

## Issue Brief

# How Health Visitors Can Impact Perinatal Mental Health

Rachel Leonard, Ph.D., Anne Grant, Ph.D., Kerstin Söderström, Ph.D., & Louise Hales

## Abstract

Maternal mental illness is a growing public health concern. The impact of mental illness during the perinatal period (during pregnancy or up to one year after giving birth) can be significant not only for mothers but also for their children, partners and wider family. Health visitors (qualified nurses or midwives who have undertaken specialist training in community public health) are in a unique position during the perinatal period to support mothers and their families. However, the type of support and its frequency in health visiting can vary. In addition, there is limited research that considers what factors may enable or hinder health visitors' family-focused practice. This issue brief provides an overview of current health visiting practice in maternal mental health, places family-focused practice within the context of health visiting and outlines future research developments.

## Introduction

There is worldwide recognition that maternal mental illness is a growing concern and necessitates a targeted approach to improve outcomes for mothers, children and families.<sup>1</sup> More than one in ten women will develop a mental illness during the perinatal period (during pregnancy or within the first year postpartum).<sup>2</sup> Furthermore, seven in ten women will hide or underplay the severity of their mental illness.<sup>3</sup> The impact of mental illness during the perinatal period can be considerable not only for the mother<sup>1,3</sup> but also for the infant and other children<sup>4,5</sup>, partners and the wider family<sup>6,7</sup>, especially if left untreated. Therefore, effective early identification (screening) and treatment are crucial.<sup>8-10</sup>

A health visitor, in the United Kingdom (UK), generally refers to a qualified nurse or midwife who has undertaken specialist training in community public health. The health visitor has a role in supporting child devel-



opment, supporting parenting, health promotion and early detection of ill health, both physical or mental. Normally, they conduct one antenatal visit, and several of visits in the postnatal period up until the child is age five, depending on the family's needs. Health visitors are in a unique position during the perinatal period to work with families impacted by maternal mental illness.<sup>11,12</sup> Firstly, in the UK, health visiting is a statutory service, that all mothers with children under age five receive. Providing services in the home environment allows health visitors to observe the mother-infant relationship or family dynamics, and to assess the mother's mental health. Home visits also allow for more privacy for assessment and disclosure of family health needs including mental health.<sup>12</sup> In addition, because this service is provided to all families, it allows health visitors to provide support without the attached stigma associated with social services and mental health services.<sup>11</sup> Secondly, health visitors have an array of skills and knowledge related to child development, family planning and postnatal health.<sup>12</sup> When deemed necessary, health visitors can refer on to other services, such as mental health teams. This range of skills and knowledge can enable health visitors to support the needs of mothers, their children, partners and wider family.<sup>13</sup>



## Health Visiting within the United Kingdom and Internationally

Health visitors are in a position to support the whole family, however, the degree to which this happens can vary. Identifying mothers who are at higher risk of developing mental health conditions, promoting emotional well-being, and supporting the parental relationship are some strategies for the prevention of maternal mental illness.<sup>14</sup> In line with the U.K. National Institute for Health and Care Excellence guidance, health visitors routinely ask depression detection questions and, where appropriate, use validated scoring scales, such as the Edinburgh Postnatal Depression Scale (EPDS).<sup>15</sup> If a mother scores positive on a validated mental health screening tool, health visitors will work with their General Practitioner (GP) to refer mothers and families to psychological therapies or other mental health services, and to connect these women with community support services.<sup>16</sup> Health visitors draw upon a range of approaches and theories to inform their interventions when working with mothers that have mental health challenges. One such approach utilizes non-directive counselling, known as “listening visits”.<sup>17</sup> Other approaches aimed at strengthening parent-infant relationships and the emotional well-being of all involved may include infant massage and the Solihull approach.<sup>18</sup> The Solihull approach is a psycho-therapeutic approach that looks at the relationship between the mother and infant and supports parents to promote positive infant brain development.<sup>18</sup> Factors such as limited resources including time constraints, increasing caseloads and limited specialized training impact the level of support a health visitor can provide to a family.<sup>19</sup> There is evidence that suggests that high caseloads can lead to a lack of time spent with families, reducing the health visitors’ capacity to engage in family-focused practice.<sup>11, 12</sup> In addition, health visitors report having differing levels of confidence in working with mental illness.<sup>20</sup> For example, while health visitors feel confident in working with postnatal depression and anxiety, they report feeling ill equipped to deal with more serious mental illness such as psychosis.<sup>20</sup>

## Future Directions in Research

Family-focused practice (FFP) is by no means a new area of health visiting; however, greater efforts need to be made to understand family-focused practice in the context of health visiting, particularly when families experience mental illness and multiple adversities (e.g., domestic violence, substance misuse, poverty). Exploring FFP through multiple perspectives (for example, mothers, health visitor, partner, grandparents, children), would further enrich our understanding of health visitors’ FFP with families when mothers have mental illness. This understanding could be used to develop health visiting services further and to produce better short and long term outcomes for families, including better mental health and family functioning. Thus, there is a need to build upon and expand this emerging evidence base through rigorous research that includes multiple perspectives, including health visitors, mothers and their partners’, children, and other significant family including grandparents. **Findings from ongoing research<sup>19</sup> can also inform practice through:**

- Identifying what constitutes good and poor FFP in health visiting,
- Identifying factors that predict, enable and hinder FFP in health visiting, and
- Identifying how organizations can effectively support health visitors to engage in FFP.



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