

Antenatal and Postnatal Mental Health Guide

The guide is designed for all staff (including midwives, Obstetricians with special interest in perinatal mental health, Consultants, junior doctors and staff within neonatal teams) to consider the mental health of all those who are pregnant (as well as the mental health of their infants and partners), and where appropriate refer for additional support.

It is intended to be utilised by midwives at booking clinics and used as a guide by all clinicians at every antenatal and postnatal contact. This mental health guide provides steps that staff can follow around a person's mental health, the main questions within the guide are inline with the integrated perinatal and parent infant mental health pathway and are linked to appendix 4 of that pathway.

This guide is comprised of:

- criteria for the thresholds
- guide flow charts
- IAPT and parent infant mental health information
- GAD7/PHQ9 next steps
- References and further information

In conjunction with this document, staff should refer to their locality integrated perinatal and parent infant mental health pathway. Consideration should be made on using this as an integral part of each Maternity Unit's Obstetric and Gynaecology guidelines across Greater Manchester and Eastern Cheshire.

This has been produced by the Obstetric and Specialist Mental Health Midwifery Liaison Working Group, with representation from maternity providers across Greater Manchester and Eastern Cheshire including specialist mental health midwives, obstetricians and perinatal psychiatrists. The guide has been reviewed by leads in parent infant mental health, improving access to psychological therapies (IAPT), Clinical Lead for maternity and Clinical Lead for midwifery.

The guide page is based partly on the North West Coast perinatal mental health pathway and has been adapted for use in Greater Manchester and Eastern Cheshire alongside the perinatal and parent infant mental health Greater Manchester exemplar.

It has been written to support: NICE CG192: <https://www.nice.org.uk/guidance/cg192> and the findings of MBRRACE: <https://www.npeu.ox.ac.uk/mbrance-uk>

Thresholds of Mental Health Concern for Midwifery Support Services in Greater Manchester and Eastern Cheshire (30.04.21)

Please remember that individuals may move between thresholds so please review at every contact and step up as needed

Green

Current/previous history of:

- Mild anxiety disorders
- Mild depression

Mild concerns about the parent infant relationship and emotional well-being of infant (e.g. parent shows little joy in unborn baby, parent may lack knowledge of infant's development, problems responding sensitively to baby's cues, etc.) to be supported by midwife/health visitor

- Currently on medication and are well/or have ceased medication but have remained well
- Relationship/family/social problems
- Bereavement (including previous neonatal death, stillbirth, miscarriage) which has been attended to with sufficient support in place
- Experience of time in neonatal unit with previous pregnancy, which has been attended to or is being attended to already with sufficient support in place
- Never under secondary mental health

Amber

Refer when current/previous history of:

- Eating disorders- dependent on severity
- Moderate concerns about the parent infant relationship and emotional well-being of infant (e.g. parent appears dejected or depressed about prospect of parenthood, parent struggles to respond to the baby's cues and communications, evidence of abuse and neglect, hostile behaviour towards infant etc.)
- Tokophobia
- Moderate anxiety with some impact on day to day function
- Moderate depression with some impact on day to day function
- On-going trauma or distress from previous bereavement
- Experience of time in neonatal unit with previous pregnancy which has not been addressed and is impacting on daily life
- Post-Traumatic Stress Disorder (PTSD) with impact on daily life
- PTSD from obstetric causes/FGM
- Distressed by unwanted pregnancy/too late for termination of pregnancy
- Personality Disorders
- Those who want to start or restart medication
- OCD
- Previous sexual assault, concern about being examined during triage and labour
- Previously had children removed from their care. If there's been no change to their circumstances since their children were removed (same issues present) or worsening symptoms-consider moving to red
- Previous suicide attempt -dependent on circumstance: Less relevant history of suicide may be impulsive attempts many years prior to the current pregnancy unless it was within the perinatal period of previous pregnancies in which case this meets the red threshold

Red

Refer when: current/previous history of:

- Schizophrenia
- Schizoaffective disorder
- Psychosis/psychotic episodes
- Bipolar Affective Disorder
- Severe depression/Severe post-natal depression
- Any mental disorder (anxiety disorders, PTSD, OCD, depression, eating disorder, personality disorders), with severe impairment of day-to-day functioning (i.e. inability to leave the house/go to work/engage in routine activities of daily life)
- Current self-harm
- Severe concerns about the parent infant relationship and emotional well-being of infant (e.g. threats to harm unborn baby/baby, parent does not acknowledge unborn baby, baby is not responding to social cues and stimuli, appears shut down, etc.)
- Previous/current psychiatric in-patient
- Under care of psychiatrist/Secondary care Mental Health Services
- Several co-existing psychiatric diagnoses
- Mental health condition and previous children removed from maternal care where there is no change in circumstances and the same issues are present or there is a worsening of symptoms.
- Suicidal ideation
- Previous suicide attempt -dependent on circumstance: Relevant history of suicide – suicide attempt within the last 12 months/within the perinatal period of previous pregnancies or where the suicide attempt was carefully planned, concealed or resulted in an inpatient medical admission for treatment (as opposed to a review and discharge from A&E).

A conversation about mental health and wellbeing should be held at every interaction

Presentations which should prompt an emergency/urgent psychiatric assessment:

	Recent significant negative change in mental state or emergence of new symptoms		Any new thoughts of self-harm or suicide or any acts of self-harm. Violent thoughts of suicide are of particular concern e.g. "I'm thinking of jumping from a bridge".		New and persistent expressions of incompetency as a parent or estrangement from the infant e.g. "I'm a terrible mother, I think my children would be better off without me".		Repeat referral for mental health should be considered a red flag.
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If one flag is present, make referral to your local crisis service (Crisis Resolution & Home Treatment Team or A+E), for in-patients make referral to the Mental Health Liaison Team.
If it is in normal working hours please also make an urgent referral to the Perinatal Community Mental Health Team and follow this up with a telephone call to their duty line (0161 271 0188) so timely advice can be provided.

Use the Tommy's 'My Pregnancy & Post Birth Wellbeing Plan' (PPWP) to discuss mental health and wellbeing alongside the Local Maternity System 'My personalised maternity care plan'. Offer Newborn Behavioural Observation (NBO) postnatally.

For all, at booking, establish: Do they have a first degree relative (mother, father, brother or sister) with bipolar or severe perinatal mental illness?

Yes →

- Ensure close monitoring of mental health by named Midwife and Health Visitor
- Give information to parent and family on the increased risk of perinatal mental illness

For all, at booking establish: Are they currently taking psychotropic medication (any medication to treat their mental health)?

Yes →

- Offer mothertobaby.org leaflets to support discussion around mental health during pregnancy and treatment.
- GP or Obstetrician to oversee medication.
- Consider communication with pediatrician in accordance to local policy re: psychotropic medication.

AT BOOKING AND SUBSEQUENT CONTACTS ASK EACH PERSON THE QUESTION(S) BELOW AND REVISIT THE TOMMY'S PPWP PLAN.

Antenatal period: How are you feeling about your pregnancy, childbirth and your baby?

Postnatal period: How are you feeling about the birth and your relationship with your baby?

If response indicates any potential issues please ask the PHQ4 questions (which are below):

Over the last 2 weeks, how often have you been bothered by...

1) Feeling nervous, anxious or on edge?

2) Not being able to stop or control worrying?

3) Little interest or pleasure in doing things?

4) Feeling down, depressed or hopeless?

If answer is yes to either Q1 or Q2 complete the GAD7 (anxiety) if trained on this.

If answer is yes to either Q3 or Q4 complete the PHQ9 (depression) if trained on this.

If there are any clinical concerns despite the answers being 'no' to the PHQ4, the full PHQ9 and GAD7 should be completed.

If they meet green threshold, continue midwifery led care

- Give information (e.g. Greater Manchester 'pregnancy family and mental health' e-leaflet/printed leaflet and/or Tommy's tips for improving mental wellbeing) to parent, partner and/or family, about positive emotional health and wellbeing and continue to screen at each contact.
- Provide 'Your baby and you' Greater Manchester booklet.
- Consider partner's mental wellbeing and support
- Consider signposting or referring to Children's Centres, Health Visitor, Home-Start.
- Consider referral to local Improving Access to Psychological Therapies (IAPT).
- If previous experience or planned for neonatal care consider referral/signpost to SPOONS
- If previous experience of perinatal death, consider referral to Rainbow Clinic, CONI and SANDS.

If trained in the use of Patients Health Questionnaire (PHQ9) and General Anxiety Disorder (GAD7) these tools can provide additional information on level of needs and inform decision making (but should only be used as part of a holistic assessment). If not trained on use of PHQ9/GAD7 but have concern from PHQ4 responses refer to Specialist Perinatal Mental Health Midwife.

Use professional judgement in decision of whether onward referral(s) are required.

If they meet amber threshold/there are concerns from PHQ4, PHQ9 or GAD7.

- Refer to Specialist Perinatal Mental Health Midwife
- Specialist Perinatal Mental Health Midwife to liaise/inform Obstetrician with special interest in perinatal mh/Obstetrician with special interest in perinatal mh to see parent
- Speak to the Parent and Infant Mental Health Team
- Consider referral to local Improving Access to Psychological Therapies (IAPT)
- Inform Health Visitor and GP
- Consider referral to Early Help and other services such as Home-Start.
- Consider partner's mental wellbeing and support
- Provide link to Greater Manchester 'pregnancy family and mental health' leaflet or printed leaflet.
- Provide 'Your baby and you' Greater Manchester booklet.
- If previous experience or planned for neonatal care consider referral/signpost to SPOONS
- If previous experience of perinatal death, consider referral to Rainbow Clinic, CONI, SANDS (and 'maternal mental health service' once available).

If they meet red threshold/there are concerns from PHQ4, PHQ9 or GAD7.

- Refer to Specialist Perinatal Mental Health Midwife for triage
- Refer to Perinatal Mental Health Team
- Consider a joint clinic with Perinatal Psychiatrist and Specialist Midwife
- Speak to the Parent and Infant Mental Health Team
- Consider referral to social services
- Inform Health Visitor and GP
- Consider partner's mental wellbeing and support
- Provide link to Greater Manchester 'pregnancy family and mental health' leaflet or printed leaflet.
- Provide 'Your baby and you' Greater Manchester booklet.
- If previous experience or planned for neonatal care consider referral/signpost to SPOONS
- If previous experience of perinatal death, consider referral to Rainbow Clinic, CONI and SANDS (and 'maternal mental health service' once these are up and running).

End of Pathway

CONSIDER SAFEGUARDING & ONGOING COMMUNICATION WITH OTHER PROFESSIONALS

PROFESSIONALS SHOULD BE AWARE THAT THE PRESENTATION OF MENTAL ILLNESS CAN FLUCTUATE DURING THE PERINATAL PERIOD.

It is vital to look at risk issues, engagement, social circumstances and past history to indicate the type of support required. Staff are to abide by trust policies and procedures including in relation to safeguarding, domestic abuse etc.

Substance misuse may worsen existing mental health conditions (or be indicative of a mental health disorder)-please ensure referral is done to substance misuse midwife/enhanced midwifery team in accordance to local policies. Consider referral for other support such as smoking cessation.

If there are clinical concerns around the parent infant relationship consider liaison with Parent and Infant Mental Health Service.

Referral Criteria for Improving Access to Psychological Therapies (IAPT) Services

IAPT Adult services in Greater Manchester provide talking therapy for adults who are not open to secondary care mental health services and **present with a mild to moderate common mental health problem** that can be treated with brief evidence based talking therapy.

For perinatal clients their mental health may be directly linked to becoming a parent for example they might:

- have fears around giving birth
- difficulty managing their feelings when with their baby
- anxiety about harm occurring to their baby
- pregnancy related loss
- worries about being a good enough parent
- difficulty separating from their baby
- birth related trauma experiences

Whether the client's mental health issue appears directly linked to the perinatal experience or not **all clients referred during the perinatal period (conception until the child's second birthday) will be prioritised**. All IAPT clinicians are encouraged to hold the perinatal frame of mind when working with any parent during the perinatal period.

This is provided to adults aged 16 upwards in some areas of Greater Manchester but some take from 18 years up. Each area of Greater Manchester has an IAPT service with clinicians who have additional training and a special interest in perinatal and parent infant mental health.

IAPT Talking therapy services aim to promote the mental health and wellbeing of the parent whilst also holding in mind the infants experience and how any mental health difficulties may impact upon the parent infant relationship.

Becoming a parent is a time when mental health is more vulnerable. There can be a lot of complicated emotions and stress involved in pregnancy and preparing for parenthood, the birthing experience and adjusting to the changes after baby has arrived.

IAPT talking therapy services offer psychological therapy to build resilience to this stress and to address any mental health difficulties which may arise. Across the region IAPT talking therapy services offer a range of support including signposting to self- help resources , one off wellbeing workshops, low intensity digital therapy which parents can independently access from a smart phone/ laptop , web-based groups , guided self- help sessions and Individual psychological therapy (including Cognitive Behavioural Therapy, Trauma Focused Therapy, Interpersonal Therapy and Counselling).

Getting support early can prevent mental health difficulties becoming more problematic. When referred to IAPT Talking therapy services everyone is offered an opportunity to meet with a clinician and consider what the right support is for them, so if a parent is not sure about what help they may or may not need that's ok - It's never too soon to refer.

All Greater Manchester IAPT adult services can be accessed via self-referral rather than being dependent on professionals to refer people on their behalf. Please see link here for list of contact details for IAPT services across Greater Manchester: <https://hub.gmhsc.org.uk/mental-health/pregnancy-family-and-mental-health/>

Referral Criteria for Parent-Infant Mental Health Services

Parent Infant Mental Health Services (PIMH) work with families during pregnancy up until the child's 2nd birthday. Some services go up to 5 years of age. The PIMH service promotes the importance of the first relationship a baby/child has with his/her parents. Within the relationship there is a focus both on the parents and their infant.

Lots of things can affect how parents feel about their baby and themselves. Having a baby can be difficult at the best of times. Sometimes, it can feel hard to cope with a baby's feeding, sleeping or crying. Sometimes problems like depression in pregnancy, or after birth, a traumatic birth, mental health problems, events from the past or present, can affect how parents feel about their baby, and parents may feel worried about some of the feelings they have. All these problems can affect anyone.

Some parents have the support they need from family, friends or professionals such as health visitors and quickly soon feel better. But when problems are pervasive and significant and more help is needed, PIMH services can provide more intensive specialist support. See link for list of PIMH services across Greater Manchester: <https://hub.gmhsc.org.uk/mental-health/pregnancy-family-and-mental-health/>

Please Note: Referrals can be made to numerous services at the same time.

GAD7 and PHQ9 scoring thresholds and next steps

If trained in the use of Patients Health Questionnaire (PHQ9) and General Anxiety Disorder (GAD7) these tools can provide additional information on level of needs and inform decision making (but should only be used as part of a holistic assessment).

Professional judgement should be made on whether onward referral is required (regardless of scoring) and to consider speaking to service to discuss concerns if unsure. If the clinical concerns do not match the phq/gad score always use clinical judgment when making decisions about onward referral. Remember to take into account the common occurrence of parents minimising or under reporting their symptoms.

If conducting PHQ9 or GAD7 the information below details scoring thresholds and next steps.

<p>Mild</p> <p>GAD 5-9 PHQ9 5-9</p>	<p>Mild Symptoms (THRIVE- Getting Help)</p> <ul style="list-style-type: none"> • Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see next page) • Promote mental wellbeing and bonding through websites: <ul style="list-style-type: none"> • Free online therapy to help with stress, anxiety, low mood and depression via: https://gm.silvercloudhealth.com/signup/. • https://hub.gmhsc.org.uk/mental-health/pregnancy-family-and-mental-health/ • https://www.mybirthmychoice.co.uk/antenatal-education/ • Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor) • Consider self-referral to GP • Consider signposting to relevant local peer support services (e.g. Home Start, maternity voices partnership, Dad Matters, Spoons, Proud 2 b Parents, Finding Rainbows etc.). • Before commencing or making any changes to mental health medication offer decision aid (see RCGP Perinatal Mental Health Toolkit – see overleaf) • Postnatally: consider offering Newborn Behavioural Observations (NBO)
<p>Moderate</p> <p>GAD 10-14 PHQ9 10-14</p>	<p>Moderate Symptoms (THRIVE Getting More Help)</p> <ul style="list-style-type: none"> • Refer to GP – facilitate appointment and communication with GP • Signpost/Facilitate referral to Psychological Therapies and/or refer to Mental Health services for comprehensive mental health assessment, highlighting perinatal status • Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see overleaf). See https://gm.silvercloudhealth.com/signup/. https://hub.gmhsc.org.uk/mental-health/pregnancy-family-and-mental-health/ and https://www.mybirthmychoice.co.uk/antenatal-education/ • Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor) • Consult with Parent-Infant Mental Health services • Before commencing or making any changes to mental health medication offer decision aid (see RCGP Perinatal Mental Health Toolkit/ Choices and Medication resource – see next page) • Enquire about engagement with services at next routine contact • Postnatally: consider offering Newborn Behavioural Observations (NBO)
<p>Moderate to Severe</p> <p>PHQ9 15-19</p>	<p>Moderate/Severe Illness (THRIVE Getting Risk Support)</p> <ul style="list-style-type: none"> • Refer to Mental Health services for comprehensive mental health assessment, highlighting perinatal status • Refer to GP – facilitate appointment and communication with GP • Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see overleaf) • Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor) • Speak to Parent-Infant Mental Health services • Before commencing or making any changes to mental health medication offer decision aid (see RCGP Perinatal Mental Health Toolkit/ Choices and Medication resource – see next page) • Enquire about engagement with services at next routine contact • Postnatally: consider offering Newborn Behavioural Observations (NBO)
<p>Severe</p> <p>GAD 15+ PHQ9 20-27</p>	<p>Severe Illness (THRIVE Getting Risk Support)</p> <ul style="list-style-type: none"> • Refer to Specialist Perinatal Mental Health Services, Specialist Perinatal Mental Health Midwife and Consultant Obstetrician • If Out of Hours refer to Crisis Resolution and Home Treatment Team or Mental Health Liaison – inpatient/outpatient • Liaise with Specialist Health Visitor - Perinatal & Infant Mental Health (if available) • Speak to Parent-Infant Mental Health services • Liaise with GP, maternity, health visiting and other services involved in care • Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see next page) • Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor) • Before commencing or making any changes to mental health medication, offer decision aid (see RCGP Perinatal Mental Health Toolkit or Choices and Medication resource – see below) • Enquire about engagement with services at each contact • Postnatally: consider offering Newborn Behavioural Observations (NBO)

Further information and resources on GAD7 and PHQ9

- GAD7 tool: https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/GAD-7_English.pdf

- PHQ9 tool: https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ-9_English.pdf

-For GAD7 and PHQ9 in other languages use drop down language box here: <https://www.phqscreeners.com/select-screener>

-Further information on the use of GAD in pregnancy: bmjopen.bmj.com/content/8/9/e023766

PLEASE SEE OVERLEAF FOR DETAILS OF REFERENCES AND FURTHER INFORMATION

Pathway Resources, References and further information page

Tommy's My Pregnancy & Post Birth Wellbeing Plan (PPWP).

- Digital version (to complete online) <https://www.tommys.org/pregnancy-information/im-pregnant/mental-health-during-and-after-pregnancy/wellbeing-plan>
- PDF version: https://www.tommys.org/sites/default/files/2020-10/wellbeing%20plan%20-%20Feb%202020_HB_0.pdf

Medication Resources

- Choice & Medication a public facing website providing information used in mental health settings: <https://www.choiceandmedication.org/gmmh/printable-leaflets/drugs-in-pregnancy/>
- Mother to Baby website <https://mothertobaby.org/> (evidence-based information to public and health care professionals, about medications and other exposures during pregnancy and while breastfeeding).
- Mother to Baby website fact sheet page: <https://mothertobaby.org/fact-sheets-parent/>
- LactMed – information on medication and breastfeeding

Further Information on mental health disorders during pregnancy

- RCGP Perinatal Mental Health Toolkit- self help information, decision aids and other information: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx>
- Information and leaflets from the Royal College of Psychiatrists: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing>
- Action on Postpartum Psychosis – includes insider guides for people who have had/at increased risk of psychosis in the perinatal period: <https://www.app-network.org/what-is-pp/app-guides>

Leaflets to provide (e-leaflet or paper leaflet) to parent/family

- 1) Greater Manchester 'pregnancy, family and mental health' e-leaflet or printed leaflet: which **includes lots of links to further support organisations.** <https://hub.gmhsc.org.uk/mental-health/wp-content/uploads/sites/6/2020/05/Pregnancy-in-mental-health-leaflet-Greater-Manchester.pdf>.
- 2) **Tommy's tips for improving mental wellbeing** link: <https://www.tommys.org/pregnancy-information/im-pregnant/mental-wellbeing/tips-improving-mental-wellbeing-pregnancy>
- 3) **'Your baby and you' Greater Manchester booklet** – due to be published in summer 2021 on Pennine website <https://www.penninecare.nhs.uk/> (link to be updated in due course to precise booklet location)

Support Services

Telephone number for the **specialist perinatal mental health team**: 0161 271 0188 available during normal office hours Monday to Friday 9-5pm. <https://hub.gmhsc.org.uk/mental-health/greater-manchester-specialist-perinatal-community-mental-health-teams/> or anyone who is currently being supported by mental health service within GMMH (e.g. IAPT/Perinatal community MH Team) there is a **telephone number that can be used 24/7: 0800 953 0283.**

Telephone contact numbers for **parent infant mental health services and IAPT services** are available as a separate document and can be viewed here: <https://hub.gmhsc.org.uk/mental-health/pregnancy-family-and-mental-health/> (This link includes access to the model document for Greater Manchester (for professionals) and details for parents/families of a range of support websites and organisations locally and nationally).

Maternal mental health alliance resources for local families: <https://maternalmentalhealthalliance.org/resources/mums-and-families> includes option to search via postcode.

Dad matters website <https://dadmatters.org.uk/>

Information on **Home-Start** and what offer of support is available in Greater Manchester- <https://home-starthost.org.uk/>

Information on **SPOONS Neonatal charity** which supports families who have experienced neonatal care <https://spoons.org.uk/> Email: care@spoons.org.uk

Bereavement support details: <https://hub.gmhsc.org.uk/mental-health/bereavement-support/> and <https://greater-manchester-bereavement-service.org.uk/> and <https://directory.childbereavementuk.org/> (which includes directory of bereavement support).

There are many other additional organisations providing support to parents and families, details included on websites listed below

Websites to signpost to (containing comprehensive list of support organisations and information for parents)

- 1) Greater Manchester Pregnancy, family and mental health page <https://hub.gmhsc.org.uk/mental-health/pregnancy-family-and-mental-health/>
- 2) Greater Manchester and Eastern Cheshire- my birth my choice website <https://www.mybirthmychoice.co.uk/useful-information/resources-and-links>

Further Support for parents

- The text support service from Give us a shout - text BABYBUDDY to 852858 to access support via text messaging 24 hours a day. <https://www.bestbeginnings.org.uk/crisis-messenger>
- Free online therapy to help with stress, anxiety, low mood and depression via: <https://gm.silvercloudhealth.com/signup/>.
- Parenting and family support including a support telephone line (parentline plus): <https://www.familylives.org.uk/>
- Ourplace, Online Parenting Child Education Courses <https://inourplace.co.uk/>

To support parents when babies have difficulty settling-

- ICON - Babies cry you can cope - Advice and Support <https://iconcope.org/> Please warn parent that this website contains some upsetting information about shaken baby syndrome.
- Support For Crying And Sleepless Babies <https://www.cry-sis.org.uk/> they have a phone support line
- The Period of PURPLE Crying online advice and support about babies crying <http://www.purplecrying.info/>
- BASIS – Baby Sleep Information Source <https://www.basionline.org.uk/>

Mental Health and Wellbeing support apps:

- Calmharm app free to download full of ideas of how to ride the wave of distress safely.
- Cove app free to download , this app enables you to create and use music to express how you are feeling.
- Thrive app free to download, this app uses games to help you learn how to better manage your emotions.
- Daylio diary, journal, mood tracker helps people to monitor their mood daily and to begin to understand links in their mood with their daily activity.
- Baby Buddy App: babybuddyapp.co.uk
- Headspace good meditation app to signpost to. There is a cost after the free trial but there is a headspace tutorial series on Netflix.