

CASE STUDY: HEALTH VISITING



BACKGROUND

- 31-year-old 1st time mum and single parent. Was referred into vulnerable baby service antenatally.
- History of childhood trauma of sexual abuse, disrupted education, parental alcohol misuse and was carer to younger siblings .
- Diagnosed Bipolar Disorder and Borderline Personality Disorder and referred into the perinatal mental health team.
- Smoking cannabis and drinking alcohol during pregnancy and after baby was born.
- Working as a sex worker sometimes from own home
- Unsafe housing and risk of violence.
- Frequent referrals to Children's, Families and Social Care (CFSC) when mental health deteriorated.
- Short periods of assessment and intervention by CFSC until closed again when mum engaged with stated outcomes
- Referred to Manchester Talking Therapies but closed due to low levels of engagement.
- Admitted to a mental health unit but discharged home after a few days as she struggled to stop smoking cannabis.
- Was able to stop alcohol and class A drugs with support, but did not want to stop smoking cannabis as she felt it helped her mental health.
- Child was having to go to stay with Grandmother whenever mum's mental health deteriorated.

IMPACT OF A TRAUMA INFORMED APPROACH

- Health Visitors provide a universal service as well as enhanced partnership plus support, so this ensures that Health Visitors are a constant in the child and family's life and can support them on this journey.
- Health visitors are nurses and so they can look at the individual holistically and considering physical , emotional and social aspects that influence wellbeing .
- Can ensure a seamless journey from health visiting into school health services by providing continuity of care.

“Trauma Informed working enables real collaboration between people. The mother came to an understanding that her mental health diagnosis didn't define her but helped her to access and identify the support she needed and the strategies she could put in place”.

“A truly collaborative worker–client relationship is one in which the worker’s professional knowledge is combined with the client’s expertise about his or her own life narrative and scope of coping responses.”

TRAUMA INFORMED SUPPORT PROVIDED BY THE HEALTH VISITOR

Help them see their strength- helped mother to see how knowledgeable she was about her own health, child development and how she was empathic and responsive to her child’s needs .

Kept things in perspective- Mother had a great sense of humour and joy for life so when things went wrong, she was able to put things into perspective and move on .

Help to learn how to self regulate- She was very skilled at helping her child to self regulate so learnt to use healthier coping and regulation strategies such as being artistic or doing meditation.

Help look for opportunities for self discovery- Mother enjoyed new learning opportunities and increasing her knowledge. She also learnt mindfulness and meditation and benefitted from counselling .

Embrace mistakes and take healthy risks- Mother was always extremely honest and open with professionals so was quick to acknowledge her mistakes but also to justify some of the decisions she made as to why she felt they were in her best interest . She eventually felt able and supported to take the “risk” of speaking to her own mother about childhood trauma.

Help make healthy connections - Distanced herself from the people that she felt were toxic and bad influences in her life and made new friends with the other mums at her daughter's school and the neighbours in the area she moved to . She also strengthened her relationship with her siblings.

Help them to move towards their goals & gain competence - Moved to a new home which mother and daughter decorated it together. Studied for an A level in psychology .

Help to understand their behaviours & new coping strategies- She came to understand that there wasn’t anything wrong with her and how childhood trauma had influenced her behaviour but also how she could make positive changes .

