Appendix

Perinatal Mental Health (PMH) and Parent-Infant Relationships (PIR) in Camden

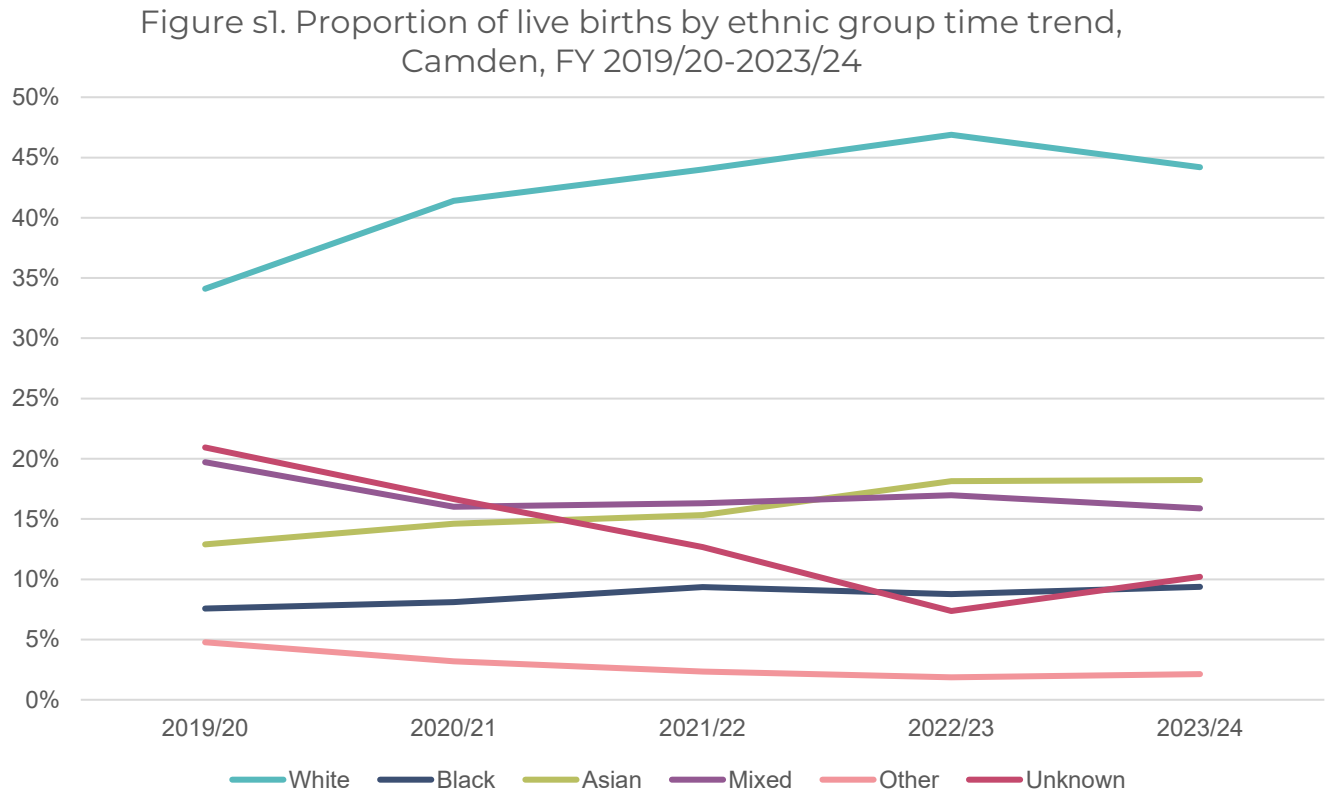
July 2026

Camden

Appendix – Demographics section

Camden

Figure s1. After the White ethnic group, the highest birth rates were observed for Mixed and Asian ethnic groups

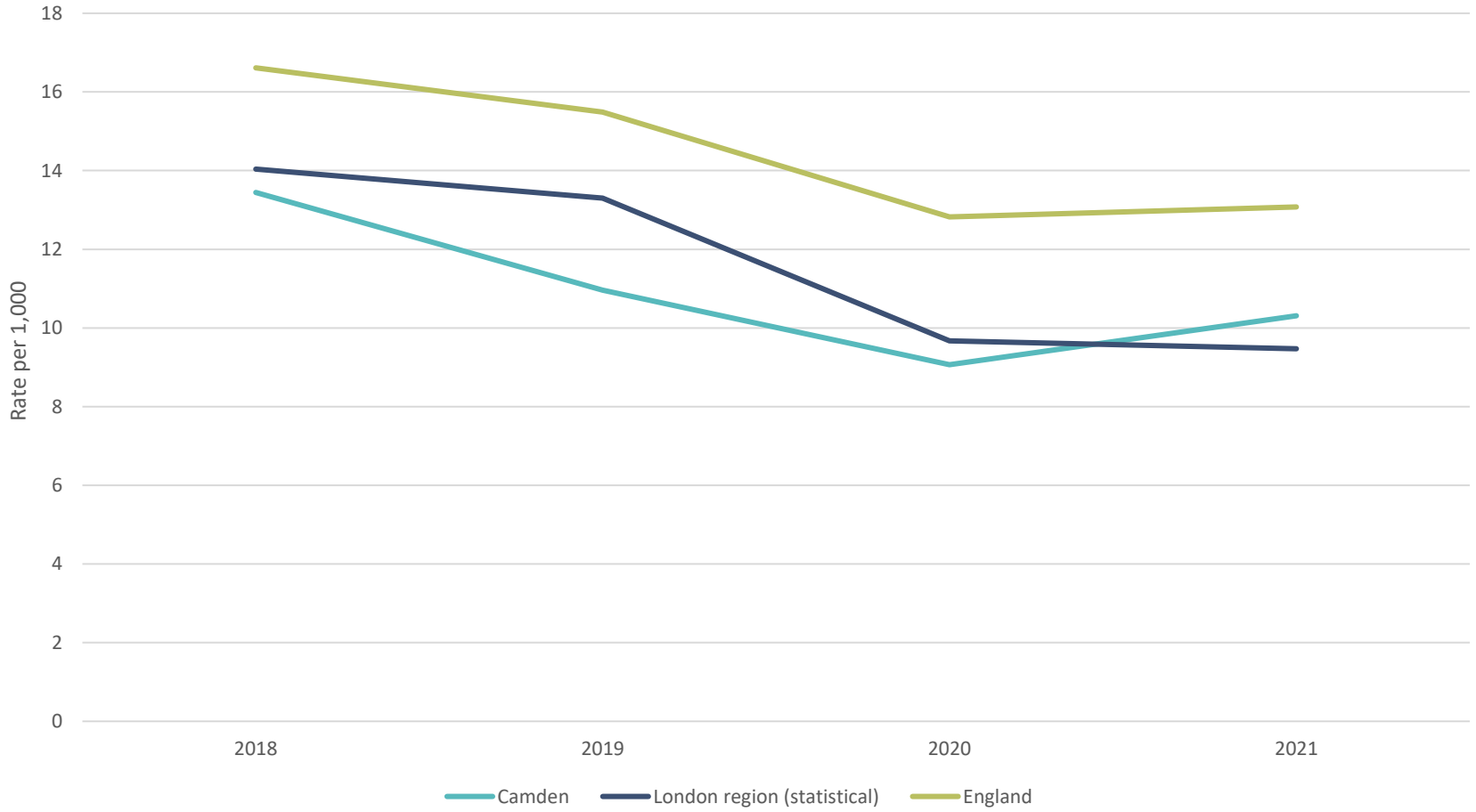


- The White ethnic group has overall highest proportion of live births between 2019/20 and 2023/24. This is to be expected due to the White ethnic group having the highest population.
- Live births in the Black and Asian ethnic groups have increased over time, in contrast to Mixed and Other ethnic groups which have decreased over time.
- Adjustment for population structure by ethnic group would be required to better understand which ethnic groups have the highest proportion of live births relative to their population size.
- In 2019/20 ethnic minorities had 10% more live births compared to the White ethnic group. The gap between the two closed from 2020/21 onward (ethnic minorities decreased and White increased).

Source: Health Visiting dataset
Caveat: The number of ethnicity categories available on the Health Visiting system reduced following the release of the ONS 2021 Census which has likely changed how the health visitors record ethnicity and may result in some ethnic groups having higher proportions than expected.

Figure s2. The under 18 conception rate in Camden is lower than that seen in London and England

Figure s2. Under 18 conception rate per 1000, Camden, London, England, 2018-2021

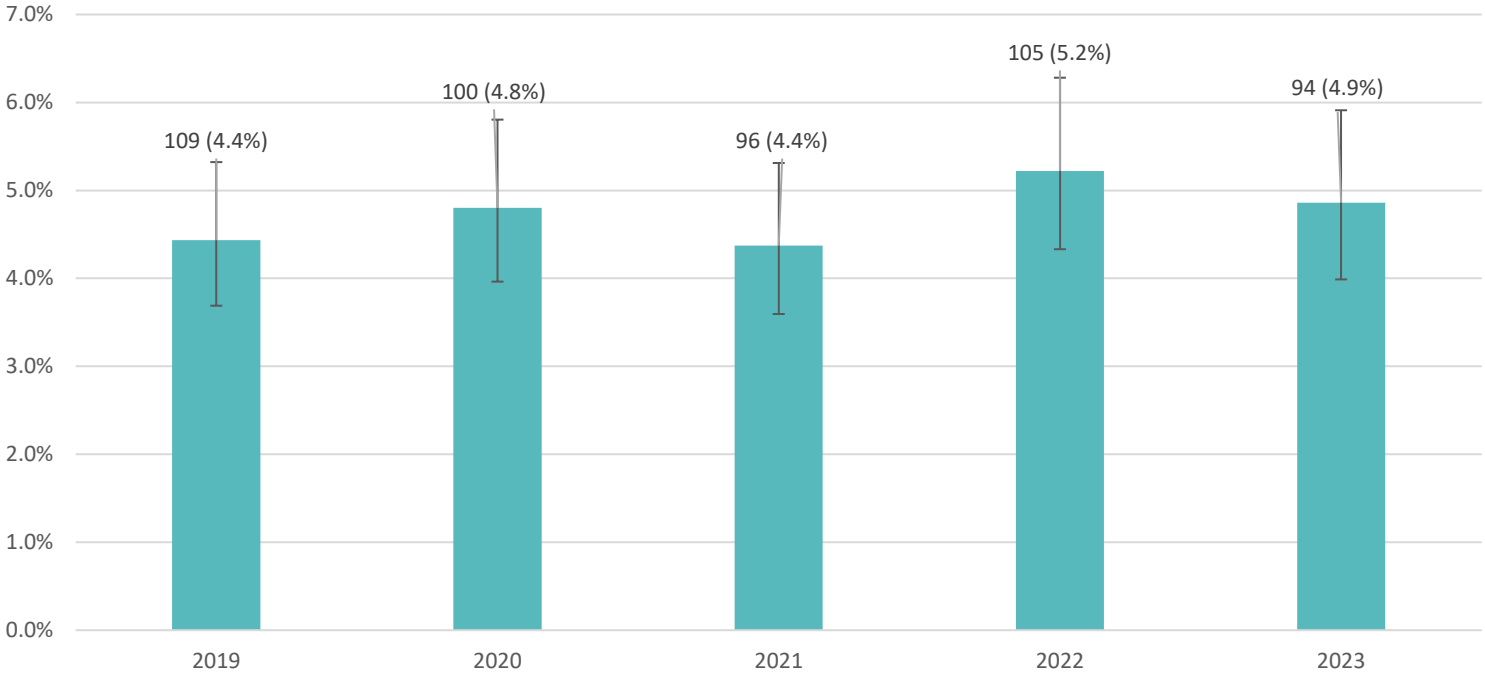


- Highest under 18 conception rate observed in England and lowest in Camden until 2020. Slight increase observed between 2020 and 2021 for Camden, surpassing under 18 conception rate for London in 2021.
- Important to note the time lag on this data which us nearly 4 years out of date

Source: OHID, based on Office for National Statistics data
Note: It is important to note that the data presented is from 2018–2021 and may be outdated.

Figure s3. Sole registered births remained broadly stable between 2019 and 2023, making up around 1 in 20 of all births seen

Figure s3. Number and proportion of sole registered births, Camden, 2019-2023

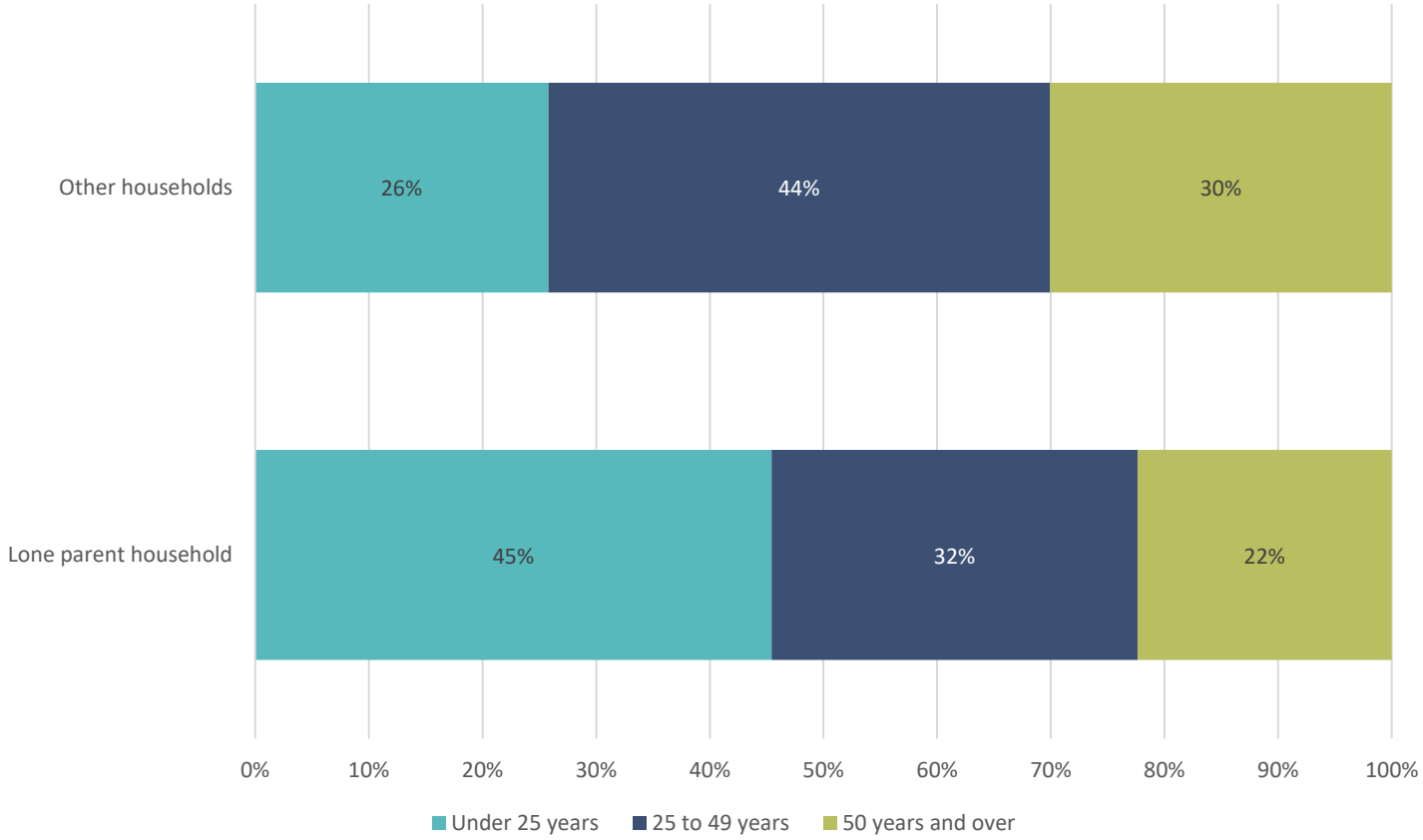


- The proportion of sole registered births remained consistent between 2019 and 2023, with a slight increase between 2021/22 (0.8%) followed by a slight decrease between 2022/23. However, these slight fluctuations between the years were not statistically significant.
- The proportion of sole registered births between 2019 and 2023 are statistically similar.

Source: Civil Registration of Births and Deaths Dataset - NHS Digital
Note: Year indicates Calendar Year. 2024 data is not included in the analysis as the data are incomplete. A sole registered birth is a birth outside of marriage registered only by the mother. No information on the father is recorded.

Figure s4. 45% of the lone parent households are occupied by women under 25 years

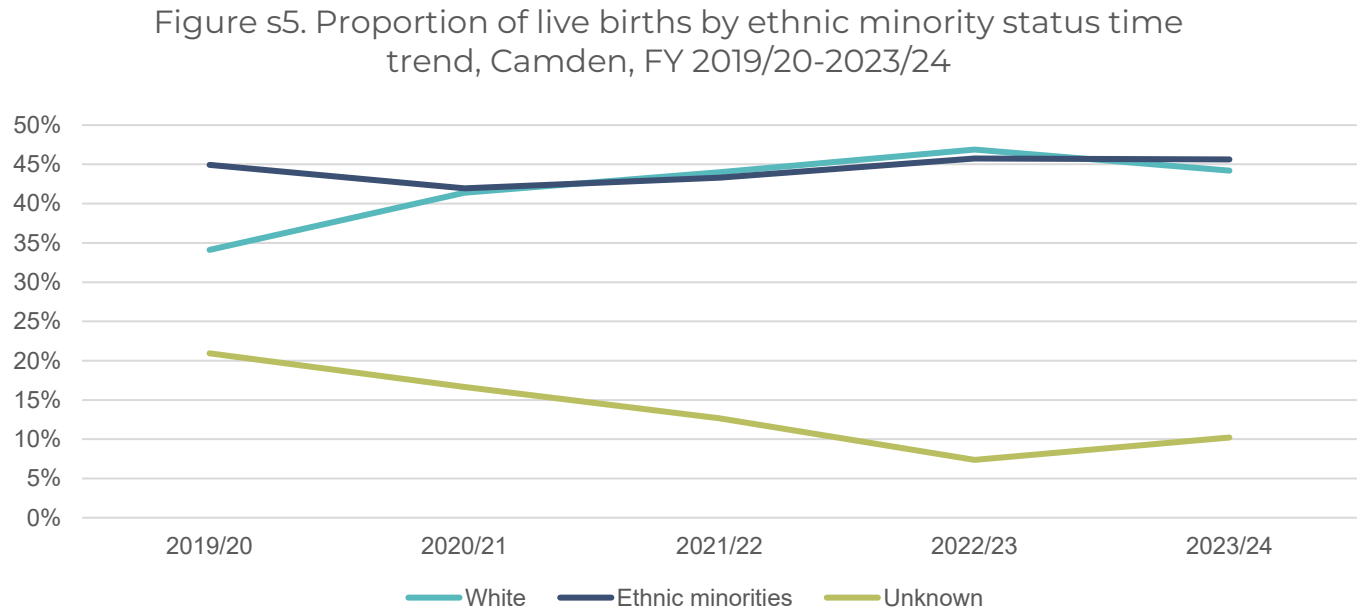
Figure s4. Proportion of lone parent households by age in Camden, 2021



- 33,050 (16%) of households in Camden are lone-parent households. Of those lone parent households, 45% of occupants are under 25 years of age.

Source: ONS 2021 Census
Note: 'Other households' includes cohabiting couple household, married or civil partnership couple household, multi-person household, and one-person household. A lone-parent household is a family consisting of a lone parent living with their child or children at the same address.

Figure s5. After the White ethnic group, the highest birth rates were observed for Mixed and Asian ethnic groups

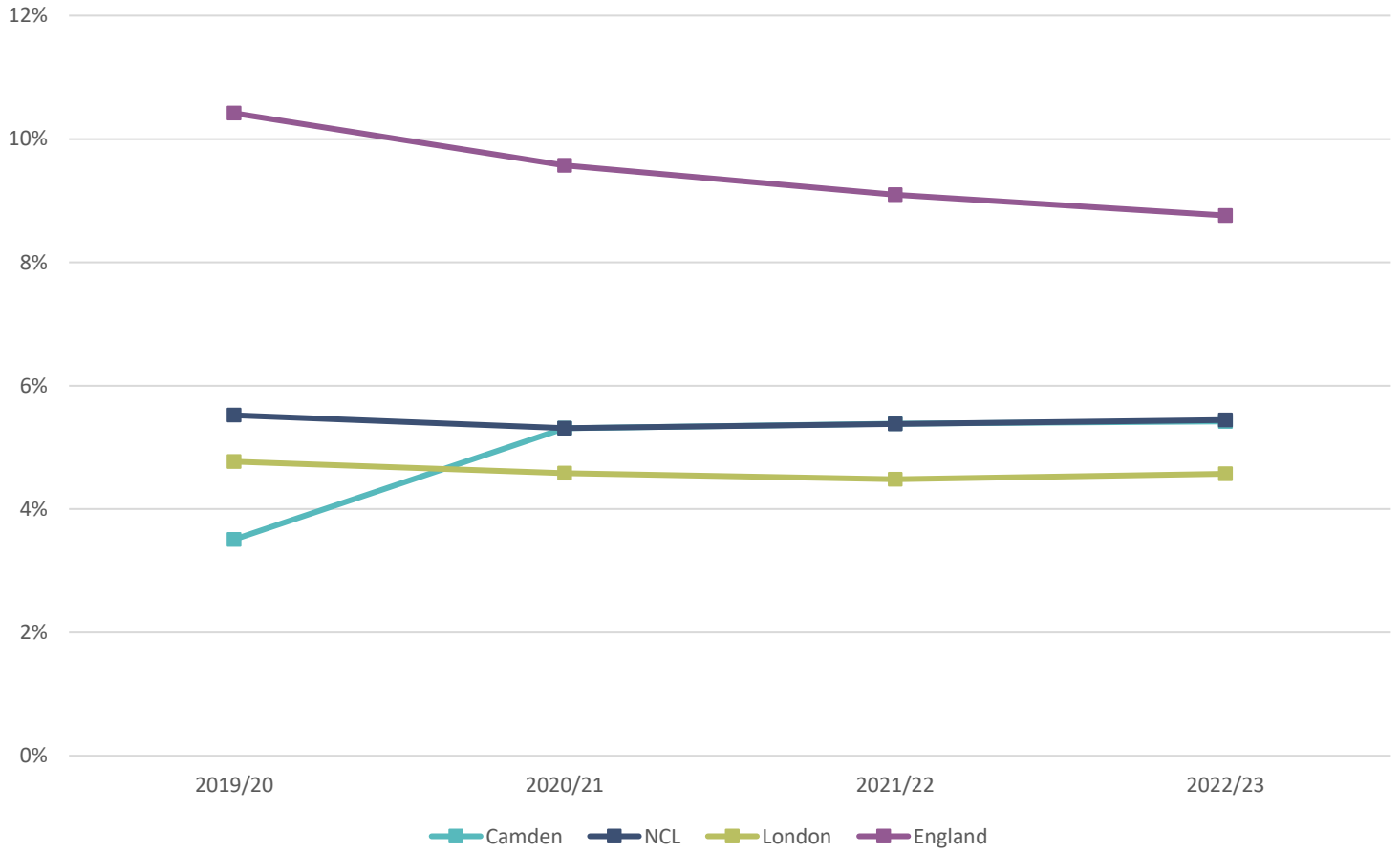


- The White ethnic group has overall highest proportion of live births between 2019/20 and 2023/24. This is to be expected due to the White ethnic group having the highest population.
- Live births in the Black and Asian ethnic groups have increased over time, in contrast to Mixed and Other ethnic groups which have decreased over time.
- Adjustment for population structure by ethnic group would be required to better understand which ethnic groups have the highest proportion of live births relative to their population size.
- In 2019/20 ethnic minorities had 10% more live births compared to the White ethnic group. The gap between the two closed from 2020/21 onward (ethnic minorities decreased and White increased).

Source: Health Visiting dataset
Caveat: The number of ethnicity categories available on the Health Visiting system reduced following the release of the ONS 2021 Census which has likely changed how the health visitors record ethnicity and may result in some ethnic groups having higher proportions than expected.

Figure s7. Camden saw a 1.8% rise in the proportion of smokers at delivery between 2019/20 and 2020/21

Figure s7. Proportion of women known to be smokers at time of delivery, Camden, NCL, London, England, 2019/20-2022/23

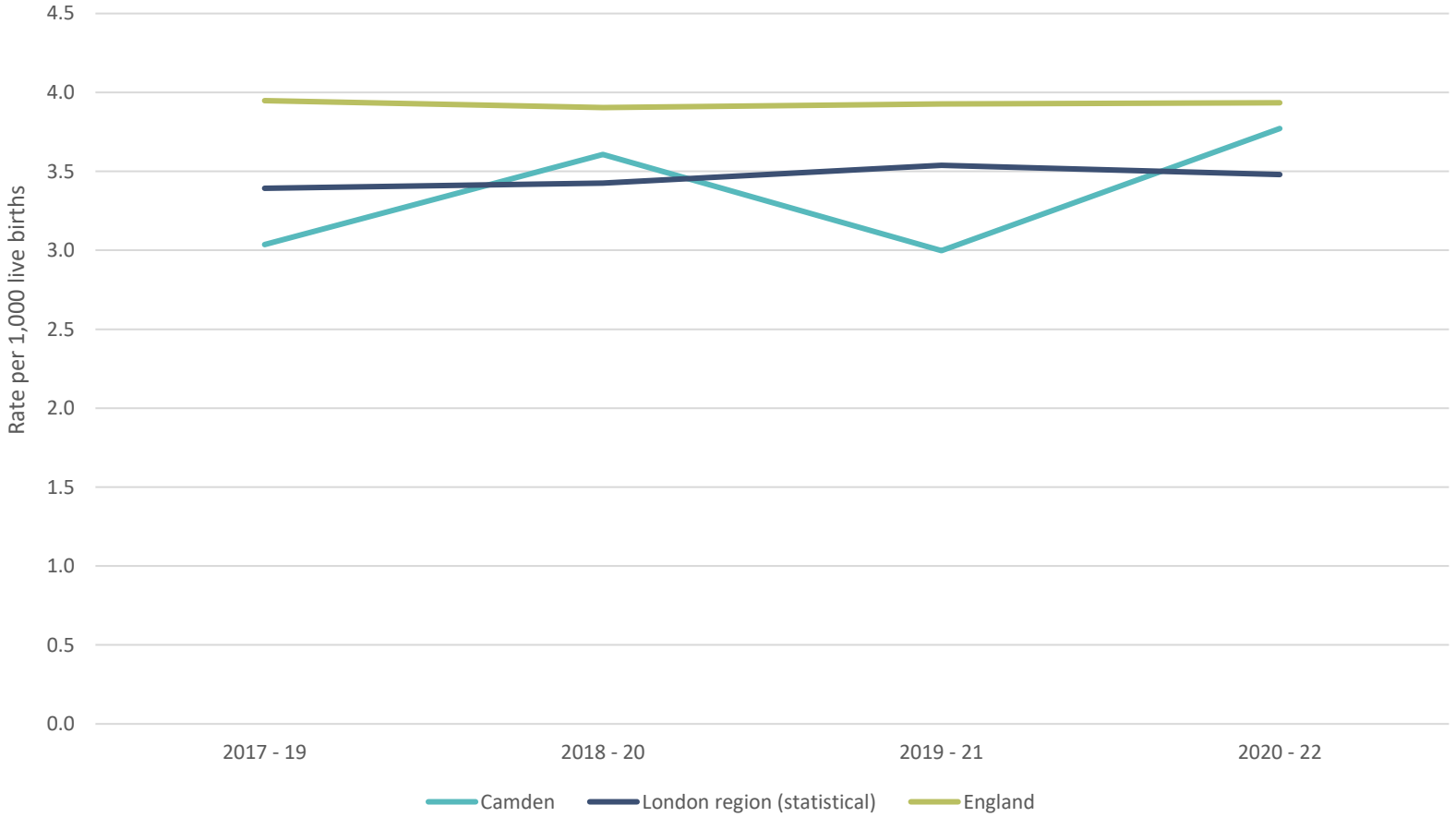


- England had the highest proportion women known to be smokers at delivery, although the proportion declined between 2019/20 and 2022/23 by approximately 2%.
- Camden had an increase in proportion of smokers at delivery across the time-period with a stark 1.8% increase between 2019/20 and 2020/21.
- Camden and NCL had the same proportion of smokers at delivery between 2020/21 and 2022/23. London has the lowest proportion of smokers across the time period.

Source: OHID, based on Office for National Statistics data

Figure s8. Camden recorded the second-highest infant mortality rate compared to London and England, 2020-22

Figure s8. Rate of infant mortality per 1,000 live births, Camden, London, England, 2017/19 to 2020/22

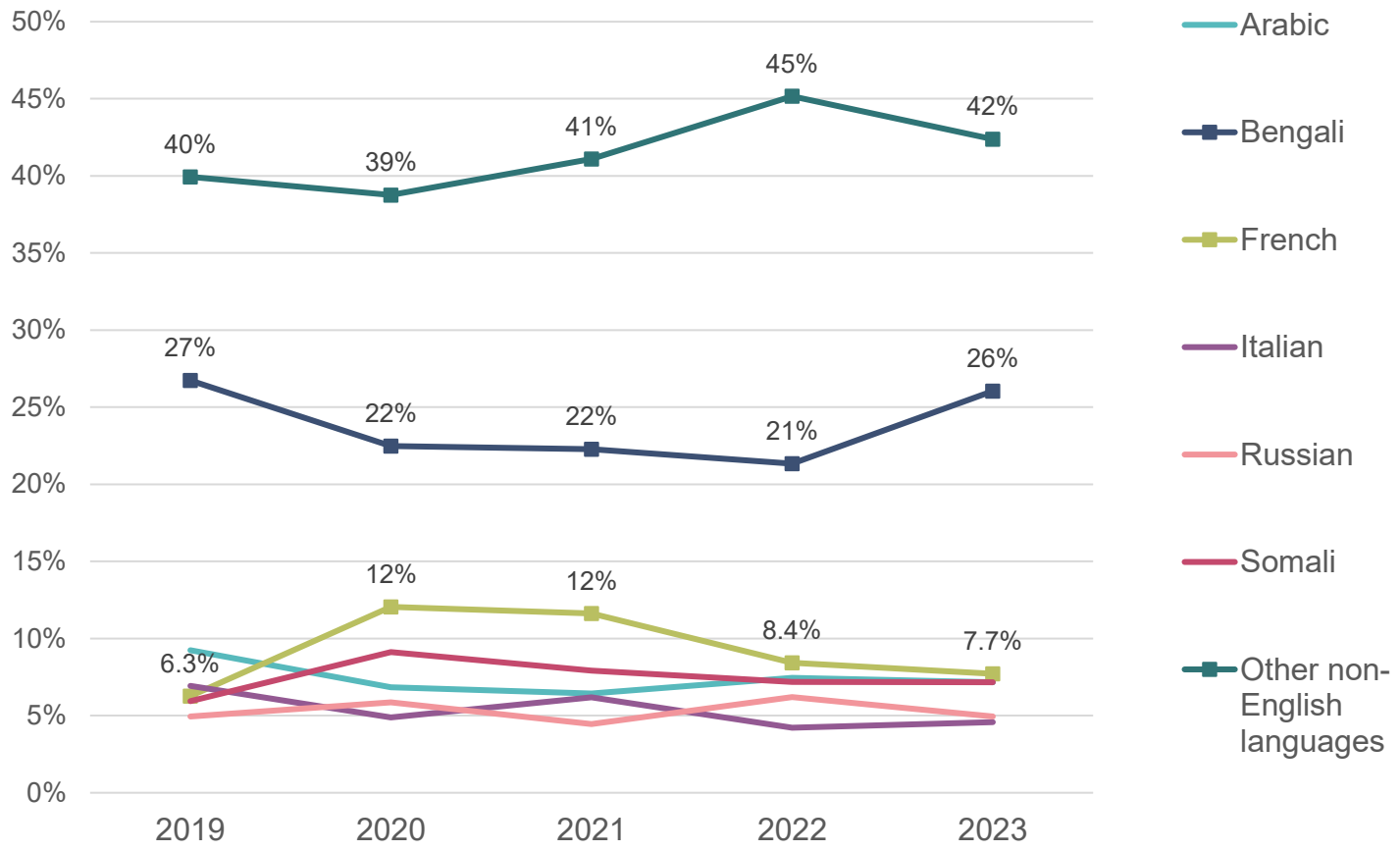


- England has had the highest rate of infant mortality which is expected due to the large population size. The infant mortality rate for Camden increased between 2017/19 and 2018/20 and again between 2019/21 and 2020/22, surpassing the infant mortality rate for London average.

Source: OHID, based on Office for National Statistics data

Figure s9. The most common non-English language was Bengali

Figure s9. Proportion of Women Referred to MSDS with a Non-English Preferred Language, Camden (2019-2023), Highlighting Top 6 Languages and 'Other'

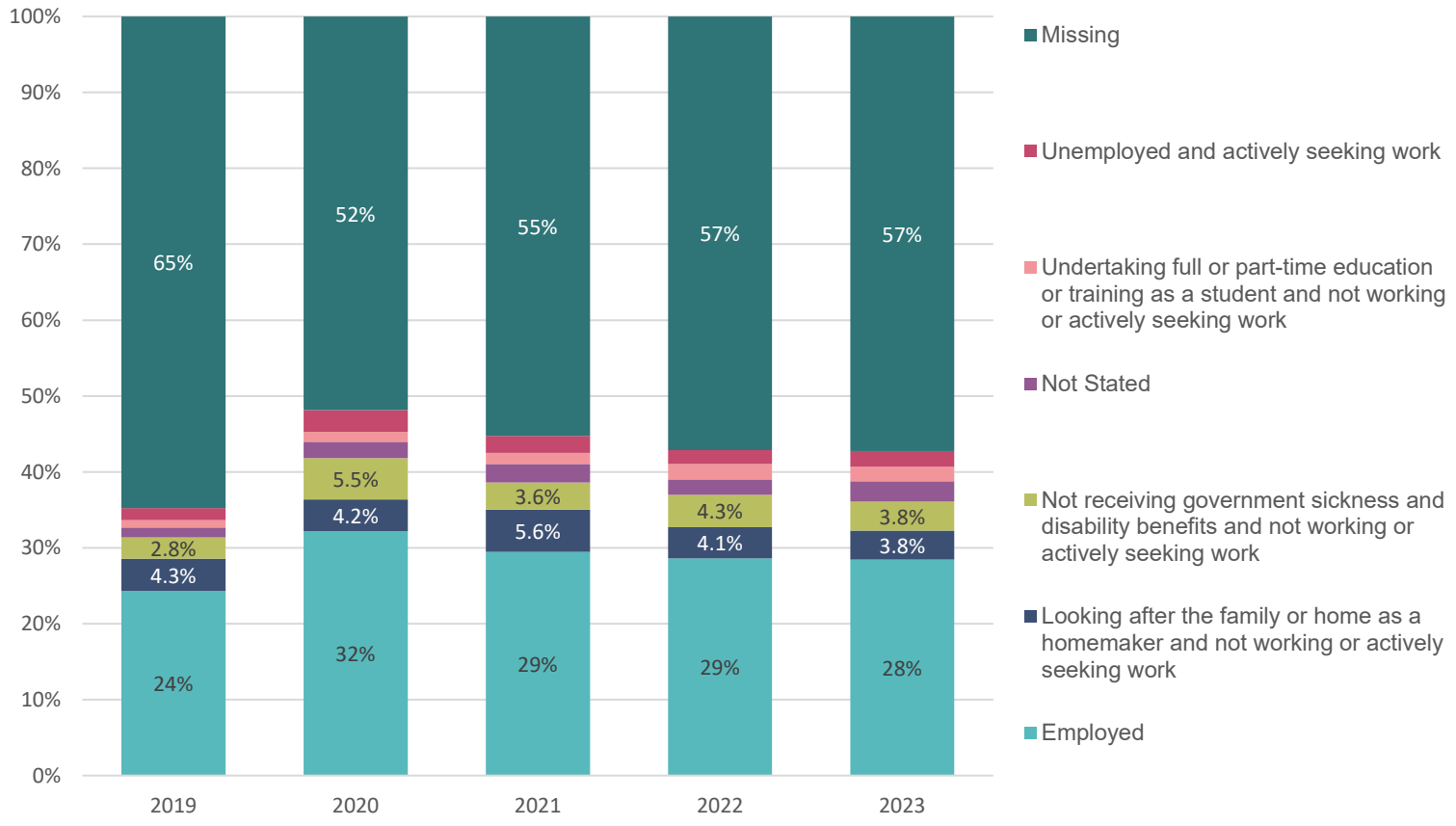


- Out of all women who stated a preferred language other than English (545 women in 2023), the most prevalent languages stated were Bengali, French, Somali, Arabic, Russian and Italian. In 2023, 26% women stated their preferred language as Bengali compared to 7.7% women who stated their preferred language as French, 7.2% as Somali, 7.2% as Arabic, 5% as Russian, and 4.6% as Italian. 42% of women stated their preferred language as another non-English language. This is in-line with findings from Health Visiting data and Births/Deaths data which showed that approximately 8-10% live births were from Bangladeshi ethnic groups in 2023.
- The proportion of women with Bengali as a preferred language decreased between 2019 and 2022 by 6%, before increasing between 2022 and 2023 to pre-covid proportions. The decrease could be due reduced access to maternity services during COVID-19 pandemic.
- Conversely, the proportion of women who stated French as a preferred language increased between 2019 and 2021, before decreasing to just about pre-COVID proportions in 2023.

Source: MSDS.
Note: Only women who stated a preferred language as non-English were included in this analysis

Figure s10. Close to 60% of data was missing on employment, however around 4% were looking after family and around 30% were unemployed

Figure s10. Proportion of mothers by employment status, Camden, 2019-2023

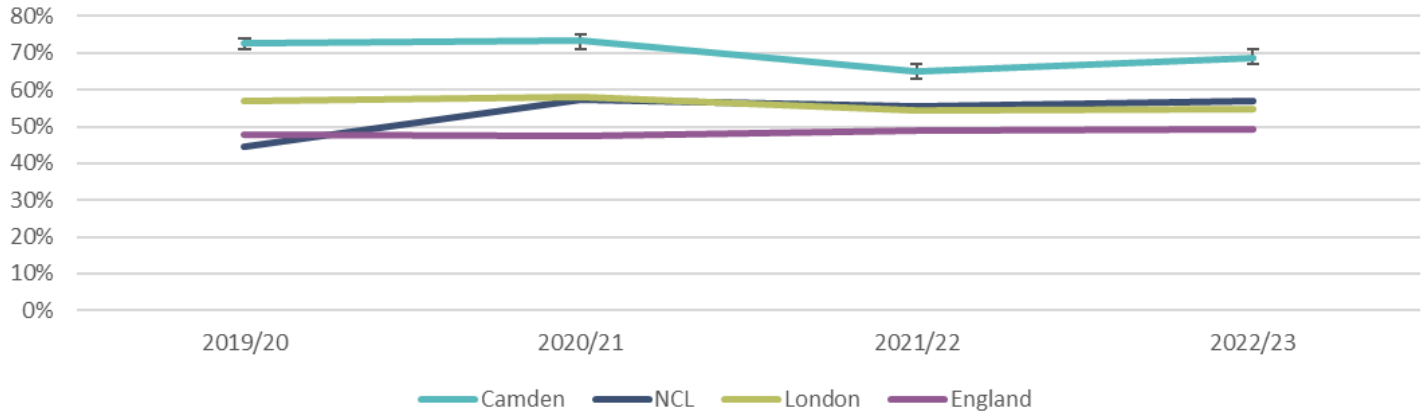


- Data for employment status shows significant gaps between 2019 and 2023, with the highest proportion of missing data occurring in 2019 (65%).
- Among those with recorded data, the majority of women were employed, with 28% employed in 2023. Employment rates increased by 8% between 2019 and 2020 but then steadily declined from 2020 to 2023. This decline may be attributed to the impact of the COVID-19 pandemic, which led to job losses.
- Correspondingly, the proportion of women looking after the family or home and not actively seeking work increased during 2020-2021, likely due to pandemic-related employment disruptions.

Source: MSDS.
Note: Long-term sick or disabled, those receiving government sickness and disability benefits are not included in this analysis due to low numbers. 'Not stated' indicates that the person was asked but declined to give a response. Full-time education is at least 16 hours/week. Part-time education is less than 16 hours/week.

Figure s11. Close to 4 in 5 babies in Camden are breastfed at 6-8 weeks which is higher than seen in NCL, London and England

Figure s11. Proportion of children breastfed at 6-8 weeks. Time trend – Camden, NCL, London and England, 2019-2022/23



- Camden has a higher proportion of children breastfed at 6-8 weeks compared to NCL, London, and England.
- NCL saw a sharp 12% rise in breastfeeding rates between 2019/20 and 2020/21, unlike Camden, London, or England, possibly due to better campaigns or support services.

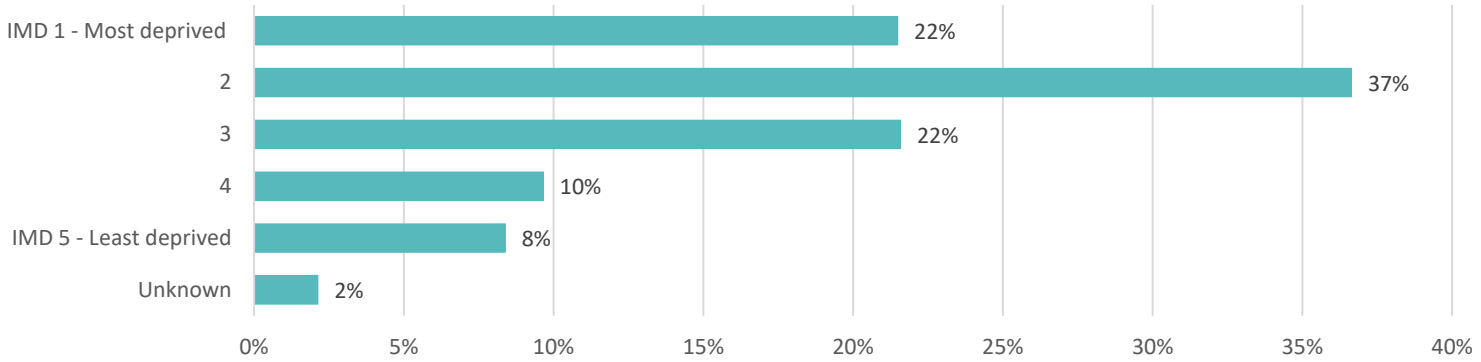
Source: Health Visiting dataset

Appendix – Prevalence and inequalities in PMH

Camden

Figure s12. Most women with severe mental illness (SMI) and depression were in the most deprived quintiles

Figure s12. Proportion of women with depression by IMD, Camden registered patients, FY 2020-2024

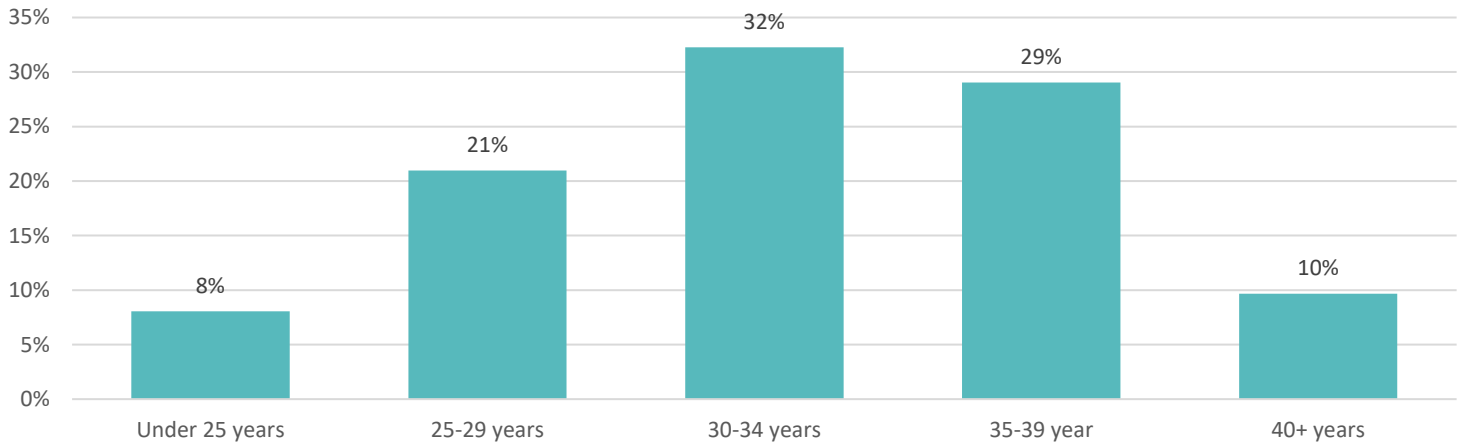


- Most women with SMI were in the most deprived quintiles.

Source: Sandpits GP/SUS
Note: Women with an unknown IMD quintile were not included within the analysis for anxiety due to low numbers. IMD quintiles 1&2 and 4&5 were aggregated for anxiety due to low numbers. SMI and depression may be either newly diagnosed or a pre-existing condition.

Figure s13. Most women with severe mental illness (SMI) or depression were in the age group of 30-34 years

Figure s13. Percentage of women with SMI by age, Camden registered patients, FY 2020-2024

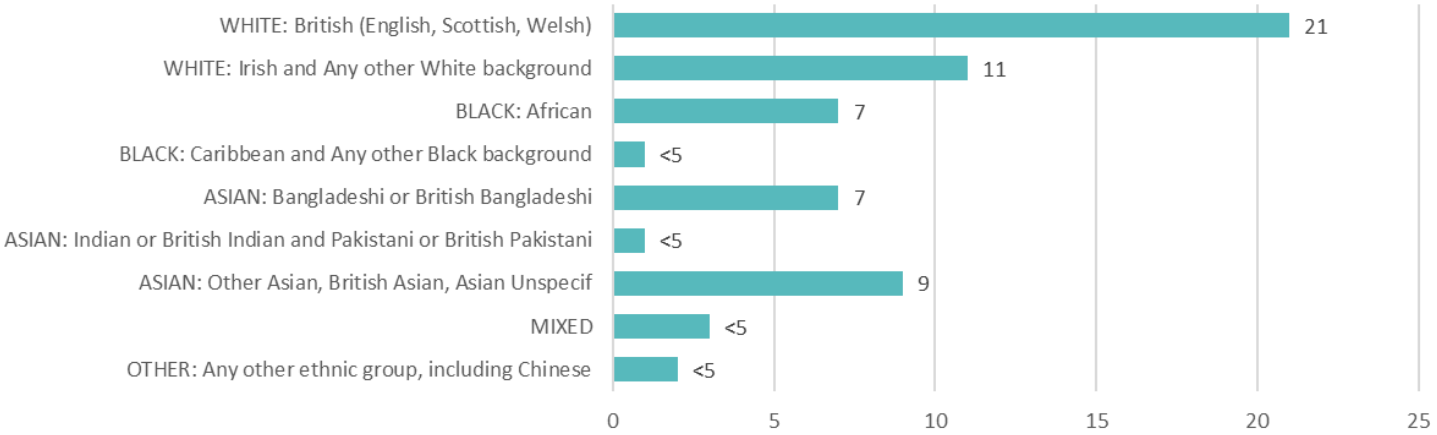


- Most women with SMI were aged 30-34 years (32%). This is followed by women aged 35-39 years (29%) and 25-29 years (21%).

Source: Sandpits GP/SUS
Note: One person has been excluded from this analysis due to an error pertaining age category. SMI and depression may be either newly diagnosed or a pre-existing condition.

Figure s14. After White ethnic groups, postnatal SMI and depression was highest in Bangladeshi, Black African, and Any Other ethnic groups

Figure s14. Number of women with postnatal SMI by ethnicity, Camden registered patients, FY 2020-2024

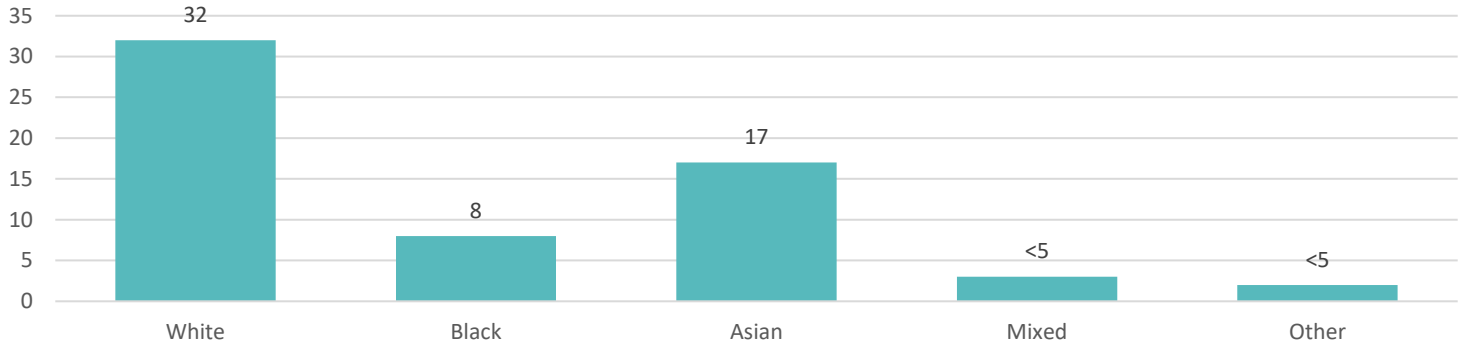


- The number of women with SMI was highest for women from White British ethnic groups (21), followed by White Irish and Any other White background (11), Black African (7), Asian Bangladeshi (7) and any other Asian background (9).

Source: Sandpits GP/SUS
Note: In the GP/SUS dataset perinatal mental health conditions have been differentiated into “SMI” and “Depression” whereas the other datasets don’t define the type of perinatal mental health.
Note: The "Other" ethnic group includes the Chinese ethnic group. SMI and depression may be either newly diagnosed or a pre-existing condition.

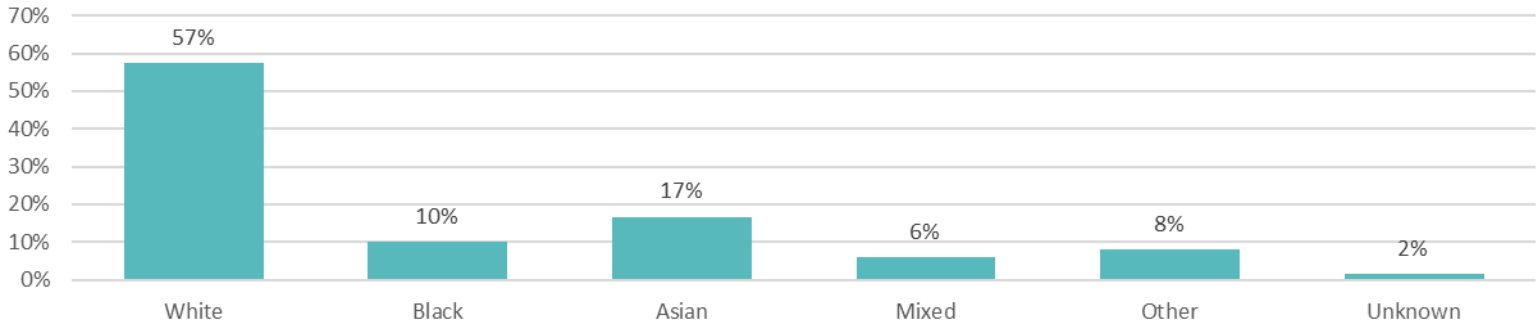
Figure s15. After white ethnic groups, highest number of women with SMI and depression were from Asian and Black ethnic groups

Figure s15a. Number of women with postnatal SMI by ethnicity, Camden registered patients, FY 2020-2024



- The number of women with SMI was highest for women from the White ethnic group, followed by Asian and Black ethnic groups.
- The number of women with depression was highest for women from the White ethnic group, followed by Asian and Black ethnic groups.

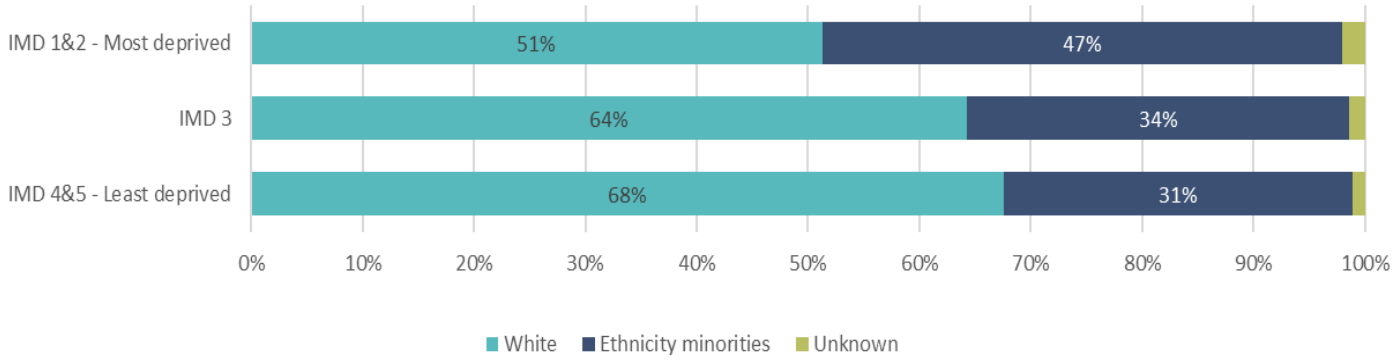
Figure s15b. Percentage of women with depression by IMD, Camden registered patients, FY 2020-2024



Source: Sandpits GP/SUS
Note: In the GP/SUS dataset perinatal mental health conditions have been differentiated into “SMI” and “Depression” whereas the other datasets don’t define the type of perinatal mental health.
Note: The "Other" ethnic group includes the Chinese ethnic group. SMI and depression may be either newly diagnosed or a pre-existing condition.

Figure s16. A higher proportion of women with depression from ethnic minorities in the most deprived quintiles (47%) compared to the least deprived quintiles (31%)

Figure s16. Proportion of women with depression by IMD, Camden registered patients, FY 2020-2024



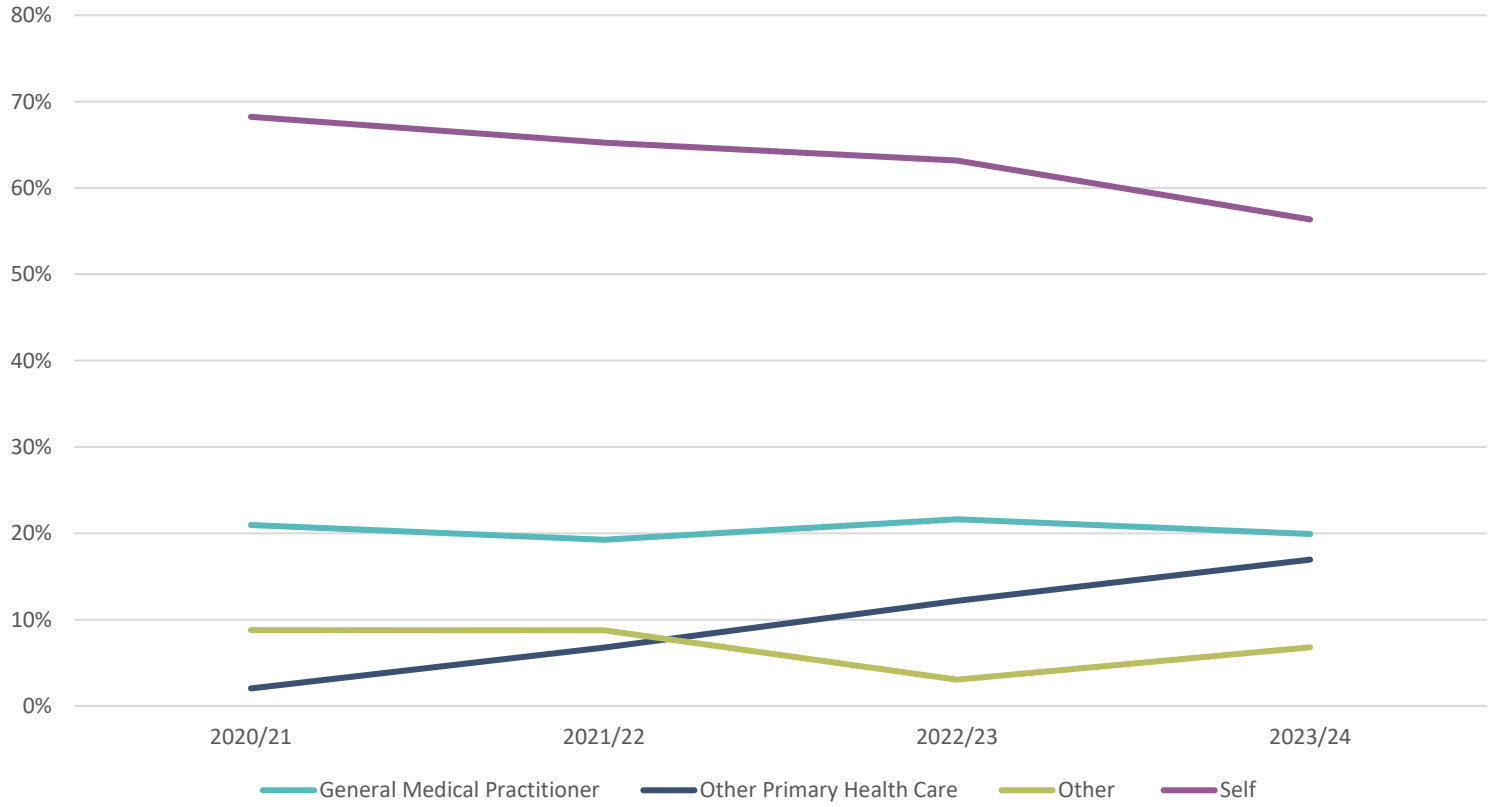
Source: Sandpits GP/SUS.
Note: SMI and depression may be either newly diagnosed or a pre-existing condition.

Appendix - Camden NHS Talking Therapies service utilisation

Camden

Figure s17. Most referrals to Camden NHS Talking Therapies are self-referrals

Figure s17. Proportion of referrals to iCope by referral source, Camden, FY 2020/21-2023/24

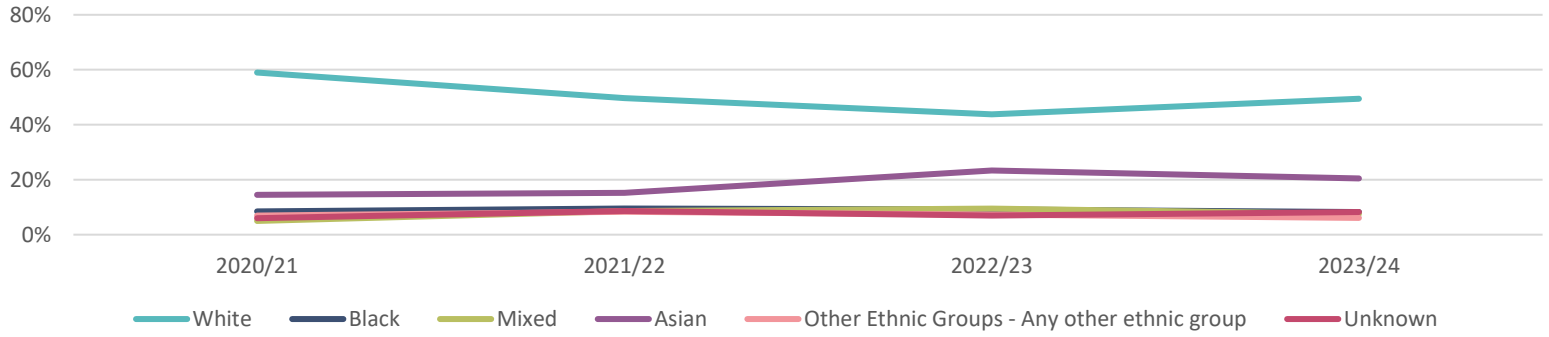


- The proportion of self-referrals to Camden NHS Talking Therapies have reduced by 12% between 2020/21 and 2023/24. On the contrary, referrals by other primary health care services have increased by 15% between 2020/21 and 2023/24. Other referral sources have remained relatively stable over time.

Source: Camden NHS Talking Therapies
Note: Some women may have had more than one referral and therefore multiple referral sources.

Figure s18. After White ethnic groups, most referrals were observed for the Asian ethnic group.

Figure s18. Number of parents and expectant parents of children under 1 years referred to iCope by ethnic group, Camden, FY 2020/21 to 2023/24

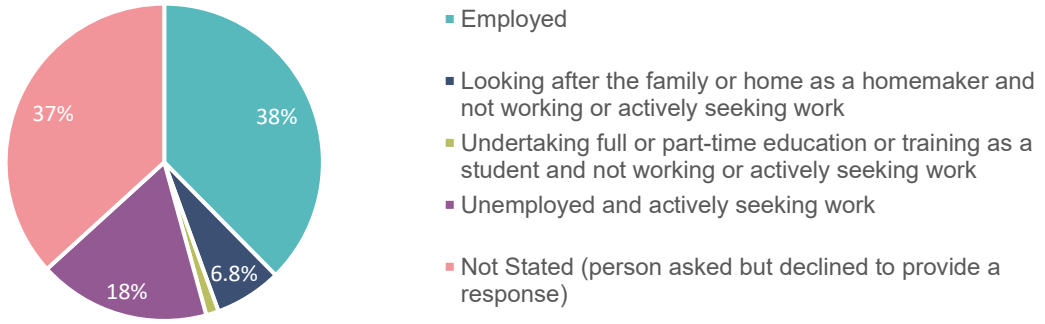


- The proportion of people referred to Camden NHS Talking Therapies from Bangladeshi ethnic group increased by 6.5% between 2020/21and 2023/24. This could be due to migration over time into Camden.
- The proportion of people from White ethnic group referred to Camden NHS Talking Therapies decreased by 15% between 2020/21 and 2022/23, in contrast to Asian ethnic group which increased by 8% across this time period. The increase in proportion of people from Asian ethnic is likely driven by the increased referrals for people from the Bangladeshi population.
- The proportion of people from all other ethnic groups referred to Camden NHS Talking Therapies remained relatively stable over time.

Source: Camden NHS Talking Therapies
Caveat: Data includes the number of referrals of pregnant women or women with a child under 1. Data also includes those who identify as male and are partners of women who were pregnant or have a child under 1. This data also captures those identifying as male and are partners of men who have a child under 1 (e.g. via adoption/surrogacy)
Note: Unknown ethnic group includes "not stated", "not known" and "missing". Ethnic groups with a count of <5 for any given year have been supressed by combining them with another ethnic group.

Figure s19. Referrals to Camden NHS Talking Therapies by employment status – 2023/24

Figure s19. Proportion of referrals for pregnant people or people with a child under one year referred to iCope services by employment status, Camden, FY 2023/24

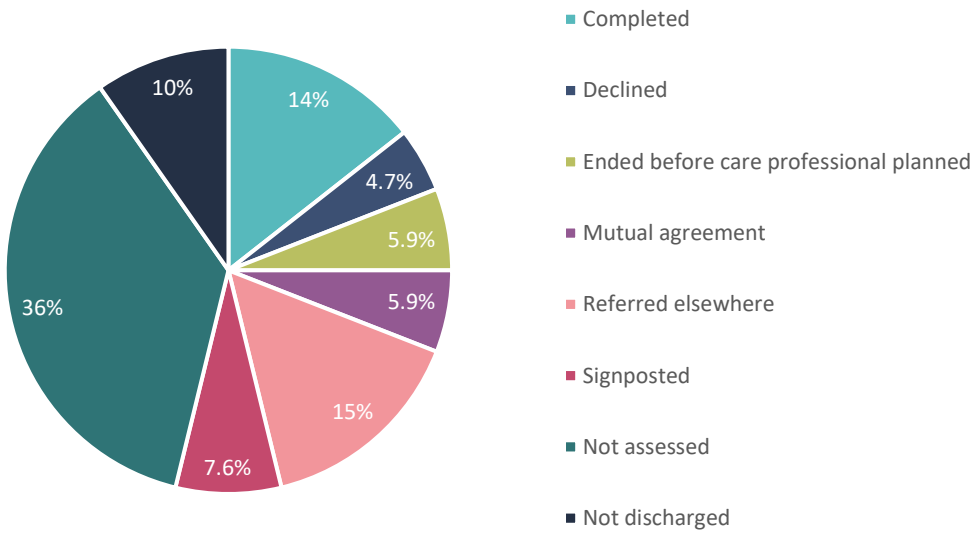


- There is a high proportion of referrals from people who did not state their employment status (approximately 37% 2020/21 and 2023/24 with highest being 41% in 2022/23).
- Approximately 13% of referrals are from those who are unemployed between 2020/21 and 2022/23 which increases to 18% in 2023/24.
- The majority of referrals received by Camden NHS Talking Therapies are from people who were employed or did not state their employment status. 38% of people were employed in 2023/24.
- The proportion of referrals received by Camden NHS Talking Therapies for people who were employed reduced by approximately 10% between 2020/21 and 2021/22. In unison, the proportion of people who were unemployed increased during that time-period. This is likely due to the effects of the COVID-19 pandemic rendering people jobless. The proportion of referrals for unemployed people increased by 6% between 2022/23 and 2023/24.

Source: Camden NHS Talking Therapies
Caveat: Data includes the number of referrals of pregnant women or women with a child under 1. Data also includes those who identify as male and are partners of women who were pregnant or have a child under 1. This data also captures those identifying as male and are partners of men who have a child under 1 (e.g. via adoption/surrogacy). The majority of the data is missing so caution needs to be taken when interpreting these results. Long-term sick or disabled (those receiving government sickness and disability benefits) and those not receiving government sickness and disability benefits and not working or actively seeking work were excluded from this analysis.
Note: Only employment status' with a grand total of 10+ over the course of FY 2020/21 - 2023/24 were included. Full time is at least 16 hours per week and part-time is less than 16 hours per week.

Figure s20. Despite patients being referred into Camden NHS Talking Therapies, only 14% of referrals are completed, with 36% of referred patients not being assessed – 2023/24

Figure s20 Proportion of referrals to iCope by discharge reason, Camden, 2023/24



- The most prevalent reason for being discharged from Camden NHS Talking Therapies was not being assessed. This is commonly due to patients' lack of response, non-attendance or cancellations of booked assessments, or patients referred to another service based on clinical judgment at referral. In 2023/24, 36% of patients were referred to Camden NHS Talking Therapies services but not assessed. There was an increase in number of patients not assessed between 2020/21 and 2021/22 which coincides with the sharp 7% decrease in completed treatment and discharge over the same time period. This could be due to the added effects of COVID-19 lockdown, resulting in reduced capacity and reduced access to Camden NHS Talking Therapies services.
- The number and proportion of patients signposted elsewhere for treatment and the number of people not discharged has also increased over time.

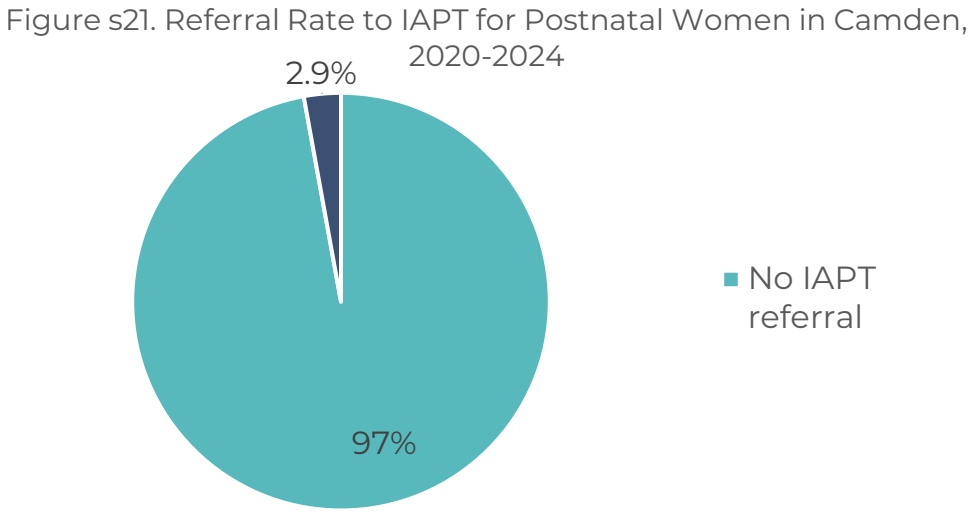
Source: Camden NHS Talking Therapies
Note: Some women may have had more than one referral and therefore multiple discharges/discharge reasons. "Completed" refers to patients seen and taken on for a course of treatment. "Mutual agreement" refers to patients seen but not taken on for a course of treatment by mutual agreement following advice and support provided. "Not assessed" refers to patients referred but not seen.

Table s1. Inclusion/Exclusion criteria for NHS Talking Therapies

Category	Inclusion	Exclusion
Complex Needs & MDT	N/A	Requires MDT input or care coordination; on secondary care MH waiting list; suitable for but not engaging with secondary care; active risk to self/others (refer to Crisis Team).
Engagement	Motivated to engage in structured therapy.	Frequent DNAs, erratic or no engagement, seeking general long-term support, currently in therapy elsewhere.
Previous NHS TT Treatment	Previous treatment was successful/partially successful or new focus/recurrence of previous issue.	Multiple unsuccessful treatments with no change in circumstances.
PTSD/Trauma	Single-event trauma or up to 3 discrete traumas (if stable and suitable for Community Trauma Clinic).	More than 3 traumatic events, severe CPTSD symptoms (refer to TSC or Tavistock).
Personality Disorders	Mild or historical EUPD traits, if focus is anxiety/depression.	Active EUPD or complex emotional needs as main issue.
Substance Misuse	Hazardous/recreational use with motivation to reduce and no need for specialist support.	Severe dependence requiring substance misuse treatment as priority.
Learning Disability/Neurodiversity	Mild LD or neurodiverse individuals, if able to engage in structured therapy for anxiety/depression.	N/A
Anger Issues	If associated with anxiety or depression.	If rooted in personality disorder or not associated with anxiety/depression.
Eating Disorders	Mild symptoms in context of anxiety/depression.	Diagnosed EDs (refer to specialist ED services).
Bipolar Disorder	Stable depression, no mania in past year, not under CPN, therapy focus not on mania.	Active symptoms, instability, recent med changes, need for bipolar-specific support.
Psychosis	Stable, no active symptoms, no recent admissions, focus on anxiety/depression.	Active or recent psychotic symptoms, functional impairment due to psychosis.

https://www.icope.nhs.uk/wp-content/uploads/2025/01/Who-we-see-in-Talking-Therapies-2025-1.pdf

Figure s21. The IAPT referrals decreases with increasing age; fewest referrals for women over 40 years



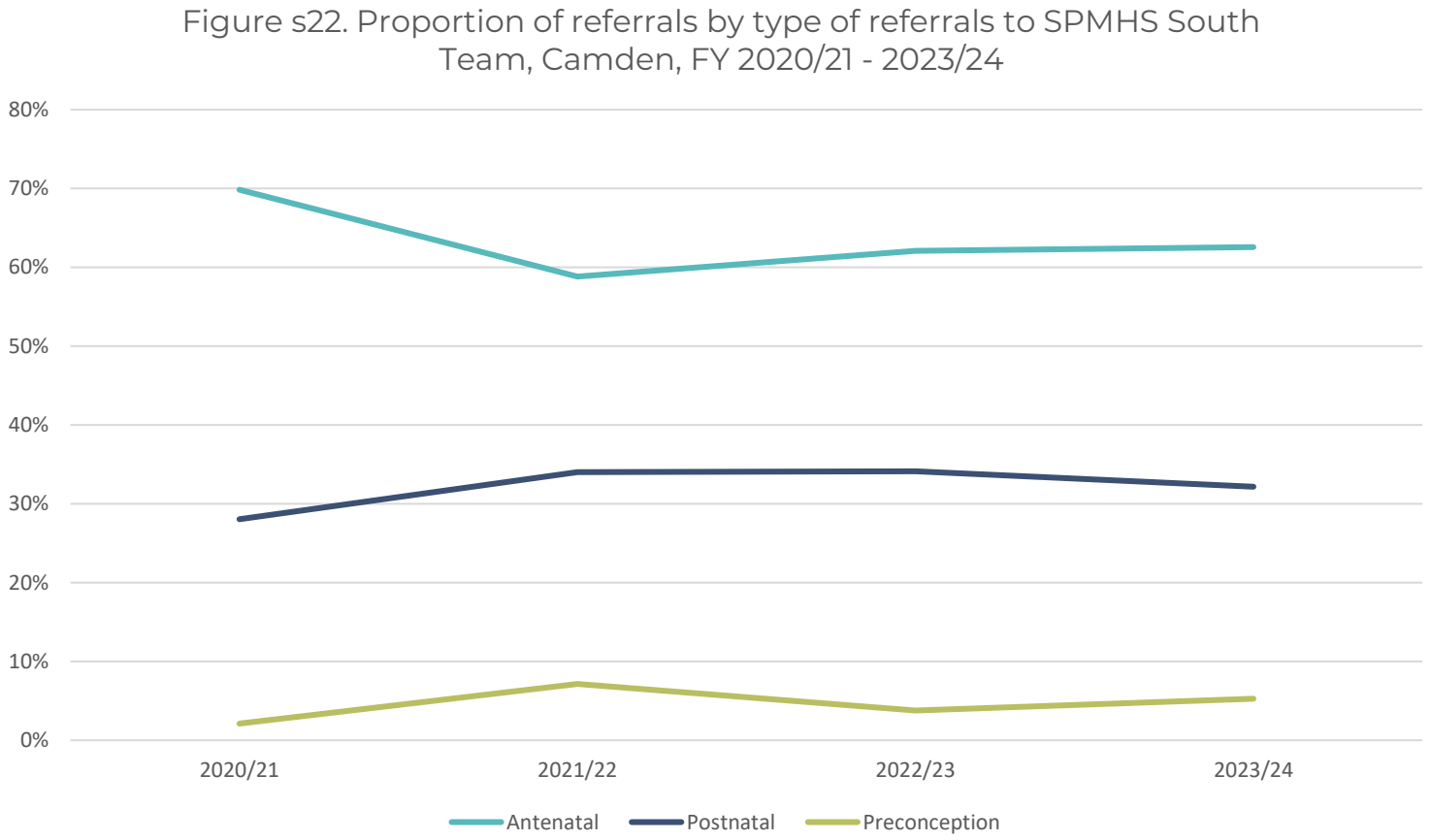
- IAPT (Improved Access to Psychological Therapies) service referral rate for postnatal women is 2.9%.
- The IAPT referral rate decreases with increased age. The highest proportion of referrals to IAPT is observed for women under 25 years (4.1%) and the least referrals to IAPT is observed for women aged 40+ years., despite under 25s having a relatively lower birth rate compared to other age groups.
- This could be due to under 25s accounting for 45% of lone parent households in Camden which may lead to increased poor mental health outcomes due to increased stress, lack of support, and financial pressures.
- The least proportion of referrals for perinatal mental health support in the 40+ age group would be expected as most live births occur in the 30-34 age group.

Sources: Sandpits GP/SUS.
Note: One person has been excluded from this analysis due to an error pertaining age category.
Note: IAPT referrals include patients who had a referral within 12 weeks of the discharge from hospital after giving birth so the dataset could be missing a large proportion of women who may have been referred after 12 weeks.

Appendix - SPMHS service utilisation

Camden

Figure s22. Most referrals to SPMHS are antenatal referrals

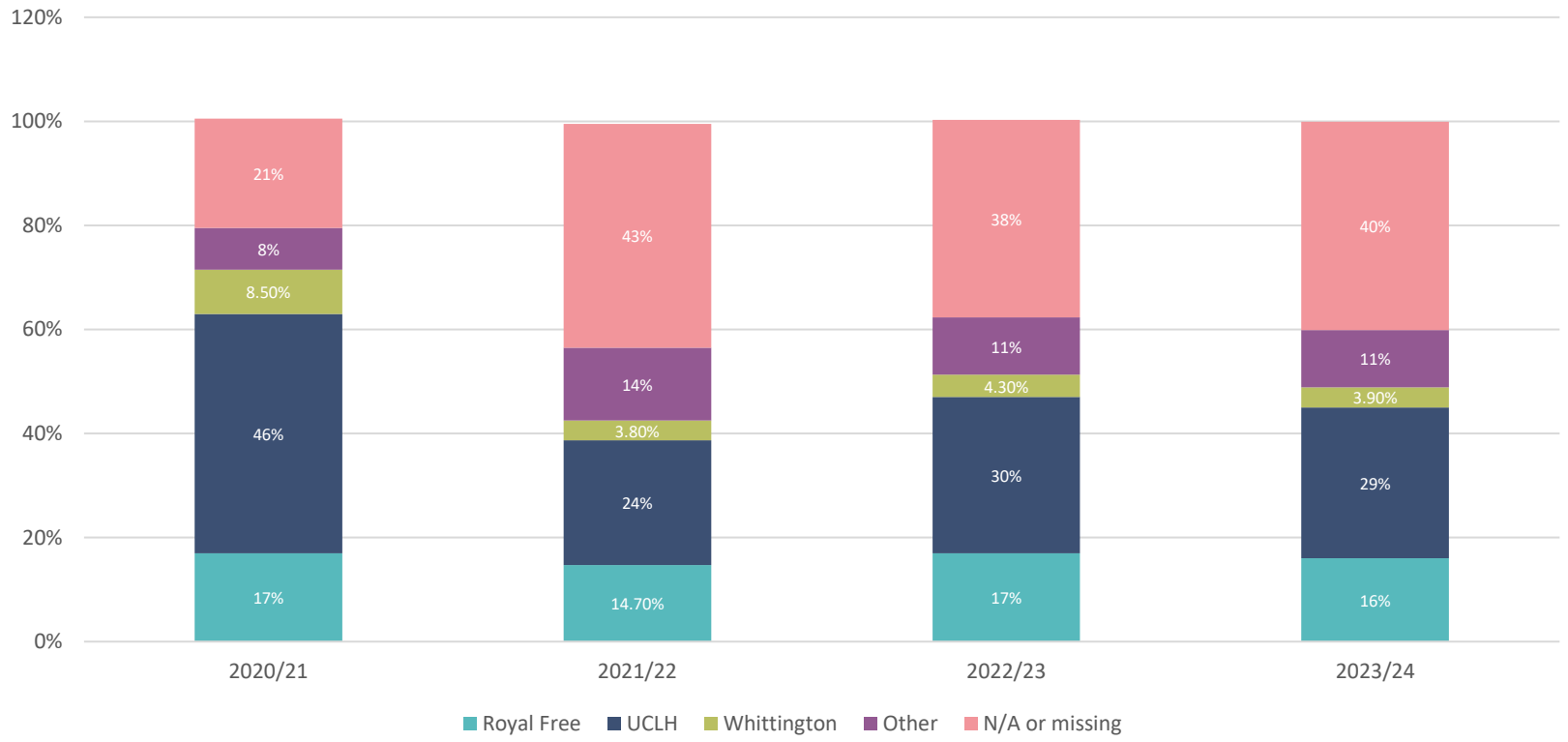


- The majority of referrals were antenatal, followed by postnatal and preconception. There were approximately double the number and proportion of antenatal referrals compared to postnatal referrals in 2023/24.

Sources: SPMHS
Note: Missing data was not included in this analysis due to low numbers. Data only includes Camden residents.

Figure s23. After referrals to SPMHS from 'missing' delivery sites, UCLH and the Whittington have made the highest proportion of referrals to SPMHS between 2021/22 and 2023/24

Figure s23. Proportion of referrals to SPMHS South Team by delivery site
Camden, FY 2020/21 - 2023/24



- The majority of the data for delivery site was missing across the years between 2021/22 and 2023/24, the largest proportion observed in 2021/22 of 43% missing data.
- The highest number and proportion of referrals in 2020/21 was observed for UCLH (86 [46%] which decreases by 2021/22). This is coupled with an increase in missing data between the two years which increased by 22%. This is likely due to the effects of the COVID-19 pandemic leading to reduced quality of recorded data.

Source: SPMHS
Note: Data only includes Camden residents. 'Other' refers to any maternity site outside of NCL patch. North Mid has been included in the "other" category due to disclosive counts. 'N/A' refers to referrals for someone postnatal or wanting preconception counselling, and therefore not under the care of a maternity site.

Figure s24. While other NCL boroughs saw an increase, the proportion of referrals that resulted in new patient assessments decreased slightly in Camden and Barnet

Figure s24a. Total number of new patient assessments seen at SPMHS, NCL CCGs, FY 2019/20 to 2020/21

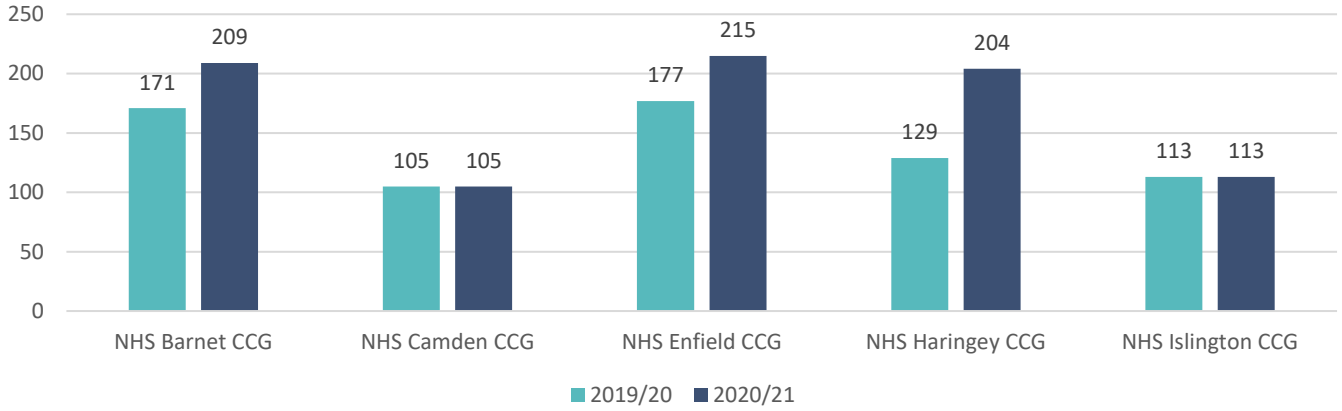
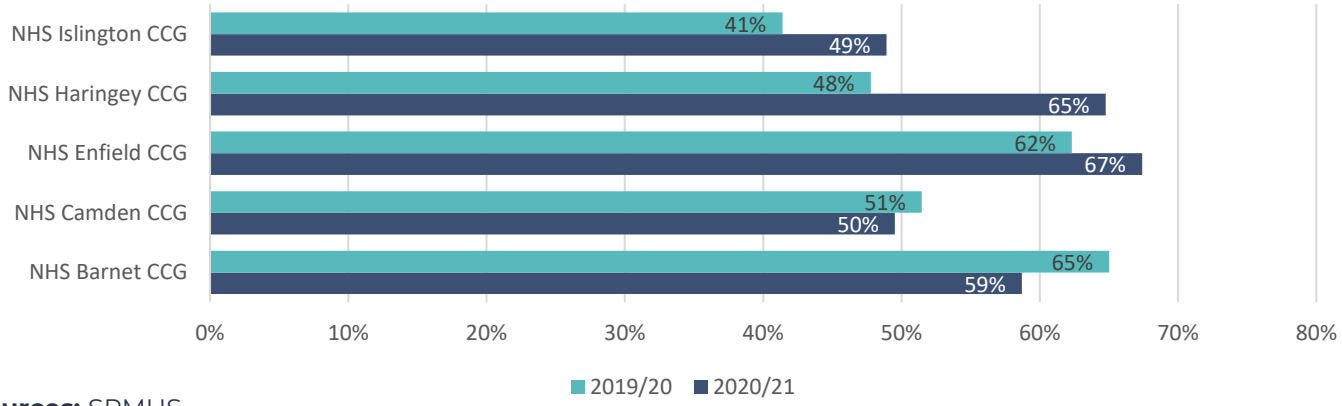


Figure s24b. Proportion of referrals which resulted in new patient assessments at SPMHS, NCL CCGs, FY 2019/20 to 2020/21

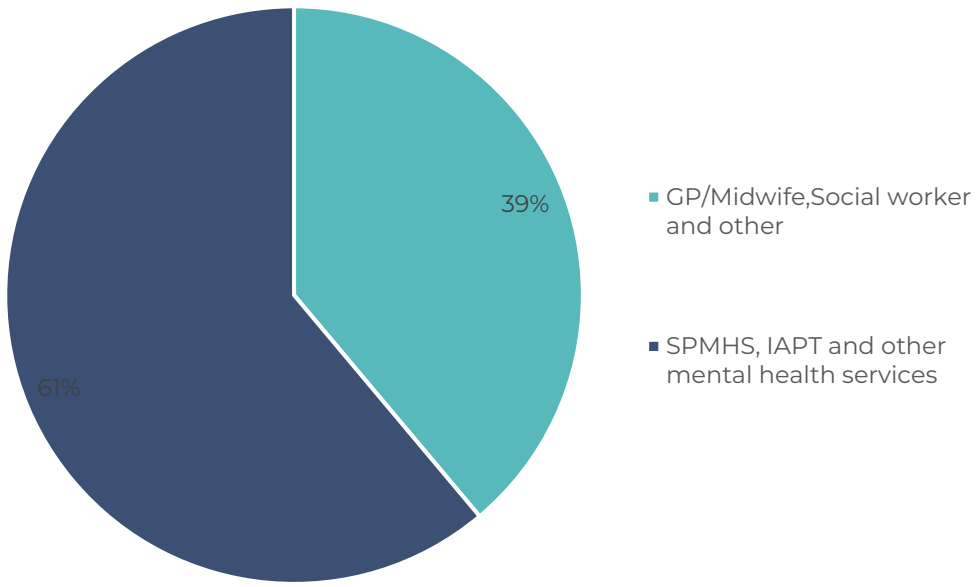


- Camden had lowest number of new patient assessments seen compared to the rest of the NCL.
- The number of new patient assessments seen at SPMHS increased between 2019/20 and 2020/21 for NHS Barnet, NHS Enfield and NHS Haringey CCGs.
- The proportion of referrals which resulted in new patient assessments increased for NHS Islington, NHS Haringey and NHS Enfield CCGs and decreased for NHS Camden and NHS Barnet CCGs between 2019/20 and 2020/21. The largest increase was observed for NHS Haringey CCG which increased proportion of referrals resulting in new patient assessments by 17%.

Sources: SPMHS
Note: This analysis shows data for NCL (Camden, Barnet, Enfield, Haringey, Islington). Data are only available for FY 2019/20 and 2020/21.

Figure s25. The top three referral reasons to Maple across NCL were birth trauma, perinatal loss and tokophobia. In Camden, most referrals were for child loss due to safeguarding concerns

Figure s26. Proportion of women referred to Maple who were accepted, by referral source, Camden, Oct 2023-March 2024



- 61% of women accepted onto Maple services between October 2023 and March 2024 were referred by SPMHS, IAPT and other mental health services.
- 61% of referrals accepted by Maple were for perinatal loss or loss of a child due to safeguarding concerns.

Sources: Maple service for Camden only data and NCL data.
Note: The analysis for NCL mentioned in the heading for NCL is for Camden, Barnet, Enfield, Haringey, Islington. However, the data includes three referrals which were received from residents outside of NCL. Data are only available for FY 2021/22 and 2022/23. Three referrals have not been assigned a referral pathway and are therefore not included in this analysis.

Figure s26. The top three referral reasons to Maple across NCL were trauma, perinatal loss and tokophobia. In Camden, most referrals were for child loss due to safeguarding concerns

Figure s26a. Total number of referrals to Maple Service by referral pathway, NCL, 2021/22 - 2022/23

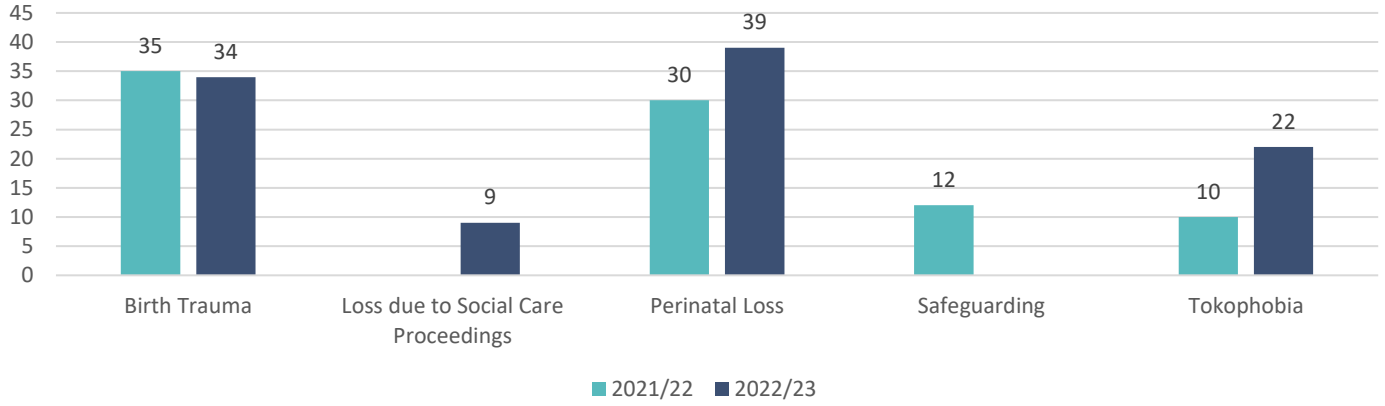
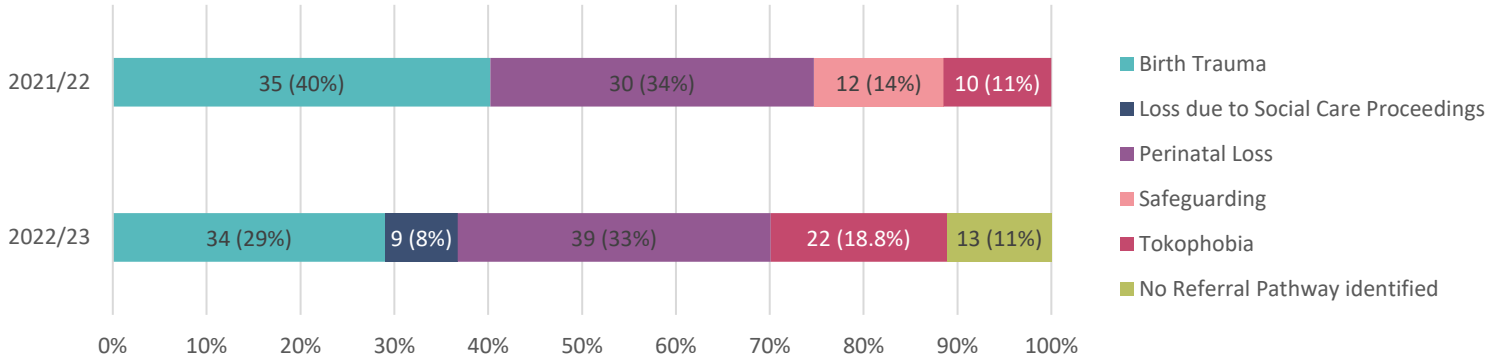


Figure s26b. Proportion of referrals to Maple Service by referral pathway, NCL, 2021/22 - 2022/23



- The top three most prevalent reasons for referral were perinatal loss, birth trauma, and tokophobia. The number of referrals for perinatal loss and tokophobia increased between 2021/22 and 2022/23 (by 9 ad 12, respectively).

Sources: Maple service
Note: This analysis shows data for NCL (Camden, Barnet, Enfield, Haringey, Islington). However, the data includes three referrals which were received from residents outside of NCL. Data are only available for FY 2021/22 and 2022/23. Three referrals have not been assigned a referral pathway and are therefore not included in this analysis.

Figure s27. Most women attended 1 to 8 sessions at SPMHS and Maple services in NCL

Figure s27a. Proportion of Sessions of Psychological Therapy attended by discharged Service users at SPMHS, NCL, 2021/22-2022/23

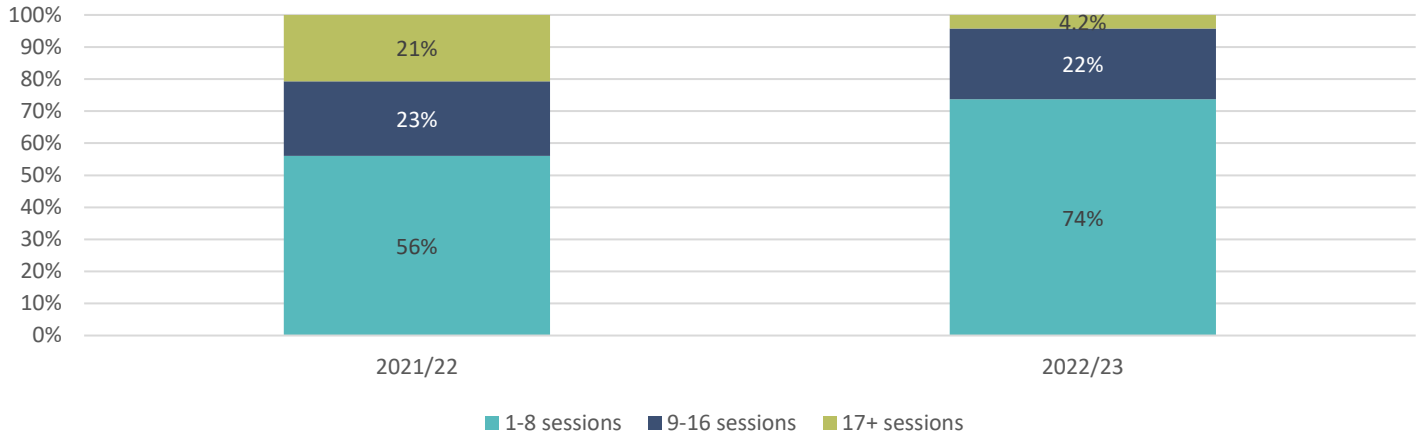
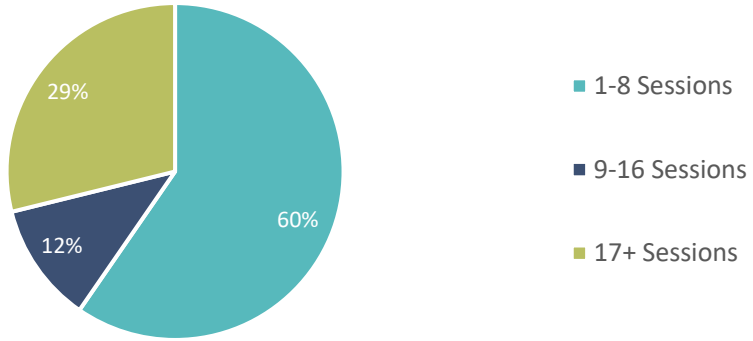


Figure s27b. Proportion of Sessions of Psychological Therapy attended by discharged Service users at Maple, NCL, 2022/23

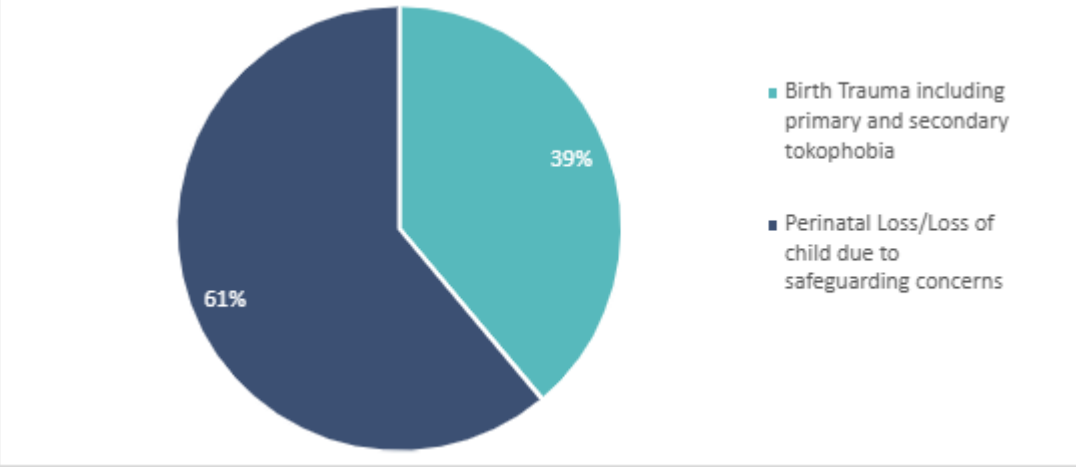


- Of the women who were discharged from SPMHS in NCL, most women attended 1-8 sessions before being discharged.
- The proportion of women who attended more than 8 sessions before being discharged decreased by 18% between 2021/22 and 2022/23.
- Similarly, most women attended 1-8 sessions at Maple services before being discharged (60%).

Sources: SPMHS and Maple services

Figure s28. Maple service supports women with birth trauma, perinatal loss and tokophobia. In Camden, most referrals were for perinatal loss and child loss due to safeguarding concerns

Figure s28. Proportion of women referred to Maple who were accepted, by type of referral, Camden, Oct 2023-March 2024



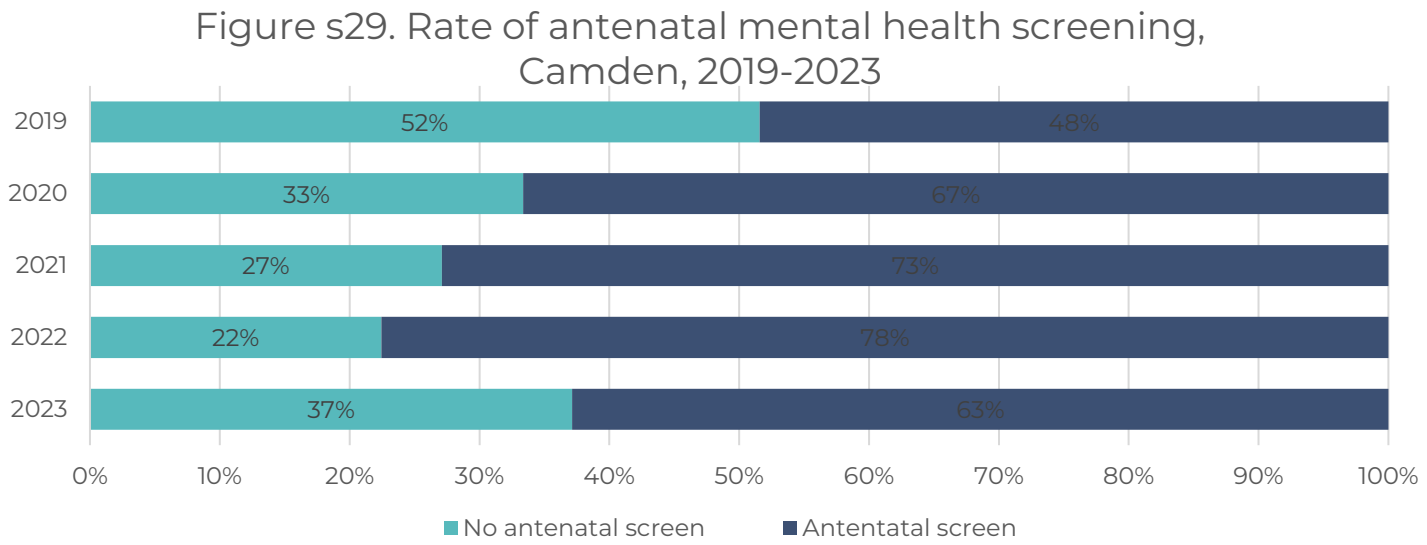
- A disproportionate case load of loss is seen by Maple for Camden as Camden NHS Talking Therapies do not see cases of loss while other NCL boroughs do.

Sources: Maple service for Camden only data and NCL data.
Note: The analysis for NCL mentioned in the heading for NCL is for Camden, Barnet, Enfield, Haringey, Islington. However, the data includes three referrals which were received from residents outside of NCL. Data are only available for FY 2021/22 and 2022/23. Three referrals have not been assigned a referral pathway and are therefore not included in this analysis.

Appendix - MSDS service utilisation

Camden

Figure s29. Of the women with recorded data, there appears to be a slight increase in antenatal screening between 2019 and 2023. However, significantly missing data challenges the validity of this finding

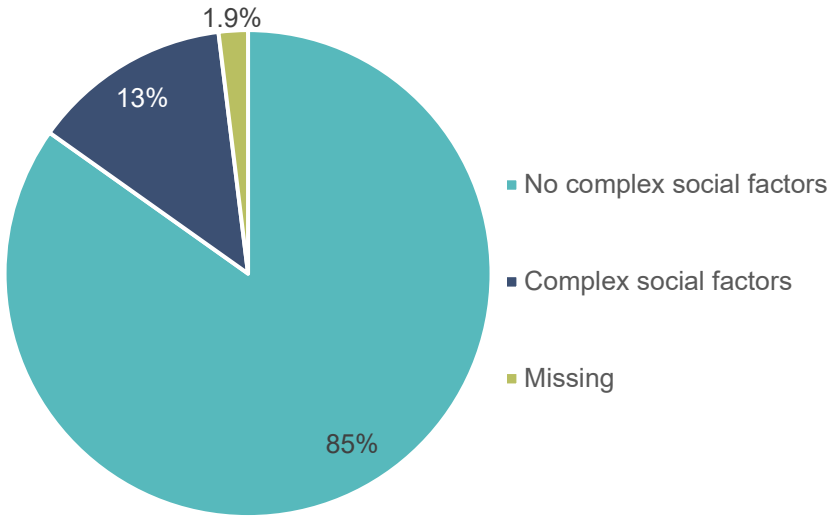


- Of the women with recorded data, the proportion who underwent antenatal screening saw a significant 30% rise from 48% to 78% between 2019 and 2022. However, between 2022 and 2023, the proportion dropped by 15%, indicating a potential decline in service utilization or screening uptake during this period.

Sources: MSDS.
Note: This chart does not include patients with missing data – which in itself is a substantial proportion so these findings should be interpreted with caution.

Figure s30. 13% women had complex social factors in 2023

Figure s30. Proportion of women in MSDS with complex social factors, Camden, 2023

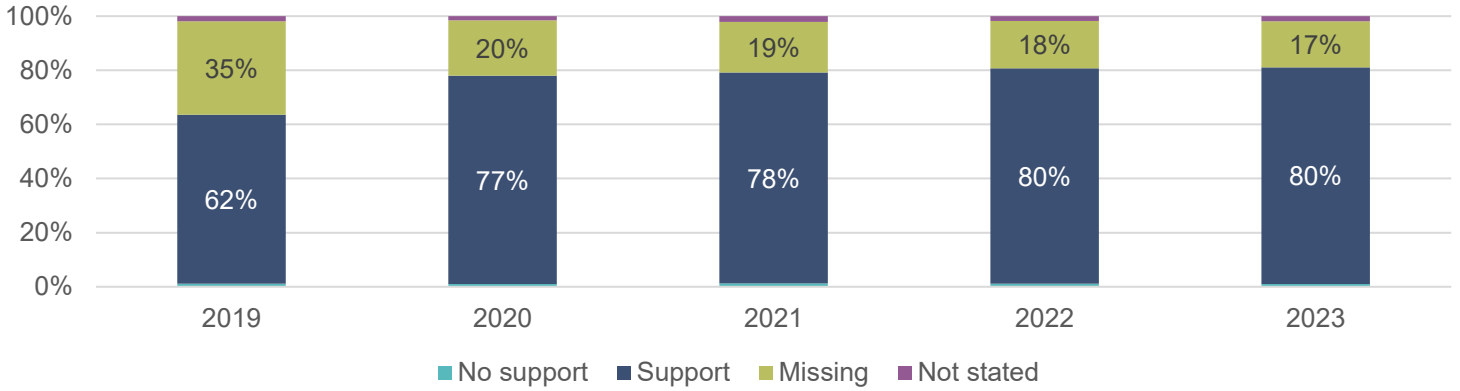


- The majority of women accessing MSDS services do not have complex social factors (85% in 2023).
- The proportion of women with complex social factors remained relatively stable between 2019 and 2023 (around 13-14%) which suggests that targeted support for vulnerable groups has remained consistent over time.
- The proportion of women with missing data regarding complex social factors decreased significantly, from 10% in 2019 to 1.9% in 2023, likely reflecting improvements in data collection and reporting.

Sources: MSDS
Note: Complex social factors are identified at the Booking Appointment and includes substance misuse, domestic violence, recent migration and young maternal age (below 20 years), as defined by NICE guidance (CG110).

Figure s31. 80% women received support during pregnancy and after birth

Figure s31. Proportion of women in MSDS who received support from partner, family or friends, Camden, 2019-2023

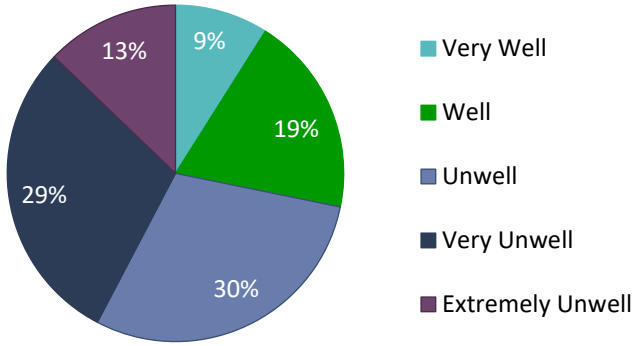


- Most women received support from their partner, family, or friends during pregnancy and after birth, with the proportion increasing by 18% from 2019 to 2023. This rise may partly be explained by a decrease in missing data, which fell by 18% over the same period, suggesting more comprehensive data collection.
- Support was lowest and missing data highest in 2019, likely due to incomplete documentation practices or less emphasis on capturing support data. Increased awareness of the importance of social support in maternal health may also have contributed to more women reporting support in recent years.

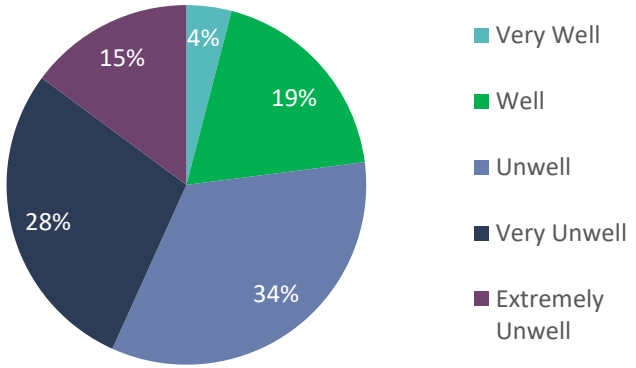
Sources: MSDS.
Note: Support is identified at the Booking Appointment and defines whether or not the mother feels she is supported in pregnancy and looking after a baby, from partner, family or friends. 'Not stated' refers to mothers who were asked but declined to provide a response. One patient was not included in this analysis due to coding error.

Figure s32. Self reported mental health being well or very well among patients at discharge for SPMHS increased by 64%

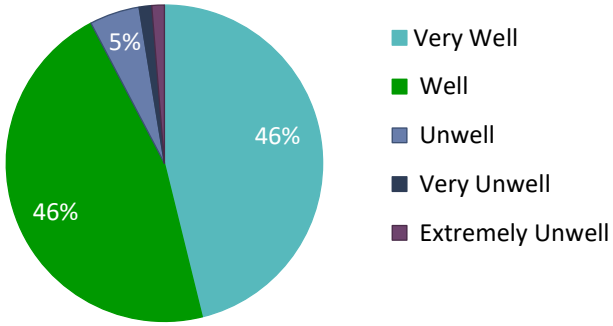
2019/20 NCL - Please rate how your mental health has been - When I first came into contact with the service I was



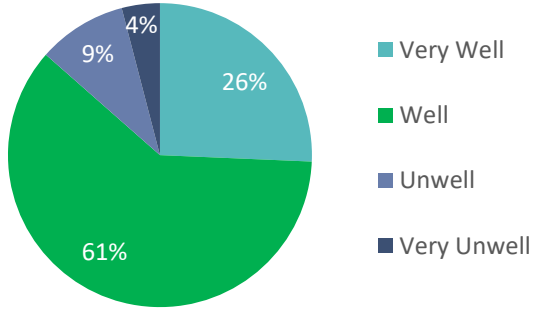
2020/21 NCL - Please rate how your mental health has been - When I first came into contact with the service I was



2019/20 NCL - Please rate how your mental health has been - When I was discharged from the service I was



2020/21 NCL - Please rate how your mental health has been - When I was discharged from the service I was



- In 2019/20 across NCL, the percentage of clients reporting their mental health as unwell dropped from 30% before accessing the SPMHS MH service to 5% at discharge. Those reporting their mental health as very unwell and extremely unwell dropped from 29% and 13%, respectively, to almost negligible at discharge.
- In 2020/21 across NCL, the percentage of clients reporting their mental health as unwell dropped from 34% before accessing the SPMHS MH service to 9% at discharge. Those reporting their mental health as very unwell dropped from 28% to 4% at discharge.

Source: SPMHS
Note: Pie charts have already been pre-made in report. We don't have access to the raw data.

Appendix – Best Start for Baby Antenatal and Postnatal Pathway (PMH and PIR)

Camden

Figure s33. BSFB- Antenatal Pathway (PMH and PIR)

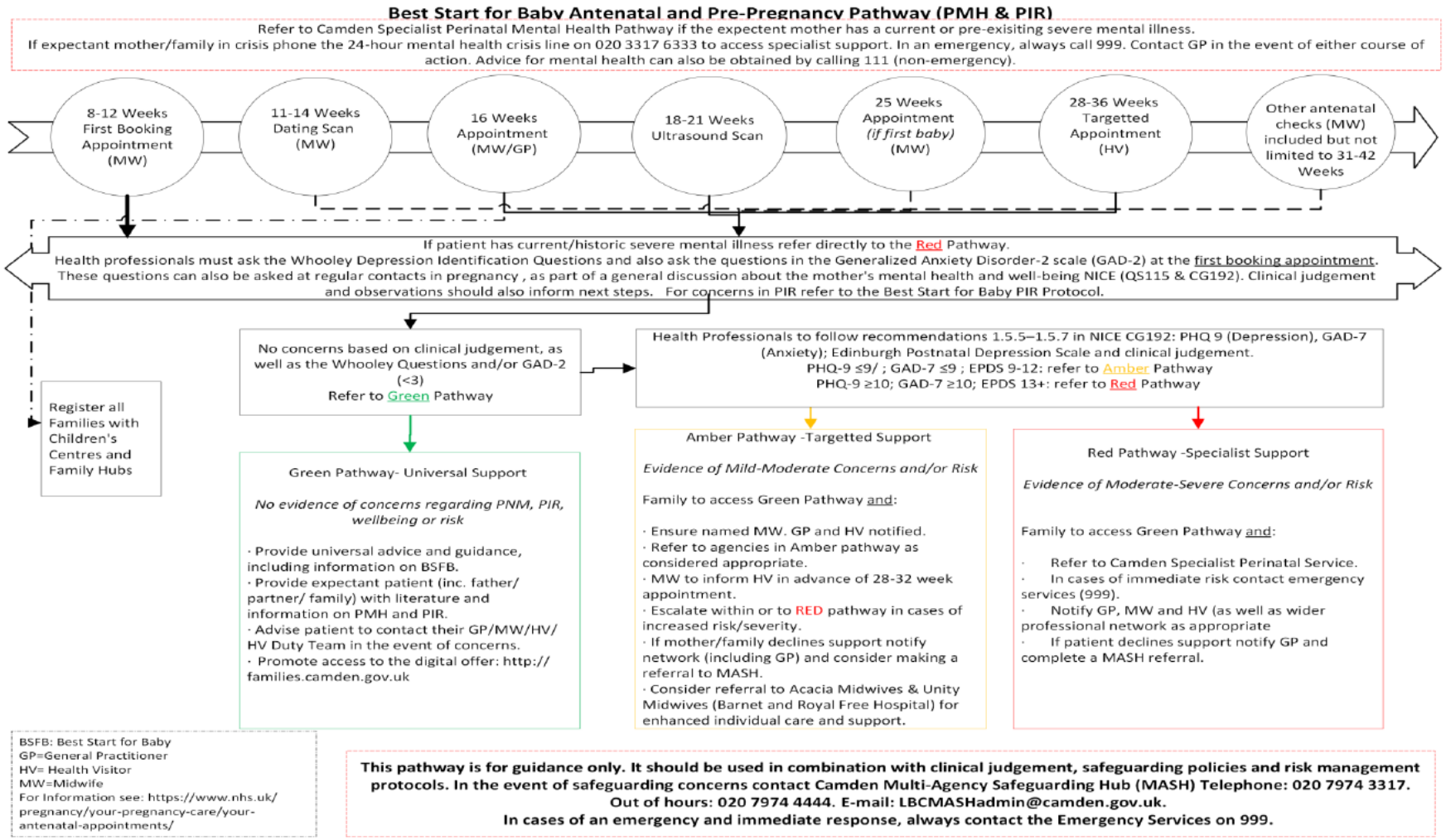
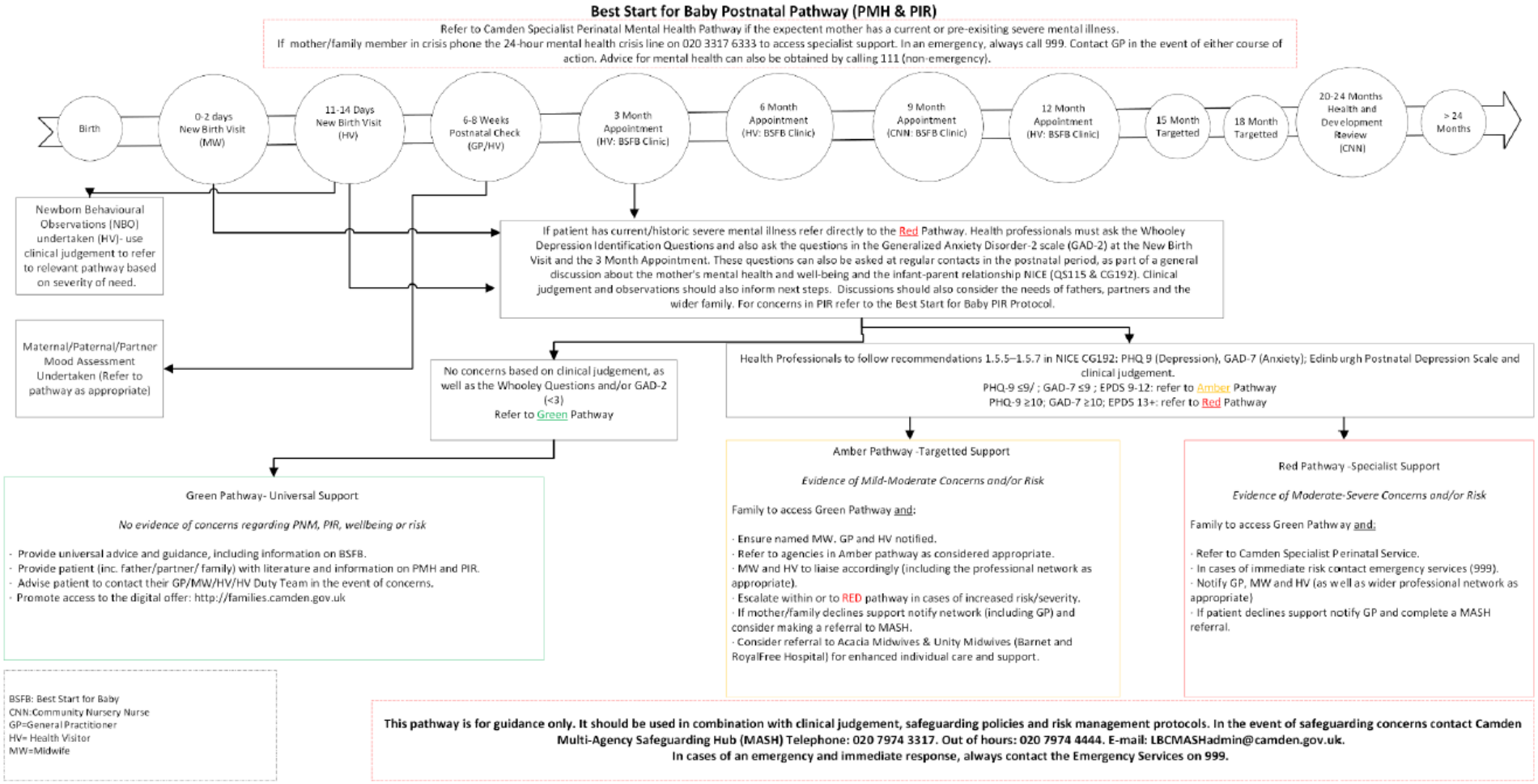


Figure s34. BSFB - Postnatal Pathway (PMH and PIR)



Appendix – flow of patients through Camden PNMH services

Camden

Table s2. A flow of patients through Camden PMH services with perinatal mental health problems and referred to Camden NHS Talking Therapies and SPMHS – 60% have some form of support at more severe levels. 40% without care

OVERVIEW OF PERINATAL MENTAL HEALTH AND SERVICE PATTERNS IN CAMDEN	Counts
Number of women in Camden estimated to have perinatal mental health problems (1 year defn)	941
Number of women in Camden estimated to have perinatal mental health problems (2 year defn)	1481
Number of women referred into Camden NHS Talking Therapies during perinatal period in 2022/23	221
Number of women referred into SPMHS in 2022/23	211
Number of women referred into Maple in 2022/23	111
Number of men in Camden estimated to have perinatal mental health problems (1 year defn)	51
Number of men in Camden estimated to have perinatal mental health problems (2 year defn)	211
Number of men referred into Camden NHS Talking Therapies during perinatal period in 2022/23	51

Appendix – data sources

Camden

Sandpits GP/SUS data

The note below refers to the data obtained from Sandpits:

- Births are defined in SUS from the ICD10 diagnosis code in Inpatients: 'Z370', 'Z371', 'Z375', 'Z376', 'Z377', 'Z38', 'Z382', 'Z385', 'Z388'.
- Patients identified at the following practices in Camden: 'F83003','F83005','F83006','F83011','F83017','F83018','F83019','F83020','F83022','F83023','F83025','F83042','F83043','F83044','F83048','F83050','F83052','F83055','F83057','F83058','F83059','F83061','F83615','F83623','F83632','F83633','F83635','F83658','F83665','F83672','F83683','Y02674'.
- Ethnicity is the most recent ethnicity recorded across multiple datasets including GP, SUS, CSDS, MHSDS, MSDS, IAPT.
- SMI and Depression are coded in GP data from existing QoF definition.
- Alcohol and smoking dependence is identified from national datasets, Section 3: Data guidance - NHS England Digital and Data guidance - NHS England Digital.
- MHSDS and IAPT referrals included patients who had a referral within 12 weeks of the discharge from hospital after giving birth.

Caveat: Sandpits GP/SUS data is of poor quality so caution should be taken when interpreting the results of the analysis. Only 13 GP practices have up-to-date data available (up to April 2024) so the latest records for mental health, demographic variables and lifestyle factors are likely to be inaccurate and not up-to-date.

MSDS data

The note below refers to data obtained from MSDS:

- Preferred languages refers to the language the patient prefers to use for communication with a Health Care Provider care Provider (identified at antenatal booking appointment). Language code is based on the ISO 639-1 two-character language codes, see the ISO 639.2 Registration Authority website (http://www.loc.gov/standards/iso639-2/php/code_list.php), plus five extensions (q1, q2, q3, q4, q5).
- Mental health screening refers to the mental health prediction and detection indicator which identifies whether or not the recommended questions for prediction and detection of mental health issues were asked at the antenatal booking appointment.
- Disability is identified at the antenatal booking appointment and provides an indication of whether a person has been diagnosed as having a disability or perceives themselves to be disabled.
- Complex social factors are identified at the antenatal booking appointment and includes substance misuse, domestic violence, recent migration and young maternal age (below 20 years), as defined by NICE guidance (CG110).
- Support is identified at the antenatal booking appointment and defines whether or not the mother feels she is supported in pregnancy and looking after a baby, from partner, family or friends.
- Employment status of the mother indicates whether or not the mother is in employment, as identified at the antenatal booking appointment.

Caveat: Caution is advised when interpreting the data, as some organisations contributing to the MSDS may have poor-quality data. This can lead to inaccuracies in the reported figures, affecting the overall understanding of trends and outcomes. It is essential to consider the reliability of the data sources when drawing conclusions from the MSDS.