

# Moving on Up!

## Guided movement to reduce post natal low mood

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Click here for video of a Moving on Up session

<http://www.youtube.com/watch?v=zKGfWxH-1M0>



### Practitioners

Jess Brodrick, *B&NES Council's Active Lifestyles & Health Improvement Team*

Michelle Rochester & Sarah Haddow, *Make a Move Charity*

Robyn Pound, *Sirona's Health Visiting Team*

and mothers participating in the programme.

### Introduction

*Moving on Up* is a collaborative venture between Bath and North East Somerset Council's Sport and Active Lifestyles Team, *Make a Move* charity, Sirona's Health Visiting Team, Percy Crèche Services and parents to tackle post-natal depression (PND) through movement and exercise. It emerged from an innovative idea of Jess Brodrick (Local Authority Project Officer for Health) who had a small exercise referral budget residue and wondered if she could use it to engage mothers with mild PND to improve mood and increase physical activity.

### Why Post-natal Depression (PND)?

Current understanding is that one in 10 mothers in the UK experience low mood over more than two weeks, feel unable to cope, have difficulty sleeping or are lonely and frightened in the postnatal period (NHS evidence, 2008).

Many women do not recognise they have PND symptoms and need family, friends or professionals to help them acknowledge the signs and find appropriate support. It is usually a temporary condition but worth taking seriously because of the effect on wellbeing of both mother and family. Depression makes it harder to be responsive and sensitive as a parent (Moulin et al., 2014).

Current health interest is in the long term effects of inactivity and the effect on babies' development including brain activity involved in joy, interest, anger (RCM, 2012) and when more severe, compromised emotional and cognitive functioning (Allen, 2011). Relentless obligations of baby care, feeling bogged down, physical inactivity and isolation can have effects on maternal health and attachment with baby. Early intervention can reduce these effects.

### The Plan

'Passport to Health' is our local exercise referral service. Funded by Public Health resources, the service targets sedentary individuals with other health-related risk factors including mild to moderate depression. Individuals access the service by referral from a healthcare professional.





### A mother observed

Quietly, with hand movements, S outlined her morning with her children before arriving in the group on the first day.

'It looks very repetitive?'  
'That *is* my life ... yes!'

Two weeks later, 'I've lost 4 pounds'.

### Tonia, Creche manager

'At first the mothers were worried about leaving their babies. More than one mother appeared every time a baby cried.

In the last week, a mother hovered but when the music started she looked torn, she smiled for a moment ... and left.'

Historically, there has been a trickle of referrals for mothers identified with PND. However, as crèches have disappeared from leisure centres, and local walking schemes have diminished, engaging mothers with symptoms of PND has become more difficult. Based on feedback from health visitors and mothers, and with a budget for engaging the mild to moderately depressed adult population in regular physical activity, a pilot project specifically for mothers with PND was justified.

From experience, we understand that adults with depression require additional 'hand-holding' to support them to increase their activity levels. Although Passport to Health already exists in the form of subsidised access to local leisure sites and group courses, a stronger collaboration between health visitors, physical activity delivery specialists and patients was required to break down common barriers for this population group, i.e. childcare, fear, poor physical fitness and motivation post-birth.

Discussion with all agencies and a mother interested in dance helped develop the plan. We abandoned an original idea of mothers dancing with their babies when we realised they needed time to move and to concentrate on themselves, with their babies in a crèche they could trust. The course was set up in local community centres offering exercise activities to progress on to and an on-site crèche service.

The project offered a taster session for health visitors to enable them to become familiar with what they were 'selling' to their mothers followed by information tasters for the mothers who were referred. Health visitors who have universal contact with new mothers and training in recognising and raising awareness about postnatal depression can refer mothers from their caseloads.

Teacher Michelle with dance psychotherapist Sarah use their experience and skill for engaging this potentially hard to access group.

Everyone involved in the guided movement project are included in collaborative action research, as they are able, to understand, develop and evaluate the process and outcomes.

This initiative intends to complement other talking and creativity therapies by encouraging movement for enhancing wellbeing and promoting the benefits of physical activity for mild PND, mothers scoring above 12 on the Edinburgh Postnatal Depression Scale (EPDS).



Click link for Interviews

<http://www.youtube.com/watch?v=xvGNMrNjJWw>



## Course structure

Nine courses have taken place over six to eight consecutive weeks allowing time for mothers to arrive, settle their babies with the crèche staff, take some refreshments and chat before commencing the session.

At each session the mothers and leader (Michelle/Sarah) were accompanied by familiar health visitors. An exercise referral specialist (Dawn or Jess) screened the mothers before enrolling them on the programme and attended the first and last sessions. Having other interested professionals visit sessions was abandoned when mothers expressed preference for continuity. This enabled an appropriate level of support to meet the aims and objectives of the course.

## Aims Agreed

To explore movement and physical activity to reduce post-natal depression.

To explore the benefits of dance movement for self-awareness, self-expression and to open doors to new ideas for mothers and agencies.

To explore something new as a catalyst for change for mothers with babies under one year and local agencies.

To set achievable tasks through freedom of expression and movement to music; providing ownership of space and time for mothers to explore emotions and express themselves through dance, play and creativity.

To create a sustainable method of offering mothers with low mood an opportunity to reflect, move and engage with others using the kinaesthetic language of music, guided dance and fantasy.

## Objectives Agreed

Retention of > 65% of participants.

Improvement in EPDS scores from referral to final session.  
Increases in physical activity levels.

Positive evaluation surveys demonstrating improvements in PND factors.

Positive expressed accounts about participant and leader experiences in feedback, observations and video images.

## 72% Retention

Post-course -  
Several mums accessed  
swimming and buggy walking and  
the Passport to Health exercise  
referral service at their local leisure  
centre

### Ethical considerations

Professional Codes of confidentiality and consent meant we wanted to be certain mothers agreed to being videoed, not agreeing because they felt unable to say no. We invited everyone to a final session after completion of the course in the knowledge that it was to make a video and conduct interviews that could be viewed publicly. All participants were invited to contribute to the report. Video recording is not appropriate while mothers are gaining trust and confidence in participating.

### Evaluation Methods

In the beginning none of those involved could find adequate words to describe the full value of the experience beyond feeling excited and enlivened by it. For this reason we decided to increase our effort to explore *Moving on Up* more closely so we could explain and improve it - it involves talking but is not fully a talking therapy and our method of explanation needed to indicate the less tangible benefits of guided movement. We needed an explanation that does not rely on words so we turned to video.

EPDS scores, evaluation survey results and participant retention levels supported the video evaluation objectively in terms of measures of success.

Other considerations include cost although resources had been identified as part of an exercise referral budget residue targeting adults with depression. We still need to examine how the cost per participant may result in the cost savings to the NHS in the longer term through improved health and well-being.

The Make a Move team has now been successful with the award of a £200K Big Lottery bid. This will fund 3 years of delivery across B&NES and help support the further development of a robust evidence base for the intervention.

### Michelle's (Make a Move Charity's founder and movement practitioner) account of what happened

"I needed initially to provide some movement language and to enable me to read the group, to get an idea of their physical ability and to see just how much they were willing to give of themselves. Very often the emotions are shown through the physical form of posture and body language.

I provided the movement language in the form of basic contemporary warm-up phases of movement as well as demonstrating moves inspired by a "cheesy" number by "Queen". By week three I felt frustrated by the mothers

### **Michelle's 'My biggest moment'**

'I heard L's baby crying in the creche. I looked at L between tracks to acknowledge she might want to leave. The music started again. With a dismissive gesture she shrugged her shoulders and turned back to the dance. **Huge...**

I thought, "My work here is done".'

appearing to need to learn set moves. Their facial expressions were too concentrated when being forced to recall and remember moves. I felt they didn't need more to concentrate on; in fact I felt they needed to focus less and let go more to experience a sense of freedom.

At the very least, the sessions offered a good physical workout, so in order to encourage the mothers to think less there needed to be opportunity to express, to feel, to create, to explore and to find some peace of mind. Each of the mothers knew what they needed physically and mentally; they simply needed prompting and guidance to awaken some individual reflection and internal focus. Each task delivered was readily differentiated by each of the participants; they were able to work at their own level and pace without feeling self-conscious of their movements.

I needed to constantly observe in order to assess moments of uneasiness in order to move the session on or simply alter the task. This enabled the sessions to be a dialogue between the mothers and me. This resulted in my moving and talking for most of the sessions. I believe this helped them feel safe and supported in the space.

After most exercises we would allow time to feedback how we felt. This enabled the mothers to focus on their emotions away from their lives outside of the sessions. By allowing them to have some time to internally focus, look at what was happening to themselves, question how they were feeling, at times, enabled them to find solutions to their anxieties or concerns in their lives in general.

All participants were given a CD of the music used during the course to take home.

### **Michelle's conclusion**

*Moving on Up* proved to be a catalyst for positive change for all mothers who participated.

### **Michelle's 'Aahh Ha!'**

One mother kept saying, 'I can't dance' so many times that I realised we weren't here to dance.

We were there to move, to be able to express ourselves, to create our own language for do what we want to do.

Improvements include one mother altering her diet and losing weight, to another participant purchasing a disco ball for use at home encouraging her to incorporate movement while doing simple housework tasks. Conversations were part of the sessions and mums followed some of the suggestions made to improve their lifestyles.

There was a development in the expressiveness and expansiveness of the movements and this confirmed to me that the mums were feeling confident and free of self-consciousness. Sometimes they got to a stage where their thinking was purely reactionary thus enabling them to be free

of concerns or indeed any thoughts other than their movements. This is when the mums felt most relaxed.

## Outcomes

170 mothers were identified by health visitors as potential participants with 150 of these mothers being successfully contacted.

132 mothers booked to attend a course.

99 of these mothers engaged in the course from session one and 71 of them completed the course (72% retention).

Only three mothers (3%) did not reduce their EPDS scores due to recent episodes of anxiety. 58% of participants reduced their EPDS scores to below the PND threshold of 12.

At 12 weeks post-programme mothers were asked to respond to a letter asking them of their activity levels had changed.

84% of respondents indicated that they were participating in more physical activity since participating in the programme. Participants were also offered the opportunity to access the Passport to Health Service and/or use free taster vouchers for local leisure centres.

Evaluation surveys: Participants were asked if the course had impacted on the following PND symptoms:

### Evaluation Survey

Impact on:	Yes
Sleep	44%
Relationships	57%
Motivation	67%
Self-confidence	62%
Energy Levels	50%
Mood	91%
Emotions	79%
Concentration	17%
Healthy Eating	17%
Negative thoughts	49%

### Mothers' comments

'Time out'

'Freeing'

'Energising'

'Breath taking'

'The group is...how you say...  
"Big" for me'

'The only two hours I get to myself all week.'

'I found it hard to stop thinking'

'A chance to move around

and do what *I* want'

I was worried about leaving him but  
he's happy'

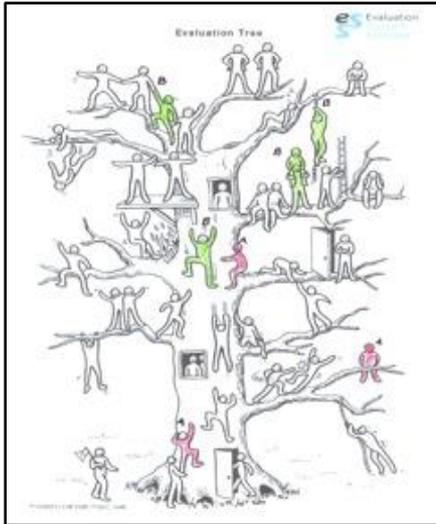
'Creche are great - a break'

'Freedom and time to be me'

'No right or wrong way of doing things'

'I leave feeling relaxed,energised'.

'Trying to let go, to go with the flow'

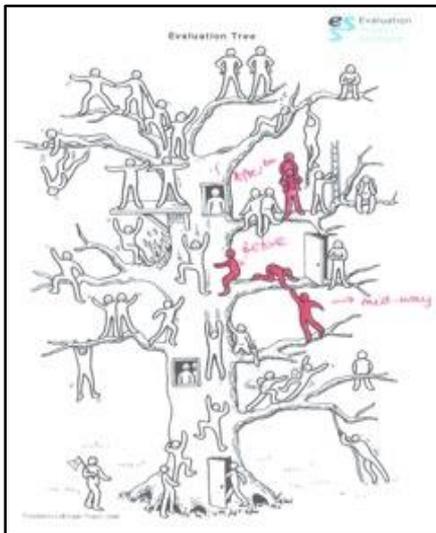


With regards to whether the course had met their expectations, 98% answered 'Yes' and 97% were 'very satisfied' and 3% 'satisfied'.

Some comments prompted by the blob evaluation sheets during discussion in the final session and in the video are included in the left margin. The videos show aspects of self-reflection, release and self-expression that we all found hard to express in words.

### Conclusion

This pilot project has been a valuable learning experience for all participants and agencies involved. A number of evaluation methods were used to demonstrate as fully as possible the benefits and success of this project



Evidence of strong retention, a positive impact on mood and other PND-related symptoms including increasing physical activity levels, show promise for this intervention to positively influence the mental and physical well-being of mothers with PND.

Referring health visitors, on the strength of their observations and conversations with mothers, rate the project highly and continue to refer.

### Development Areas

This project became a collaborative action enquiry with direction from Robyn, Marie Huxtable, and others. We have been fortunate enough to have applications to the following conferences accepted and have presented at:

The Marce Perinatal Mental Health Conference, Swansea, September 2014, Swindon HV conference November 2014, PHE Early Years Conference, Taunton March 2015.

Our presentations/workshops were met with excitement and strong attendance and now Herefordshire Childrens Centre Services are on board.

Make a Move Charity have been successful with a Big Lottery bid and have been awarded £205,000 to enable the delivery of this project across B&NES for 3 years from September 2015. The Big Lottery funding will support further research to assist in developing a stronger evidence base.

We have also attracted funding to pilot a '*Moving on Up: Families* project as a next step in a pathway to support physical activity and mental wellbeing for families. This project is a preventative approach to childhood obesity and can work alongside the local HENRY programme ([www.henry.org.uk](http://www.henry.org.uk)).

## Resources used

Allen, G (2011) Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government

Evaluation Tree: Blob men. downloaded from [www.EvaluationSupportScotland.org.uk](http://www.EvaluationSupportScotland.org.uk) 2.12.12

Make a Move: Moving towards a better future. A charity offering dance and music therapy. [www.makeamove.org.uk](http://www.makeamove.org.uk) Downloaded 7.1.13.

Moulin S, Waldfogel J, Washbrook E. (2014) Baby Bonds: Parenting attachment and a secure base for children. The Sutton Trust. London

NHS Evidence (2008) Clinical Knowledge Summaries. Downloaded 7.1.13 from [www.evidence.nhs.uk/topic/postnatal-depression](http://www.evidence.nhs.uk/topic/postnatal-depression)

National Institute of Health and Clinical Excellence (2007) Antenatal and postnatal mental health, <http://www.nice.org.uk>

Royal College of Midwives (2012) Maternal Emotional Wellbeing and Infant Development: A Good Practice Guide for Midwives. Web PDF Downloaded from [www.rcm.org.uk](http://www.rcm.org.uk) 7.1.13

To access the videos .....

<http://www.youtube.com/watch?v=zKGfWxH-1M0>

<http://www.youtube.com/watch?v=xvGNMrNjJWw>