



Greater Manchester  
Mental Health  
NHS Foundation Trust



# Perinatal Mental Health Services

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# AIMS

- MBRRACE report (November 2018)
- When to refer
- Perinatal Services

**Maternal, Newborn and  
Infant Clinical Outcome  
Review Programme**



## **Saving Lives, Improving Mothers' Care**

Lessons learned to inform maternity care from the  
UK and Ireland Confidential Enquiries into Maternal  
Deaths and Morbidity 2014–16

# Improving Care of Women with Mental Health Problems

- Specific Training for Liaison, Crisis and Home Treatment staff in understanding distinctive presentations and risk of Perinatal Mental Illness
- Formal links made with specialist perinatal MH teams
- Minimise barriers to care for pregnant women and recognise lower thresholds
- Assessments should always include a review of previous history and take into account escalating patterns of symptoms and abnormal behaviour
- Women should receive continuity of care
- If more than one MH team involved there should be clearly identified person who will care co-ordinate
- For women in adversity, changes in frequency of presentation or new co-morbidities should prompt renewed attempts at engagement
- New expressions or acts of self harm and pervasive expressions of incompetence as a mother are RED FLAGS

# Red Flags

## *Signs to be aware of – red flag symptoms*

(in yourself, a loved one, or friend)

- Do you have new feelings and thoughts which you have never had before, which make you disturbed or anxious?
- Are you experiencing thoughts of suicide or harming yourself in violent ways?
- Are you feeling incompetent, as though you can't cope, or estranged from your baby?  
Are these feelings persistent?
- Do you feel you are getting worse?



# AIMS

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- **When to refer**
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# When to Refer to Mental Health Services

- Every obstetric unit should have in place a defined pathway for referral to local specialised perinatal mental health services (or GA) led by named consultant perinatal psychiatrist.
- Locally agreed protocol with child safeguarding services if concerns for high risk women
- Mental illness of itself is not an indication for referral



# When to Refer to Mental Health Services

## Refer all

- Current serious MH symptoms
- History Bipolar Affective Disorder, Schizophrenia, Schizoaffective
- Previous serious postpartum mental illness (puerperal psychosis)
- Complex psychotropic regimens
- Women with previous inpatient psychiatric admissions should be screened

## Refer all

- Anyone on antipsychotic or mood stabiliser
- High risk of postpartum mental health disorders
- Serious illnesses with symptoms of psychosis, suicidal ideation, self harm, neglect, harm to others or interference with daily functioning





# When to Refer to Mental Health Services

## Consider Referral

- New anxiety / depression moderate severity in T3 / postpartum
- Mild moderate depression / anxiety with 1<sup>st</sup> degree relative with BAD or Puerperal psychosis
- Strong family history

## Refer to GP

- Experiencing current mild to moderate illness
- Those with previous depressive / anxiety disorders
- Self help strategies should be utilised
- Local protocols should be in place



# AIMS

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# UK Perinatal Services



**MATERNAL MENTAL HEALTH**  
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Perinatal mental health identified as key national priority:

- **Closing the gap:** priorities for change in mental health (DH, 2014)
- **Five Year Forward View for Mental Health** – Feb 16
- **Better Births** independent report – Feb 16

Commitment to **£365m** new investment

**By 2020/21, an additional 30,000 women in all areas of the country should receive access to**

- **evidenced-based specialist support**
- **closer to their home**
- **when they need it**
- **including access to psychological therapies**
- **with the right range of specialist community or inpatient care**

# UK Perinatal Services



## Better Births: Recommendations



**There should be rapid referral and access to more specialist services** when they are needed, including obstetric services in hospital, and in more specialist centres; perinatal mental health services; fetal medicine and neonatal and paediatric services if they are needed once the baby is born. (*Better Births 4.33-4.36*)



**Providers should work together as part of a Local Maternity System** to ensure that women and their babies are kept as safe as possible. Specialist care should be accessible when needed, and all providers should operate under **shared clinical governance protocols**.

(*Better Births 4.93-4.98*)



# UK Perinatal Services



**MATERNAL MENTAL HEALTH**  
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- NHS England phased, five year transformation programme
- Build capacity and capability in specialist perinatal MH services
- Aim of enabling women in all areas of England to access NICE concordant care by 2020/21
- Additional beds in existing units and new units, linking comprehensive community perinatal MH services everywhere

## HOW?

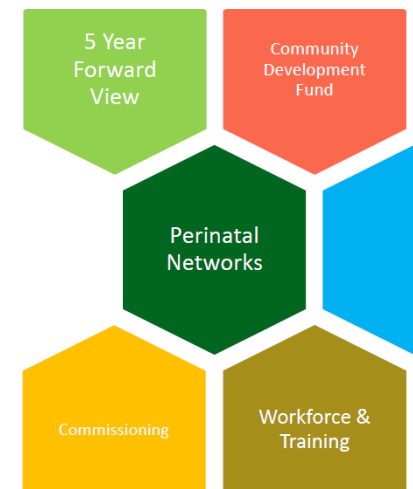
- Regional clinical networks
- Clinical Reference Group to advise NHS Specialised Commissioning
- Develop workforce through Health Education England
- Develop community services (Community Services Development Fund)

# UK Perinatal Services



**MATERNAL MENTAL HEALTH**  
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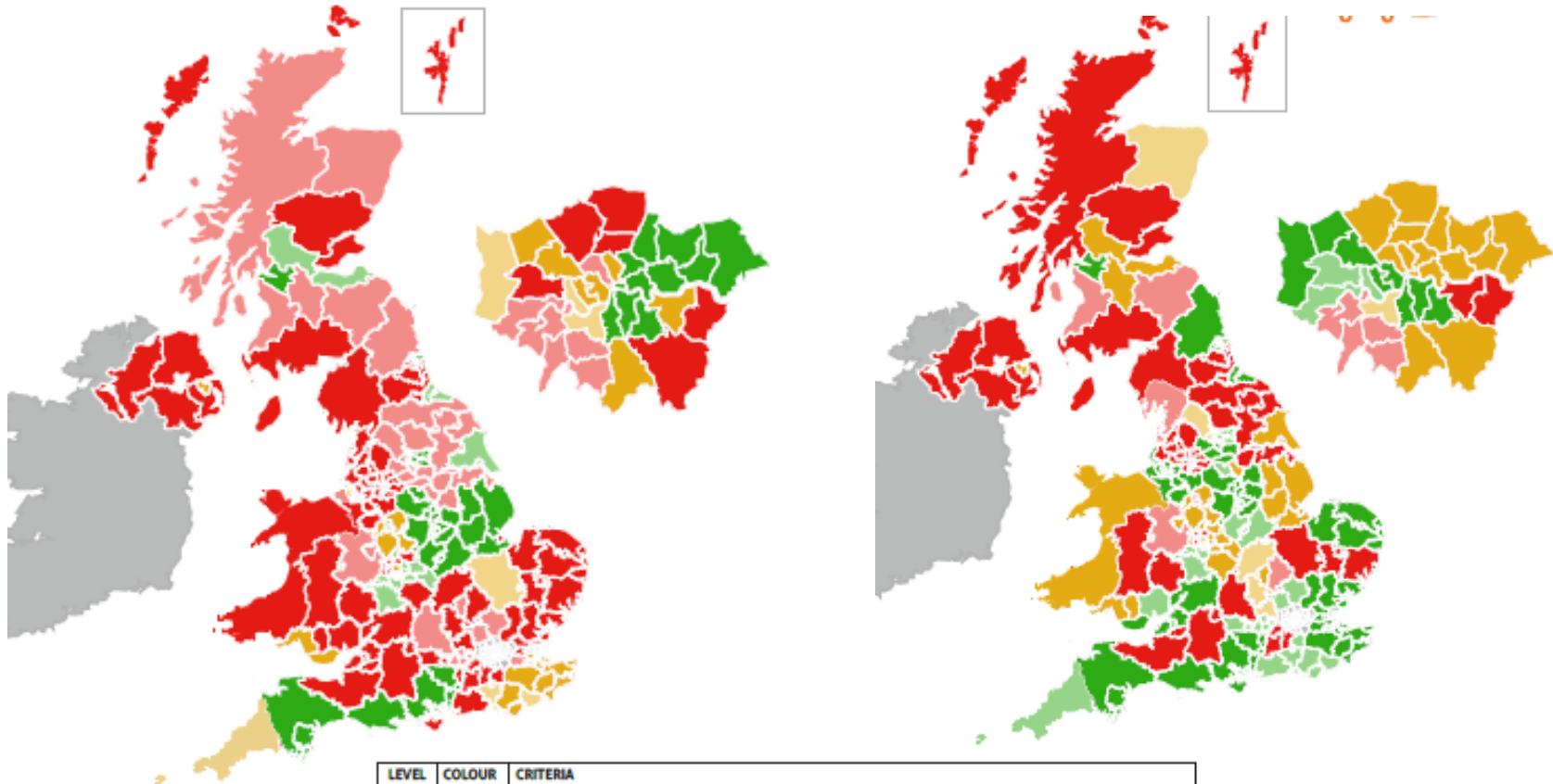
## Key Statistics

**During Wave 1 funding for specialist perinatal mental health community teams:**

- ✓ Over 236 whole-time equivalent new specialist staff have been recruited
- ✓ Over 3400 additional women have accessed these services between April and September 2017

- £365m of funding has been allocated
  - £75m for MBUs
  - £270m for perinatal community
- Expected to exceed 6000 additional women supported by end of 2017 / 2018

# Perinatal Services



LEVEL	COLOUR	CRITERIA
5	Dark Green	Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1 <a href="http://bit.ly/2jouvAd">http://bit.ly/2jouvAd</a>
4	Light Green	Specialised perinatal community team that meets Joint Commissioning Panel criteria <a href="http://bit.ly/2AhAVeX">http://bit.ly/2AhAVeX</a>
3	Yellow-Green	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2	Yellow	Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1	Pink	Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0	Red	No provision

Disclaimer: Details in this map and levels of provision have been assessed using the best information available at the time of printing. Please contact [info@everyonebusiness.org.uk](mailto:info@everyonebusiness.org.uk) if you suspect any inaccuracy.

# The Perinatal Mental Health Care Pathways

## Pathway 1: Preconception advice

Women with a complex or severe mental health problem (current or past) who are planning a pregnancy should receive timely preconception advice from a specialist community perinatal mental health service before they become pregnant.

## Pathway 2: Specialist assessment

Women referred to a specialist community perinatal mental health team with a complex or severe perinatal mental health problem (known or suspected) should have timely access to a biopsychosocial assessment. Where a need for ongoing care or intervention is identified, the woman should also have an agreed care plan in place and have been allocated to a named professional.

## Pathway 3: Emergency assessment

On receiving the referral for a perinatal mental health crisis, the mental health professional should contact the most appropriate person (the woman in crisis, family member/carer, or health or social care professional) without delay and agree the next steps to be provided in the woman's care and support. This should be done in line with national guidance such as the [urgent and emergency liaison mental health care pathway guidance](#).

Failure to provide an emergency referral and adequate assessment or start treatment immediately poses significant risk to the mother and baby.

The woman should:

- have had a biopsychosocial assessment and an urgent and emergency mental health care plan in place, **and**
  - as a minimum, be en route to their next location if geographically different, **or**
  - have started the referral process for admission to an MBU, **or**
  - have been accepted and scheduled for intensive follow-up care at home or by the specialist community perinatal mental health team
- or**
- have immediate access to care and support if she is waiting for an admission to an MBU
- or**
- have started assessment under the [Mental Health Act](#).



# The Perinatal Mental Health Care Pathways

## Pathway 4: Psychological interventions

Women with a known or suspected mental health problem who are referred in pregnancy or the postnatal period should receive timely access to evidence-based (NICE-recommended) psychological interventions.

**Waiting times:** 75% of people referred to IAPT services should start treatment within 6 weeks of referral, and 95% should start treatment within 18 weeks of referral.

## Pathway 5: Inpatient care (MBUs)

Women who need unplanned inpatient care should have urgent access to an MBU.

# Manchester Perinatal Services



- Prior to 2018 no specialist Perinatal CMHTs in Greater Manchester
- Women were treated in Primary care, Secondary care or an outpatient in one of 3 perinatal clinics
- Women who could not be supported in this way were admitted to the Mother and Baby Unit (MBU)
- Manchester not part of Wave 1/2 as funding from GM Devolution via Greater Manchester Health and Social Care Partnership (H&SCP)

# Manchester Perinatal Services



- Perinatal teams split into three clusters across Manchester
- Three mental health trusts / Seven maternity units
- MBU operates as the 'central hub'
- Investment in Step 3 IAPT
- 36,644 births across GM with estimated 4.6% of childbearing women requiring specialised services
- In addition to preconception advice this equates to approximately 1,832 women

# Manchester Perinatal Services



- Perinatal team will work closely with
  - Adult Mental Health Services
  - Early Years' Services
  - Primary Care
  - IAPT services
  - Independent Sector Services

# Manchester Perinatal Services

## What do Manchester Perinatal Services do?

- Joint Psychiatric / Obstetric clinics within antenatal clinics across GM
- Perinatal outpatient clinics
- Telephone advice for professionals looking after women with perinatal mental health disorders
- Specialist psychological and occupational therapies
- Pre-conception counselling
- Pre-birth care planning
- Care coordination / Co-working
- Parent/infant interventions
- Signposting and referral on to appropriate interventions and services
- Training Services in Perinatal Mental Health
- Utilise the experience of peer mentors with lived experience

# Manchester Perinatal Services

## How to Refer

- Referrals accepted from any health professional working with perinatal women
- Criteria
  - Women with GM postcode who are pregnant or <12 months postpartum
    - At significant risk or at risk and cannot be managed by 1° care
    - Previous puerperal psychosis
    - Bipolar Disorder, Psychosis, Serious Affective Disorder
    - Current (or previous) moderate-severe depression or anxiety
    - PTSD / Previous birth trauma
  - Women who are open to CMHT will remain with their team and receive co-working
  - Adolescents between 16 – 18 if perinatal disorder is dominant concern
  - Women wishing to conceive can be referred for preconception counselling
  - Women with alcohol / substance misuse, Personality Disorder or Eating Disorder problems if there is additional moderate to severe mental illness

# Manchester Perinatal Services

## How to Refer

- Specialist Perinatal Services operate a Single Point of Referral
  - Made via online form <https://www.gmmh.nhs.uk/perinatal-service-referral-form>
  - Via the Duty Line **0161 271 0188**
  - Referrals can be discussed over phone during office hours with duty worker