Central and North West London NHS
NHS Foundation Trust

NHS
North West London
Collaboration of
Clinical Commissioning Groups

Perinatal Mental Health

Building a Perinatal Mental Health Community Service across 5 CCGs/5 Boroughs in North West London

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PERINATAL MENTAL HEALTH

- Perinatal = pregnancy through to 1 year postnatal
- Anxiety, Depression, OCD, PTSD, Personality Disorder, Eating Disorder, Bipolar Disorder, Schizophrenia
- Includes planning pregnancy

- 10 % - 20% of women affected in perinatal period
- Between 5250 and 8535 affected per year in our 5 boroughs: Brent, Harrow, Hillingdon, Kensington & Chelsea, Westminster

  (NHSE Perinatal Mental Health Service Specification for London 2016)

- Consequences for the woman, child, partner and other family members

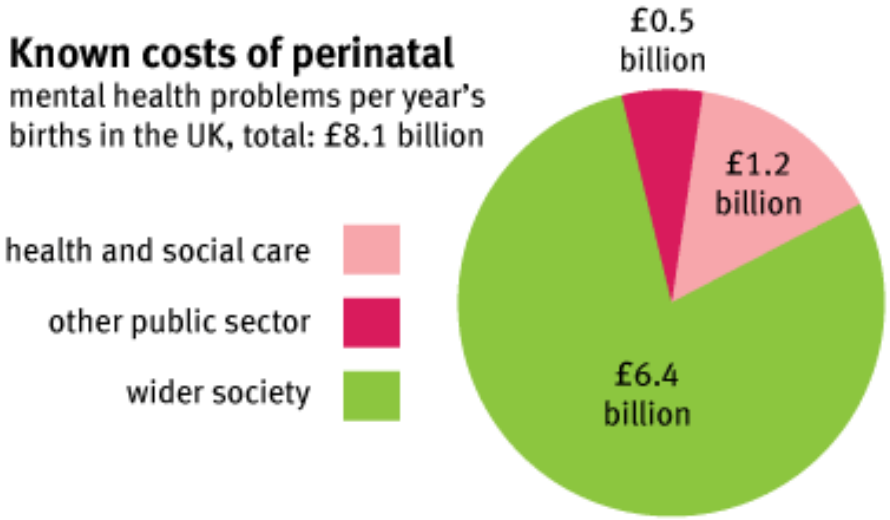
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Centre for Mental Health

Economic costs of untreated perinatal mental illness = £10,000 per birth

(LSE & Centre for Mental Health, 2014)

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



from The Costs of Perinatal Mental Health Problems, available at:
http://www.centreformentalhealth.org.uk/perinatal
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Of these costs

28% relate to the mother

72% relate to the child

from The Costs of Perinatal Mental Health Problems, available at:
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COST OF SPECIALIST PERINATAL MENTAL HEALTH PROVISION = estimated £400 per birth

To treat or not to treat

Cost of treating maternal mental illness

- Teratogenicity
- Obstetric complications
- Neonatal toxicity and withdrawal symptoms
- Neonatal complications (nPPH)
- Risks mediated by incompatibility with breastfeeding*
- Neuro-developmental disorders (autism)

Cost of not-treating mental illness

- Increased risk of maternal relapse
- Increased risk of maternal hospitalisation
- Increased risk of adverse obstetric outcomes
- Increased risk of bonding and attachment disorders (contingent upon maternal mental illness)
- Increased risk of child cognitive deficits
- Increased risk of child psychopathology

Our Perinatal Mental Health Service: What did we want?

NHSE funding nearly £3million in a joint provider & commissioner bid:
Central and North West London Foundation Trust with Brent, Harrow, Hillingdon, Central and West London CCGs

- ✓Develop and expand existing services + build new parts
- ✓Resilient and sustainable service
- ✓Focus on prevention, early identification, robust assessment:
  right time, right place, right level
- ✓Equality of access and service across the area
- ✓Full pathway from preconception to one year postnatal
- ✓Consideration of outcomes
- ✓Teaching and training colleagues within and outside of the service
- ✓Actively involved in research:
  building collaboration with Imperial College London

The Perinatal Mental Health Service we have designed

For women who are planning a pregnancy and need advice on their mental health or treatment.

For women during the antenatal period to 1 year postnatal:

- With an existing mental health condition
- Who develop a mental health condition or are at risk of doing so during pregnancy or postnatal period
- Their partners or family members who need support

Any level of need from a mental health condition.

Emergency, urgent and routine provision at a location convenient for the patient.

Full pathway integration: peer support, primary care mental health, secondary care mental health and specialist mother and baby unit.

Streamlined referral pathways and communication back out to patients and referrers – same in each CCG.

How did we do it? 6 months from start to launch

Joint Clinical Leadership

'What does a community perinatal mental health service mean to you'

- Building trust
- Enthusiasm and a common goal

Collaboration and co-design

Service specifications with clear pathway mapping

Learning from our own previous experience

Consideration of challenging issues:

- Ensure provision across 8 North West London CCGs including border areas with South London and North Central London and those completely out of area
- Under 18s
- Outcomes – designing and piloting measures (SWEMWBS, GAF, Friends&Family, POEM)
- Evaluation – weaving this into the project plan

Case Studies of the Perinatal Mental Health Service

Lady A goes to her GP for advice as she wants to try to conceive. She has a history of bipolar disorder and is on Lithium. GP refers her to the PMHS to get expert psychiatric advice regarding medication and treatment during pregnancy and after birth.

Lady B is seen at the Children's Centre by the health visitor with her 3 month old baby. She notices that she has developed anxiety for the first time. She refers her to a perinatal mental health peer support group.

Lady C attends her routine antenatal appointment with the midwife at the hospital. She completes a depression screening tool and tells the midwife that she does feel low and has been depressed in the past. The midwife refers her to the PMHS for CBT through IAPT or other suitable psychological therapy.

Lady D is brought to A+E by ambulance having a psychotic episode. She is 34 weeks pregnant and is seen by the PMHS psychiatrist. She will have access to the mother and baby unit if needed, psychological therapy and full MDT input.

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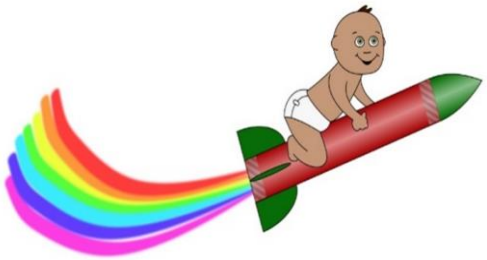
Imperial College London

BOOST

Boosting Baby Behaviour and Bonding

NHS
National Institute for Health Research



East London NHS
NHS Foundation Trust

Video Feedback (ViPP) for parents with enduring difficulties in managing emotions and behaviour

[‘personality disorder’]

Why personality disorder?

- 40% of adult MH SUs meet criteria

  - 25% are parents [Newton-Howes et al. 2010]

- Risk factor for parent-child difficulties:

- dysregulated mood, self-harm, substance use & interpersonal difficulties
- obstetric & neonatal complications
- child protection services
- difficulties in parent-infant relationships
- child emotional & behavioural problems

[Blankley et al. 2015, Conroy et al. 2012 , Laulik et al. 2013 , Pare-Miron et al. 2016, Petfield et al. 2015].

Why video feedback for positive parenting?

- Short-term video-feedback intervention to support parents and enhance attunement & sensitive responses → build secure attachment
- Method: 7 home visits of approx. 1-2 hours
- Method: video-feedback
- Based on attachment theory
- Strongly evidence-based

What is Video Feedback for Positive Parenting (ViPP)?

- Manualised
- Parent-infant interaction is videoed
- Parent & therapist watch the videos together and the parent is helped to:

- Identify and understand their child's signals
- Respond in an attuned manner
- Parents' attuned responses are reinforced

Randomised controlled feasibility trial

- Is it feasible for NHS clinicians to train in and deliver ViPP?
- Is it feasible to recruit patients to a trial of ViPP?
- Do patients complete the intervention and do they find it helpful?

Outcome data on:

- Child emotional & behavioural problems
- Parental mental health
- Parenting stress & perceived competence
- Parental sensitivity & emotional availability when interacting with their infants

What do we need to consider now?

Momentum: continue regular meetings to ensure goals are met

Training and Awareness: health and social care professionals, community

Funding: will CCGs continue to support funding beyond 18/19

Equality: same level of provision across NWL and London

Evaluation and Outcomes: short-term for service performance, short/medium/long-term for women, their children and partners