Perinatal Mental Health

A Guide to services in Milton Keynes

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'Perinatal mental health services are concerned with the prevention, detection and management of perinatal mental health problems that complicate pregnancy and the postpartum year. These problems include both new onset problems, recurrences of previous problems in women who have been well for some time, and those with mental health problems before they became pregnant.
Why develop perinatal mental health services?

- Suicide remains one of the leading causes of maternal death in the first year post partum in the UK. Deaths from mental health problems make up a significant proportion of maternal death after birth & almost a quarter of maternal deaths occurring between 6 weeks and one year after the end of pregnancy were due to mental health related causes (Saving Lives, Improving Mother’s Care: MBRRACE-UK 2015)

- The NSPCC’s All Babies Count (2013) report showed that in England approximately 122,000 babies under one are living with a parent who has a mental health problem

- If not managed effectively, maternal mental illnesses in pregnancy and the early years of a child’s life can have adverse effects on a child’s brain development and long-term outcomes
• Babies are disproportionately vulnerable to abuse and neglect. In England they are seven times more likely to be killed than older children. Around 26% of babies (198,000) in the UK are estimated to be living within complex family situations, of heightened risk where there are problems such as substance misuse, mental illness or domestic violence. 36% of serious reviews involve a baby under one. (The1001 Critical Days)

• Good perinatal mental health services will use an integrated pathway that will promote seamless, integrated, comprehensive care across the whole clinical pathway. It should promote prevention, early detection and diagnosis and effective treatment.

• It is important to work collaboratively with colleagues in maternity services and with those in adult mental health services with women with prior or longstanding mental health problems.
Why develop perinatal mental health services?

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: £6.4 billion
  - Other public sector: £1.2 billion
  - Wider society: £0.5 billion

- **Of these costs**
  - 28% relate to the mother
  - 72% relate to the child

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

- **Up to 20%** of women develop a mental health problem during pregnancy or within a year of giving birth

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

- **Costs vs improvement**
  - The cost to the public sector of perinatal mental health problems is 5 times the cost of improving services.
Why develop perinatal mental health services?

- In Milton Keynes there are over 4,000 births a year, this is a figure which is showing signs of increasing.
- Between 10 and 20% of women develop a mental illness during pregnancy or within the first year after having a baby – this means in MK between 400 and 800 women will develop a mental illness during this time.
- The good news is that, with the right help, women can recover from these illnesses.
MK Integrated Multi-Agency Pathway

**Primary MH:**
- IAPT

**Secondary MH:**
- Acute Home Treatment Team
- Campbell Centre
- MBU
- Hospital Liaison Team
- LIST

**Secondary MH:**
- Perinatal MH Service

**Children & Families Services:**
- Children's & Families Practice
- Children's Centres

**CAMHS:**
- Under 18’s
- Lifespan Eating Disorder Team

**MKUH:**
- Midwifery
- Obstetrics

**GP & Health Visitors**

**Secondary MH:**
- Specialist Therapies Team
- Rehab & Recovery
- AOT/EIT

**3rd Sector:**
- Compass
- MIND
- Etc,

**Integrated Pathway**

Mother
Infant
Partner
Family
Stepped Care Model

**Step 4 – Secondary Care Specialist Mental Health Services**
- Presenting as high risk to either themselves, their unborn/baby or with complex mental health disorders
- Already within the Specialist Mental Health Services
- Received specialist perinatal mental health care in previous pregnancies/postpartum
- Has a diagnosis of severe & or enduring mental illness e.g. Bipolar Disorder; Schizophrenia
- Have a history in a close family relation of postpartum psychosis or maternal family history of Bipolar Disorder

**Step 2 & Step 3 – Primary Care**
- Improving access to Psychological Therapies (IAPT)
- Assessment & treatment for mild to severe depression & anxiety
- Psychosis in first 4 wks post partum excluded
- Q9 on PHQ9 scores 3 consult immediately with PMH Services/ASTI

**Step 1**
- Recognition and Detection
- History of mild current or previous problem areas
- PHQ-9 and GAD-7 Questionnaires
- Primary Care treatment with GP & Community Services
Points to note

1. Women already receiving care from MH Services will remain under their care & specialist advice &/or support is provided by the Perinatal MH Service where required

2. Women who require admission to hospital, NICE Guidelines recommend that she is admitted to a Mother & Baby Unit (MBU), when her baby is less than 12 months old & when appropriate during the last trimester of pregnancy

3. Women already in a ward within Milton Keynes Hospital & require a mental health assessment & already receiving care from MH Services, the team she is under should be contacted and her presentation discussed with her Care Coordinator or a duty worker

4. Girls under the age of 18 who are either pregnant or postnatal with a mental illness are referred to CAMHS (if 18yrs within next 3 months contact Adult MH Services)

5. If the woman is not known to MH Services & it is outside of normal working hours a referral can be made by the ward to the Mental Health Hospital Liaison Team who can offer advice/assess on the ward
Referring Into PMH Services

**How:** Via Talk for Change (IAPT) and if urgent the UCT (Urgent Care Team)

**Who:** Referrals are accepted from Healthcare & Social Care Professionals

**How:** Urgent referrals are initially screened by an Urgent Care duty worker & then passed to the Perinatal Mental Health Service for further triaging. If Critical the UCT will undertake the initial assessment. PMH assessments are usually offered within 2 weeks & women are seen either at home or Eaglestone Health Centre or other primary care setting.

**PMH Service; Talk for Change & UCT**

**Contact Details:**
Eaglestone Health Centre, Entrance 2
Standing Way,
Milton Keynes, MK6 5AZ
Tel: 01908 725099

Integrative Perinatal Care
The aim of this one day multi-agency event is to develop your:

Understanding of the concept of perinatal mental health and the impact it can have for the individual, family and community.

How to recognise signs & symptoms of perinatal mental illness, in support of detection at the earliest opportunity.

Appreciation of your own role and that of other practitioners in the context of national direction for perinatal mental health.

Familiarisation with local referral pathways, the range of interventions available and consideration of the challenges and opportunities for supporting families experiencing (or at risk of) perinatal mental illness.
The training will be led by a local **Perinatal Champion** and will engage you with the importance of good Perinatal Mental Health, support your awareness of contemporary policy and research and explore the range of perinatal mental health conditions, their clinical features and the impact of perinatal mental illness for the mother, child and the family.

Every practitioner working with women and their families during the perinatal period has a role to play in promoting good perinatal mental health by enabling women with a mental illness to get appropriate and timely care, safeguarding them against associated risks and the impact of stigma and helping them to recognise how perinatal mental illness can affect the parent/child relationship.
THANK YOU for listening - Any Questions?