Psychiatric Bulletin (1993), **17**, 711–713

Original articles

Development and audit of Charles Street Parent and Baby Day Unit, Stoke-on-Trent

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Although several studies have found the frequency of postnatal depression to range from 9 to 13%, optimal services for the recognition and management of this disorder are not fully established. There is a lacuna in the provision and costing of comprehensive services for women with postnatal mental illness, although it is recommended that each large district requires a consultant led team (three to five sessions per week) and a district or supra-district mother and baby unit (Oates 1988; Royal College of Psychiatrists 1992).

Aware of the need to improve community services for postnatal depression, a pioneer specialised day hospital was established in Stoke-on-Trent as earlier research on the prevention and treatment of this disorder found that a day hospital linked to the routine work of health visitors was likely to be a useful facility. Margison & Brockington (1982) also recognised the advantage of such a development.

This service was therefore established on one day a week within a generic psychiatric day hospital. Because of the number of referrals this service was extended to three days and a move to larger premises closer to the city centre considered. This Victorian building in Charles Street required only minor modification. A nursery was established on the ground floor, as well as a kitchen, staff room and office. On the first floor there is a room for group work, as well as four smaller interviewing rooms and a research office.

Staffing

The multi-professional team is consultant led and nurse managed: JLC one to two sessions a week, day unit manager (JG), two clinical assistants (one session each), three psychiatric nurses (grades F, D and E), two part-time senior occupational therapists, two part-time nursery nurses, clinical psychologist (one session) and a secretary. Sessional training for a senior registrar and registrar has recently been available.

There were 397 women referred to the unit in 1992; 314 attended the assessment interview and 265 accepted for treatment. Over a third (39%) of women were referred from health visitors, and a quarter from general practitioners, 10% from midwives, and 7% from consultants. Forty-four women (11%) were self-referred, 7 (2%) came from social services, and 10 (3%) were referred from a community psychiatric nurse. Women referred from ante-natal clinics at the North Staffordshire Maternity Hospital included those with a psychiatric disorder as well as women identified by midwives and obstetricians as having had a previous postpartum psychosis and wanting advice about prevention. Two thirds of the women assessed had a major or minor depression using Research Diagnostic Criteria. Women are not accepted to the Unit if their infant is over one year of age.

At the assessment interview the women accepted for treatment are allocated a key worker and when appropriate an assessment from a psychiatrist. Women are encouraged to attend with their partners.

The key worker co-ordinates the care programme which is individually tailored and may include counselling as well as group activities. An 'open' group enables women to express their feelings and to receive support from other members. Clients are taught stress management, as well as receiving information about symptoms of postnatal depression, the range of possible treatments and methods of prevention. Antidepressants and other medications are used as appropriate.

Audit

Evaluation of attenders' satisfaction was undertaken shortly after the unit opened and continued for a year

after the move to Charles Street in 1988. This evaluation took into account health care consumerism (Jones *et al*, 1987) and the need for a quality audit to understand what patients want. A self-report questionnaire was devised by DC following consultation with staff, and extensively piloted. The approach was to ask how women rated various aspects of the day hospital's activities. The items were made as unambiguous as possible and modified into a rating scale format. Each of the 72 items had four ratings with numerical values of 1–4; 1 and 2 being negative and 3 and 4 positive. They were anchored by a written description which varied between items, such as degrees of satisfaction, helpfulness and stressfulness. In addition open-ended questions were included so that clients could more freely express their opinion. The women were urged to be frank and could remain anonymous.

Included in the questionnaire were items on the helpfulness of health professionals, the use of different therapeutic approaches (e.g. anxiety management, relaxation, individual and group work), attitudes towards family members, and the women's views on the involvement of partners. Most items were about the services provided but women were also asked about the availability of professional help, the degree of stressfulness of the assessment interview, and the extent to which they were ashamed of attending the unit.

The questionnaire (available from DC) was posted to 102 attenders and a reminder letter sent two months later to those not returning the scale. Persistent non-responders were contacted by their health visitor and asked to complete the questionnaire: a 75% response rate was obtained. The frequency of choosing each of the four rating categories for an item was calculated, and expressed as a percentage. The number of subjects who completed each item varied as some variables did not apply to all attenders; only 28 women attended psychodrama but all 76 respondents were allocated a key worker.

Most attenders (86%) did not feel they had to answer too many questions at the assessment interview nor found it too personal, but 44% found the interview stressful. Completing the Edinburgh Postnatal Depression Scale (Cox *et al*, 1987) was regarded as "helpful" by two thirds of women. The number of sessions attended each week was "more or less right" or "just right" but over three quarters (82%) wished they had been admitted to the Unit earlier.

Most of the activities except psychodrama, were regarded as "helpful" but the differences between positive and negative ratings were only significant $P<0.01$) for relaxation training, stress management and group and individual therapy. The staff were regarded by respondents as "mostly" or "very" friendly, "understanding all my problems" (96%), willing to listen (97%) and "competent at their jobs" (97%), but over three quarters of attenders (81%) were not satisfied with the extent to which their partners were involved. Many women wanted their partners to attend a fathers' group and 71% wished their partners also to be interviewed at home. At least a half (58%) considered their partner was not sufficiently included in the therapy programmes. A half (56%) wanted their older pre-school children to be able to attend the unit.

The home visits were welcomed by 94% of respondents and the 'key worker' system valued by most attenders; most women (79%) said their 'depression' had been explained adequately. A half of respondents wished for more information about aspects of child care, diet, health, fitness and family management – as well as more information during pregnancy about postnatal depression.

The findings of this questionnaire supported many aspects of the day hospital's activities but clearly pointed to certain deficits. The usefulness of the service evaluation questionnaire was self-evident; although the need to reduce its length was recognised. The optimum standards of service delivery for this patient group is now being determined so that any future audit can be carried out against a standardised agreement of the characteristics of a quality service.

The findings of this study, however, led to changes in day to day managements. The timing of social activities to encourage the assessment of partners, was reconsidered, and a group for women with older children established. Attempts were made to make marital and family therapy more available for users and closer collaboration with child psychiatrists and developmental psychologists reconsidered. The assessment interview became more informal and a rest room for infants to allow older children to attend the nursery established.

Conclusion

Our clinical experience and the questionnaire findings suggested that a day hospital within a large district health authority can provide an accessible and appropriate district service for the management of postnatal depression. Such a specialised day unit, however, requires close links with other community services including GPs, health visitors and social workers; health visitors are then encouraged to identify postnatal depression, to carry out counselling and to refer directly to the unit patients with complex problems and those for whom the health visitor requires advice and support. A day unit can also assist women to a full recovery after in-patient treatment for puerperal psychosis.

The publicity from the *Hospital Doctor* Psychiatry Team of the Year Award has encouraged purchasers

https://doi.org/10.1192/pb.17.12.711 Published online by Cambridge University Press

and providers, as well as users, to consider carefully services for postnatal mental illness and, in particular, the role of a specialised day hospital. A treatment outcome and cost-effectiveness study of the unit compared with a general practice based service is presently being undertaken. Our experience would suggest, however, that a day hospital with close links to a mother and baby unit, as well as to a community specialist team is likely to provide an optimum service – as well as being a centre for education, research and development.

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A full list of references is available on request to Professor Cox.

Psychiatric Bulletin (1993), **17**, 713–715

The landladies of Fishponds

A study of private community care

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Over the last four decades there has been a substantial reduction in the number of psychiatric hospital beds. Alternative residential facilities in the community have been developed. These include staffed hostels, group homes and supportive lodgings providing bed and breakfast. While hostels and group homes are often integrated with psychiatric services and run by experienced staff, this may not be the case with the small privately run homes. Anstee (1978, 1985) described two supportive lodging schemes and suggested that such facilities were particularly helpful for people with schizophrenia. However, there has been little further research in this area even though supportive lodgings may constitute a significant proportion of long-stay residential facilities. We know little about the landladies, their background, training, experience and particularly the rewards and frustrations of their work. The extent of psychiatric morbidity and the overall burden of care for these landladies is also unknown.

The aim of the present study was to gather information about the carers, the residents and the level of care provided in these facilities.

The study

This survey was carried out in a part of Bristol called Fishponds in which Glenside Hospital is situated. The area is largely residential and predominately working class although not very deprived. We identified all supportive lodgings through a comprehensive register circulated by the local social services and compiled and updated regularly by an approved social worker who has over ten years experience of