Involving and supporting partners and other family members in specialist perinatal mental health services

Good practice guide

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Equality and health inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.
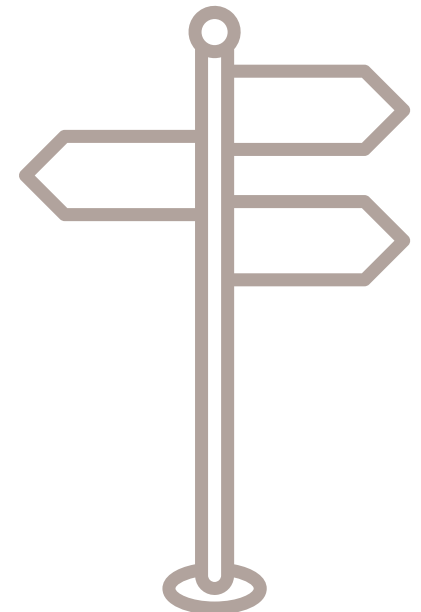
Information Governance Statement

Organisations need to be mindful of the need to comply with the Data Protection Act 2018, the EU General Data Protection Regulation (GDPR), the Common Law Duty of Confidence and Human Rights Act 1998 (particularly Article 8 – right to family life and privacy)

Accessibility

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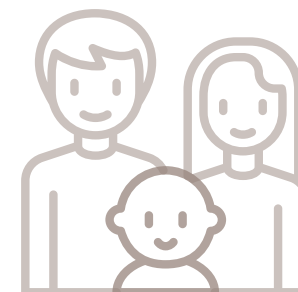
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Introduction

What this guide covers and offers

This guide is for specialist perinatal mental health services and commissioners. It relates to the families of mothers receiving care from inpatient and community specialist perinatal mental health teams. This includes partners, grandparents of the baby, siblings of the baby, and any significant others identified by the mother. It covers how to support and involve these family members.

The guide describes underpinning principles and key ideas for what services can do to involve and support partners and other family members, and why this is needed as a result of the impact on the whole family. The actions and practice tips offer suggestions to guide services. The practice examples help to illustrate these ways of working. The majority of points apply to both inpatient and community settings. Some are specific to Mother and Baby Units and this is clearly indicated in the text.

When implementing the suggestions in this guide, teams should refer to their local policies and guidelines, including safeguarding, information governance and data protection, as these differ across services.

> "Often we rely on these people within the family to be caring for their relatives or loved ones that are really unwell.
>
> And so it's one of partnership between services and family members, because we can come home and we leave that person in their house with their family around them to be able to care for them.
>
> So, I think making sure that they're valued and supported, and understanding the importance of their role within the full care package is vital."
>
> Practitioner, Yorkshire and Humber MBU and community team

Why this guide is needed

When a mother experiences a moderate to severe perinatal mental health disorder, the whole family is affected.

- Partners and other family members have to manage their own worries about the mother, cope with changing relationships, and deal with other people's concerns and questions.

- They may be the mother's main support in the community or following discharge. Mothers who are well supported by their family (especially their partner, but often also the baby's grandparents) are likely to recover more quickly, and require less input from specialist services[1].

- They may take on additional childcare and household tasks, alongside their other commitments. For some, this involves becoming the main carer of the baby or an older sibling for the first time, at a time of considerable psychological stress.

- Babies require consistent, sensitive, responsive caregivers for healthy brain development. Where a mother's ability to meet her baby's needs is impaired by poor mental health, the baby's psychosocial and emotional development may be protected by positive relationships with other caregivers[2].

- If a mother and baby need to spend time away from the family in a Mother and Baby Unit (MBU), this may affect the relationship that partners and other family members develop with the baby.

- Children in the family may not understand what is happening, particularly if their mother has been admitted to hospital, and may not feel able to tell their parents about their distress.

Some partners and other family members are also dealing with their own mental health difficulties, and this is more likely amongst partners of mothers with moderate to severe perinatal mental health disorders.

Poor mental health can impact on their relationship with both the mother and the baby.

- The couple relationship is more likely to deteriorate if both parents are ill[3].

- Depressed fathers (like depressed mothers) are less likely to interact with their babies in an engaged way, which can contribute to poorer child development outcomes[4].

The national context

The transformation of specialist perinatal mental health services in England is ambitious and world-leading. Mothers in every area of England now have access to evidence-based specialist perinatal mental health care.

Research into baby mental health, couple functioning in the transition to parenthood, and the role of social support in the course of perinatal mental health disorders, all highlight the importance of specialist services working with the whole family to support recovery.

The transformation programme has created new roles. Workforce recommendations for a community team include consultant psychiatrists, nurses, psychologists, occupational therapists, nursery nurses, social workers and linked specialist midwives and health visitors, alongside team managers, administrators and peer support workers. This new workforce brings different skills, knowledge and expertise, and opportunities for new ways of working with families.

NHS England and NHS Improvement commissioned this guide to support professionals and commissioners in understanding how to support and involve partners and other family members of mothers accessing specialist services, in line with the NHS Long Term Plan.

Partners, fathers and other family members in policy and guidance documents

NHS Long Term Plan (2019)[5]: "Offering fathers/ partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their own mental health and signposting to support as required." Available at: **https://www.longtermplan.nhs.uk/**

Perinatal Competency Framework (HEE, 2018)[6]: the ability to understand the father/partner's mental health is a core competency. Available at: **https://www.hee.nhs.uk/sites/default/ files/documents/The%20Competency%20 Framework%20July%202018%20-%20Perinatal.pdf**

Saving Lives, Improving Mothers' Care (MBRRACE-UK, 2018)[7]: "Partners and other family members may require explanation and education regarding maternal mental illness and its accompanying risks."

RCPsych Standards for Community Perinatal Mental Health Services[8] and RCPsych Standards for Inpatient Perinatal Mental Health Services[9]: These standards set out criteria by which services can review and improve the service they provide, and include standards around the involvement and support of partners and other family members.

Overview of underpinning principles and key ideas

The good practice guide incorporates three underpinning principles and ten key ideas. These are shown in Figure 1.

The underpinning principles build on existing concepts for working with families, while the ideas have been developed through research as part of the development of this guide. The individual ideas are intended to be understood and actioned with these underpinning principles in mind, alongside compliance with local and national safeguarding procedures and NHS Trust information governance.

The **'Think Family'** ethos needs to be embedded throughout services, with all members of the workforce adopting the **Perinatal Frame of Mind**. To ensure inclusivity and address inequalities, we need to **'Stay Curious'**.

Involving partners and other family members in a mother's care must be respectful of the mother's wishes and sensitive to the family's individual culture. This is informed by **mapping the family** at early contacts and continuing to keep conversations open about who might be involved in her care. To adequately support partners and other family members, their multiple roles and relationships require recognition: their **own mental health needs**, their **relationship with the mother**, their **relationship with the baby**, and their **needs as carers**.

The needs of **other children in the family** also warrant identification and support. To deliver on meeting the needs of the wider family unit, and to provide interventions which target relationships and family systems as well as mothers' individual mental health symptoms, it is important that specialist perinatal mental health services provide **family-focused environments**, **work in partnership with other services** and attend to continuity across **critical transition points** in the mother's care.

STAY CURIOUS

THINK FAMILY

PERINATAL FRAME OF MIND

Mapping the family

Involving in mother's care

Providing information

Family members' own mental health needs

Relationship with the mother

Needs as carers

Relationship with the baby

Other children in the family

Family-focused environments

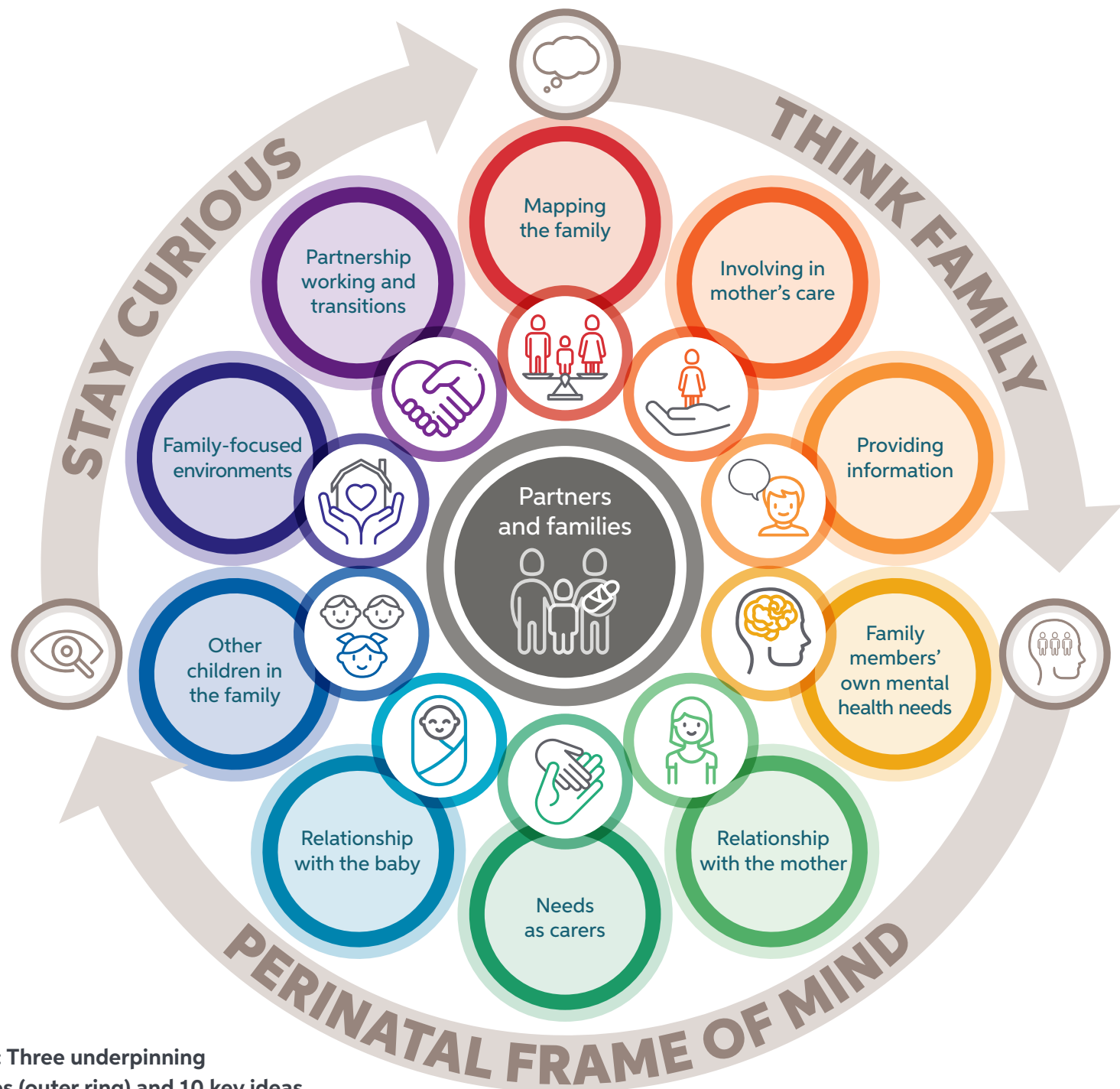Partnership working and transitions

Partners and families

Figure 1: Three underpinning principles (outer ring) and 10 key ideas

A note on language

Language is powerful. Mental health services need to use language that is inclusive, non-stigmatising and not based on assumptions. In particular, the language used should recognise varied family forms, cultural considerations, and the multiple connections within families.

Within perinatal mental health services, a wide range of people may be involved and supported in relation to a mother and baby. For example, they may be involved as *partners* and as *parents*, as *young carers* and as *siblings*, and as *parents' parents* or *grandparents*.

In this guide, we recognise the diversity of families using specialist perinatal mental health services. For simplicity this guide uses the following terms:

Mother

Refers to the 'index' patient of the specialist perinatal mental health service, who is pregnant or has given birth. This may include a trans man or non-binary person.

Partner

Refers to the person identified by the mother as their partner. This could be any co-parent including a father, co-mother or co-father.

Father

Refers to the person identified as the father of the baby, regardless of biological connectedness or parental responsibility. Much of the evidence base relates specifically to fathers and we use 'father' whenever we are describing this evidence.

Other family members

Refers to anyone else in the family network who is significant to the mother. This could for example be the baby's grandparents, aunts, uncles, and siblings. It could also include close friends.
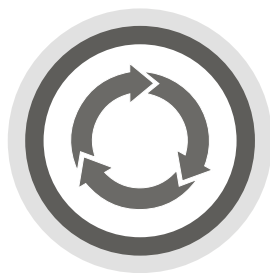
Underpinning principles

Principle 1: 'Think Family'

The expansion of specialist perinatal mental health services as a result of the NHS transformation programme provides an opportunity for services to embrace a 'Think Family' approach. For some services this might involve building on existing ways of working. For others adopting a 'Think Family' approach will require a change in their underlying ethos of practice to be consistently family-inclusive.

'Think Family'[10] means that services:

- consider the mother in her family context

- think about the people who use their services as parents, and consider the needs of the whole family

- hold in mind that what affects the parent will affect the child, and what affects the child will affect the parent

- consider ways in which they can **involve** family members in the mother's care and **support** family members as individuals, as partners/relatives to the mother, as parents/relatives to the baby.

Principle 2: 'The Perinatal Frame of Mind'

The 'Perinatal Frame of Mind' is at the core of the Competency Framework for Perinatal Mental Health Professionals (HEE, 2018 **http://tinyurl.com/y4sy9fxg**)[6], which sets out components of best practice when working with mothers and their families at every stage of perinatal care.

The Perinatal Frame of Mind means thinking about the needs of multiple family members and, specifically, the ability to be aware of:

- the father/partner's mental health and how this affects the mother and baby

- how the pregnancy affects the father/partner and other family members' mental health and wellbeing

- how the absence of a partner or lack of support from the family may affect the mother, baby and mother-baby relationship.

Principle 3: 'Stay Curious' – inclusivity

Our understanding of family is shaped by our own experiences, family structures and family roles.

The definition of family may encompass different family structures, with diverse experiences. These may include:

- single parent families

- separated parents

- same-sex or same-gender parents. The gestational parent may not be the biological mother, and/or each may have been gestational parents of different children in forming the family

- more than two parents being identified by the family

- families where the gestational parent is a father

- families affected by perinatal loss

- families whose older children have been taken into social care, or whose baby will be going into care after birth

- parents who have themselves been or are currently in care

- siblings with different parents, including older children living with an adult who does not have parental responsibility

- close friends

- multigenerational households.

Staying curious means thinking inclusively about family formations, and being opened minded about who may be important to the mother.

This means being aware of:

- cultural considerations, such as how the family's culture views perinatal mental health disorders and services, and the role of men and fathers within the family

- cultural assumptions in professionals, who may need support in recognising and reflecting on their own unconscious biases

- cultural competency training to challenge cultural assumptions and unconscious biases about which family 'should' be involved with a mother and baby.

Working in this way is also important for addressing inequalities. Minority groups face increased vulnerability to perinatal mental health disorders and barriers to accessing services.

Consultation with stakeholders highlighted the importance of inclusivity, for example, in relation to Black and Minority Ethnic parents, LGBTQ parents, and to lone parents.

Idea #1 Mapping the family and support network

What's the idea?

There may be a range of people in the mother's family and wider support network who are important to her mental health and may be able to contribute to her recovery, as well as needing support themselves.

Mapping the family is an opportunity to consider relevant family members' interpersonal experiences, including any experiences of perinatal loss.
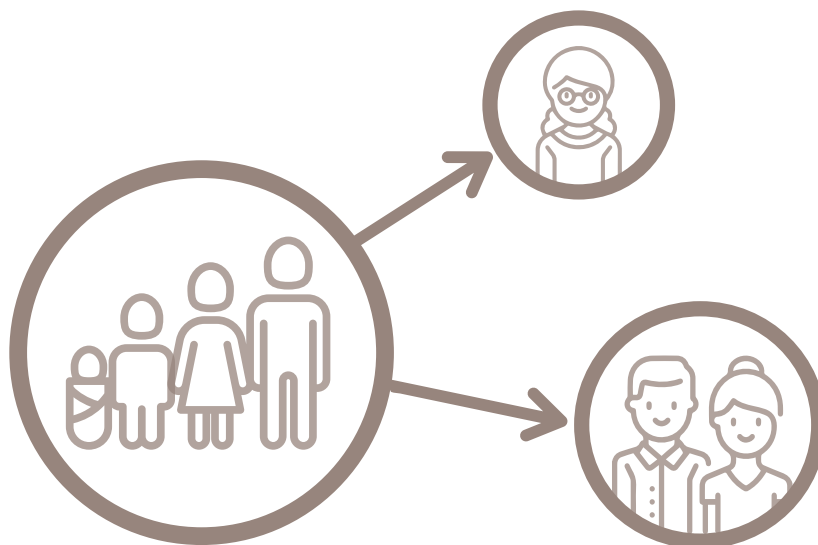
Why implement it?

Mapping can:

- identify the people who the mother relies on for support

- give clinical indications about the focus of the intervention, such as family therapy or couple work that directly involves others

- form the basis for providing joined-up care between services (see **Idea #10: Partnership working and transitions**)

- provide information about interpersonal traumas such as loss or abuse which may impact on mental health and recovery.

Actions to consider

- Explore who is in the mother's family and support network, at the earliest opportunity.

- Regularly ask questions about the family system throughout the mother's involvement with the service, as key relationships and wishes may change.

- Hold in mind that mothers may not want others involved or may feel conflicted about their involvement, particularly if coercive control features in their relationships.

Perinatal loss

Some mothers, partners or other family members may have experienced pregnancy loss or the death of a baby before or during the current episode of care. Regardless of gestation, age, or reason, such losses can exacerbate pre-existing mental health disorders or precipitate new mental health difficulties.

Any parent who has experienced perinatal loss is at increased risk of depression, anxiety disorders, including tokophobia (extreme fear of childbirth) and birth-related trauma. Although grief itself should not be pathologised, it is important to ensure that mental health needs and symptoms are not mistakenly attributed to grief.

Practice tips Box 1

Asking about the family and support network: Genograms

A genogram can be a useful tool to start conversations and map the family system[11,12]. Genograms can also be used to explore the strength or quality of different relationships, patterns of responding and coping that may be contributing to the current difficulties, and experiences of loss, including previous perinatal losses.

Although it can be helpful to follow standardised formats when producing the genogram, do not feel constrained about drawing a genogram 'correctly'. Do not let IT systems limit what you ask or what you record. For example, you may draw a genogram by hand and save the scanned image.
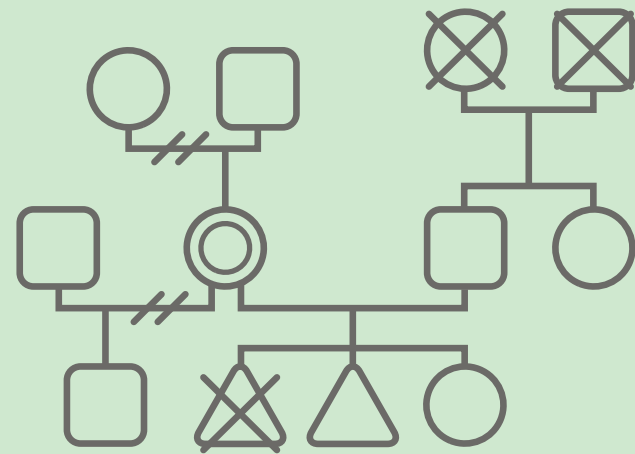
Practice tips Box 2

Asking about the family and support network: Open questions and systemic approaches

Ask open questions to discover who is in the family system and who is important to the mother, without making assumptions. Stay curious.

Who is in the family system, and how does she experience these relationships?

- Who does she consent for information to be shared with?

- Who may she want to be invited into assessment or treatment sessions, or to be involved in aspects of her care?

- Who would she want to be told about her involvement in the service and who would she not want to be told?

- Who is she close to? Is there anyone she has a more difficult relationship with?

- Who does she turn to for support? Who does she feel is not supportive?

What are the culture, beliefs and values within the family system? These will affect the approaches needed to foster engagement.

- How is the role of men/fathers viewed? Are fathers expected to be involved in childcare or would this be unusual? Be sensitive to different cultural, ethnic and religious influences.

- How are mental health disorders and services viewed? Is she worried about the views of other family members and does she plan to keep her involvement with the service hidden from them?

- Who has similar/ different values and beliefs to the mother?

Which other services or groups may be important?

- Has she received support from other health or mental health care providers, third sector organisations, religious or community groups? What did she find helpful?

- Does she have other networks that are important to her (for example work or social networks)?

Practice example: Staying curious about the family

Coombe Wood Mother and Baby Unit (MBU), Central and North West London NHS Foundation Trust

Coombe Wood MBU is committed to a "think family" approach. Recognising that supporting families can help mothers to recover quicker, the unit aims to support partners and other family members in order to enable the mother's recovery whilst also helping families achieve their best level of functioning.

They feel it is important that families hear this message from the first contact with their service. Mothers are told that "we work with you and your family" when they arrive at the MBU, and staff see the family within 72 hours of the mother's admission.

They use a genogram approach to explore the mother's support network, using questions such as: "Who is in your family?" "Is there anyone who supports you?" "Are there any difficulties in your family or friendships at the moment?" These can be followed by questions such as "Would you like them to be here?" Staff find this approach helps make sense of what has happened prior to admission.

The information generated enables them to develop clinical formulations and treatment plans that take these factors into account, potentially locating the 'problem' outside the mother in the wider system. This then determines the type of support and treatment offered to the mother and her family, such as family therapy, couple-focused work, or one-to-one support for mothers.

If supportive others are not identified by the mother, staff note who does and doesn't visit and use these observations to start conversations about support networks.

When a mother does not want others involved in her care, staff explore this and whether ruptures in relationships may be contributing to her current difficulties, to identify where it may be helpful for repairs to be made. If partners and other family members are not directly involved in the mother's care, staff ensure that they are held in mind throughout.

Asking about domestic violence and abuse (DVA)

While working with families it is important to be aware that:

- 1 in 4 mothers in contact with mental health services may be experiencing violence, abuse and coercive control

- DVA often starts or intensifies in the perinatal period.

What is DVA?

In the UK it is defined as: 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional'[13].

All staff working in perinatal mental health services should know how to enquire about, identify, and respond to DVA. Services need to link in with their local safeguarding processes, information-sharing processes and multi-disciplinary teams (MDTs).

The Department for Work and Pensions launched a national Reducing Parental Conflict Programme to support implementation of evidence-based interventions. Local authorities have since been working to increase provision to tackle parental conflict.
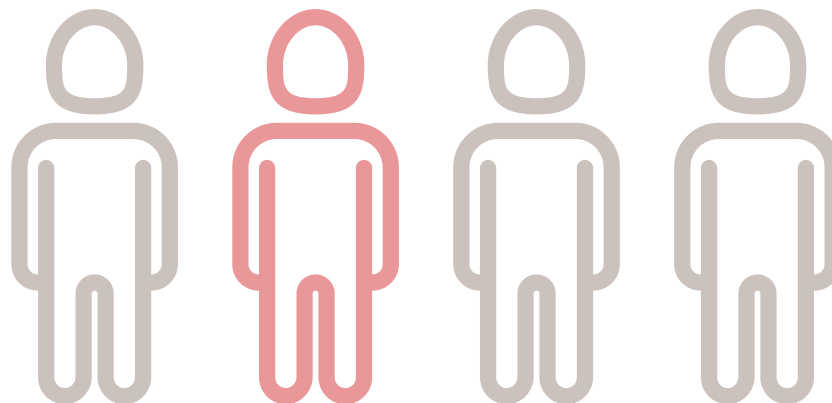
Practice tips Box 3

Identifying and responding to Domestic Violence and Abuse

Informed by the King's College London (2019) Linking Abuse and Recovery through Advocacy for Victims and Perpetrators (LARA-VP) guidelines: **https://www.kcl.ac.uk/psychology-systems-sciences/research/lara-vp-download-form**

How should I ask mothers about DVA?

- Ask at assessment and follow-up appointments as people may not disclose the first time they are asked.

- Ensure you are somewhere private and that you have explained the limits of confidentiality.

- Ask about psychological, sexual and financial abuse as well as physical abuse.

What if a partner or other family member discloses being a perpetrator?

- Be clear that violence and abuse is unacceptable.

- Assess any immediate risks.

- Consider signposting to Respect (http://respect.uk.net/) – a charity offering information and advice to people who are abusive towards their partners or family members.

What should I do next?

- Discuss any disclosures with your line manager or MDT.

- Make sure you know who is your Trust's:
  – adult safeguarding lead
  – child safeguarding lead
  – Multi Agency Risk Assessment Conference (MARAC) representative
  – local DVA organisation.

- Follow local safeguarding procedures for any immediate risks of harm.

- Keep the mother informed about what is happening.

What about false allegations?

Many DVA incidents go unreported, and false accusations of DVA are rare. This applies to all types of DVA. Therefore, you should take any disclosure of abuse seriously; being disbelieved can be distressing and damaging.

Confidentiality and consent to inform and involve others

Once the family structure has been explored and mapped with the mother, it is important to seek consent from the mother about who can be involved and informed about her care, and how much information can be shared (full, partial or no information).

These decisions also need to be clearly documented in the mother's notes.

Actions to consider

Services should:

- assess the mother's capacity to consent to sharing information. If she does not have capacity, then follow local safeguarding and Mental Capacity Act policies. A clinical decision will need to be made about whether it is in the mother's and baby's best interests to involve others

- fulfil the duty to share specific information relating to the baby's care and wellbeing with the other parent, if there is shared parental responsibility for the baby. This may be particularly important if the mother's mental health disorder is affecting her ability to provide care for the baby

- once consent has been provided to make contact and/or share information, ensure this is done.

Services could:

- consider whether generic information can be shared without breaching confidentiality, if consent is not given to share specific details. For example, if a mother does not want information about her health or care to be shared with her partner or family member, can general information be provided on mental health disorders?

- check whether there is an advance decision in place about who should be involved and how, if the mother's current capacity or decision-making is impaired

- encourage the mother to make an advance decision about involving others if she is currently well enough, which may be helpful if her symptoms deteriorate or she becomes unwell again in the future

- be aware that if a mother is experiencing delusions these may involve her partner or other family members. This may result in her refusing contact or consent from them to be involved in her care. Although this can be very upsetting and destabilising for the family, the mother's wishes should be adhered to, subject to any advance decisions. Safeguarding policies must be complied with at all times. It may take some time to establish whether the mother's concerns about a family member are due to a delusion or a reality. The partner or family member may feel excluded and under suspicion. Take care to sensitively gain objective perspectives, where possible

- hold the whole family in mind when developing care plans, even if the mother has not consented for the family to be directly involved. The care plan may have implications for the family, such as planning leave or discharge back home. Discuss with the mother whether and how to involve the family for these aspects of the care plan

- check consent decisions periodically, because consent is a dynamic process and feelings about others may change over the course of the mother's contact with services.

Parental responsibility (PR)

Always prioritise safeguarding. Escalate concerns and consult with relevant legal departments within the Trust.

- Some partners may not have PR. For example, where the baby's birth has not yet been registered and the couple are not married or in a civil partnership, the father does not have PR. Stepparents may be at home with older children, without PR for those children.

- In some families both parents have PR but disagree about the child's best interests. For example, parents may be separating and a father with PR may refuse permission for the child to be admitted to a MBU.

- Sometimes it is necessary to override the wishes of parents with PR even if they agree with each other. For example, a partner who is on the sex offenders register may not be allowed to visit a mother and baby in an MBU, despite the wishes of both parents.

Idea #2 Involving partners and other family members in the mother's care

What's the idea?

Involving partners and other family members in a mother's care is relevant across the duration of a mother's contact with perinatal mental health services: triage, admission to the service, during care, at discharge, post-discharge and when transferring between services and settings.

This involvement can take a number of different formats, such as:

- providing information and advice to enable the family member to support the mother

- directly involving the partner or family member in practical aspects of the mother's care

- inviting family members into therapeutic interventions designed to help the mother overcome her mental health symptoms, using approaches which focus on family relationships and systemic aspects, such as couple-focused interventions or family therapy. For example, NICE recommend couple-therapy as one suggested approach to help overcome maternal perinatal bipolar depression[14].

> **"It's difficult if the partner has to keep working. Many appointments for the woman are in the daytime, so the partner is unable to attend; this means they can end up out of the loop."**
>
> Mother, survey

Why implement it?

Involving partners and other family members can help them to provide support and care for the mother, ultimately promoting the mother's mental health and her ability to care for the baby.

Partners and other family members may be:

- the first to notice a deterioration in the mothers' mental health
- the first to pick up early signs of relapse
- the main support for mothers following discharge from mental health services.

Building strong partnerships with partners can therefore enable mothers to have timely access to services. Couple-focused work can also help families to address any difficulties in the relationship or communication patterns, helping alleviate maternal mental health difficulties using a more systemic approach.

Actions to consider

- If appropriate, work with the partner and other family members to gather their perspective on the mother's history, to inform a thorough understanding of the mother's difficulties, and to develop a treatment plan.

- Where inviting partners and other family members to take part in family-based interventions, such as family therapy or couple-focused therapy, be open and honest about why this treatment is being recommended. Encourage them to ask questions and help them engage with this treatment model. Work collaboratively with them to set realistic goals for the treatment, taking all perspectives and wishes into account.

- Involve partners and other family members in collaboratively developing care plans. This includes:
  - how they can support the mother to make informed choices regarding treatment options, such as discussing potential outcomes, risks, limitations and any areas of uncertainty of concern
  - ways they can actively support the mother's recovery such as through adherence to medication or treatment plans, and encouraging sleep, rest and appropriate activities
  - how they can support the mother at home when returning 'on leave' from an inpatient setting, including discussing the impact this may have on the partner and other family members
  - how they can recognise signs of relapse and be actively involved in preventing further deterioration.

Practice tips Box 4

Involving partners and other family members in the mother's care

- Call or send appointment letters directly to partners or other family members, inviting them to relevant appointments so that they feel welcome and included.

- Consider offering appointments out of hours and in places that may be more accessible, such as children's centres or at home.

- During appointments, encourage partners and other family members to be actively involved. Invite and listen to their views, and give them the opportunity to ask questions.

- There may be childcare needs. In some cases it may be supportive to invite partners and other family members to bring babies and children with them to an appointment, but this is not always appropriate. They may need support to think about the content of the appointment, and developmental stage of the child.

Practice example: Involving partners and other family members in the mother's care

Kensington, Chelsea and Westminster Community Perinatal Mental Health Service, Central and North West London (CNWL) NHS Foundation Trust

The multi-disciplinary teams routinely invite partners and other family members to join mothers for their first assessment into the service, and to then participate in ongoing treatment sessions. In their experience the majority of mothers consent to this, meaning partners or other family members are often directly involved in mothers' ongoing care, including:

- development of risk management plans

- recognising relapse: discussions around how to recognise signs of relapse and how to respond

- practical ways to support mothers, to prevent relapse or reduce the impact of perinatal mental health disorders. For example, staff discuss with family members how to support mothers to get the sleep they need, by helping to look after and feed the baby during the night. Health visitors may become involved to help partners and other family members feel confident with feeding the baby with expressed breastmilk or baby formula

- participating in couple therapy within a systemic approach.

Idea #3 Providing information

What's the idea?

- Partners and other family members may need information at multiple points on the mother's care pathway. Information-giving is not a one-off activity. Families may need time to read, take on board and digest information provided.

- The way in which information is given is as important as the content. Providing information can be a key step in opening dialogue and involving and supporting partners and other family members.

- Partners and other family members particularly value the offer of one-to-one discussions with health professionals. This is essential where there has been an emergency inpatient admission, but may also be useful at other points throughout a mother's care.

"When my wife became unwell, it was like a hammer blow. It all happened so quickly. Her behaviour, speech and suddenly moving around the home was not only upsetting for me, but our three year old whom I tried to shield from seeing mom act so out of character. My blood ran cold when the incident was vividly described a year later by our daughter. I was thrust into the unknown and totally out of my depth. The ambulance left (with my wife) and I was left with our eldest child trying to fathom what just had taken place. The staff from the mental health team left without a word. I thought things couldn't get any worse but I was wrong.."

Father involved in developing this guide

Why implement it?

Providing information to partners and other family members is a vital step in looking after the whole family. It can:

- enable them to understand what the mother is experiencing, providing knowledge and reassurance

- explain how they can get involved in the mother's care, helping them to support the mother more effectively

- validate and normalise their own feelings and experiences as well as the mother's

- encourage them to recognise and seek support for their own needs, including entitlements they may have as a carer (see **Idea #6: Needs as carers**)

- support them in managing the multiple roles and responsibilities they may take on during the time the mother is unwell, including caring for the baby and any other children in the family.

Taking time to talk to partners and other family members and giving them the opportunity to ask questions and receive honest answers, communicates that they are valued by the service. This facilitates collaborative working relationships between families and services.

Actions to consider

Information on the perinatal mental health service
Partners and other family members value having information about the service at the first point of contact.

This may include details about the service and what to expect, the locations where the team operates, what support is available, contact information, opening times and who to contact if there is an urgent need.

Information on perinatal mental health disorders
Partners and other family members value having honest factual information about perinatal mental health and the mother's mental health disorder. This includes information on the prevalence, signs and symptoms (what the mother is experiencing and what they may notice in the mother), the treatment options available (e.g. psychological therapies or medication options, what these involve, their benefits and potential side-effects), recovery (including potential time-frames), how to prevent relapse or deterioration, how to spot the signs this may be happening, and what to do if they are concerned.

This information may be upsetting so needs to be delivered sensitively, with time for questions to be answered. Alongside this information it is important to instil a sense of hope and to discuss the likelihood of recovery.

Information in a crisis
If there has been a crisis (for example unplanned inpatient admission), partners and other family members are likely to need specific information.

These crisis points are very frightening and confusing for partners and other family members, and it can be hard to process information when emotions are high. They value clear information (such as details on the service and what will happen next), the opportunity to ask questions, and the reassurance that they will have further opportunities to ask questions as they occur.

Note: Services will need to check local Trust Policies and Guidelines for the standards for expected time-frames to contact and involve family members following an inpatient admission.

How the partners and other family members can support the mother

Partners and other family members welcome information about caring for and supporting the mother, including helping her to get enough sleep, and tips on providing emotional support.

Recognising and attending to their own needs

See **Idea #4: Partners' and other family members' own mental health needs**.

How to care for the baby and any other children in the family

See **Idea #5: Relationship with the mother**.

Information at discharge

Information needs to be provided to the partner and other family members about what this means, what will happen next, and how they can make a re-referral or seek advice if concerned.

Practice tips Box 5

Providing information to family members

Preferences and formats

- Ask family members about their preferences. Would they like information to be given in writing or a telephone or face-to-face conversation? If they cannot attend appointments in person, would they like a telephone call, video call or text message?

- Make use of available resources where possible, and develop new resources where there are gaps.

- When developing written or visual information, co-produce this with a diverse group of partners and families who have used the service. It may include stories or advice from others who have been through similar experiences, offering hope and validation. Families value having images and text that are inclusive and consider their cultural backgrounds and the diversity of families within their local area.

Practice example: Providing information

Specialist Community Perinatal Mental Health Services, Devon Partnership NHS Trust

Mothers using this service commented that their partners did not understand what they were experiencing or what the perinatal service was. In response, the service developed a leaflet specifically for partners that includes information about the service, perinatal mental health, how to support a mother accessing the service, and how partners can identify and care for their own needs.

To meet the needs of older children, the service uses an age-appropriate video which uses children's voices and stories to help them understand maternal mental health disorders [see **resources section** for examples].

Idea #4 Partners' and other family members' own mental health needs

What's the idea?

Partners and other family members may have their own mental health needs, which can impact on the health and recovery of the mother and baby, as well as their own wellbeing. These needs may change over time and may increase later on, when the mother's mental health has improved.

Be aware that signs of distress may manifest differently in men, and there are multiple barriers to seeking and accepting help. Services have a key role in identifying and validating partners' and other family members' distress, and supporting them to seek help.

Why implement it?

- Partners of women accessing specialist services themselves face increased vulnerability to depression and anxiety[15-17].

- Partners and other family members want professionals to acknowledge how difficult things are for them, and to check how they are[18].

- Some grandparents feel that professionals need to do more to consider their unique role and needs[18]. There is little evidence on the mental health needs of other family members.

- There may be positive impacts on partners' wellbeing where partner-inclusive interventions are offered i.e. those that include partners in order to improve outcomes for mothers[19-21]. There is little evidence about interventions which aim to improve partners' wellbeing directly.

Actions to consider

If you become aware of a partner's mental health needs, or are considering asking about their mental health, ensure that:

- you address risk

- you have the ability to record and share this information

- policies are in place regarding information governance and data protection. For example, where to record information and how to maintain confidentiality for each family member. This will also be relevant for pre-conception counselling

- any assessment forms part of a care pathway

- onward signposting considers a broad range of support.

Stigma and stereotypes in men's mental health

Men may express distress in different ways to women. They may be:

- more likely to acknowledge fatigue, irritability, loss of pleasure or interest, and sleep disturbances rather than reporting sadness or worthlessness[22]

- more likely to withdraw socially and use avoidant/escapist activities e.g. sports, overworking, excessive time on internet/TV, gambling, alcohol use, reckless behaviour (e.g. infidelity, unsafe driving)[23]

- less likely to attribute distress to mental health[24].

In the context of fatherhood and perinatal mental health disorders, published evidence and our survey indicate that men may be reluctant to seek help because they:

- do not feel they are legitimate users of services during the perinatal period[24, 25]

- focus on the needs of their partner and baby, rather than thinking about their own needs[17], feel they need to be 'strong' and that it is not acceptable to ask for, or accept, help for themselves[17, 18]

- fear the consequences of disclosing their own distress, for example, the stigma of mental illness and worries that the baby may be removed[26, 27].

Similar barriers may exist for same-sex partners. Emerging evidence with co-mothers points toward further barriers related to homophobia and discrimination within health systems[28].

"Stigma and not knowing that we can suffer as well. Social services is my biggest worry, and now knowing where to get the help."

Partner, survey

"The need to stay strong and support the mother while falling apart inside."

Partner, survey

Asking about mental health, validating distress and encouraging self-care

Actions to consider

- Make time to acknowledge the partner's or other family member's own wellbeing. This may be within a joint appointment or one-to-one (for example, when providing information about the mother's care or answering questions about the service).

- **'Mapping the family'** may include asking about the partner's or other family member's mental health. At a basic level, this may include:

  - their mental health history

  - any current diagnosis or treatment and whether they are already under the care of a mental health team

  - their current mood/symptoms (that may indicate the need for further assessment or support).

There is currently not enough evidence to indicate that using a specific tool to identify the mental health needs of partners would be beneficial in specialist perinatal mental health services.

However, professionals can:

- talk about mental health with partners and other family members, listening for and reflecting the words they choose to describe their experience (e.g. stress, pressure). Be aware that the markers you are familiar with when looking for signs of distress in women may not be appropriate for men. It may be useful to ask about changes in behaviours as well as feelings

- help to reduce stigma by validating, normalising and making sense of distress at this time [see Practice Tips Box 6 on page 31]. This may include giving information on self-care and the value of self-care. For example, information about how difficult this experience can be for family members, information about prevalence of health disorders in partners, how to recognise their own needs, ideas and tips on self-care

- engage them by framing these conversations as a way to ensure that the needs of the whole family can be supported. Acknowledge that they may be focused on the needs of the mother and not on their own mental health: they need to know why looking after themselves is so important in enabling them to look after the mother and baby.

Practice tips Box 6

Making sense of distress with partners

With thanks to Mark Williams (Fathers Reaching Out)

Examples of ways to help partners feel more comfortable talking about distress could be:

"This can be such a stressful time – you're concerned both for your partner and your baby and there are lots of unknowns."

"Some partners can end up feeling guilty or blaming themselves. For example, they have had thoughts like, 'why is she depressed? Is it me? Doesn't she want the baby?'"

"Around half of partners feel depressed, anxious or very stressed themselves when their partner is unwell. You could be struggling as well and we need to think about you, too."

"Watching a difficult birth can be very upsetting. Often people can feel panicky or out of control."

Signposting partners and fathers

Specialist perinatal mental health services in England only currently accept referrals for mothers (i.e. the gestational or birth parent). Therefore, where professionals become aware of a mental health need in a partner or other family member, they may need to signpost to other mental health services.

Other services may offer 'in-house' support for example, a 1:1 session, telephone support, psychological interventions for partners, individual therapy[29].

Signposting may include:

- primary care adult mental health services (e.g. talking therapies/IAPT) for mild-moderate symptoms

- secondary care adult mental health services (e.g. Community Mental Health Teams) for moderate-severe symptoms

- local and national voluntary and community organisations providing face-to-face, telephone or online support.

Fathers may be reluctant to access formal psychological support. It may also be practically difficult to do so if they are taking on additional duties in the household, working long hours, or caring for the mother. Therefore, other types of support may be preferred, such as connecting with other fathers, or using online sources of support[30].

The focus of voluntary and community organisations may include:

- **family support**
  (e.g. Home-Start **https://www.home-start.org.uk/**)

- **partners and fathers**
  (e.g. DadsNet **https://www.thedadsnet.com/)**

- **men's mental health**
  (e.g. Andy's Man Club **http://andysmanclub.co.uk/**)

- **mental health and self-care**
  (e.g. MIND **https://www.mind.org.uk/**)

- **perinatal mental health**
  (e.g. Birth Trauma Association
  https://www.birthtraumaassociation.org.uk/, Action on
  Postpartum Psychosis **https://www.app-network.org/,**
  #PNDHour by PND&Me **http://pndandme.co.uk**/)

There are many innovative charity and peer support groups across England, designed to support men and fathers with their mental health, as well as others within the family. These take many different formats to encourage attendance, ranging from online forums to local sports groups.

Actions to consider

- Where it is identified that partners and other family members may benefit from additional support, find an appropriate time to discuss the possible options.

- Be familiar with the broad range of support available for partners and other family members and be able to provide information about them.

- Consider whether they need support with the referral. Many mental health services accept self-referrals, while others may need a referral from a GP or other health professional.

- Some local IAPT services offer perinatal priority to all parents and partners. When making referrals or encouraging self-referrals, ensure that it contains relevant information that may act as a 'flag' for other services. For example, documenting both being an expectant or new parent, and the partner of a mother who is accessing specialist services.

- Consider equity of access. For example, peer support that is targeted at fathers and grandfathers may not be accessible or available to co-mothers or grandmothers.

Peer support

Qualitative data from interview studies[17, 18] and our survey indicates that partners want peer support. Peer support can help partners and other family members to:

- share their experiences with others who understand

- have their feelings normalised and validated

- gain reassurance that the current situation will pass

- overcome some of the isolation that may come from dealing with the stigma of a perinatal mental health disorder and the practical difficulties of maintaining a social life in a situation of role overload.

Peer support can vary in format, including a professionally facilitated group in an MBU, access to a 1:1 peer support worker, or enabling informal chats amongst partners. It may be provided directly by a specialist perinatal mental health service or by a third sector organisation. See the **resources section** for more information on setting up peer support.

Practice examples: Signposting to online peer support

PND&Me
www.pndandme.co.uk
Twitter: @PNDandMe

Following her own experience of perinatal depression, Rosey Adams set up and hosts #PNDHour, a supportive Twitter discussion group running every Wednesday 8-9pm. Contributors and viewers include mothers, fathers, other family members and health professionals. Discussions include the impact of perinatal mental health difficulties on mothers and their families and suggestions for promoting recovery.

The Birth Trauma Association (BTA)
www.birthtraumaassociation.org.uk

The BTA is a charity supporting families following a traumatic birth experience, providing online peer support predominantly through their private Facebook Group. There are currently 8,600 members. These are mainly mothers but some partners access the group to seek information, experiences and advice on supporting mothers as well as addressing their own mental health needs.

The BTA provides a forum that creates an important sense of feeling understood and validated, which can be a crucial first step in seeking help and overcoming these symptoms.

Dads Net
www.thedadsnet.com

Dads Net was founded by Al Ferguson in 2013 to provide a place for fathers to access information and to come together to share their experiences. Individuals are invited to join private sub-groups based on what they share in the open forums.

These online groups allow dads to share their stories and experiences, opening up conversations and enabling peer support. The Dads Net admin team run and monitor the site and groups, managing safeguarding and support. Although the website is not specifically focused on perinatal mental health, several of its sub-groups have this focus.

Over 20,000 fathers use Dads Net and this is growing rapidly. The site has 60 local online communities. Some also meet up offline, allowing fathers to connect locally and there are now between 5-10 face-to-face meetings happening each month across the UK.

Practice example: Identifying and meeting the needs of Dads

Dad Matters, Home-Start Oldham, Stockport & Tameside, Greater Manchester

Dad Matters started in 2017 as a collaborative partnership between Home-Start HOST, Tameside and Glossop Early Attachment Service (EAS) and Anna Freud Centre CORC. The aim was to improve access to support for Dads who may struggle with their emotional well-being in the perinatal period.

Consultation with local fathers highlighted that they:

- wanted to feel included in perinatal and parent infant mental health services

- often didn't understand services or whether they were entitled to support

- wanted to be able to access information in short formats, as and when it suited them

- wanted to access one-to-one support when they needed it, tailored for dads

- wanted to communicate using social media.

Dad Matters is supervised by the Tameside and Glossop Early Attachment Service, and Kieran Anders is the project Manager. Dad Matters created 'The Dad Chat', a meeting for dads running alongside antenatal classes, providing key information on:

- the parent-infant relationship, and why this is important

- perinatal mental health (what it is, how men and women are affected and how to support themselves and their partner)

- further signposting.

The Dad Chat is primarily facilitated by volunteers who are dads and highlights the importance of a baby needing their dad to be well for their own developmental needs. Dads who attend the Dad Chat sessions report that they feel better able to look after themselves, able to talk about their own experiences and that their own struggles are validated. They also feel better able to support their partners.

The Dad Chat model has been replicated as drop-in sessions for partners of mothers admitted to the local MBU, facilitated by either the 'Dads Champion' or a Clinical Psychologist from the MBU. Dad Matters is being rolled out across Greater Manchester.

Idea #5 Relationship with the mother

What's the idea?

Partner support and relationship satisfaction are strong protective factors against perinatal mental health disorders[30].

Why implement it?

Talking to parents about their relationship with each other and about their co-parenting acknowledges the importance of these factors in their lives. This can help parents think about the different factors that impact on them, and their baby, and where they can make changes. Providing or signposting to relationship interventions can help parents improve communication and co-parenting, which has a positive impact on all family members.

Actions to consider

- Ask questions about the mother's relationships to identify if there are difficulties which are impacting on her mental health or recovery.

- If the mother is co-parenting, ask questions about the quality of this relationship to identify problems or concerns.

- Support the couple relationship or other adult family relationships by providing or signposting to therapies which focus on relationships.

- Be aware of services that are available in the local area which provide relationship support for couples, families or new parents.

- As services develop, consider which members of the team could be trained to deliver couple and family interventions and how this will be supervised.

Practice example: Couple relationships

Kensington, Chelsea and Westminster Community Perinatal Mental Health Service, Central and North West London (CNWL) NHS Foundation Trust

The community perinatal team have noticed an increase in the clinical need for couple work with the families accessing their care, primarily due to the stresses and demands that couples face when transitioning to parenthood, within the added context of the presence of a maternal mental health difficulty and the impact this can have on the couple relationship.

The service is able to offer couple therapy, using a systemic approach, due to the therapeutic training backgrounds of team members. Sometimes two practitioners work together to provide this therapy and provide the expertise and skills needed. The team value being able to use this systemic approach, but also incorporating psychotherapeutic theories and techniques where possible.

Practice tips Box 7

Identifying relationship needs

- At early contacts ask parents about the quality of their relationships and any recent changes in their relationships:
  - How would you describe your relationship with X?
  - Have you noticed any changes in your relationship?
  - How do you make sense of these?
- Normalise relationship changes and highlight that the relationship may need some extra effort across the transition to parenthood.
- What aspects of your relationship do you miss? How could you re-introduce these moving forward? What ways have you found of supporting each other? What else could you do?
- Remember to consider domestic violence and abuse [**see earlier section**].

Idea #6 Needs as carers

What's the idea?

Partners or other family members may find themselves providing a significant amount of care for the mother whilst she is experiencing mental health difficulties. For example, they may need time off work, help with childcare, or support with the costs of transport.

The term 'carer' may carry negative connotations, which may prevent some partners and other family members from identifying as 'carers', but recognising their role as a carer may be a way to access additional support.

Partners or other family members may be eligible for a **carer's assessment** if:

- they are providing necessary care to the mother because of her mental health disorder, and

- the caring role has an effect on them (including on their physical or mental health, their work or their ability to look after their children), and

- there is (or is likely to be) a significant impact on their wellbeing.

More information about carer's assessments can be found here: **https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/carer-assessments/**

Why implement it?

- Being a carer can have many practical, emotional and financial implications.

- Carers are entitled to support in their own right, which may help alleviate pressures of this role.

Actions to consider

- Support partners and other family members to recognise themselves as carers, where appropriate.

- Provide information to partners and other family about how they can access a carer's assessment.

- Find out what support is available from local authority and voluntary carers organisations, and the links you can make with them.

The Triangle of Care

The Triangle of Care[31] standards describe good practice on involving partners and other family members in the care planning and treatment of people with mental health disorders.

Figure 2 Triangle of Care

SERVICE USER

PROFESSIONAL   CARER
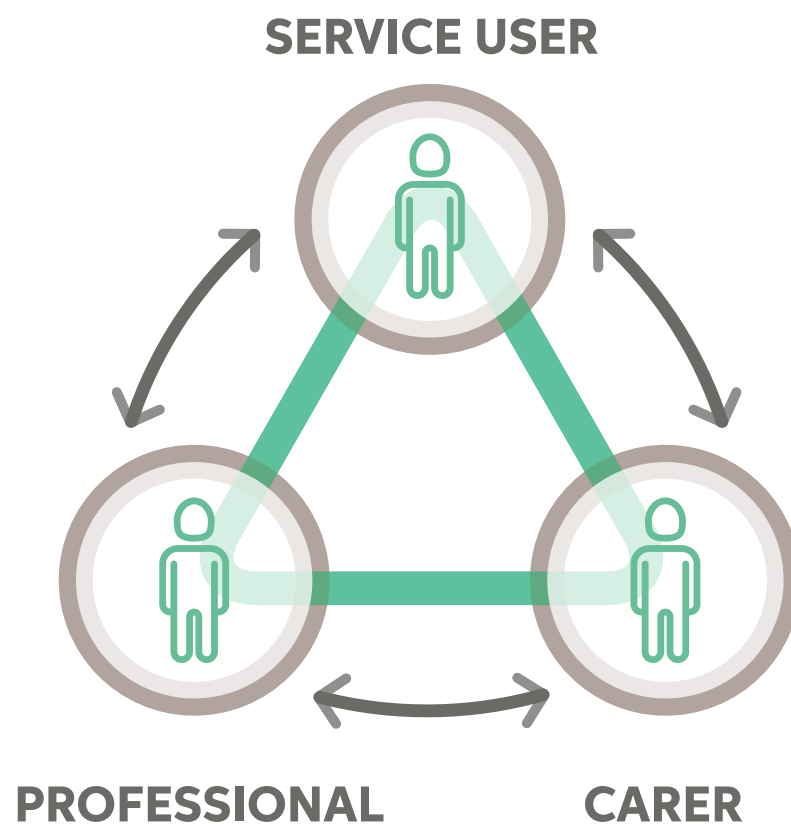
Practice tips Box 8

Identifying as a carer

- Partners and other family members may need help in understanding that these new roles and responsibilities fall under the label of a 'caring' role. Offer protected time to talk through the implications of this and provide information about the support available.

The Triangle of Care states six key standards, all of which are relevant for the perinatal period:

1) carers and the essential role they play are identified at first contact or as soon as possible thereafter

2) staff are 'carer aware' and trained in carer engagement strategies

3) policy and practice protocols regarding confidentiality and sharing information are in place

4) defined post(s) responsible for carers are in place

5) a carer introduction to the service and staff is available, with a relevant range of information across the care pathway

6) a range of carer support services is available.

Practice example: Supporting partners as 'Carers'

Specialist Perinatal Mental Health Services, Southern Health NHS, Winchester

The service recognise the importance of considering partners as carers, and the emotional impact a caring role can have. They offer Fruzetti and Hoffman's 'Family Connections' programme, designed for family members living with a partner with personality disorder or complex trauma, delivered in collaboration with the local Community Mental Health and Acute Teams.

Family Connections is a 12-session psychoeducational programme, covering a range of topics related to living with someone who has difficulty managing their emotions, including:

- diagnosis and treatment options

- emotional education (i.e. information on the range and function of different emotions, and how emotions may be displayed)

- relationship mindfulness skills (mindfulness and emotion management)

- validation of their own experiences

- acceptance of the difficulties

- problem-solving skills and developing new strategies for responding to situations (i.e. putting in health boundaries at home rather than inadvertently reinforcing 'unhealthy' behaviours through trying to support the partner in less 'healthy' ways).

The service have observed that group members very quickly value the realisation that they are not alone, allowing their experiences to be normalised and validated.

The service have evaluated the group's outcomes in terms of self-reported carer well-being and acceptability which have indicated improvements across all measures. In addition, no participants have ever dropped out of the group, and 100% reported that they would recommend this group to others.

> **"I've learnt that I have to put the oxygen mask on myself first and only then will I be able to help others – that's a huge benefit."**
>
> Partner, survey

Idea #7 Relationship with the baby

What's the idea?

The first 1001 days of life, from conception to age 2, are a time of rapid growth and development, during which babies' brains are shaped by their experiences, particularly their interactions with caregivers, and the foundations for later development are laid[32]. Mental health disorders can impact on these developing relationships, and services have an important role in supporting parents to build strong, safe relationships with their babies.

Why implement it?

- Where mothers' interactions are impaired due to poor mental health, positive relationships with other caregivers may buffer the baby against any adverse impacts[33, 34].

- The father-baby relationship can be impacted in different ways by poor maternal mental health. Whereas some men are able to develop a positive bond with their baby and note a growth in confidence as a father, others feel that the bonding process has been disrupted, particularly in the case of an MBU admission[17].

- Perinatal mental health disorders in fathers are associated with poorer outcomes for the baby across a range of domains, including cognitive, behavioural and emotional[35, 36] independently of maternal mental health.

- Mental health disorders in grandparents may be associated with poor child outcomes[37, 38].

Actions to consider

- Explore the relationship between partners/other family members and the baby. Use clinical judgement. Most observational tools used to measure parental sensitivity require comprehensive training and regular supervision and are therefore very resource intensive for use in clinical settings. There are no validated self-report questionnaires measuring the relationship between an infant and father (or other co-parent).

- Consider how the partner's relationship with the baby can be supported alongside the mother's care. There is some limited but growing evidence on interventions focusing on promoting father-infant relationships. This evidence is particularly limited in families where at least one parent has an identified mental health need, however evidence can be drawn upon from wider early-years parenting studies which have looked at the father or co-parent relationship with the baby.

- Be aware of specialist parent-infant services in your local network. These services, where available, may be known by different names, such as PIPs, parent-infant mental health services, infant mental health services, under-5s provision, or early attachment services. More information about these services, including which areas of the UK they work in and what they offer, can be found in a PIP UK report[28].

Practice tips Box 8

Providing information on caring for the baby or other children

- Partners and other family members may ask for or need information on caring for the baby or other children in the family.

- For some this may be a new role and they may require additional support and information. Acknowledge too that some partners and other family members may already be very skilled in childcare – avoiding making assumptions or inadvertently patronising them.

- Give information about local sources of practical support (such as nursery nurses or health visiting services).

- Give information on relevant aspects of baby care, baby's cues and child development to support them in their relationship with the baby.

- Families have indicated that when a mother is admitted to an inpatient setting they may need some additional support and guidance on caring for the baby, whether this is in their own at home or when they come to visit the mother and baby. They may feel particularly deskilled and side-lined if they have been separated from the baby.

Practice example: Using Video-Feedback Approaches with fathers and other co-parents

Recognising the importance of supporting the parent-infant relationship, a number of services are now incorporating the use of video-feedback based approaches with fathers and other co-parents. These attachment-based video interventions film parents interacting with their infant and use these clips to provide parents with information on their baby's communication signals, needs and emotions whilst also providing positively-focused strategies on how to support and improve this relationship.

Specialist Mother and Baby Mental Health Service (SMABS), Bradford District Care NHS Foundation Trust

The SMABS team offer short-term specialist treatment during the perinatal period for mothers experiencing severe mental health problems or those who have experienced these in the past. The service sees women who are considering having a baby, are pregnant or have a baby under the age of one.

Some team members are trained in using Video Interactive Guidance (VIG[39]), using this with other family members. The team have found that families, regardless of cultural or ethnic backgrounds, tend to want to know about babies and how to care for them.

Therefore, using these more 'practical' information-based approaches helps families to engage, works across cultures, and sees families reporting benefits to the parent-infant relationship.

Mind the Dad, South West London and St George's (SWLSTG) Mental Health Trust

A new pilot service, run in collaboration with the Anna Freud Centre, has recently been established for partners of women accessing the specialist perinatal mental health team. 'Mind the Dad' was co-produced with fathers, to consider the name of the service, the location, how they are identified and what is available.

The service offers VIPP (Video Feedback Intervention to Promote Positive Parenting;[40]) to support the father-infant relationship and positive infant development. VIPP will be offered to fathers who identify as having difficulties bonding with their baby or who would like to build confidence in their parenting.

VIPP is offered alongside a wider package of support available to all partners of women accessing their service (including mentalisation-based parenting groups and peer support).

Practice tips Box 9

Exploring relationships and identifying needs

- See both parents together and/or meet with other caregivers to build a relationship with them and understand their parenting needs.

- Involve partners and other family members explicitly in conversations about the baby and their relationships:

  – How would you describe your relationship with your baby?

  – Who are the other important people your baby spends time with?

  – What has the experience of having a baby been like for you?

  – What do you like to do with the baby / what does baby like to do with you?

  – Is baby care shared and if so, how?

  – What do you feel more confident about/enjoy/find more difficult?

  – Caring for a baby is hard work. When you are at the end of your tether, how do you cope?

- Observe interactions between baby and other caregivers – are interactions sensitive, responsive to baby's cues, can they hold the baby's needs in mind? Consider partners' and other family members' beliefs about baby behaviour and communication – support the family to have a shared understanding to promote positive relationships.

- Be mindful that father involvement may vary with different ethnic, religious and cultural factors[41].
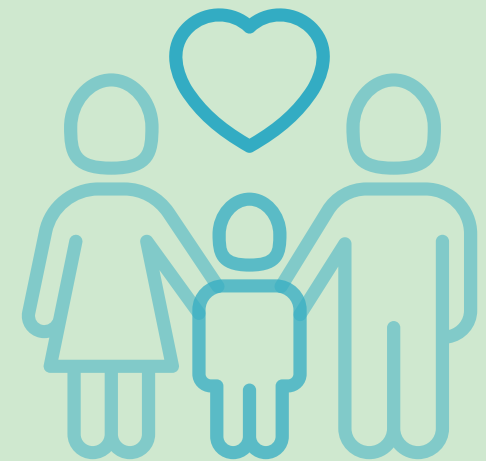
Practice tips Box 10

Build confidence in sensitive caregiving

- Provide gentle, supportive, strengths-based encouragement.

- Encourage opportunities for the partner and other family members to spend time with the baby to develop their own relationship, get to know the baby's cues, and increase confidence (e.g. free play, organised activities, accessing community groups).

- Notice and highlight to the partner and other family members moments of positive interaction and the baby's reactions to them, including smiles or eye contact.

- Provide parent-infant interventions, such as video-feedback (either individually or together with the mother; with specialist training and supervision).

- On the MBU:

  - involve partners and other family members in baby care on the ward and protect their time with the baby

  - recognise and value the partner's and other family members' expertise in their baby, especially if they have been very involved in the baby's care prior to admission

  - when preparing for discharge, talk to the partners and other family members about what it has been like to be separated from the baby, how they are feeling about mother and baby coming home, and how baby care will be managed at home.

Practice example: Working with the whole family

Specialist Community Perinatal Services, Devon Partnership NHS Trust

Nursery nursing seeks to ensure the perinatal care plan is family-focused. Nursery nursing interventions involve working closely with parent-infant relationships, and recognise other caregivers within this. Routine practice is to suggest seeing both parents (where applicable) or other family members together.

The nursery nurses have family-focused training and experience. Interventions follow a clear plan. Goals are agreed with parents at assessment, and reviewed after 6 sessions.

In the antenatal period, sessions focus on helping parents to prepare for the baby's arrival, practically and emotionally. In the postpartum, interventions include providing advice, bonding support, and building parenting confidence.

They use the Circle of Security framework (**https://www.circleofsecurityinternational.com/**) to consider attachment styles of parents. Commonly, interventions include grandparents and other family members where there is a focus on providing consistent evidence-based messages, resources, and managing generational differences in parenting. Nursery nurses offer specific support to families following an MBU admission, acknowledging that the father has been separated from the baby and preparing them for the transition to home life.

Clinicians report that involving partners and other family members offers many benefits: positive reinforcement through seeing positive interactions modelled by different family members, a sense of shared responsibility, increased confidence in parenting, mothers feeling less overwhelmed with parenting, shared understanding between the couple of their experiences and challenges in becoming parents, increased understanding of baby needs and increased awareness of services in the local community.

Idea #8 Other children in the family

What's the idea?

Perinatal mental health difficulties can impact on all children in the family. Older children may not understand what is happening and may not feel able to tell their parents about their distress.

Why implement it?

- Children of parents with a mental health disorder experience poorer quality interactions with their parents and are at higher risk of developing psychological difficulties themselves[42].
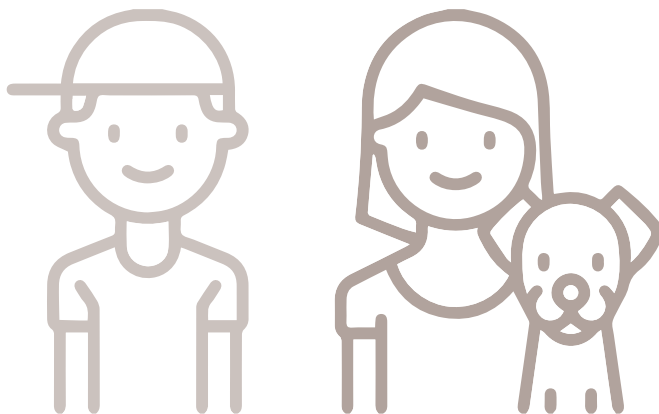
- Children may experience problems including:
  - difficulties understanding what is happening to their mother
  - witnessing distressing behaviour
  - separation from their mother (e.g. inpatient admission)
  - being expected to take on additional household duties and caring responsibilities for their mother and/or other siblings
  - missing school or impact on academic work
  - managing the double demand of a new sibling and an unwell mother
  - behavioural changes as a way of communicating their own distress.

- The difficulties experienced by these children may be an additional source of stress for parents, who might feel guilty, struggle to manage the children's needs, and increase their perception that they are not a good parent.

- Some children face additional challenges because both parents have a mental health disorder, or their unwell mother is a single parent.

- Those who become young carers report worries about the health and behaviour of the person they are caring for, their own health, and who will look after them in the future[43].

Actions to consider

- Identify any older children in the family/household and record their details (full name, date of birth, address, education provision).

- Remember that the needs of other children may be 'hidden' from perinatal mental health services. This could be due to:

  – the child not being present (e.g. in childcare, school)

  – their needs being minimised by the parent (e.g. due to fears of being seen as a bad parent, social care involvement, or lack of insight into the impact of a perinatal mental health disorder on older children).

- Find out about local services that can support older children (e.g. Children and Young People's Mental Health Services, young carers groups) and liaise with them as appropriate.

- Support the family to consider whether they need to let the nursery/school know about the mother's situation, to help them support the child's needs.

- Consider ways in which the children can be involved in their mother's care, and whether the clinical setting is welcoming for them (see **Idea #9: Family-focused environments**).

- Give older children the opportunity to talk with a professional who understands their mother's difficulties and to ask questions.

- Where possible, support parents to have conversations about their mental health with their child(ren). This might involve considering age-appropriate methods of communication, what is appropriate to share, and helping the parent to anticipate and manage the child's reactions and responses.

- Find out what knowledge and skills exist in the MDT to support parents with the needs of other children.

In MBUs:

- provide advice to families about ways that children can keep in contact with their mother while she is an inpatient e.g. phone calls, letters, video chats.

Practice example: Supporting siblings and young carers

Community Perinatal Mental Health Service & Yorkshire and Humber MBU, Leeds & York Partnership NHS Foundation Trust

The Leeds, Yorkshire and Humber specialist perinatal mental health teams recognise the importance of supporting the wider family across the MBU, community, and outreach team. They identified a clinical need among the older children of mothers accessing care, especially the siblings of babies admitted with their mothers.

The team design and facilitate activities with the support of a social worker who has experience of direct working with children and with a nursery nurse.

Activities are individualised and based on the age and needs of the children. Activities aim to provide fun ways of considering emotional wellbeing. These have included: a one-off pizza night to provide a space for peer support and information for children of a similar age; reading a book about a young person with a huge bag of worries[44], then making 'worry bags' (as a strategy to manage their concerns and anxieties); and completing the 'safety hand' activity (identifying five people they can share things with)[45].

Practice tips Box 11

Asking about the needs of other children

As you start to build a relationship with the family, ask about any older children (see **Idea #1: Mapping the family**).

Frame conversations in terms of offering support and thinking about the whole family, so that parents feel able to be open about strengths and difficulties:

- how is X doing / how are they getting on at school?

- are you worried about anything regarding X?

- what does X understand about how you are feeling at the moment?

- is there anything that feels more difficult with parenting X?

- is X aware that you are in hospital?

- are school / nursery aware that you are unwell at the moment?

- who is available to support X at the moment?

- is there anything else we could be doing as a service to support you as a family?

Idea #9 Family-focused environments

What's the idea?

Specialist perinatal mental health services are delivered in a range of inpatient and community settings. Small changes to the environment of the setting can make a big difference to whether partners and other family members feel welcomed, included and involved.

Why implement it?

- Partners and other family members may believe that the service is 'not for them' if there is nowhere for them to sit during an appointment, if staff do not greet them directly, and if the images displayed around the setting are only of mothers and babies. Mothers may also believe that partners and other family members are not expected or welcome.

- Partners and other family members may have to travel long distances to visit an MBU, often fitting these visits around their other work and caring commitments. This can come with high financial costs as well as emotional and physical fatigue. This may affect their wellbeing and self-care.

- Older children within the family may be feeling distressed or left-out; small changes to the environment could make a big difference to their experience of this difficult time for their family.

Actions to consider

- Carry out a 'family check' of the setting to identify where changes could be made to make partners and other family members feel welcomed, included and involved.

- Aim to reduce practical barriers to partners and other family members accompanying or visiting the mother.

- In MBUs, balance the creation of a family-focused environment with the need to ensure that it remains a safe therapeutic space for mothers with severe mental illness.

Practice tips Box 12

Family checks

This builds on the suggestion that services working with parents in the perinatal period use 'dad checks'[46]

Physical facilities

Check all aspects of the setting: reception area, waiting area, toilets and appointment rooms.

- Are families given details about how to get to the building?

- Can the building, waiting area, and rooms be easily accessed with a buggy or by those with impaired mobility?

- If buggies can't be brought inside, is there a safe, covered area outside where they can be left?

- Are there changing tables, nappy bins, toys and books for different ages (including for older children)?

- Are there inclusive toilet facilities?

- Are there enough comfortable chairs in the waiting area and clinic rooms for multiple family members?

- Are there places to charge a phone and information about possible wifi access?

Information and notice boards

- Do posters and leaflets have positive images of partners with their families?

- Do they include different types of families and people from different cultural backgrounds?

- Are siblings and grandparents included?

- Do notice boards have information about local and national services and support for partners and other family members? Is this up to date? Does this information include details about support available to carers?

- If the family live out of the area, is there information on where they can find out about their local services and support available?

Practice tips Box 13

Family checks – special considerations for MBUs

- Are there protected women-only spaces?
- Is there space where families can spend time together away from other service users?
- Is there a space where older children can play or sit when they come to visit? Can mothers also access this space and join in any activities?
- Is there a private space for professionals to meet with partners and other family members?
- Is there anywhere for partners and other family members to stay close by? (e.g. provide a list of local accommodation and acknowledge that it is difficult being away from home)
- Is there information for partners and other family members about where they can get food and drinks on site or close by?
- Is there any information about other services (e.g. local authority/ charities for carers) who may be able to support travel costs?
- If family members are frequently travelling long distances can they be supported to look at public transport options, to reduce fatigue and possible financial costs?

Practice example: Co-design to create a family-focused environment

Jasmine Lodge Mother and Baby Unit, Devon Partnership NHS Trust

Mothers and families with lived experience of perinatal mental health disorders were closely involved in the design of the new purpose built MBU. Co-production has helped to create respectful spaces and an environment that feels truly family-focused, down to the colours, fabrics and textures used.

The MBU includes family-friendly spaces where partners and other family members can spend time with the baby as well as allowing the whole family unit to spend time together: a family room, a large kitchen-diner, and an enclosed garden that has "organic play equipment" as well as playground equipment. There are also two apartments for families to stay overnight that are due to open.

Practice example: Becoming more inclusive

Mother and Baby Unit, Melbury Lodge, Southern Health NHS Foundation Trust

In response to feedback from a same-sex couple, the MBU changed the wording of their information board and information packs so that it did not refer exclusively to fathers.

Idea #10 Partnership working and transitions

What's the idea?

Specialist perinatal mental health services need to be aware of and build strong working relationships with other local services supporting families during the perinatal period.

Where families are receiving care from multiple services, appropriate information needs to be communicated well between services to ensure safety and continuity of care. Referrals between services may be needed.

Partnership working may include the following local services:

- universal services including GPs, maternity services and health visiting

- specialist maternity services such as bereavement midwives, 'Birth Choices' and 'Birth Afterthoughts' clinics, maternity outreach clinics

- specialist baby health services including neonatal intensive care units (NICU) and special care baby units (SCBU)

- gynaecology departments

- adult mental health services such as Improving Access to Psychological Therapy (IAPT) services and Community Mental Health Services, and specialist inpatient provision

- parent-infant services

- children and Young People's Mental Health Services (including under-5s provision and Child and Adolescent Mental Health Services)

- support services for young carers

- local authority services such as children's centres, Early Help and children's social care.

- third sector organisations including bereavement charities.

> It is important for specialist perinatal mental health services to hold in mind the needs of the partner and other family members at times of transition between services.

Key transition points may include:

- planned or emergency admission to inpatient acute or MBU care

- discharge from inpatient to a community perinatal team

- staff changes within inpatient or community teams

- discharge from community perinatal care to universal services

- involvement of social care

- involvement or onward referrals to other mental health services or third-sector organisations (e.g. IAPT, parent-infant services).

Why implement it?

- Transitions are not only periods of vulnerability for mothers but also threaten the extent to which partners and other family members are considered in the next steps of the care plan.

- Partnership working is at the core of providing appropriate and effective care to families where mothers are experiencing perinatal mental health disorders.

- Partnership working can facilitate shared knowledge and continuity of care between services, reducing risks to the wider family and promoting the 'Perinatal Frame of Mind' across services and organisations.

- Some mothers and families may experience heightened levels of stress and distress during the perinatal period, but do not meet criteria for perinatal mental health services. These families may include, for example, those affected by neonatal intensive care admissions, assisted conception, adoption and loss.

Actions to consider

- Consider partners' and other family members' needs at transition points alongside the needs of the mother.

- 'Map' the local area to identify services to signpost or refer family members to, and build relationships with those services.

- If a mother is admitted into an inpatient service out of her home area, investigate whether the partner and other family members are supported by the out of area service or whether their local services can play a role in this.

- Share knowledge with relevant professionals about the difficulties that can arise at these times as well as the importance of involving the wider family.

Practice tips Box 14 – Partnership working

- Clear care pathways and consultation between teams is important. Teams need to be aware of all local services and support available and to promote partnership working.
- Establish what support and interventions are offered by local services for partners and families
  - what are their eligibility criteria?
  - how well do these services consider the needs of partners and other family members?
  - what is specifically available for partners and other family members?
  - ensure this information is readily accessible for partners and other family members.
- Other services, particularly third sector organisations, often have a specific offer of support for the wider family. Partners and families may need support to realise that they are entitled to access these services.
- Consider what your team might be able to learn from these organisations to support partners and families. For example:
  - invite local organisations and other NHS teams (e.g. midwives and social workers) to meet your perinatal team, such as attending team meetings to provide expertise and develop working relationships

  - approach specialist teams for consultation and guidance on how to support the family, such as seeking advice from the local Children and Young People's Mental Health Services if concerned about older siblings
  - liaising with local paediatricians to gain advice on supporting families with babies' needs, such as colic, reflux and crying. These baby needs can significantly impact on parenting experiences; and feeling supported with these aspects can be crucial in reducing additional stress.
- Consider whether your perinatal mental health team can have a dedicated 'link worker' to liaise with local services, such as IAPT.
- Offer professional training to local services about perinatal mental health, and how to adapt their clinical practice to meet the particular needs of partners and other family members.
- Consider providing public events in conjunction with the local network to promote the needs of partners and other family members.

Work with universal services to promote the needs of partners and other family members and encourage onward signposting to GP/IAPT if needed. Consider the importance of antenatal appointments providing information about perinatal mental health.

Practice tips Box 15

Supporting families during transitions

- Where possible, support partners' and other family members' wishes to be involved in the process of admission to an inpatient setting, even in the case of an emergency admission.

- Where the partner or other family member is involved in supporting the mother to access services, it is helpful for this to be clearly communicated in the mother's care plan.

- The needs of the partner and wider family need to be considered at discharge planning to ensure they are enabled to continue supporting the mother and baby. If the mother has been on an MBU she may have been receiving a lot of support to care for the baby. When considering and planning discharge, families may welcome information and guidance on how to manage this transition back home and the new level of responsibility they may feel in caring for the baby.

- Partners and other family members appreciate being involved in transition or discharge planning meetings with professionals to discuss transfer of care, the ongoing care plan and everyone's needs and wellbeing. Good information sharing is crucial at these time-points; facilitating these meetings enables good clinical practice, safety and continuity of care.

- If partners or other family members have been involved in the mothers' care, invite them to complete evaluation and outcome measures providing feedback on their experience of the service.

Practice examples: Partnership working with voluntary and community sector organisations (VCOs)

VCOs offer opportunities for perinatal mental health services to jointly work, share specialist knowledge and expertise, and signpost families for additional support. Consulting with local community groups helps to better understand the local needs and consider cultural factors which might impact on wider family engagement with mental health services.

These examples show some of the organisations working with mothers, fathers and families experiencing anxiety and depression during pregnancy and up to two years after birth in England.

Dads in Mind: Bluebell Care Trust (Bristol, South Gloucestershire and South Devon)

Dads in Mind is a Bluebell project that employs Dads workers with lived experience of perinatal mental illness to support fathers who are unwell or supporting an unwell partner.

The charity has good working relationships with the local community perinatal mental health service in Bristol. Together with one of the Consultant Perinatal Psychiatrists they provide a monthly support group evening 'meet up' for dads at the Bluebell hub. This partnership enables fathers to access clinical expertise (and further signposting into clinical services if required) as well as peer support.

Fathers can self-refer using a dedicated fathers' phoneline for one-to-one peer support (offered by phone or face-to-face). Self-report measures of depression and anxiety (EPDS[47] and GAD-7[48)]) are used to measure severity of depression and anxiety, which helps identify fathers who may require further support.

Often fathers are signposted to IAPT or other local mental health services. The Dads workers are supervised by a Psychiatrist from the community perinatal service, also supporting the workers to manage any emotional impact of the work.

Acacia Family Support (West Midlands)

Acacia is led by volunteers and staff with lived experience of perinatal or other mental health disorders, providing community-based support.

Acacia's services include telephone support, group work, individual listening and befriending support, practical help at home and baby massage. Acacia has a fathers' service offering support to men who are themselves experiencing depression or anxiety or whose partner is experiencing perinatal mental illness. This includes befriending for fathers, delivered by male volunteers over approximately 6 sessions.

All mothers with a male partner are given a leaflet at their first contact with the organisation, giving information about fathers' mental health and the fathers' service.

Using professional interpreters instead of family members promotes confidentiality and allows fathers to build trust with the befriender. The fathers often report preferring to work with someone from a different ethnic and cultural background to their own.

At every contact, fathers are asked to complete self-report measures of anxiety and depression (PHQ-9 [49] & GAD-7 [48]) to indicate severity of need and track outcomes. Acacia have developed strong links with GPs and social care, facilitating further assessment of fathers' mental health needs, onward referrals, and better access to carers' assessments.

To better understand cultural factors that may impact on engagement with mental health support, Acacia work closely with local communities and regularly deliver cultural awareness training to families, staff and volunteers. They hold community events to share information about perinatal mental health and support. They have positive working relationships with local children's centres and find engagement is helped by having a focus on family support rather than mental health.

Practice example: Parent-infant mental health

Tameside and Glossop: Integrated parent-infant mental health care pathway

The pathway encourages equal attention to perinatal mental health, infant mental health and parent-infant relationships.

It brings together all services who come into contact with families during the perinatal period, including the Specialist Perinatal CMHT, Tameside & Glossop Early Attachment Service, IAPT perinatal and parent infant mental health and universal services including the voluntary sector, such as Home Start. The pathway has been adapted and refreshed by Stockport and is being rolled out across Greater Manchester.

More details of the pathway and services in Tameside and Glossop are available here: **https://hub.gmhsc.org.uk/mental-health/resources/**

Building the evidence: Future steps

In developing this guide we have found that many services are working to consider the needs of the whole family and support these needs appropriately, either directly through the interventions offered within the service, or by signposting partners and other family members to relevant services.

However, most services do not routinely collect data on the numbers of partners and other family members involved in the care of mothers accessing specialist perinatal mental health services, or their experiences and outcomes.

To support new ways of working, services need to be evidence-generating. All specialist perinatal mental health services need to consider collecting data to build the evidence-base for what works well, specifically for partners and other family members.

Practice tips Box 16

Being evidence-generating

- Identify ways to measure and monitor the numbers of partners and other family members involved and/or supported throughout the mother's care pathway (either using existing systems or manually) to demonstrate that teams are considering the needs of the whole family. Record any barriers or unintended consequences that arise.

- Record the ways in which partners and other family members are involved in the mother's care, the professionals who are doing this and the clinical time required.

- Invite and record qualitative and quantitative feedback from partners or other family members about their experiences of using the services using the Patient Rated Outcome and Experience Measure (POEM, RCPsych[50]) or other local formats for evaluation.

- Consider capturing feedback from different perspectives. For example, parents may report perceived benefit for young carers; mothers may report in relation to partners or other family members; partners may report in relation to mothers.

- Where mothers are involved in the development and evaluation of services, consider also consulting with and including the voice of partners and other family members to shape service provision to meet the needs of the whole family.

How this guide was developed

This guide recognises the value of research evidence, lived experience and clinical expertise. It was developed in collaboration with health professionals, academics, third sector organisations, mothers with experience of perinatal mental health disorders and their partners.

The good practice guide draws on our reviews of the (as yet relatively limited) academic literature, our survey of professional and service-user views, practice examples, and input from an Expert Reference Group.

Disclaimer: The views expressed are those of the authors and not necessarily those of the Expert Reference Group.

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Resources

Idea #1 Mapping the family and support network

- The Early Intervention Foundation (EIF) have created a resource hub for local commissioners and practitioners to support the Reducing Parental Conflict programme, including evidence, tools and guidance on how to take action. The hub can be accessed here: **https://reducingparentalconflict.eif.org.uk**/

Idea #3 Providing information

Examples resources for providing information:

- Action on Postpartum Psychosis: A guide for partners **https://www.app-network.org/wp-content/uploads/2013/12/Postpartum-Psychosis-a-Guide-for-Partners.pdf**

Examples videos which provide information about services:

- Yorkshire and Humber MBU YouTube clip **https://www.youtube.com/watch?v=D_zp251GI0M**

- Sussex specialist perinatal mental health service video **https://www.youtube.com/watch?v=2pUCBBBH8l8&feature=youtu.be**

- Bluebells Perinatal Positivity video **https://vimeo.com/281832048**

Idea #4 Partners' and other family members' own mental health needs

Online support, including peer support:

- Dads Net **https://www.thedadsnet.com/**

- LGBT Foundation **https://lgbt.foundation**

- PANDAS Foundation **http://www.pandasfoundation.org.uk/**

- PND&Me **http://pndandme.co.uk**; Twitter: **@PNDandMe**

- The Birth Trauma Association (BTA) **https://www.birthtraumaassociation.org.uk/**

Resources for setting up peer support:

- McPin Foundation's evaluation of mental health related peer support, and toolkit for developing peer support **https://mcpin.org/wp-content/uploads/peer-support-toolkit-final.pdf**

- McPin Foundation's perinatal peer support principles **https://maternalmentalhealthalliance.org/wp-content/uploads/mind-mcpin-perinatal-peer-support-principles-full-mmha-WEB.pdf**

Idea #6 Needs as carers

- Information about carer's assessments can be found here: **https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/carer-assessments/**

Idea #7 Relationship with the baby

- **Baby Buddy app:** evidence-based information, tools and videos for parents both during pregnancy and after the baby is born. **https://www.bestbeginnings.org.uk/baby-buddy**

- **Look Say Sing Play:** 'brain building' tips for parents to add in to their daily routines with babies. **https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/look-say-sing-play/**

- **Big Little Moments:** videos and suggestions for supporting relationships with babies through daily interactions. **https://betterstartbradford.org.uk/biglittlemoments**

- **Brazelton Centre UK:** understanding baby behaviour & communication. **https://www.brazelton.co.uk**

- **Parent Baby Foundation (formerly PIP-UK):** information about PIP services and what they offer. **https://parentinfantfoundation.org.uk/wp-content/uploads/2019/09/PIPUK-Rare-Jewels-FINAL.pdf**

- **Bradford District Care NHS Foundation Trust** have developed a visual tool (the 'Ready to Relate cards') designed to facilitate understanding of and enhance the parent-infant relationship, and promote infant attachment and optimal infant development: **https://www.bdct.nhs.uk/working-for-us/working-for-us/parent-infant-relationship-resource-cards-for-professionals/**

Idea #8 Other children in the family

Information and advice from Barnardo's about identifying and supporting young carers:
https://www.barnardos.org.uk/sites/default/files/uploads/Still%20Hidden%20Still%20Ignored%20
Barnardo%27s%20young%20carers%20report.pdf

Resources for other children about parental mental health:

- "My mum has a dodgy brain" (Devon Partnership NHS Trust). This is a film for children who have a parent with a mental health disorder:
  https://www.youtube.com/watch?v=z_rHzI_lGBI

- Leaflets for children of parents admitted to mental health wards (South London and Maudsley NHS Foundation Trust). These are age-appropriate stories & written information to support caregivers to start conversations with children:
  https://www.slam.nhs.uk/patients-and-carers/patient-information/information-for-children

- "Mummy is poorly" (Zoe Robinson). This is a children's story about a little girl whose mother has mental health difficulties, intended to help parents start up conversations with children and also to remind professionals of the need to engage with patients' children:
  https://www.cntw.nhs.uk/content/uploads/2018/01/Mummy-is-poorly-Oct-2019.pdf

- "Someone in my family has a mental illness" (Lyne Brindamour). This is a workbook for children where a family member has a mental health difficulty which can be completed with the support of parents or health professionals: **https://famillemaladiementale.files.wordpress.com/2015/11/someone-in-my-family-has-a-mental-illness-workbook.pdf**

- "My Mummy & Me: All about Perinatal Mental Health Problems" (RCPsych). This is a workbook for young children (around 3-9 years) to help them understand maternal mental health disorders around the time of a sibling's birth. It can be purchased online.