

Perinatal Mental Health Services

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The story so far...



- Campaign and promotion

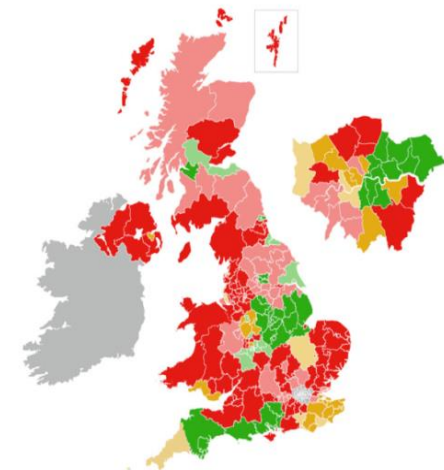
- MBRRACE reports

- 1046 died 2009-13
 - 101 from complete suicide
- 553 died 6/52 to 12/12 PN
 - 80 from completed suicide 47 substance misuse
 - 127 or 23% died PN had a MH related cause



- LSE Economic case

- £1.2Bn cost to NHS
- £8.1Bn cost to wider society



Designing a better future

BETTER BIRTHS

Improving outcomes of
maternity services in England

A Five Year Forward
View for maternity care



- Growing awareness and momentum across the system of the need for change, with all stakeholders becoming engaged
- Perinatal mental health identified as key national priority:
 - **Closing the gap**: priorities for change in mental health (DH, 2014)
 - Prime Minister's announcement and **Life Chances** strategy – Jan 16
 - **Five Year Forward View for Mental Health** – Feb 16
 - **Better Births** independent report – Feb 16
 - Prime Minister's **Shared Society** speech - Jan 17
- Backed up by commitment to new investment
- Using momentum to deliver significant service improvement and improve outcomes for women and their families



The vision...

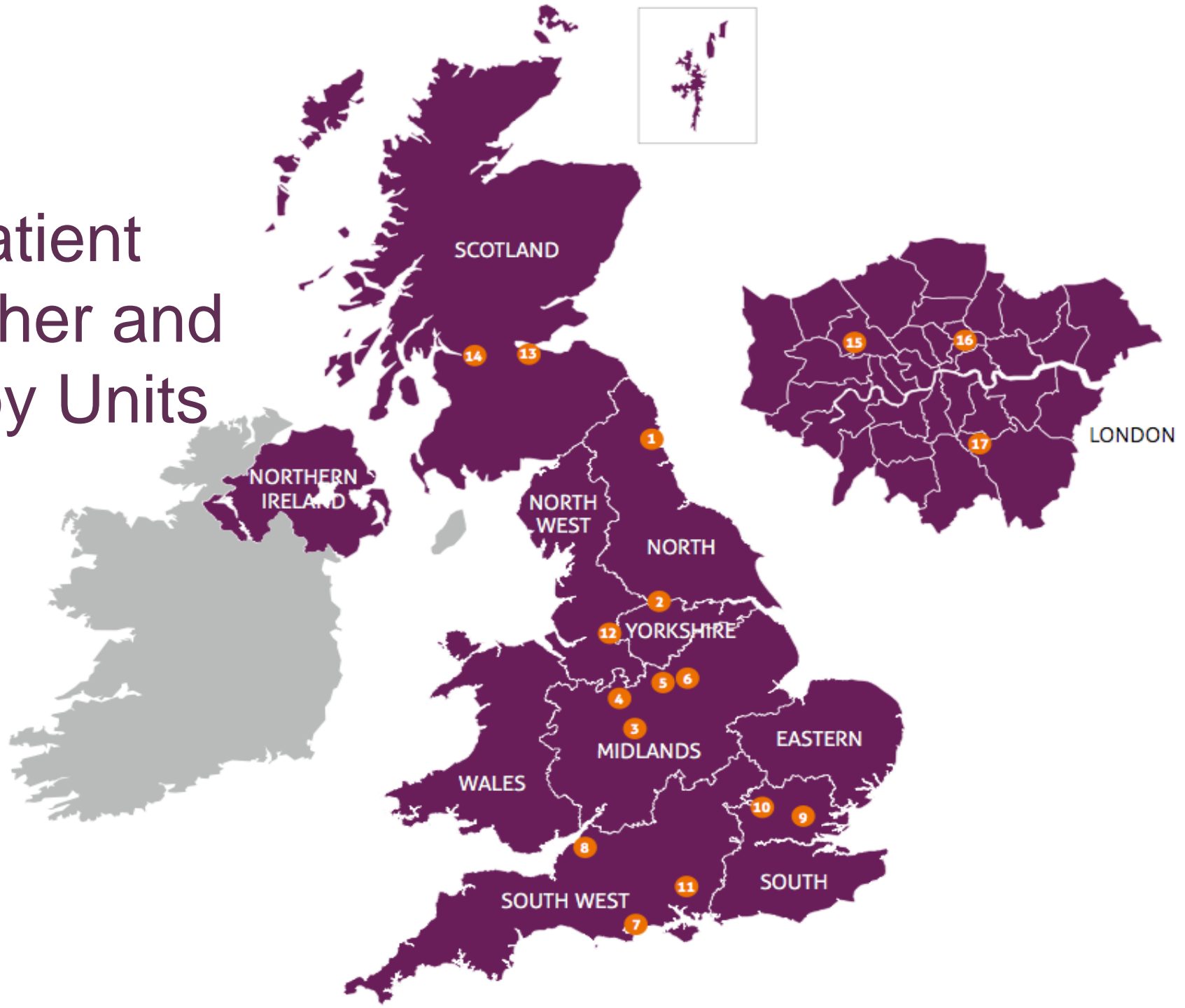
- **By 2020/21, an additional 30,000 women in all areas of the country should receive access to**
 - **evidenced-based specialist support**
 - **closer to their home**
 - **when they need it**
 - **including access to psychological therapies**
 - **with the right range of specialist community or inpatient care**

The Birmingham Service

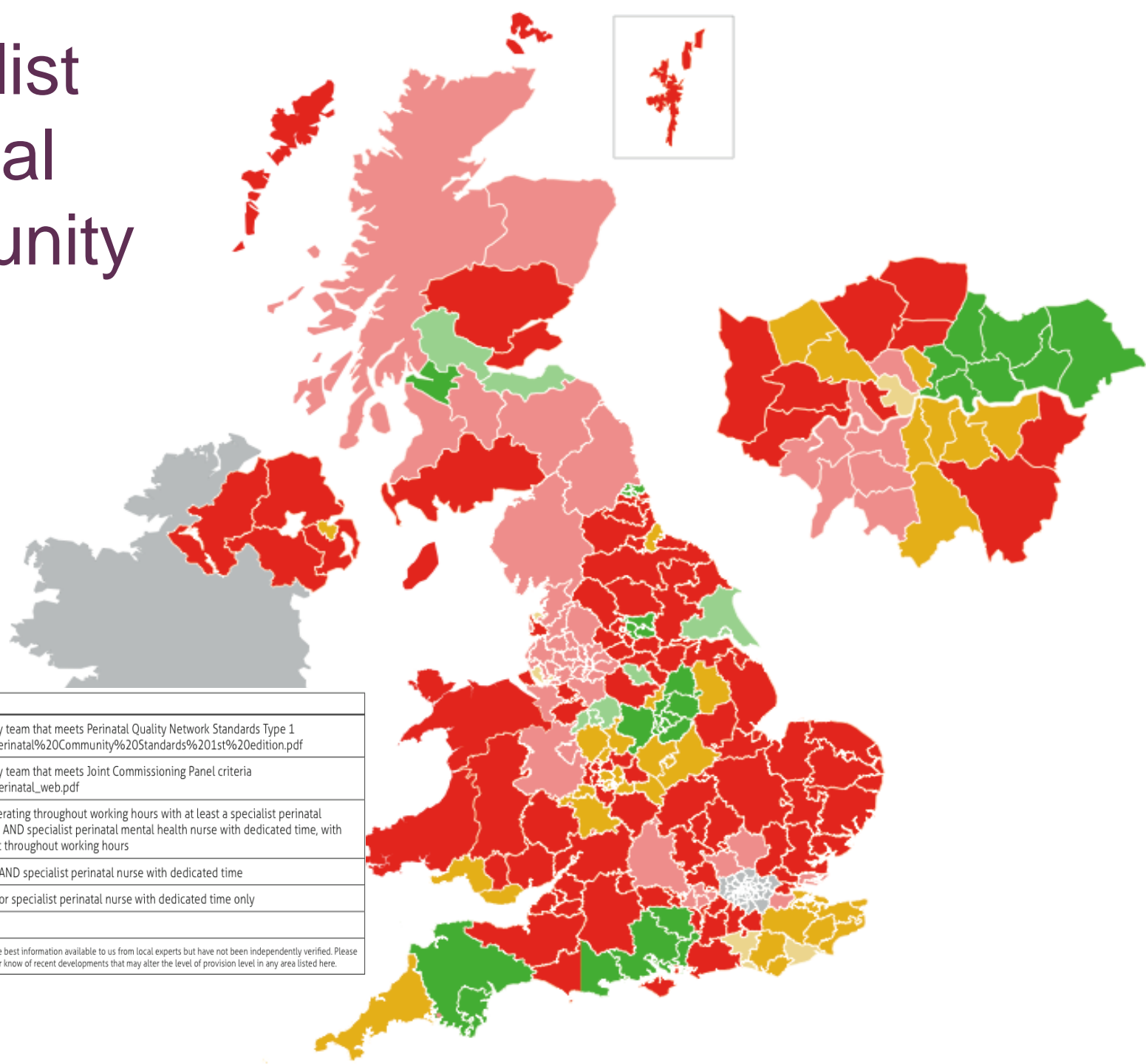
- 9 bedded inpatient unit
- Funded by NHS England
- Referrals received from across the country
- Women admitted with their baby for a variety of conditions
- 24 000 deliveries in Birmingham
- Small community service about to expand



Inpatient Mother and Baby Units



Specialist Perinatal Community Care



LEVEL	COLOUR	CRITERIA
5	Dark Green	Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1 http://www.rcpsych.ac.uk/pdf/Perinatal%20Community%20Standards%201st%20edition.pdf
4	Light Green	Specialised perinatal community team that meets Joint Commissioning Panel criteria http://www.rcpsych.ac.uk/pdf/perinatal_web.pdf
3	Yellow	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2	Light Yellow	Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1	Pink	Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0	Red	No provision

Disclaimer Levels of provision in this map have been assessed using the best information available to us from local experts but have not been independently verified. Please contact info@everyonesbusiness.org.uk if you suspect any inaccuracy or know of recent developments that may alter the level of provision level in any area listed here.

Why is this a problem?
Some cases...

Case 1

- MJ – 31 diagnosed with BPAD. Under care of EIS. Did very well. Discharged from them to GP. Had reduced meds to a maintenance dose of Quetiapine 300mg ON.
- Became pregnant. Remained well. No need for CMHT referral. Stopped medication with GP – fearful she had harmed baby. Normal uneventful pregnancy.
- Postpartum – acutely unwell within days of delivery. Family tried to manage at home. Ultimately admitted to a General Adult ward and then transferred to Birmingham MBU

What a PMHS could have added...

- Preconception Advice.
- Monitor during the pregnancy
- Advice about medication
- Informed choice about prophylactic treatment
- Prevent separation from baby
- Awareness of MBUs – pregnancy visit
- Support with baby during admission and then at home
- Support from Action on Postpartum Psychosis online forum

Case 2

- KC - 23 nursery nurse, no past psychiatric history. Referred to PMHS following birth of baby with “PND” – not bonding and refusing to care for baby.
- Assessed – convinced she was an evil mum and was a paedophile. Continuous intrusive thoughts and images of touching her son inappropriately – safest option to avoid care of baby. Very distressed. Hadn't told anyone else for fear of arrest.

What the PMHS did...

- Safe space to explain her experience.
- Psychoeducation about normal physiological and psychological changes of pregnancy and breast feeding - as well as OCD
- Tailored graded exposure plan, building up mother-infant interaction
- Support to GP, HV and Children's Centre

Perinatal Mental Health Services

- Parity of esteem
 - Mental illness is the most common co-morbidity of pregnancy
- Women die
 - Mental illnesses the most common reason why women die around childbirth
- Women suffer
 - Pregnancy and childbirth seen as being a fundamental function of women – barriers have tremendous impact on self-esteem
- Transgenerational effects
 - Poor attachment most common link to future mental illness
- Financial cost
 - Across the UK each untreated cohort year costs £8.1Bn
- Evidence for treatment exists
 - Robust NICE Clinical Guidelines 192

What would NI need?

- Royal College of Psychiatrists Report – CR197 and British Psychological Society Report – BP8
- Approximately 25000 deliveries per year
- 2.5 wte Consultant Perinatal Psychiatrists and team
- 2.5 – 7.5 wte Perinatal Psychologists
- 12.5 – 25 wte Community Psychiatric Nurses or Mental Health Practitioners
- Support staff – nursery nurses, admin, managers...
- A separately staffed Mother and Baby Unit (0.25 beds/1000 births => a 6 bedded unit)