APPENDIX 26: RESULTS OF SURVEY OF ANTENATAL AND POSTNATAL MENTAL HEALTH PRIMARY CARE SERVICES IN ENGLAND AND WALES

Background

In order to inform the guideline development process, the guideline development group (GDG) commissioned a survey of the perinatal mental health services within primary care. The purpose of the survey was to investigate the current structure of mental health services for pregnant and postnatal women throughout England and Wales. The survey targeted all Primary Care Trusts (PCTs) in England and all Local Health Boards (LHBs) and NHS Trusts in Wales.

Methods

Sample
All 302 PCTs (within England), 22 LHBs and 13 NHS Trusts (within Wales) were surveyed. With regard to Welsh primary care, originally only the LHBs were to be surveyed. However, the first few responses to the survey that were received from the LHBs suggested that the NHS trusts within Wales should also be surveyed to obtain a fuller picture of the state of primary care services in Wales.

Development of survey materials

The survey was conducted via postal questionnaire. A pilot version of the questionnaire, and accompanying cover letter, were developed through an iterative process involving input from the GDG. This pilot was sent to four PCTs. Unfortunately, there were no replies from the PCTs contacted in the pilot study, despite subsequent email and telephone reminders and requests to return the survey.

Given the lack of pilot questionnaire feedback, and the time pressure surrounding the development of the guideline, the final questionnaire (see Appendix 15) was developed by the GDG simply by fine-tuning the pilot questionnaire. Questions were reworded/expanded to make the questionnaire as specific as required, and to ensure ease of understanding for those completing the questions. Therefore, the final questionnaire represented the GDG's best attempt at focusing responses on the areas of interest.

A cover letter was also devised by the group, which introduced the antenatal and postnatal mental health guideline and briefly explained the purpose and aims of the survey. The cover letter requested that the questionnaires be returned within 5 weeks of them being posted.

A mailing list for the trusts was developed via the NHS website (www.nhs.uk). This included the name of the Chief Executive, the postal address, phone number and email address of each trust.

Procedure

The questionnaire and accompanying cover letter were addressed personally to the Chief Executive of each trust and were sent with a self-addressed envelope for the return of the questionnaire.

Two weeks after posting the questionnaire, non-responding trusts were followed up with email reminders. Email reminders were sent to the email address displayed on the NHS website for each trust. Quite often, this resulted in a request for the document to be provided electronically, which was then followed through by the research assistant conducting the email reminders.

Questionnaire responses were coded and entered into a statistical package (SPSS, Version 13) for analysis. The majority of the questionnaire's questions involved mutually exclusive response options and were easy to code for analysis. Free-text comments and additional notes made on the questionnaire were coded *ad hoc* after all written responses were examined for major themes. If no comment was made, or a comment was illegible or not relevant to the question of service delivery (for example, several responses included giving a personal job description), then it was not coded. Similarly, free-text comments were not coded if they repeated information already provided in the questions specifically asked in the questionnaire.

For questionnaires that were returned with reference to more than one PCT, the information was coded once for every PCT represented in the questionnaire.

Results

This section provides a detailed analysis to responses for every question of the questionnaire. Results were analysed separately for England and Wales, and response rates for each region within each country were also analysed for completeness. These analyses are presented first, followed by the responses to specific questions asked in the questionnaire. This is followed by presentation of the coded free-text responses, with some examples of the written comments that were coded.

Region analysis

England (PCTs): 128 questionnaires were returned, which provided information regarding 144 PCTs. This corresponds to a total response rate for English primary care of 48% (144/302). Response rates for regional areas are shown in Table 58.

Wales (LHBs and NHS Trusts): Fifteen questionnaires from Wales were returned (11 from LHBs; 4 from NHS Trusts). This corresponds to a response rate of 43% (15/35) for Welsh primary care services. Response rates for regional areas in Wales are shown in Table 59.

Responses to questionnaire

Frequencies of responses for both English and Welsh primary care services, alongside each question, are displayed in Table 60 and mean numbers of admissions to mother

Table 58: Regional response rates for PCTs in England

Region (England, total N = 302)	No. PCTs represented in returned questionnaires	Response rate
London (N = 31)	9	29%
South England (N = 80)	36	45%
Midlands & East England (N = 99)	48	48%
North (N = 92)	51	55%

N = number of PCTs

and baby units (MBUs) reported by the primary care services (question 2.6) are displayed in Table 61.

Coded text responses

'2.4. Please describe any other dedicated antenatal and postnatal mental health services in the PCT/LHB/Trust':

Sixty-six percent (95/144) of PCTs in England and 55% (7/14) of Welsh NSH trusts and LHBs who returned the questionnaire responded to this question with additional comments (which were coded).

Most frequently, comments were made regarding types of psychological and psychosocial interventions available throughout the PCTs. Forty-five percent of English PCTs who made comments reported providing various psychological/psychosocial treatments, while no Welsh NHS trusts or LHBs reported the implementation of any interventions at all (see Tables 62 and 63 for details).

The use of the Edinburgh Postnatal Depression Scale (EPDS) as a screening tool was also reported regularly, with a few other screening tools mentioned only very occasionally. Of those PCTs who made comments here, 40% (38/95) mentioned using the EPDS as an assessment tool. Looking closer, this means that 93% (38/41) of PCTs who mentioned using any assessment tool specifically mentioned using the EPDS. The remaining 7% (3/41) reported screening for depression in the antenatal and/or postnatal period, with no mention of the specific assessment tool used, or using the Beck Depression Inventory (BDI) (2%, 1/41).

Table 59: Regional response rates for PCTs in Wales

Region (Wales, total N = 35)	No. LHBs/NHS Trusts returned questionnaires	Response rate
South East Wales (N = 14)	6	43%
Mid & West Wales (N = 12)	5	42%
North Wales (N = 9)	4	44%

Table 60: Response frequencies for each question of the survey questionnaire for both English and Welsh primary care services

Survey question		Response options	Response frequency			
			PCTs (England) (N = 144)		LHBs & NHTs (Wales) (N = 15)	
			n	%	n	%
1. Is there an identified lead clinician/manager within the Trust responsible for the development and/or coordination of mental health services for women with antenatal or postnatal mental health problems?		Yes	79	55	8	53
		No	63	44	5	33
		Missing (no response)	2	1	2	13
2.1a. Is there an agreed policy for the PCT which requires all pregnant women, and those in the postnatal period, in contact with primary care services to be routinely asked about their past or current mental health problems?		Yes	99[18,19]	69	5	33
		No	41[20]	28	8	53
		Missing (no response)	4	3	2	13
2.1b. Is there an agreed policy for the PCT which specifies that all pregnant women, and those in the postnatal period, should be asked about their mental health problems at the following times:	a) On initial contact with the service?	Yes	91	63	5	33
		No	33	23	5	33
		Missing (no response)	20	14	5	33

	b) At subsequent appointments during pregnancy?	Yes	61	42	3	20
		No	55	38	7	47
		Missing (no response)	28	19	5	33
	c) Postnatally?	Yes	102	71	5	33
		No	26	18	6	40
		Missing (no response)	16	11	4	27
For those PCTs and those LHBs/NHS Trusts that do not have a policy (that is, those that answered 'Yes' to Q2.1a)			(N = 99)		(N = 5)	
			PCTs (England) (N = 144)		LHBs & NHTs (Wales) (N = 15)	
			n	%	n	%
2.1c. Is there an agreed policy for the Trust which is agreed and implemented throughout the whole PCT as follows:		Agreed	5	5	0	0
		Fully implemented	48	48	1	20
		Partially implemented	30	30	4	80
		Not implemented	6	6	0	0
		Missing (no response)	10	10	0	0

Continued

Table 60: (*Continued*)

Survey question	Response options	Response frequency			
		PCTs (England) (N =144)		LHBs & NHTs (Wales) (N =15)	
		n	%	n	%
2.2a. Is there a developed pathway/protocol within the Trust for the care of women with current mental health problems during the perinatal period?	Yes	80[21]	56	2	13
	No	52[22]	36	9	60
	Missing (no response)	12[23]	8	4	27
For those PCTs and those LHBs/NHS Trusts who do have a pathway/protocol (that is, those that answered "Yes" to Q2.2a)		(N = 80)		(N = 2)	
2.2b. Is the pathway/protocol within the Trust implemented throughout the PCT area (as follows):	Fully implemented	32	40	0	0
	Partially implemented	40	50	2	100
	Not implemented	2	2.5	0	0

	Missing (no response)	6	7.5	0	0
[Answered by all]		(N = 144)		(N = 15)	
2.3a. Is there an identified mental health training programme for health visitors in the PCT?	Yes	78[24]	54	4	27
	No	56[25]	39	8	53
	Missing (no response)	10[26]	7	3	20
For those PCTs and those LHBs/NHS Trusts who do have a training programme (that is, those that answered 'Yes' to Q2.3a).		(N = 78)		(N = 4)	
2.3b. What proportion of health visitors have received training?	All	21	27	0	0
	Most	50	64	3	75
	Few or none	4	5	1	25
	Missing (no response)	3	4	0	0

Continued

Table 60: (*Continued*)

Survey question	Response options	Response frequency			
		PCTs (England) (N =144)		LHBs & NHTs (Wales) (N =15)	
		n	%	n	%
Services for women with severe mental health problems					
2.5. All women with SMI have access to a specialist antenatal and postnatal mental health service	Yes	76	53	7	47
	No	62	43	5	33
	Missing (no response)	6	4	3	20
2.6. Women with SMI who require inpatient care have access to a specialist MBU, either services within the Trust, or from other providers? (See Table 61 for reported admission rates)	Yes[27]	114	79	9	60
	No	22	15	3	20
	Missing (no response)	8	6	3	20
3. Does the Trust have an antenatal and postnatal mental health strategy?	Yes – multi-agency	17	12	0	0
	Yes – PCT only	3	2	0	0
	No – but in preparation – multi-agency	43	30	1	7

	No – but in preparation – PCT/LHB/ NHS Trust only	9	6	2	13
	No	56	39	10	68
	Missing (no response)	16	11	2	13

[18]Thirteen percent (13/99) of respondents answering 'yes' added a note to redefine the term 'policy' (for example, adjusted the word 'policy' to 'guideline' on the questionnaire, then answered 'yes'

[19]Sixteen percent (16/99) of respondents answering 'yes' added a note to say this policy was 'in development'

[20]Five percent (2/41) of respondents answering 'no' added a note to say this policy was 'in development'

[21]Nine percent (7/80) of respondents answering 'yes' added a note to say this pathway/protocol was 'in development'

[22]Seventeen percent (9/52) of respondents answering 'no' added a note to say this pathway/protocol was 'in development'

[23]Seventy-five percent (9/12) of respondents who did not answer this question added a note to say this pathway/protocol was 'in development'

[24]Six percent (5/78) of respondents answering 'yes' added a note to say this training programme was 'in development'

[25]Fourteen percent (8/56) of respondents answering 'no' added a note to say this training programme was 'in development'

[26]Ten percent (1/10) of respondents who did not answer this question added a note to say this training programme was 'in development'

[27]Percentages of those answered 'yes' (by region): London 89%, South 69%, Midlands and East 85%, North 78%

Table 61: Admissions to specialist MBUs, as reported by primary care services (question 2.6, questionnaire)

English PCTs		**n (N =144)**	**%**	**$\bar{X}$**	**SD**
No. of admissions for financial year 2004/2005	Gave a response	52	36	1.41	2.05
	Responded 'I don't know or '?''	28	19		
	Missing (no response)	64	44		
Bed days[28] for financial year 2004/2005	Gave a response	11	8	89.82	155.68
Welsh LHBs/NHS Trusts		**n (N = 15)**	**%**	**$\bar{X}$**	**SD**
No. of admissions for financial year 2004/2005	Gave a response	5	33	0.20	0.45
	Responded 'I don't know' or '?'	1	7		

[28]This was not requested on the questionnaire, but since 8% of PCTs reported this either instead of, or in addition to, the number of admissions, it is reported here for completeness

$\bar{X}$ = mean number of admissions per year for the trusts that answered the question

Table 62: Frequencies of reported psychological/psychosocial treatments, provided by PCTs

Treatment reported to be reported provided by PCT	Proportion of Trusts who employing this treatment	
	n (N = 43)	%
Postnatal support groups	27	63
Listening visits	17	40
CBT	6	14
Counselling	5	12
More than one of above treatments	11	26

Table 63: Frequencies of reporting cooperation with Sure Start and infant massage by the PCTs and LHBs/NHS Trusts (percentages given as proportion of primary care services that wrote a comment for Question 2.4)

Additional services reported to be provided by PCT	Proportion of Trusts who reported additional services			
	England: Total N = 95 PCTs		Wales: Total N = 14 LHBs/NHS Trusts	
	n	%	n	%
Cooperation with Sure Start	27[a]	28	1	7
Infant massage	8	8	0	0

[a]This includes some overlap with the support groups detailed in Table 62: often the postnatal support groups provided through the PCT were run in cooperation with a Sure Start programme

With regards to Welsh primary care, 29% (2/7) of those who made a comment reported using the EPDS as an assessment tool, and one LHB (14%, of 7) mentioned the 'Nottingham Tool'.

A small percentage (8%, 8/95) of PCTs also mentioned having to consider cultural aspects to their screening tools or interventions.

The frequency of referral to mental health services of women in the antenatal *and* in the postnatal period versus referring only women in the postnatal period was also examined (see Table 64).

Table 64: Frequencies of referral during the postnatal period alone versus referral during both the antenatal and postnatal periods mentioned (percentages given as proportion of primary care services that wrote a comment for Question 2.4)

Comments made in reference to:	Proportion of Trusts (of total who made a comment at all)			
	England: PCTs		Wales: LHBs/ NHS Trusts	
	n (N = 95)	%	n (N = 7)	%
Antenatal period (only, or also with reference to postnatal period)	21	22	2	29
Postnatal period only	20	21	1	14
No reference made to specific time period	54	57	4	57

Many PCTs and LHBs/NHS trusts throughout England and Wales, reported that their mental health services for women in the antenatal and postnatal periods were linked with other services, such as nearby PCTs and midwifery services, or secondary mental health trusts (see Table 8 for details).

'Comments: Please provide any further comments or information that you feel may be relevant':

Twenty-four percent (35/144) of English, and only 1 (7%, of 14) Welsh, primary care service providers made a comment here, which was coded.

Table 65: Frequencies of reporting various levels of an existing multidisciplinary approach to antenatal and postnatal mental health (percentages given as proportion of primary care services that reported an existing multidisciplinary approach)

Reported links with the following:	Proportion of Trusts (of total who made a comment regarding multidisciplinary approach at all)			
	England: PCTs		Wales: LHBs/NHS Trusts	
	n (N = 33)	%	n (N = 2)	%
Local primary care services only	4	12	0	0
Various other levels of care (often mentioning other primary care services also)	29	88	2	100

Table 66: Major themes of written comments from English and Welsh primary care services and frequency of reporting these problems (percentages are given as a proportion of those that wrote an additional comment here)

Comment category	Common examples of comments	England: PCTs		Wales: LHBs/NHS Trusts	
		n (N = 35)	%	n (N= 1)	%
Antenatal and postnatal mental health needs more attention	– More national work needs to be done – NICE guidance would be welcome – [Antenatal and postnatal mental health issues] should be key objective for the future	14	40	1	100
Trust short of funding/ resources	– No access to MBU in Kent – Few beds available locally – Staffing pressures	10	29	0	0

Two main themes of the comments made referred to the fact that services for antenatal and postnatal mental health need more attention in the future, and that this area was often overlooked due to funding or staffing issues (see Table 66 for some examples of written comments and frequencies of reporting these themes).

As well as the comments (for Question 2.4) regarding *existing* links with various services external to each individual PCT, 46% (16/35) of PCTs (no LHBs/NHS trusts from Wales commented here) who made an additional comment here reported future *plans to develop* links with various external services (see Table 67 for details and frequencies).

Table 67: Frequencies of reporting aims to develop various levels of a multidisciplinary approach to antenatal and postnatal mental health (percentages given as proportion of primary care services that reported aiming to develop an existing multidisciplinary approach)

Reported plans to develop links with the following:	**Proportion of Trusts (of total who made a comment regarding developing a multi-disciplinary approach at all)**	
	England: PCTs	
	n (N = 16)	%
Local primary care services only	1	6
Various other levels of care (often mentioning other primary care services also)	15	94