

Perinatal Mental Health Network Chair



Perinatal mental health has received an additional £290m funding towards service provision. This will include more mother and baby units and specialised perinatal community mental health teams in order to ensure that women have access to specialised perinatal mental health care. It is also expected that funding will be made available to develop perinatal mental health clinical networks on the same footprints as the current clinical networks, with one already established in the East Midlands. These new networks will promote evidence-based care and integrated service provision along the whole care pathway for perinatal mental health.

However, there is still emphasis on developing specialised services for women with serious perinatal mental illness.

There will be a national perinatal mental health plan, with an implementation team and two associate national clinical directors for perinatal mental health. In addition, a NICE quality standard (QS115) on antenatal and postnatal mental health has just been published: <http://bit.ly/1OfnzM0>

It would seem that this is a long-awaited opportunity to get things right for our patients. It is hopeful that the future of perinatal mental health will be assured. However, in view of the national quality standards, the soon to be announced access and waiting times, and the national implementation plans, the future function and work plans of our network will be more formal and prescribed than it previously has been. Our work will therefore be quality assured by the regional team (Midlands and East).

Existing services in the East Midlands will need to be mapped against national standards and guidelines in order to understand the whole care pathway across the entire region, and to identify gaps in provision. The care pathway should include both referral pathways, integrated care pathways as well as the patient journey – in order to identify barriers to timely access.

*Dr Margaret Oates,
Perinatal Mental Health
Network Chair*

New Perinatal Mental Health Network structure

The Perinatal Mental Health Clinical Network will be sighted across the mental health and maternity and children's clinical network with personnel and stakeholders drawn from both. It will support a work programme for 2016/17 initially, to include:

- A larger and more wide-reaching oversight/steering group which will include professional and patient representatives across the whole care pathway as well as commissioners, public health, local authorities, the third sector, Health Education East Midlands and East Midlands Academic Health Science Network.
- A smaller core team/executive group who will be responsible for the operational running of the network
- Specific task and finish working groups with an invited membership.

Topics include

- Clinical/care pathways
- Access and waiting times standards
- Workforce development, training and education
- Standards and measures of quality
- Data and information
- CQUINs
- Specific services (e.g. IAPT, drugs and alcohol, adult mental health)

Perinatal Mental Health

In its first year of operation, the network will be led by Dr Margaret Oates, with support from a senior quality improvement manager, Dr Ian Rothera, and a part time band 6 project worker. There will also be sessional clinical input from a midwife/health visitor and mental health nurse.

Contact us

For more information or to get involved, please contact ian.rothera@nhs.net. We will keep you updated on recruitment and meetings.





Dr Margaret Oates interview

In this special edition, we pay tribute to Dr Margaret Oates who recently stepped down from her role as Clinical Director of the East Midlands Mental Health, Dementia and Neurological Conditions Clinical Network. As well as her excellent clinical leadership and expertise, Margaret has also been a driving force in the field of perinatal mental health, dedicating her work to the health of mothers and their babies. We would like to thank her for her wide-ranging contribution over the past four years.



How did you become interested in perinatal mental health?

My interest first developed when I was training in Edinburgh, when mothers and babies were cared for in a side room. This interest continued when I went on an exchange in Jamaica, where I became a liaison psychiatrist, and as my career progressed in Manchester and Nottingham.

What achievements are you most proud of?

Developing the East Midlands Perinatal Mental Health Clinical Network in 2004, which became part of the East Midlands Mental Health, Dementia and Neurological Conditions Clinical Network in 2013. Also heading up the psychiatric component of the UK confidential enquiries into maternal deaths whose findings have influenced national policy.

How would you like the perinatal network to develop in the future?

I would like the East Midlands Perinatal Mental Health Clinical Network to become a model for national activity, using robust evidence based interventions. I will continue to be Chair of this network and look forward to remaining within this field.

There is a lot to do in a focused, rational way. Our work needs to be innovative and evidence based, using pilots, to really make a difference for mothers and babies. We need to look at pathways as a whole, not just for those with serious mental illness.

What challenges does the perinatal mental health world face?

Our current outcomes focus on performance, rather than measuring how we are improving clinical outcomes for patients. There is also a lack of in-depth data on the topic.

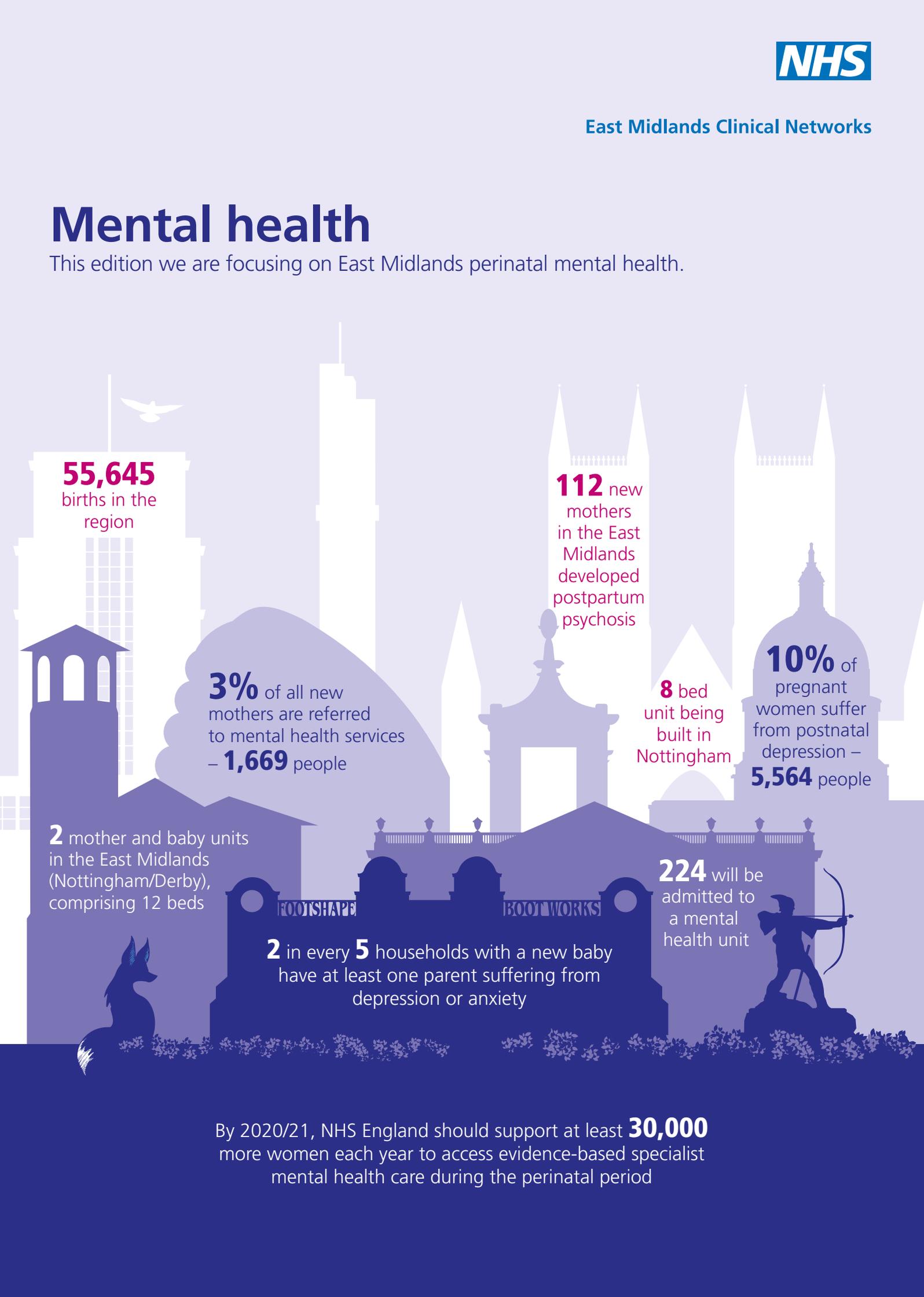
In addition, we need to think more creatively about the skills mix of our workforce to ensure mothers can be looked after by those with the best experience and knowledge for their needs.

How would you describe your experience as Clinical Director of the East Midlands Mental Health, Dementia and Neurological Conditions Clinical Network?

I have worked with some excellent colleagues, who are keen to do their best to improve patient health and experience, in each workstream.

Mental health

This edition we are focusing on East Midlands perinatal mental health.



55,645
births in the
region

112 new
mothers
in the East
Midlands
developed
postpartum
psychosis

3% of all new
mothers are referred
to mental health services
– **1,669** people

8 bed
unit being
built in
Nottingham

10% of
pregnant
women suffer
from postnatal
depression –
5,564 people

2 mother and baby units
in the East Midlands
(Nottingham/Derby),
comprising 12 beds

2 in every **5** households with a new baby
have at least one parent suffering from
depression or anxiety

224 will be
admitted to
a mental
health unit

By 2020/21, NHS England should support at least **30,000**
more women each year to access evidence-based specialist
mental health care during the perinatal period

Patient story

Looking back on the last 10 years of being involved in the world of perinatal mental health, the understanding of the full spectrum of mental illness under this umbrella term and need for specialist services and qualified trained health professionals has never been more important.

We still desperately need everyone involved in the care of new mothers to understand the importance of knowing how to spot the subtle signs of the onset of a severe episode of postpartum mental illness, so that preventable deaths can cease once and for all. There is not a day goes by that I do not appreciate, I constantly count my blessings that I had my illness diagnosed early and was able to access the very best care possible. The outcome could have easily been very different.



I had no evidence of prior mental illness, no history in the family, I had a happy upbringing, a loving family and husband and I desperately wanted to meet my new baby, yet I found myself a few days after the stressful birth of my daughter being admitted to a psychiatric mother and baby unit suffering with postpartum psychosis. I had had pre-eclampsia, an emergency caesarean delivery of a premature baby, and didn't sleep for three days following the birth. My descent into this psychotic state was a very frightening experience for myself and my family. I suffered weird confusion, delusion and hallucination, was high one minute and in the deepest black pit the next. Throughout my family were with me - standing by and doing as much as they could to help - but this was beyond them. As most people, we had no knowledge of postpartum psychosis at all, and the loneliness and despair of believing you are the only one to have ever suffered from this illness, or believing that your partner or daughter may never recover, cannot be described.

Throughout my ordeal, the love for my beautiful daughter was solid, but I was totally unable to look after her initially.

That lost first year is something I still grieve, I so needed to be a good mother to her, and could not share the joy of a new baby until some months later. I was lucky - which I didn't realise it at the time - but my illness was spotted early before I was discharged and I was admitted quickly to a fantastic specialist mother and baby unit where mothers can get better with their babies. They are supported, and most importantly stay safe, but there are so few of these tremendous units in the UK. Unfortunately others have found themselves alone in distressing mixed general psychiatric wards, separated from their babies, and sadly, this still happens today.

The existence of specialist mother and baby units and community teams is so important because separation from one's baby, we know, can retard healing and bonding, and bring about many other problems later in life. The recent investment from the Government to establish more of these units and teams is tremendous to see; I know from my own experience and from witnessing my thriving 11 year old daughter, that this will enable more positive outcomes for women and families in the future.

Nicola Muckelroy