

Specialist Perinatal Mental Health Service

Background

The Five Year Forward View for Mental Health (FYFV) sets out the need to support more women to access evidence based specialist perinatal mental health treatment requiring a highly skilled workforce, with the right capacity and skill mix so that:

- All women can access appropriate, high-quality specialist mental health care, closer to home, when they need it during the perinatal period.
- Women and their families have a positive experience of care, with services joined up around them.
- There is earlier diagnosis and intervention, and women are supported to recover and fewer women and their infants suffer avoidable harm.
- There is more awareness, openness and transparency around perinatal mental health in order that partners, families, employers and the public can support women.

Perinatal mental health is one of ten priority areas within the Local Transformation Plan for east and west Suffolk. Following an unsuccessful Wave 1 bid, LTP funding of £317,000 was used to establish a small east and west Suffolk Community Specialist PNMH team focussed on meeting the needs of an estimated 225 women with severe PNMH issues. This service was officially launched on 23rd February 2018.

How does it work?

The team is employed by NSFT and operates across East and West Suffolk. It comprises a consultant psychiatrist, two specialist nurses and an administrator. The team provides community based treatment and support for women who are currently experiencing, or are likely to experience, a severe mental health issue during the perinatal period (from conception and up to the baby's first birthday).

The Specialist Perinatal Mental Health Service is open to mums and mums-to-be who:

- Are currently experiencing a severe mental health issue or who have in the past experienced a serious mental health issue. This may include:
 - known major mental health disorder, particularly bipolar illness
 - past history of post-natal psychosis or severe depression
 - family history of post-natal mental illness.

The service will provide:

- triage for the mum to assess suitability for the service
- help and support in developing a personalised care plan
- advice and support over the telephone
- face to face support in her local community or at home, depending on needs
- pre-birth care planning
- guidance and support for her partner and family
- medicines management – prescribing, advice and review
- support around the relationship between mum and baby
- goal setting that fits with the family's hopes for the future
- pre-conception advice and guidance
- training on perinatal mental health to the wider workforce
- sign-posting to other support services/networks

The team works collaboratively with professionals involved in perinatal care including midwives, obstetricians, health visitors, GPs and recovery care-coordinators.

The team is operational 9am – 5pm Monday to Friday

If there is an immediate risk to a mother or her baby please send to A&E

Benefits to patients

- Access to a specialist team for mums and mums-to-be with a severe mental health issue/condition which will provide and support:
 - early identification of emerging or risk of PNMH problems
 - rapid access to effective intervention and support in their home setting
 - full recovery
 - secure attachment with their baby
 - professionals with advice and guidance

 - Partners and close family will be enabled to provide support and know how to recognise mental distress and what to do if and when this occurs. They will also feel supported in their own right. Babies will experience secure attachment and be able to grow and flourish achieving their developmental milestones.
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How to make a referral

Mums 25 years and over refer via AAT using the standard referral form. Please state on the form that the woman is pregnant or has had a baby within the last 12 months. AAT tel: 0300 123 1334

Mums under 25 years refer via The Emotional Wellbeing Hub using the standard referral form and state that the woman is pregnant or has had a baby within the last 12 months.

How to learn more about the service

Contact the team administrator:

Perinatal Team, Wedgwood House, Hardwick Lane, Bury St Edmunds. IP33 2QZ

Tel: 01284 719700

Perinatal Mental Health Top Tips for GPs

1. Perinatal mental health illness is common – 10-12% during pregnancy or in first year with massive economic and social impact if untreated. There are effective treatments and 90% of women are cared for in primary care.
2. 1 in 1000 women who have a baby will experience postpartum psychosis
3. GPs and primary care staff can improve detection - the 6 week check is a golden opportunity.
4. Use opportunistic checking at other appointments.
5. Use non-judgmental, open, proactive approaches – see attached poster.
6. Think about involving the partner if the mother wishes.
7. Severe mental illness – bipolar disorder, schizoaffective, severe depression, refer to specialist team.
8. Postpartum psychosis is an emergency (needs assessment within 4 hours) and can fluctuate or appear subtle.
9. Mild to moderate symptoms - identify lead professional; could be health visitor, midwife, GP. Offer follow-up appointments. Local community support includes:
 - a. Get me out the four walls: maternal mental health charity www.getmeout.org.uk
 - b. Netmums: parenting information and advice www.netmums.com
 - c. Home Start – a charity supporting children and parents Home Start – a charity supporting children and parents <https://www.homestartinsuffolk.org/>
 - d. Wellbeing Suffolk – will prioritise if identified as perinatal www.wellbeingnands.co.uk Tel. 0300 123 1503
 - e. Health visitors – can help with attachment, self-confidence, getting out of the house
 - f. Medications – The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm
 - g. Useful links can be found on the maternal health page of the Healthy Suffolk website <https://www.healthysuffolk.org.uk/advice-services/children/maternal-mental-health>
10. Discuss contraception and risks in pregnancy in women when starting and reviewing antidepressant prescriptions.
11. **Do not stop** antidepressants immediately should a woman become pregnant.
12. Stillbirth and neonatal death – high risk for both parents, consider a visit or appointment to offer support.
13. Useful resources can be found: RCGP perinatal MH toolkit: <http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx>

Perinatal mental health - being asked for help.



"Be helpful and supportive to mothers. Just be there as someone to talk to and lend an ear when needed."



"You are the only one I've told, please help."



"Don't be afraid of silence. Often those few seconds of silence are when we are plucking up the courage to tell you what is really going on."

"Don't just accept the typical 'I'm fine' answer. Use your intuition, use eye contact, say 'are you sure' or 'how are you really?' Be gentle & encouraging. Believe her!"



"Look at me, not my notes."



For you, our GPs, midwives and health visitors, from Mums & Dads

"How are you getting on? It can be tough can't it?', is all it takes to make someone feel like they can open up a bit and like someone cares how they feel."

"We don't need treating with kid gloves, we need treating with kindness, compassion and patience because sometimes the barriers we put up are just too big to manage on our own."

"Ask the question 'how do you feel emotionally?' because otherwise she may only think that you are concerned with her physical condition."



"Know that repeated 'Did not attend' can be due to mental health. Be aware, and have someone on phone."



"Don't assume anything, just cos I have lippy on doesn't mean I'm not breaking, it can mean I'm hiding from being broken."



"You have no idea how brave I am being talking to you about this, please don't fob me off. Please listen."



"Follow this up, make another appointment for me."

Really listen.

Engaged body language

Make sure you know what help is available in your area - signpost to it.

Don't presume anything.

What works well...

Know what emergency resources are available

Know that a healthy baby is not ALL that matters.

If you refer the patient, don't forget to follow up.

Know DNAs can be red flags.

Ask Dads how they are emotionally.



www.forgingfamilies.org.uk