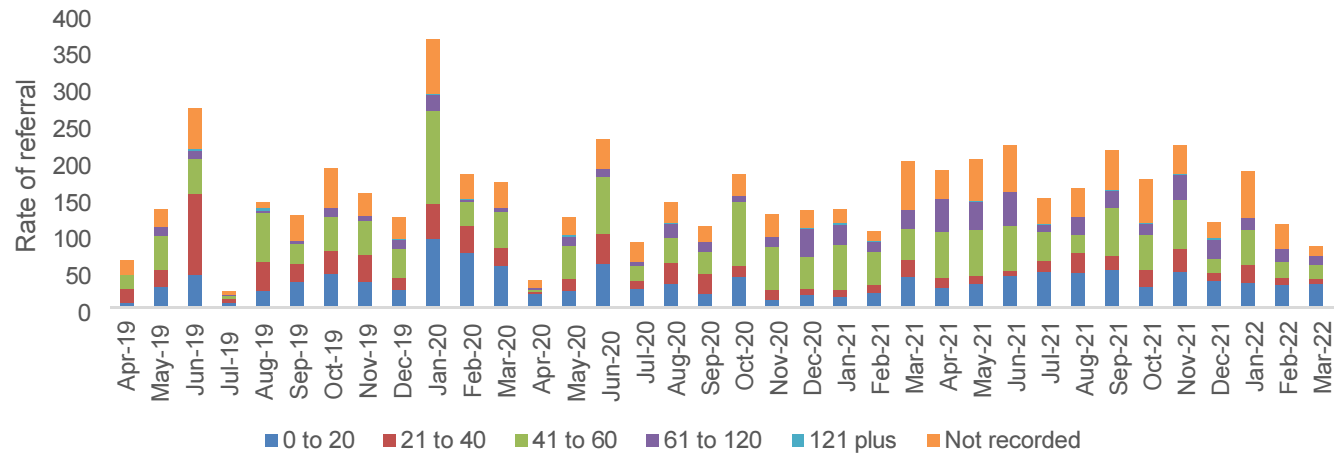
Coventry City Perinatal Mental Health Average and median waits between Referral and 1st Contact (in days)



Displays how the average days between Referral and 1st Contact has come down considerably since 2019/20. Note how the difference between the average and median days has become a lot less marked since mid-2020.



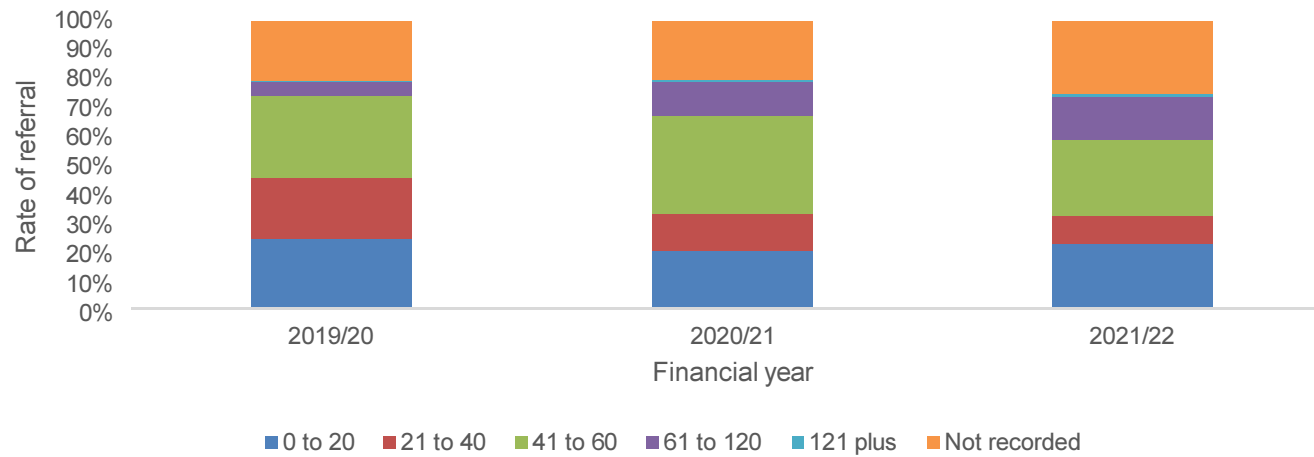
Coventry City Perinatal Mental Health Length of Contact by grouped times (minutes)



A contact time of 41 to 60 minutes is generally the most prevalent though note how a sizeable proportion have no time recorded.



Coventry City Perinatal Mental Health Length of Contact by grouped times (minutes)



This view by year (%) confirms a contact time of 41 to 60 minutes is generally the most prevalent though also displays a noticeable increase in contacts lasting over an hour.



Specialist Perinatal Mental Health Services - Summary

Data from March 2022 onwards has been excluded from the analysis due to a serious data breach at CWPT

Referrals

- That data shows a clear **upward** trend for referrals to the PNMH service.
- The vast majority of referrals were recorded under the reason 'Perinatal Mental Health issues'
- Referrals for the age group 25-34 are most prevalent. There are only two under 15s in the reported period
- Referrals from GPs remain at a consistent level throughout the period.
- There was a sharp fall off in referrals from Health Visitors as Covid struck.
- Referrals for the age group 25-34 are most prevalent. There are only two under 15s in the reported period
- Referrals of patients in the 1st decile are the most numerous but there are sizeable rates as high as the 6th.
- The relative share of referrals across the deciles has remained steady despite the increase on referral rates year-on-year.
- The majority of referrals are for patients identifying as 'White' though the percentage doing so drops slightly year-on-year.



Specialist Perinatal Mental Health Services – Summary continued

Data from March 2022 onwards has been excluded from the analysis due to a serious data breach at CWPT

Contacts

- The data shows a less steep **upward** trend for contacts to the PNMH service
- As with Referrals, Contacts for the age group 25-34 are most prevalent.
- As with Referrals, Contacts with patients in the 1st decile are the most numerous but there are sizeable rates as high as the 7th.
- As with referrals the majority of contacts are for patients identifying as 'White' though again the percentage doing so drops slightly year-on-year.
- Face to face contact is generally the most prevalent type of contact though note how the proportion of contact by video conference increases over time.
- The average length of time between referral and 1st contact has come down considerably since 2019/20.
- A contact time of 41 to 60 minutes is generally the most common though there is a noticeable increase in contacts lasting over 60 minutes.



Specialist Perinatal Mental Health Services – Next Steps

Recommendations:

- Currently most referrals are coded as “Perinatal Mental Health” work with the provider to understand if more detail is or can be captured
- Explore if increase in video consultations is in line with how service users would like to access the service
- Explore with service provider what support is needed to deliver all four ambitions from the NHS Long Term Plan
- Work with the provider to understand if demographics of people seen correlates with population need
- Explore any variation of need across Family Hub geographies - taking a Population Health Management approach



Summary and Recommendations

The need to focus on perinatal mental health is driven by some key intelligence about the population. The population of Coventry is younger than the England average and prevalence of many perinatal mental health risk factors is higher than the England average.

There is commitment in the local area to improve access to perinatal mental health care, reduce inequalities and continue to build the preventative offer. Links should be strengthened with the Local Maternity and Neonatal System to continue to integrate work on perinatal mental health with wider maternity services. The Local Authority can provide further data and intelligence about vulnerable groups especially around looked after children, domestic violence and drug and alcohol services.

This report has focussed on Coventry and there will be benefit in sharing with the wider Coventry and Warwickshire ICB to drive conversations about pathways that are not Coventry specific.



Further reading

Below is a list of links to useful sources of information in relation to perinatal mental health that have helped to shape this report:

[NICE. Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline CG192 \(2014\) ↩ ↩² ↩³ ↩⁴](#)

[Royal College of GPs. Position statement about Perinatal Mental Health \(2016\) ↩ ↩²](#)

[World Health Organisation. Maternal mental health \(2017\) ↩](#)

[NICE. Antenatal and postnatal mental health Quality Standard QS115 \(2016\) ↩ ↩²](#)

[NHS. IAPT: Perinatal positive practice guide \(2009\) ↩](#)

[NHS England. Implementing the Five Year Forward View for Mental Health \(2016\) ↩ ↩²](#)

[Intimate partner violence and pregnancy: How midwives can listen to silenced women](#)

[MMHA-Specialist-PMH-community-team-maps-2023.pdf \(maternalmentalhealthalliance.org\)](#)