



Oxleas Perinatal Mental Health Service Bexley Bromley and Greenwich

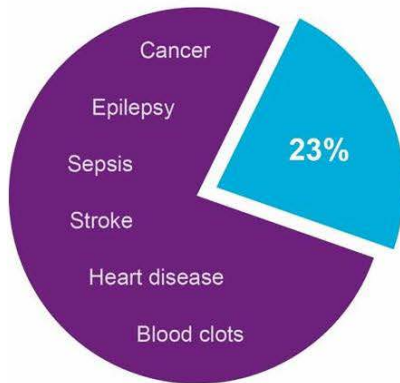
Improving lives

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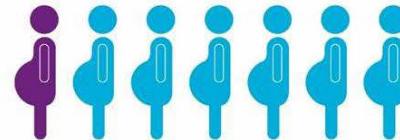


Suicide in the perinatal period

Mental health-related deaths



Almost **a quarter** of women who died between six weeks and one year after pregnancy died from **mental-health related causes**



1 in 7 women died by **Suicide**

Economic Analysis



The costs of perinatal mental health problems

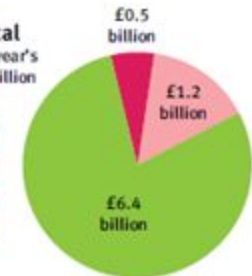
Annette Bauer, Michael Parsonage, Martin Knapp, Valentina Lemmi & Bayo Adelaja



Key points from the report

Known costs of perinatal mental health problems per year's births in the UK, total: £8.1 billion

health and social care
other public sector
wider society



Women in around half the UK have NO access to specialist perinatal mental health services



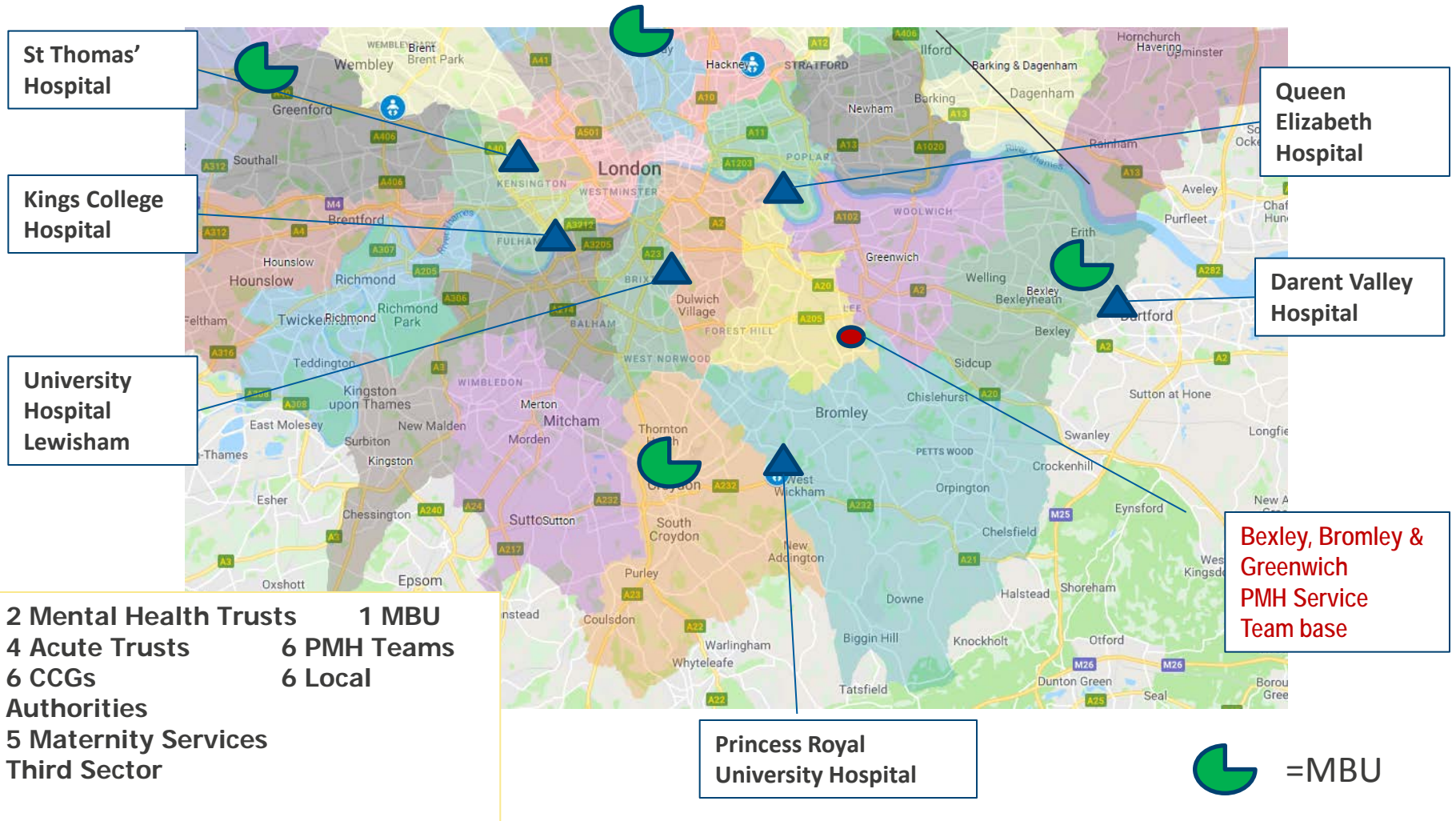
Suicide is a leading cause of death for women during pregnancy and in the year after giving birth



Costs v improvement

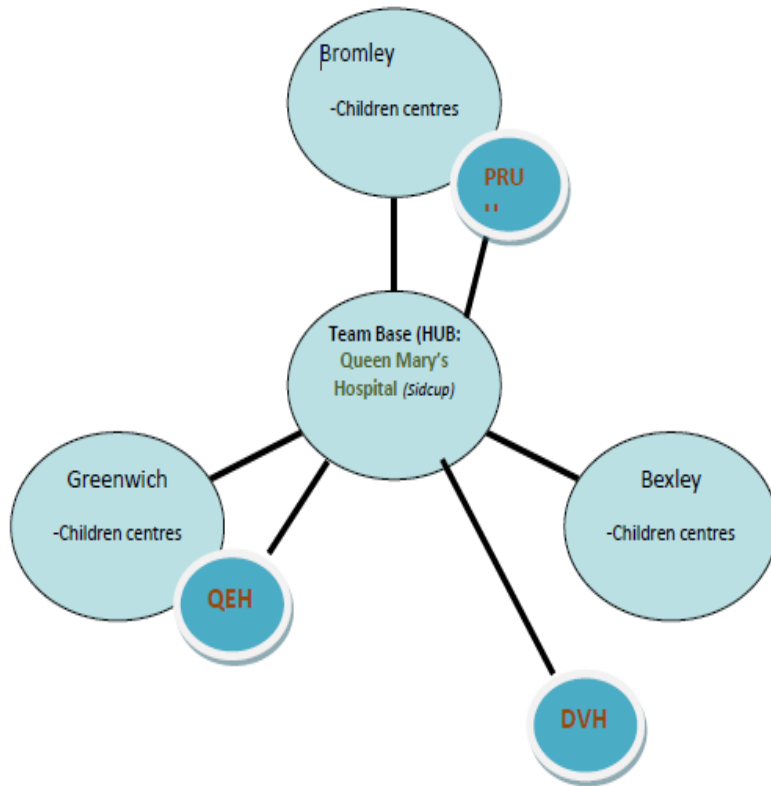
The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

SE London STP



- 2 Mental Health Trusts
- 4 Acute Trusts
- 6 CCGs
- Authorities
- 5 Maternity Services
- Third Sector
- 1 MBU
- 6 PMH Teams
- 6 Local

Bexley Bromley and Greenwich Perinatal Mental Health Service



- 'Hub and spoke' model.
- Birth rates:
 - Greenwich: 4776
 - Bromley: 4079
 - Bexley: 3174
- Service went Live on the 28th February 2019

The service interfaces with:

External:

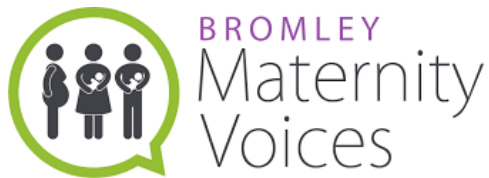
- 3 local maternity sites (2 within the borough and 1 in a neighbouring borough)
- 1 Health visiting service providers
- 2 IAPT providers
- 3 Local authorities

Internal:

- 2 Health visiting services
- 1 IAPT service
- 2 Mental Health liaison services
- 3 Home Treatment/Crisis team
- 9 Community Mental Health Teams (3 EIP, 3 ADAPT, 3 ICMP, 3 PCP)

Who are we

- Specialist Perinatal community mental health service
 - The Perinatal Mental Health Team is a multi-disciplinary mental health service for pregnant and postnatal women with severe and complex mental illness.
 - Bexley, Bromley and Greenwich
 - The team aims to detect, prevent and treat perinatal mental health problems.
- See women who have a GP/ resident in the boroughs.



Working in partnership to improve maternity services



The service continues to work closely with 3rd sector organisations through various co-produced activities:

- Mind Support worker/Mindful Mums group.
- Co-facilitated group with Mums Aid (Greenwich)
- Maternal Journal
- Resilience intervention for fathers (CCG Led)

Involvement from women with lived experience:

- Focus groups
- Recruitment
- Publications
- Implementation group
- Overall service development

Who do we see ?

- Bipolar Affective Disorder
- Schizophrenia / Schizoaffective disorder
- Previous Postpartum Psychosis
- Severe Depression
- Other psychotic illness
- Family History of Postpartum Psychosis

These women should be referred even if they are currently well

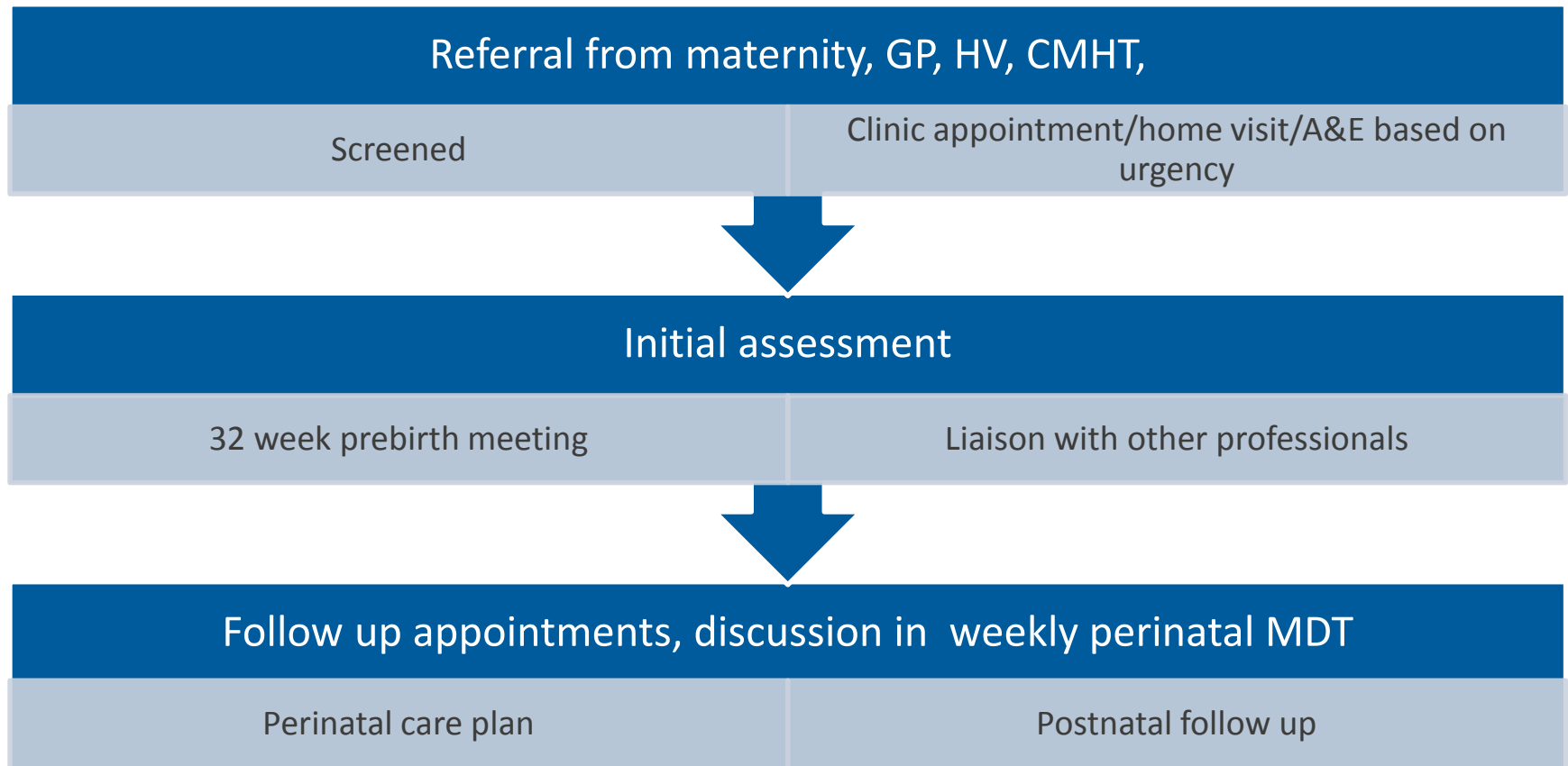
Who do we see ?

- Severe or complex mental illness- Post Traumatic Stress Disorder, Eating Disorders, Obsessive Compulsive Disorder and Personality Disorder
- Pre-conception advice to women with SMI
- Woman is prescribed a mood stabiliser -urgent advice given regarding medication to professionals
- Already under CMHT
- Psychiatric inpatient during pregnancy or the postnatal period

If substance misuse is the primary problem please refer to the antenatal substance misuse clinic.

Women under 18 years old can be referred if perinatal mental illness dominates the clinical picture. In that case women should also be referred to Child and Adolescent Mental Health Services (CAMHS) and the Perinatal Mental Health Team will provide advice to CAMHS

Processing of referral



What do we do?

- Early assessment in pregnancy
- Provide specialist advice on prescribing in pregnancy and breast feeding
- Work collaboratively with other professionals
- Preconception advice for women with severe mental illness.

Scenario

- 32yr old lady referred to perinatal by the midwives
- Booked at Denmark Hill, KCH
- 3rd pregnancy,
- History of contact with mental health services, discharged from secondary mental health few months before the pregnancy
- Breakdown when in foster placement with second child, first child living with paternal family in Wales
- 2nd child- ongoing custody, h/o Domestic violence, not with this partner but in contact
- Seen by perinatal, diagnosis of Schizophrenia, psychotic symptoms in pregnancy, commenced medication

Early Intervention- Well vs Unwell woman

- 2nd pregnancy, previous admission to MBU for postpartum psychosis
 - Seen in antenatal period
 - Now has given birth
 - Doing well
 - Remains under perinatal as early postnatal
 - Seeing psychiatrist and perinatal nurse
- 34yr old lady, first pregnancy
 - Recurrent depression, severely depressed in pregnancy
 - High risk of suicide
 - Referred late in pregnancy, 2 weeks prior to due date
 - Depression, bonding, negative ruminations
 - Mental health professional
 - Seen psychiatrist, perinatal nurse, psychologist, nursery nurse
 - Now well and considering planning another baby

What are the risks?

Risk to baby and other children

- Psychotic symptoms
- emotional responsiveness
- Difficulty regulating emotions
- Loss of interest & enjoyment
- social interaction
- Low self confidence
- Disorganisation / lack of routine
- Apathy and motivation
- Self neglect
- Relapses and admissions
- Child as carer
- Genetic factors
- Strengths & positive factors

Risks

- Neglect biggest concern in perinatal services
- Don't make assumptions based on diagnosis
- Consider individual symptoms, history, context and strengths
- Short and long term risk

What can reduce risk

- Knowledge and training for all staff working with women in the perinatal period
- Thorough assessment, MSE and review of past medical records
- Clear diagnosis
- Comprehensive understanding of woman, family and context
- Clear information for women, families and other professionals about future risk
- Good communication
- Partnership working
- Foster relationships with other teams - helps facilitate joint working and to avoid conflict
- Clear care pathways
- Clear operational policies and protocols
- Clarify which team or professional holds responsibility
- Role clarity when multiple professionals involved in a woman's care
- Makes sure women and professionals don't get given conflicting advice
- Have some flexibility with referral thresholds – especially if women are re-referred
- Listen to GPs, family members and others who express concerns
- Supervision, team clinical discussion, ask for senior opinion

Impact of mental illness

- Suicide
- Self neglect
- Vulnerability to abuse
- Risk to baby
- Impact on partner

Thank you

Contact:

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