



Written Evidence provided to the House of Commons Committee of Public Accounts

Progress in improving NHS mental health services

Written evidence submitted on behalf of the Small Steps Big Changes Partnership by

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Introduction to Small Steps Big Changes

[Small Steps Big Changes](#) (SSBC) received £45m of funding through [The National Lottery Community Fund's – 'A Better Start' ten-year Programme](#) (2015-2025), which is focused on promoting good early childhood development. The SSBC programme supports the improvement of social and emotional development, communication and language, and nutrition outcomes amongst 0–4-year-olds in four ethnically diverse council wards in Nottingham City. SSBC is a partnership programme, which includes parents, health providers, early years, early help, academics, and community and voluntary sector providers. In line with our test and learn approach, SSBC has strengthened the evidence base for the positive impact of early interventions on children's outcomes. Therefore, we are well placed to provide evidence of the impact that well-resourced early years' support can have on the mental health of babies, young children and families.

Evidence summary and suggested questions

This submission by Small Steps Big Changes (SSBC) presents evidence relevant to the Public Accounts Committee's Inquiry 'Progress Improving Mental Health Services.' Based on our organisation's knowledge, work, research and experiences, SSBC wants to highlight the following main points, which are discussed in more detail in the subsequent section that provides an overview of evidence.

1. Pregnancy, early childhood and early parenthood are periods of both great vulnerability and opportunity for mental health.
2. Early intervention for expectant and new parents is important to promote good mental health in both themselves and their babies and young children.
3. Mental health services must explicitly consider babies.
4. Mental health services should include the needs of fathers and partners.

As the Committee will question senior officials at the Department of Health and Social Care and NHS England on whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services, SSBC proposes that the following questions, related to the points above, are important to raise:

1. In what ways does prevention in mental health in the NHS and ICSs focus on the earliest opportunities in pregnancy and the early years, rather than focus on reducing the deterioration of existing ill health in later life, in order to alleviate pressure on GP and A&E services alongside providing value for money?
2. In what ways are mental health services meeting the needs of parents, including both mothers and fathers, so that they are in the best position to support their child's development?
3. Which actions are taken to address the baby blind spot in mental health policy and provision?
4. In what ways are mental health services addressing the potential short-term and long-term impacts on mental health of the covid pandemic for children who were babies or very young during that time?



Overview of evidence

1. Pregnancy, early childhood and early parenthood are periods of both vulnerability and opportunity for mental health.

- 1.1. Around one in five women develop a mental illness during pregnancy or in the first year after birth, the so-called perinatal period. Suicide is the leading cause of death for mothers in the first year after birth.ⁱ International research suggests that during the Covid-19 pandemic more women experienced antenatal anxiety and depression symptomsⁱⁱ and that new and expectant mothers with pre-existing mental health illness had elevated symptoms compared to before the pandemic.ⁱⁱⁱ Pregnancy and baby loss increases the risk for women to experience high levels of posttraumatic stress, anxiety, and depression.^{iv,v}
- 1.2. Partners may themselves experience perinatal mental health difficulties. Research on perinatal mental health in co-mothers and step-parents is scarce, but research focused on fathers shows that depression and anxiety are relatively common among fathers in the perinatal period, affecting 5—10% and 10—15% of fathers respectively.^{vi,vii} Fathers are more likely to experience depression when the mother has depression.^{vi} Fathers may also experience post-traumatic stress symptoms after the birth^{viii} and have an increased risk of suicide in the perinatal period.^{ix}
- 1.3. Pregnancy and early parenthood provide an opportune time to support mental health needs of parents and their babies due to their increased interaction with family health and support services, such as statutory maternity services.
- 1.4. This window of opportunity to support families with their mental health is also highlighted by the high levels of interaction of families with the Small Steps Big Changes (SSBC) programme.
 - 1.4.1. The SSBC programme acknowledges parents as a child's first and most important teacher and supports parents from pregnancy up to their child's fourth birthday. Parents' involvement in their child's learning and development is critical for the child's overall well-being and future success. Since the start of the programme, SSBC has delivered to 5238 individual children, totalling 109,089 interactions. SSBC activity has reached 81.1% of the current under four population in the SSBC wards in Nottingham, including 68% of children whose parents speak one of the top 10 languages supported by local interpretation services.
 - 1.4.2. As part of its programme, SSBC established and commissioned a paid peer workforce, known as the Family Mentor Service. Family Mentors deliver an intensive home visiting programme: Small Steps at Home; designed to support 0—4-year-olds' development. They also provide a range of community groups to support improving childhood development outcomes and parent confidence. Family Mentor service are employed by well-established local community and voluntary sector organisations. 40% of families living in SSBC wards have a Family Mentor.

2. Prevention and early intervention for expectant and new parents is important to promote good mental health in both themselves and their babies and young children.

- 2.1. Pregnancy and early childhood lay the foundation for children's future growth and development. Psychological distress in mothers during pregnancy can impact on babies' developmental outcomes.^x When babies experience positive interactions with their parent, this helps them to develop a secure attachment relationship to them.^{xi,xii} A secure attachment relationship helps build babies' brain and equips babies to develop optimally in later life.^{xiii} Mental health problems make it more difficult for parents to be attuned and responsive to their child's needs^{xiv} and can contribute to adverse child outcomes.^{xv}
- 2.2. Preventing the occurrence of infant developmental problems by early intervention for parental and infant mental health represents a key strategy to improve children's outcomes across the life-course. By supporting good mental health in parents, parents will be better placed to support their children's physical and mental health.

3. Mental health services must explicitly consider babies

- 3.1. Despite the importance of early development, babies' needs are often not prioritised in health policy and provision. This has been referred to as the 'baby blind-spot'.^{xvi}
- 3.2. During the Covid pandemic, children became more vulnerable to maltreatment. Lockdown restrictions caused an increase in stressors for parents and caregivers and a reduction in normal protective services.^{xvii} Emergent research is showing the negative impact of the pandemic on infant mental health, for example that babies born during the pandemic were perceived by their mothers as having more sleeping and crying problems.^{xviii} Mental health services must consider the potential short-term and long-term impact of the pandemic on young children's mental health.
- 3.3. SSBC's Healthy Little Minds Service is an example of good practice in supporting babies' mental health.
 - 3.3.1. Too many new babies experience complex relationship difficulties with their primary carers and without specialised support these unresolved problems can affect future outcomes. It is estimated that at least 1 in 3 of children in Nottingham City will experience attachment difficulties with their parent or caregiver. SSBC consultation with parents in 2020 indicated that regarding the relationship with their baby, 1 in 5 parents felt they had difficulties which they needed more support with. This highlights the need for a service locally to provide support for these families.
 - 3.3.2. In September 2022, Small Steps Big Changes (SSBC) launched new Parent Infant Relationship service in partnership with Nottingham City Council's Early Help and Child and Adolescent Mental Health Services (CAMHS). After consultation with parents this new service has been named Healthy Little Minds. Healthy Little Minds is one of only 45 Parent Infant Relationship services nationally.^{xix} The service accepts referrals for families from 28 weeks of pregnancy to 2 years. The Healthy Little Minds team is a multi-disciplinary team with expertise in supporting and strengthening the important relationships between babies and their parents.

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4. Mental health services should include the needs of fathers and partners

- 4.1. Fathers and partners' mental health impacts on themselves, their partner and their children. When mothers feel supported by their partner during pregnancy, this contributes to improved well-being for mother and baby after birth.^{xx} Depression in fathers during the infant's early months has a negative and persistent effect on their children's early behavioural and emotional development.^{xxi} Mental health services need to support fathers so that they can support their families.
- 4.2. An example of good practice in the support of fathers during pregnancy and early parenthood is SSBC's 'An information guide for new fathers', which is locally known as [Dads Pack](#).
 - 4.2.1. SSBC is committed to father inclusivity and commissioned a consultation with dads to understand their experiences of services, how things could be improved and what's important to them. One of the key findings identified that the times of greatest need for support were during pregnancy and in the first six weeks of their baby's life; dads used words like 'overwhelmed', 'lost', and 'struggling' and whilst they recognised the importance of mum and baby being the priority, they also felt that they needed more information on the basics of looking after their new baby and how to support their partner.
 - 4.2.2. Working with Nottingham CityCare Partnership CIC, Nottingham University Hospitals Trust, Nottingham and Nottinghamshire Local Maternity and Neonatal System and local dads, SSBC developed and produced the [Dads Pack](#), which is resource packed full of advice and guidance and available in the seven most common languages for families in the SSBC council wards.
- 4.3. Mental health services should include the needs of fathers and partners during pregnancy and early parenthood to ensure they themselves, their partners and their children have the best outcomes.

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ⁱⁱ Shorey S.Y., Ng E.D. and Chee C.Y.I. (2021) Anxiety and depressive symptoms of women in the perinatal period during the COVID-19 pandemic: A systematic review and meta-analysis. *Scandinavian Journal of Public Health*. 49(7):730-740. doi:10.1177/14034948211011793

ⁱⁱⁱ Liu, C.H., Erdei C. and Leena Mittal (2021) Risk factors for depression, anxiety, and PTSD symptoms in perinatal women during the COVID-19 Pandemic, *Psychiatry Research*, 285: 1-7. <https://doi.org/10.1016/j.psychres.2020.113552>

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