

## Royal College of Psychiatrists - Perinatal Psychiatry Masterclass Programme

### SAS Psychiatrists

The aims of this masterclass programme are to:

- enable and support SAS doctors in perinatal psychiatry and other services for women of child-bearing potential in their assessment, understanding and management of complex clinical work
- encourage participants to integrate current evidence into clinical practice
- develop self-reflection skills
- emphasise the importance of the perspectives of women, infants, partners and families throughout the perinatal pathway
- improve patient safety
- improve the experience of women and families during the perinatal period and within perinatal mental health services.

The following key issues are fundamental aspects of perinatal mental health care and will be discussed and considered throughout the programme:

- safeguarding children and adults
- culture and difference
- collaborative working with women, partners and families
- women's own experience of perinatal mental disorders and care
- legal issues

## Themes

Day 1	Introductions The National Picture Assessment and communication
Day2	Lived experience, co-production, partners
Day 3	Mental disorders in the perinatal period
Day 4	The infant
Day 5	Risk and Safeguarding adults and children
Day 6	Prescribing in the perinatal period
Day 7	Personality Disorder
Day 8	Pre-pregnancy Counselling, pre-birth planning. Addictions
Day 9	Eating Disorders Pregnancy loss, infertility and complex pregnancy related issues
Day 10	Mental Health law, Mental Capacity, Court of Protection. Advance Directives.

## Programme:

Each day will be facilitated by Dr Liz McDonald and Dr Lucinda Green.

Dr Clare Dolman will also facilitate on Day 2.

Learning objectives and reading lists will be provided before each day.

Each session within the day will have a didactic component and small group work/discussion.

## Course dates

Each day will start at 9.15am and finish at 4.30pm.

Group 1	Group 2
• Thursday 10th September 2020	• Friday 25th September 2020
• Friday 2nd October 2020	• Tuesday 13th October 2020
• Monday 9th November 2020	• Monday 16th November 2020
• Tuesday 10th November 2020	• Tuesday 17th November 2020
• 10th December 2020	• Friday 11th December 2020
• Thursday 8th January 2021	• Thursday 14th January 2021
• Monday 1st February 2021	• Monday 22nd February 2021
• Tuesday 2nd February 2021	• Tuesday 23rd February 2021
• Thursday 18th March 2021	• Friday 19th March 2021
• Friday 23rd April 2021	• Monday 19th April 2021

## Day 1:

Day 1	Topic	Speaker
09.15-10.45	Introduction to the masterclass programme and to each other. What do you hope to achieve by your participation?	Dr Liz McDonald Dr Lucinda Green
10.45-11.00	BREAK	
11.00-12.30	The National Picture: where are we now? what is your role?	Dr Giles Berrisford
12.30-13.15	LUNCH	
13.15-14.45	How does the perinatal frame of mind inform our assessments?	Dr Liz McDonald
14.45-15.00	BREAK	
15.00-16.30	Formulating and communicating assessments	Dr Lucinda Green

### Intended learning objectives:

At the end of day 1 participants will be able to:

1. Demonstrate an understanding of how the case for perinatal mental health service expansion was made
2. Apply this understanding to the development of services in wave 1 and wave 2 of the Five Year Forward View
3. Evaluate the proposed changes to perinatal mental health services outlined in the NHS Long Term Plan and consider how these service developments can be implemented.
4. Describe the range of factors that can affect a woman's mental health in the perinatal period and her experience of pregnancy and parenting.
5. Summarise, formulate and communicate assessments to enable women, families and professionals to understand the factors which have contributed to her mental health problems, associated risks and/or her risk of developing a perinatal mental illness.

### Reading

#### *Essential reading*

1. NHS England (2016) The Five Year Forward View for Mental Health
2. NHS England (2019) The NHS Long Term Plan

#### *Recommended reading*

1. Bauer A, Knapp M, Adelaja B (2016). Best Practice for perinatal mental health care: the economic case. PSSRU. London School of Economics.
2. NHS England (2016) Better Births: Improving outcomes of maternity services in England - A Five Year Forward View for maternity care.
3. Royal College of Psychiatrists (2018) *Framework for Routine Outcome Measurement in Perinatal Psychiatry*. College Report CR126.

## Day 2

Day 2	Topic	Speaker
09.15-10.45	What does the literature tell us about women's experience of care and treatment in the perinatal period?	Dr Clare Dolman
10.45-11.00	BREAK	
11.00-12.30	What could have improved my experience of care in the perinatal period? Group: what can I do in my service to improve the care of women?	Kathryn Grant Rachael Buabeng
12.30-13.15	LUNCH	
13.15-14.45	Co-production in PMH services. My experience.	Rosie Lowman
14.45-15.00	BREAK	
15.00-16.30	What is the experience of the partner? As support to the woman, own needs and building a relationship with the infant.	Henry Fay

### Intended learning objectives:

At the end of day 2 participants will be able to:

1. Demonstrate an awareness of the barriers to care for women in the perinatal period
2. Understand the factors influencing women's decision-making around pregnancy and childbirth
3. Recognise how healthcare professionals can improve the experience of women and families receiving perinatal mental healthcare
4. Understand the benefits of involving women and partners in co-producing perinatal mental health services.
5. Recognise the effect of a woman's perinatal mental illness on her partner.

### Reading

#### *Essential reading*

1. Dolman, C., Jones, I., & Howard, L. M. (2013). Pre-conception to parenting: a systematic review and meta-synthesis of the qualitative literature on motherhood for women with severe mental illness. *Archives of women's mental health*, 16(3), 173–196.
2. Lever Taylor, B., Billings, J., Morant, N., Bick, D., & Johnson, S. (2019). Experiences of how services supporting women with perinatal mental health difficulties work with their families: a qualitative study in England. *BMJ open*, 9(7), e030208.

### Recommended reading

1. Dolman, C., Jones, I. R., & Howard, L. M. (2016). Women with bipolar disorder and pregnancy: factors influencing their decision-making. *BJPsych open*, 2(5), 294–300.
2. Lever Taylor, B., Kandiah, A., Johnson, S., Howard, L. M., & Morant, N. (2020). A qualitative investigation of models of community mental health care for women with perinatal mental health problems. *Journal of mental health (Abingdon, England)*, 1–7. Advance online publication.
3. Lever Taylor, B., Mosse, L., & Stanley, N. (2019). Experiences of social work intervention among mothers with perinatal mental health needs. *Health & social care in the community*, 27(6), 1586–1596.
4. Megnin-Viggars O, Symington I, Howard LM, Pilling S. Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research. *Arch Womens Ment Health*. 2015;18(6):745-759.
5. Millett, L., Taylor, B. L., Howard, L. M., Bick, D., Stanley, N., & Johnson, S. (2018). Experiences of Improving Access to Psychological Therapy Services for Perinatal Mental Health Difficulties: a Qualitative Study of Women's and Therapists' Views. *Behavioural and cognitive psychotherapy*, 46(4), 421–436.
6. Royal College of Obstetricians and Gynaecologists (2017) Maternal mental health women's voices.
7. Sambrook Smith, M., Lawrence, V., Sadler, E., & Easter, A. (2019). Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ open*, 9(1), e024803.
8. Watson H, Harrop D, Walton E, Young A, Soltani H. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PLoS One*. 2019;14(1):e0210587.

## Day 3:

Day 3	Topic	Speaker
09.15-10.45	Depression in the perinatal period	Dr Lucinda Green
10.45-11.00	BREAK	
11.00-12.30	Bipolar Affective Disorder and Post-partum Psychosis	Dr Liz McDonald
12.30-13.15	LUNCH	
13.15-14.45	Schizophrenia in women	Dr Liz McDonald
14.45-15.00	BREAK	
15.00-16.30	OCD and anxiety disorders in the perinatal period	Dr Lucinda Green

### Intended learning objectives:

At the end of day 3 participants will be able to:

1. Describe the prevalence and symptoms of a range of mental disorders in the perinatal period, including Perinatal Depression, Postpartum Psychosis and Perinatal OCD.
2. Understand the complexity that can exist when assessing and treating women who have depression and anxiety disorders in the perinatal period.
3. Recognise the reasons for identifying women early in pregnancy who have a history of Bipolar Disorder, Schizophrenia or other psychoses, and/or a high risk of Postpartum Psychosis, and ensuring there is a comprehensive multiagency plan for each woman and family's care.

### Reading

#### Essential reading

1. Bergink, V., Rasgon, N., & Wisner, K. L. (2016). Postpartum Psychosis: Madness, Mania, and Melancholia in Motherhood. *The American journal of psychiatry*, 173(12), 1179–1188.
2. Challacombe, F. L., Bavetta, M., & De Giorgio, S. (2019). Intrusive thoughts in perinatal obsessive-compulsive disorder. *BMJ (Clinical research ed.)*, 367, l6574.
3. Di Florio A & Jones IR. (2019) Postpartum Depression. *BMJ Best Practice*.
4. Forde R, Peters S, Wittkowski A. Recovery from postpartum psychosis: a systematic review and metasynthesis of women's and families' experiences [published online ahead of print, 2020 Feb 4]. *Arch Womens Ment Health*. 2020;10.1007/s00737-020-01025-z.

#### Recommended reading

1. Ayers S, Bond R, Bertullies S, Wijma K. The aetiology of post-traumatic stress following childbirth: a meta-analysis and theoretical framework. *Psychol Med*. 2016;46(6):1121-1134.

2. Connellan, K., Bartholomaeus, C., Due, C., & Riggs, D. W. (2017). A systematic review of research on psychiatric mother-baby units. *Archives of women's mental health*, 20(3), 373–388.
3. Di Florio, A., Forty, L., Gordon-Smith, K., Heron, J., Jones, L., Craddock, N., & Jones, I. (2013). Perinatal episodes across the mood disorder spectrum. *JAMA psychiatry*, 70(2), 168–175.
4. Di Florio, A., Gordon-Smith, K., Forty, L., Kosorok, M. R., Fraser, C., Perry, A., Bethell, A., Craddock, N., Jones, L., & Jones, I. (2018). Stratification of the risk of bipolar disorder recurrences in pregnancy and postpartum. *The British journal of psychiatry : the journal of mental science*, 213(3), 542–547.
5. Ding, X.X., Wu, Y.L., Xu, S.J., et al. (2014) Maternal anxiety during pregnancy and adverse birth outcomes: a systematic review and meta-analysis of prospective cohort studies. *J Affect Disord.* 159, pp. 103-110.
6. Glangeaud-Freudenthal, N. M., Sutter-Dallay, A. L., Thieulin, A. C., Dagens, V., Zimmermann, M. A., Debourg, A., Amzallag, C., Cazas, O., Cammas, R., Klopfert, M. E., Rainelli, C., Tielemans, P., Mertens, C., Maron, M., Nezelof, S., & Poinso, F. (2013). Predictors of infant foster care in cases of maternal psychiatric disorders. *Social psychiatry and psychiatric epidemiology*, 48(4), 553–561.
7. Guintivano, J., Manuck, T., & Meltzer-Brody, S. (2018). Predictors of Postpartum Depression: A Comprehensive Review of the Last Decade of Evidence. *Clinical obstetrics and gynecology*, 61(3), 591–603.
8. Jarde, A., Morais, M., Kingston, D., Giallo, R., MacQueen, G. M., Giglia, L., Beyene, J., Wang, Y., & McDonald, S. D. (2016). Neonatal Outcomes in Women With Untreated Antenatal Depression Compared With Women Without Depression: A Systematic Review and Meta-analysis. *JAMA psychiatry*, 73(8), 826–837.
9. Rusner, M., Berg, M., Begley, C. (2016) Bipolar disorder in pregnancy and childbirth: a systematic review of outcomes. *BMC Pregnancy Childbirth.* 16(1), p. 331.
10. Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's health (London, England)*, 15, 1745506519844044.
11. Svanberg E. (2019) *Why Birth Trauma Matters*. Pinter & Martin Ltd.
12. Zhong, Q.Y., Gelaye, B., Fricchione, G.L., Avillach, P., Karlson, E.W., Williams, M.A. (2018) Adverse obstetric and neonatal outcomes complicated by psychosis among pregnant women in the United States. *BMC Pregnancy Childbirth.* 18(1), p. 120.



#### Day 4:

Day 4	Topic	Speaker
09.15-10.45	Assessment of the mother-infant relationship in clinical practice.	Dr Maddalena Miele
10.45-11.00	BREAK	
11.00-12.30	Assessment of the mother-infant relationship in clinical practice.	Dr Maddalena Miele
12.30-13.15	LUNCH	
13.15-14.45	The evidence base for interventions with parents and infants in the perinatal period.	Dr Jane Barlow/Dr Amanda Jones
14.45-15.00	BREAK	
15.00-16.30	The evidence base for interventions with parents and infants in the perinatal period.	Dr Jane Barlow/Dr Amanda Jones

#### Intended learning objectives:

At the end of day 4 participants will be able to:

1. Understand the key ways in which perinatal mental health problems can affect the ability of women to interact with their infant
2. Demonstrate a basic knowledge of the current clinical approaches to assessing parent-infant relationships
3. Describe the basic principles of attachment theory and the neurobiology of parenting
4. Outline the determinants of a sensitive parent-infant interaction
5. Understand the key ways in which parent-infant interaction during the postnatal period influences the later capacity of the infant for emotion regulation
6. Examine some of the key evidence-based methods of working dyadically, with mothers experiencing perinatal mental health problems, to support the interaction with the baby.

#### Reading

### Essential reading

1. Laulik, S., Chau, S., Browne, K., & Allam, J. (2013). The link between personality disorder and parenting behaviors: A systematic review. *Aggression and Violent Behavior* 18(6), 644–655.
2. Royal College of Psychiatry (2018). Framework for Routine Outcome Measures in Perinatal Psychiatry CR216. London: RCP.
3. Van Ijzendoorn, M.H., Schuengel, C., Bakermans-Kranenburg, M.J. (1999). Disorganized attachment in early childhood: meta-analysis of precursors, concomitants, and sequelae. *Developmental Psychopathology*, 11(2), 225-49.

### Recommended reading

1. Madigan, S., Bakermans-Kranenburg, M.J., Van Ijzendoorn, M.H., Moran, G., Pederson, D.R., & Benoit, D. (2006). Unresolved states of mind, anomalous parental behavior, and disorganized attachment: a review and meta-analysis of a transmission gap. *Attachment and Human Development*, 8(2), 89–111.
2. Music G. *Nurturing Natures (2017). Attachment and Children's Emotional, Sociocultural and Brain Development*. 2<sup>nd</sup> Edition. London: Routledge.
3. O'Hara, L., Smith, E.R., Barlow, J., Livingstone, N., Herath, N.I.N.S., Wei, Y., Spreckelsen, T.F., & Macdonald, G. (Forthcoming). Video feedback for improving parental sensitivity and child attachment. Cochrane Library.
4. P.O. Svanberg, J. Barlow & W. Tigbe (2013) The Parent–Infant Interaction Observation Scale: reliability and validity of a screening tool, *Journal of Reproductive and Infant Psychology*, 31:1, 5-14.
5. Schore, A.N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22, 201-269.
6. Stein A, Pearson RM, Goodman SH, et al. Effects of perinatal mental disorders on the fetus and child. *Lancet*. 2014;384(9956):1800-1819.

## Day 5:

Day 5	Topic	Speaker
09.15-10.45	What have we learned from women who have died from psychiatric causes in the perinatal period?	Dr Roch Cantwell
10.45-11.00	BREAK	
11.00-12.30	Violence towards women in the perinatal period.	Dr Hind Khalifeh
12.30-13.15	LUNCH	
13.15-14.45	Safeguarding infants and children in the context of maternal mental disorder.	Dr Lucinda Green
14.45-15.00	BREAK	
15.00-16.30	Safeguarding infants and children in the context of maternal mental disorder.	Dr Lucinda Green

### Intended learning objectives:

At the end of day 5 participants will be able to:

1. Describe the epidemiology of self-harm and suicide in the perinatal period.
2. Describe the distinctive clinical features of maternal suicide.
3. Recognise risk in relation to maternal suicide and apply this to clinical assessment.
4. Understand the evidence base regarding the extent and impact of domestic violence / abuse in the perinatal period
5. Understand the evidence base regarding interventions for domestic violence/ abuse including for domestic violence/abuse in the perinatal period.
6. Demonstrate skills in enquiring about and responding to domestic violence/abuse disclosures by women under the care of perinatal mental health services
7. Describe the factors highlighted in child serious case reviews which can affect children's safety and wellbeing and increase the risk of abuse and neglect.
8. Recognise how perinatal mental health services, working effectively in partnership with a range of professionals, can ensure child safeguarding concerns are identified early and that effective care, treatment and support for women and families can reduce the risk of harm to infants and children.

### Reading

*Essential reading*

1. Oates M & Cantwell R (2011) Deaths due to psychiatric causes. Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer 2006-2008. *British Journal of Obstetrics and Gynaecology*, 118 (s1), 132-142.
2. Cantwell R, Knight M, Oates M, Shakespeare J on behalf of the MBRRACE-UK mental health chapter writing group (2015) Lessons on maternal mental health. In Knight M, Tuffnel D, Kenyon S, Shakespeare J, Gray R, Kyrinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care – Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2015: p22-41.
3. Cantwell R, Youd E and Knight M on behalf of the MBRRACE-UK mental health chapter-writing group (2018) Messages for mental health. In Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. 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. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2018: p42-60.
4. Department for Education (2018). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. London: HM Government
5. Howard, L. M., Oram, S., Galley, H., Trevillion, K., & Feder, G. (2013). Domestic violence and perinatal mental disorders: a systematic review and meta-analysis. *PLoS medicine*, 10(5), e1001452.
6. Hahn, C. K., Gilmore, A. K., Aguayo, R. O., & Rheingold, A. A. (2018). Perinatal Intimate Partner Violence. *Obstetrics and gynecology clinics of North America*, 45(3), 535–547.

#### *Recommended reading*

1. Department for Education (2020) *Complexity and challenge: a triennial analysis of serious case reviews 2014-2017*. London: Department for Education.
2. Hammond J, Lipsedge M. Assessing Parenting Capacity in Psychiatric Mother and Baby Units: A case report and review of literature. *Psychiatr Danub*. 2015;27 Suppl 1: S71-S83.
3. Johannsen BMW et al (2016) All-cause mortality in women with severe postpartum psychiatric disorders. *American Journal of Psychiatry*, 173, 635-642.
4. Johannsen et al (2020) Self-harm in women with postpartum mental disorders. *Psychological Medicine*, 50, 1563-1569.
5. Khalifeh, H., Hunt, I.M., Appleby, L., Howard, L.M. (2016) Suicide in perinatal and non-perinatal women in contact with psychiatric services: 15 year findings from a UK national inquiry. *Lancet Psychiatry*. 3(3), pp. 233-242.
6. Khalifeh, H., Moran, P., Borschmann, R., Dean, K., Hart, C., Hogg, J., Osborn, D., Johnson, S., & Howard, L. M. (2015). Domestic and sexual violence against patients with severe mental illness. *Psychological medicine*, 45(4), 875–886.
7. Lysell H et al (2018) Maternal suicide: register based study of all suicides occurring after delivery in Sweden 1974-2009. *PLoS ONE*, 13(1): e0190133.
8. Smithson, R., and Gibson, M. Less than human: a qualitative study into the experience of parents involved in the child protection system. *Child & Family Social Work*. 2017;22:565–574.
9. Webinar: <https://www.solacewomensaid.org/free-webinar-series-supporting-survivors-during-covid-19>

## Day 6:

Day 6	Topic	Speaker
09.15-10.45	Personality Disorder and its implications for Maternal Mental Health and Parenting Part 1	Dr Gwen Adshead
10.45-11.00	BREAK	
11.00-12.30	Personality Disorder and its implications for Maternal Mental Health and Parenting Part 2	Dr Gwen Adshead
12.30-13.15	LUNCH	
13.15-14.45	Psychological interventions for women with personality disorder in the perinatal period. Part 1	Dr Nic Horley
14.45-15.00	BREAK	
15.00-16.30	Psychological interventions for women with personality disorder in the perinatal period. Part 2	Dr Nic Horley

### Intended learning objectives:

At the end of day 6 participants will be able to:

1. Demonstrate an understanding of personality function and dysfunction
2. Understand how personality function may become disordered in pregnancy and postnatally
3. Appreciate the importance of assessment and treatment of personality disorder by perinatal mental health services
4. Understand the different psychological therapies for women with personality disorder and their use during the perinatal period
5. Outline the psychological interventions which can support the parent-infant relationship for women with personality disorder and their infants.

### Reading

#### *Essential reading*

1. Blankley, G., Galbally, M., Snellen, M., Power, J. and Lewis, A.J., (2015). Borderline personality disorder in the perinatal period: early infant and maternal outcomes. *Australasian Psychiatry*, 23(6), pp.688-692.
2. Hudson, C., Spry, E., Borschmann, R. et al . (2017). Preconception personality disorder and antenatal maternal mental health: A population-based cohort study. *Journal of affective disorders*, 209, pp.169-176.
3. Mikulincer, M. and Florian, V., (1999). Maternal-fetal bonding, coping strategies, and mental health during pregnancy—the contribution of attachment style. *Journal of Social and Clinical Psychology*, 18(3), pp.255-276.

4. Petfield, L., Startup, H., Droscher, H., & Cartwright-Hatton, S. (2015). Parenting in mothers with borderline personality disorder and impact on child outcomes. *Evidence-based mental health, 18*(3), 67–75.

#### *Recommended reading*

1. Hobson, R.P., Patrick, M., Crandell, L., Garcia-Perez, R. and Lee, A., (2005). Personal relatedness and attachment in infants of mothers with borderline personality disorder. *Dev Psychopathol, 17*(2), pp.329-347.
2. Porcerelli, J.H., Huth-Bocks, A., Huprich, S.K. and Richardson, L., (2016). Defense mechanisms of pregnant mothers predict attachment security, social-emotional competence, and behavior problems in their toddlers. *American Journal of Psychiatry, 173*(2), pp.138-146.
3. Risholm Mothander, P., Furmark, C., & Neander, K. (2018). Adding "Circle of Security - Parenting" to treatment as usual in three Swedish infant mental health clinics. Effects on parents' internal representations and quality of parent-infant interaction. *Scandinavian journal of psychology, 59*(3), 262–272
4. Smith-Nielsen, J., Steele, H., Mehlhase, H., Cordes, K., Steele, M., Harder, S. and Væver, M.S., (2015). Links among high EPDS scores, state of mind regarding attachment, and symptoms of personality disorder. *Journal of Personality Disorders, 29*(6), pp.771-793.
5. Wilson, H., & Donachie, A. L. (2018). Evaluating the Effectiveness of a Dialectical Behaviour Therapy (DBT) Informed Programme in a Community Perinatal Team. *Behavioural and cognitive psychotherapy, 46*(5), 541–553.

## Day 7:

Day 7	Topic	Speaker
09.15-09.50	Prescribing anti-depressant medication in the perinatal period: how do we translate evidence into practice?	Prof Ian Jones
09.50-10.45	Prescribing anti-psychotic medication and mood stabilisers in pregnancy and breastfeeding	Dr Angelika Wieck
10.45-11.00	BREAK	
11.00-12.30	Case discussions and examples of prescribing medication in pregnancy and breastfeeding	Dr Angelika Wieck Prof Ian Jones
12.30-13.15	LUNCH	
13.15-14.45	How do we interpret the evidence in relation to prescribing in pregnancy? Workshop: participants will review and discuss selected literature.	Dr Angelika Wieck Prof Ian Jones
14.45-15.00	BREAK	
15.00-16.30	How do we interpret the evidence in relation to prescribing in pregnancy? Workshop: participants will discuss how they talk about risk/benefit analysis when supporting women with decision making.	Dr Angelika Wieck Prof Ian Jones

### Intended learning objectives:

At the end of day 7 participants will be able to:

1. Understand the kinds of methodological problems that hamper research into the reproductive safety of psychotropic drugs and be able to take these into account when interpreting peer-reviewed publications
2. Be familiar with currently available evidence on the reproductive safety of the main psychotropic drugs, resources that provide high quality evidence updates and current influential prescribing guidance
3. Be able to apply current evidence and general principles for the pharmacological management of pregnant and breastfeeding women to clinical scenarios.

### Reading

### Essential reading

1. McAllister-Williams, R. H., Baldwin, D. S., Cantwell, R. et al (2017). British Association for Psychopharmacology consensus guidance on the use of psychotropic medication preconception, in pregnancy and postpartum. *Journal of psychopharmacology (Oxford, England)*, 31(5), 519–552.
2. National Institute for Health and Care Excellence (2014). Antenatal and Postnatal Mental Health - Clinical Management and Service Guidance. Clinical Guideline 192.
3. MHRA: Valproate use by women and girls (2018). [www.gov.uk/guidance/valproate-use-by-women-and-girls](http://www.gov.uk/guidance/valproate-use-by-women-and-girls)

### Recommended reading

1. Jones, I., Chandra, P. S., Dazzan, P., & Howard, L. M. (2014). Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. *Lancet (London, England)*, 384(9956), 1789–1799.
2. Wieck A & Jones IR (2020) Psychotropics in pregnancy and lactation. In: Seminars in Clinical Psychopharmacology. Haddad PM, Nutt DJ (eds.). RCPsych/Cambridge University Press.
3. Wieck A, Abel KMA (2016) Sexual, reproductive and antenatal care of women with mental illness. In: Comprehensive Women's Mental Health (DJ Castle and KM Abel, eds). Cambridge University Press, Cambridge.



## Day 8:

Day 8	Topic	Speaker
09.15-10.45	Pre-pregnancy Counselling	Dr Maddalena Miele
10.45-11.00	BREAK	
11.00-12.30	Pre-birth Planning	Dr Lucinda Green
12.30-13.15	LUNCH	
13.15-14.45	Working with and understanding women with substance dependence and misuse in the perinatal period. Part 1	Dr Emily Finch
14.45-15.00	BREAK	
15.00-16.30	Working with and understanding women with substance dependence and misuse in the perinatal period. Part 2	Dr Emily Finch

### Intended learning objectives:

At the end of day 8 participants will be able to:

1. Understand the range of factors which should be discussed during the preconception consultation and the rationale for these
2. Have a framework to share the outcome of the consultation in a meaningful and sensitive way to women and their partners, highlighting risks, protective factors and the risks and benefits of treatments.
3. Understand how to organise and chair a perinatal mental health pre-birth planning meeting to ensure that the woman, her partner and other family members and the relevant professionals have a shared understanding of any concerns, needs and risks as well as the woman and family's strengths.
4. Develop effective perinatal mental health care plans collaboratively with women, partners, other carers and professionals.
5. Understand the issues encountered in measuring how common substance misuse in pregnancy is.
6. Explore ways to identify substance misuse in pregnancy
7. Understand what interventions are available to reduce the harm from substance misuse in pregnancy

### Reading

### Essential reading

1. Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health – page 220 pregnancy section - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/673978/clinical\\_guidelines\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf)
2. Pre-conception advice: Best Practice Toolkit for Perinatal Mental Health Service (2019) Pan-London Perinatal Mental Health Networks. [www.healthylondon.org/wp-content/uploads/2019/05/Pre-conception-advice-Best-Practice-Toolkit-for-Perinatal-Mental-Health-Services.pdf](http://www.healthylondon.org/wp-content/uploads/2019/05/Pre-conception-advice-Best-Practice-Toolkit-for-Perinatal-Mental-Health-Services.pdf)
3. Pre-Birth Planning: Best Practice Toolkit for Perinatal Mental Health Services (2019) Pan-London Perinatal Mental Health Networks. <https://www.healthylondon.org/wp-content/uploads/2019/01/Pre-birth-planning-guidance-for-Perinatal-Mental-Health-Networks.pdf>

### Recommended reading

1. Marlow, S., & Finch, E. (2016). Women and addiction. In D. Castle & K. Abel (Eds.), *Comprehensive Women's Mental Health* (pp. 174-196). Cambridge: Cambridge University Press.
2. Shawe, J. Steegers, E.A.P., Verbiest, S. (Eds) (2020). *Preconception Health and Care: A Life Course Approach*. Springer.
3. WHO (2014). Guidelines for the identification and management of substance use disorders in pregnancy. <https://www.who.int/publications-detail/9789241548731>
4. Wilson CA, Finch E, Kerr C, Shakespeare J. (2020) Alcohol, smoking, and other substance use in the perinatal period. *BMJ*. 369:m1627.

**Day 9:**

<b>Day 9</b>	<b>Topic</b>	<b>Speaker</b>
09.15-10.45	Eating Disorders: presentation, assessment, care and treatment in the perinatal period	Dr Catia Acosta
10.45-11.00	BREAK	
11.00-12.30	Eating Disorders: presentation, assessment, care and treatment in the perinatal period	Dr Catia Acosta
12.30-13.15	LUNCH	
13.15-14.45	Pregnancy loss, infertility and trauma	Dr Sarah Finnis Dr Lucinda Green
14.45-15.00	BREAK	
15.00-16.30	Complex pregnancy related presentations	Dr Sarah Finnis Dr Lucinda Green

**Intended learning objectives:**

At the end of day 9 participants will be able to:

1. Screen for and identify women who have a diagnosis of an eating disorder in the perinatal period.
2. Assess women who have eating disorders in the perinatal period, including assessment of the risk to the woman, the foetus and the infant and requesting physical investigations and discussing risk concerns with women.
3. Devise a perinatal mental health care plan for a woman who has an eating disorder in the perinatal period, in partnership with the woman, the eating disorder service and other relevant professionals.
4. Understand the factors which contribute to birth trauma (PTSD)
5. Understand how pregnancy related trauma and loss can affect women and partners.
6. Demonstrate knowledge and understanding of the challenges and complexities for women and partners associated with assisted conception.

## Reading

### Essential reading

1. NICE (2017). Eating disorders: recognition and treatment.
2. Acosta, C., Treasure, J. (2015) Eating Disorders: Overview and Management in Women. Current progress in obstetrics and gynaecology, volume 3. Ed: Studd J, Tan SL. *(Catia has sent a copy of this to circulate to participants)*
3. Daugirdaitė, V., van den Akker, O., & Purewal, S. (2015). Posttraumatic stress and posttraumatic stress disorder after termination of pregnancy and reproductive loss: a systematic review. *Journal of pregnancy, 2015*, 646345.
4. Bhat, A., & Byatt, N. (2016). Infertility and Perinatal Loss: When the Bough Breaks. *Current psychiatry reports, 18*(3), 31.

### Recommended reading

1. Bye, A., Shawe, J., Bick, D., Easter, A., Kash-Macdonald, M., & Micali, N. (2018). Barriers to identifying eating disorders in pregnancy and in the postnatal period: a qualitative approach. *BMC pregnancy and childbirth, 18*(1), 114.
2. Christiansen D. M. (2017). Posttraumatic stress disorder in parents following infant death: A systematic review. *Clinical psychology review, 51*, 60–74.
3. Easter, A., Treasure, J., & Micali, N. (2011). Fertility and prenatal attitudes towards pregnancy in women with eating disorders: results from the Avon Longitudinal Study of Parents and Children. *BJOG : an international journal of obstetrics and gynaecology, 118*(12), 1491–1498.
4. Farren, J., Jalbrant, M., Ameye, L., Joash, K., Mitchell-Jones, N., Tapp, S., Timmerman, D., & Bourne, T. (2016). Post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy: a prospective cohort study. *BMJ open, 6*(11), e011864.
5. Fogarty, S., Elmir, R., Hay, P. *et al.* (2018). The experience of women with an eating disorder in the perinatal period: a meta-ethnographic study. *BMC Pregnancy Childbirth 18*, 121.
6. Hunter, A., Tussis, L., & MacBeth, A. (2017). The presence of anxiety, depression and stress in women and their partners during pregnancies following perinatal loss: A meta-analysis. *Journal of affective disorders, 223*, 153–164.
7. Kitzinger, S (2006) Birth Crisis. Routledge.
8. Koert E, Malling GMH, Sylvest R, et al. Recurrent pregnancy loss: couples' perspectives on their need for treatment, support and follow up. *Hum Reprod.* 2019;34(2):291-296.
9. Martínez-Olcina, M., Rubio-Arias, J. A., Reche-García, C., Leyva-Vela, B., Hernández-García, M., Hernández-Morante, J. J., & Martínez-Rodríguez, A. (2020). Eating Disorders in Pregnant and Breastfeeding Women: A Systematic Review. *Medicina (Kaunas, Lithuania), 56*(7), 352.
10. McCluskey, G. and Gilbert, P. (2015) Implications counselling for people considering donor-assisted treatment. Fully updated version. BICA Publications.
11. Pearson G. *The Burden of Choice: Collected stories from parents facing a diagnosis of abnormalities during pregnancy.* Dormouse Press: 2013
12. Quagliata E (Ed.). (2013) *Becoming Parents and Overcoming Obstacles: Understanding the Experience of miscarriage, premature births, infertility and postnatal depression.* Karnac Books.
13. Svanberg, E. (2019) Why Birth Trauma Matters. Pinter & Martin.

14. The Lancet (2020). Eating disorders: innovation and progress urgently needed. *Lancet (London, England)*, 395(10227), 840.
15. Van Der Kolk, B. (2015) *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. Penguin.

## Day 10:

Day 10	Topic	Speaker
09.15-10.45	Mental Health Law, Mental Capacity and the Court of Protection: issues in the perinatal period	Mr Alex Ruck Keene, Barrister Dr Livia Martucci
10.45-11.00	BREAK	
11.00-12.30	Advance Directives in the perinatal period	Dr Lucy Stephenson
12.30-13.15	LUNCH	
13.15-14.45	Going forward: reflections on the course and the application of what has been learned to clinical practice	Dr Liz McDonald Dr Lucinda Green
14.45-15.00	BREAK	
15.00-16.30	Going forward: reflections on the course and the application of what has been learned to clinical practice	Dr Liz McDonald Dr Lucinda Green

### Intended learning objectives:

At the end of day 10 participants will be able to:

1. Recognise the relevant legal frameworks and to formulate a legally informed advance decision making document with women in the perinatal period.
2. Describe upcoming reforms to the Mental Health Act and the impact on advance decision making in the perinatal period.
3. Distinguish between ethical/moral issues and legal frameworks and how to approach them separately.

### Reading

#### *Essential reading*

1. Owen, G. S., Gergel, T., Stephenson, L. A., Hussain, O., Rifkin, L., & Keene, A. R. (2019). Advance decision-making in mental health - Suggestions for legal reform in England and Wales. *International journal of law and psychiatry*, 64, 162–177.
2. Stephenson, L. A., Gergel, T., Ruck Keene, A., Rifkin, L., & Owen, G. (2020). The PACT advance decision-making template: preparing for Mental Health Act reforms with co-production, focus groups and consultation. *International journal of law and psychiatry*, 71, 101563.

### Recommended reading

1. Hindley, G., Stephenson, L. A., Ruck Keene, A., Rifkin, L., Gergel, T., & Owen, G. (2019). "Why have I not been told about this?": a survey of experiences of and attitudes to advance decision-making amongst people with bipolar. *Wellcome open research*, 4, 16.
2. Ruck Keene, A. et al (2020) Carrying out and recording capacity assessments. 39 Essex Chambers. [www.39essex.com/mental-capacity-guidance-note-brief-guide-carrying-capacity-assessments/](http://www.39essex.com/mental-capacity-guidance-note-brief-guide-carrying-capacity-assessments/)
3. Ruck Keene, A. et al (2020) Determining and recording best interests. 39 Essex Chambers. [www.39essex.com/mental-capacity-guidance-note-best-interests-july-2020/](http://www.39essex.com/mental-capacity-guidance-note-best-interests-july-2020/)
4. Thornicroft, G., Farrelly, S., Szmukler, G., Birchwood, M., Waheed, W., Flach, C., Barrett, B., Byford, S., Henderson, C., Sutherby, K., Lester, H., Rose, D., Dunn, G., Leese, M., & Marshall, M. (2013). Clinical outcomes of Joint Crisis Plans to reduce compulsory treatment for people with psychosis: a randomised controlled trial. *Lancet (London, England)*, 381(9878), 1634–1641.
5. Case comments: Re AB (Termination of pregnancy) - [https://www.39essex.com/cop\\_cases/re-ab-termination-of-pregnancy/](https://www.39essex.com/cop_cases/re-ab-termination-of-pregnancy/)
6. Case comments: GSTT& SLAM vR - [https://www.39essex.com/cop\\_cases/gstt-slam-v-r/](https://www.39essex.com/cop_cases/gstt-slam-v-r/)

## Course leads and facilitators



### **Dr Liz McDonald**

Dr Liz McDonald is former Chair of the Perinatal faculty at the RCPsych (2012-16), former Chair of the Pan London PMH Clinical Network (2013-2017) and Hon Consultant Perinatal Psychiatrist at ELFT. She worked clinically and in service development in east London, was a Guideline Development Group member for the NICE APMH guidelines (2007 and 2014), was a regional assessor for psychiatric maternal deaths and was a member of the IAG for MBRRACE. She was Clinical Lead for the NHSE funded Bursary Project for training perinatal psychiatrists at the RCPsych and is a visiting lecturer at the Tavistock and Portman NHS Foundation Trust. She has extensive experience of teaching at regional, national and international levels. She has been an active mentor of trainee and consultant psychiatrists. She is currently co-editing a Seminar Series Perinatal Psychiatry textbook with the RCPsych and Cambridge University Press.



### **Dr Lucinda Green**

Dr Lucinda Green developed and led the perinatal mental health service at St. Thomas' Hospital (South London & Maudsley NHS Foundation Trust) from 2002 to 2016. She then moved to West London NHS Trust where she was Perinatal Clinical Lead. She currently works in private practice at the Portland Hospital, The Child & Family Practice and the Women's Wellness Centre in London.




For the Pan London Perinatal Mental Health Network Dr Green has been chair of both the South and North West London Perinatal Mental Health Clinical Networks. She was joint lead for the London Perinatal Mental Health Care Pathway and lead for the Pan London Perinatal Mental Health Network's Perinatal Pre-Birth Planning Best Practice Toolkit. She was a member of the British Association for Psychopharmacology Perinatal Guideline Development Group. She has been an elected member of the Royal College of Psychiatrists Perinatal Faculty and was the lead for the development of a series of perinatal information leaflets for the RCPsych. She is a former chair of the London & South Perinatal Consultant Psychiatrists Association.






Dr Green has many years' experience of designing and delivering perinatal mental health training for a range of professionals. She has been a clinical supervisor for senior trainees and a mentor for consultant perinatal psychiatrists. She was a mentor for the Royal College of Psychiatrists Perinatal Bursary Programme. She is a visiting lecturer in perinatal mental health for the Tavistock and Portman NHS Foundation Trust.




*[www.drucindagreen.co.uk](http://www.drucindagreen.co.uk)*








## Speakers

	<p><b>Dr Catia Acosta</b></p> <p>Dr. Acosta is Consultant Perinatal Psychiatrist at Chelsea and Westminster Hospital (CNWL NHS Foundation Trust). She previously worked as an Eating Disorder consultant and has a special interest and expertise in eating disorders in the perinatal period. She is certified in the neonatal behaviour observation (NBO) by the Brazelton centre and is part of the RCPsych's Expert Reference Group for Fabricated and Induced Illness (FII) by proxy/in children (previously known as Munchausen syndrome by proxy) and co-authored the guidelines for assessment and work as an expert witness in this area for family courts. She previously trained in obstetrics and gynaecology. <a href="http://www.catiaacosta.com">www.catiaacosta.com</a></p>
	<p><b>Dr Gwen Adshead</b></p> <p>Gwen Adshead is a Forensic Psychiatrist and Psychotherapist. She trained at St George's hospital, the Institute of Psychiatry and the Institute of Group Analysis. She is trained as a group therapist and a mindfulness based cognitive therapist and has also trained in mentalisation based therapy. She worked for nearly twenty years as a Consultant Forensic Psychotherapist at Broadmoor Hospital, running psychotherapeutic groups for offenders, and working with staff around relational security and organisational dynamics. She now works with patients with personality disorder in high security, prison and in the community. Gwen also has a Masters' Degree in Medical Law and Ethics; and has a research interest in moral reasoning, and how this links with 'bad' behaviour. Gwen has published a number of books and over 100 papers, book chapters and commissioned articles on forensic psychotherapy, ethics in psychiatry, and attachment theory as applied to medicine and forensic psychiatry. She was honoured with the President's Medal for services to psychiatry in July 2013; an honorary doctorate from St George's Hospital Medical School in 2016, and was the Gresham Professor of Psychiatry 2014-2017.</p>
	<p><b>Prof Jane Barlow</b></p> <p>Jane Barlow (DPhil, FFPH Hon) is Professor of Evidence Based Intervention and Policy Evaluation at the Department of Social Policy and Intervention, University of Oxford. Jane's research focuses on developing and evaluating dyadic interventions during the perinatal period that are aimed at promoting infant mental health. She also undertakes research to evaluate the effectiveness of interventions aimed at preventing child abuse. She is currently President of AIMH UK, Affiliate Council Representative of the Executive Board of WAIMH, an Associate Editor for the Infant Mental Health Journal, and was a member of PreVAiL (Preventing Violence Across the Lifespan).</p>
	<p><b>Dr Giles Berrisford</b></p> <p>Dr Berrisford is the Lead Clinician for the Perinatal Mental Health Services covering the Black Country, Birmingham and Solihull. His clinical work is based predominantly on the ten bedded inpatient Mother and Baby Unit in Birmingham.</p> <p>Dr Berrisford is the National Specialty Advisor for Mental Health (Perinatal) with NHS England, and has worked with NHSE since 2016. He is also the Chair for the perinatal mental health Clinical Reference Group for NHS Specialised Commissioning. He is Chair of the national charity Action on Postpartum Psychosis. Dr Berrisford is the past Vice-Chair for the Perinatal Faculty of the Royal College of Psychiatrists.</p>

	<p><b>Rachel Buabeng</b></p> <p>Multi-award winning Rachael Buabeng is a wife, mother, step-mother, author and the founder of Mummy's Day Out a network for mothers to be inspired, encouraged and empowered on their motherhood journeys. Rachael is passionate about mothers having positive birth experiences and after facing extremely challenging pregnancies due to hyperemesis, Rachael now advocates for women and raises awareness on challenges they face.</p> <p><a href="http://www.rachaelbuabeng.com">www.rachaelbuabeng.com</a> <a href="http://www.mummysdayout.com">www.mummysdayout.com</a> <a href="http://www.kofianadioasstories.com">www.kofianadioasstories.com</a></p>
	<p><b>Dr Roch Cantwell</b></p> <p>Roch Cantwell is a consultant perinatal psychiatrist in NHS Greater Glasgow and Clyde. He led the establishment of Scotland's first mother &amp; baby unit and specialist community perinatal mental health team. He is the lead psychiatry assessor for the UK and Ireland Confidential Enquiries into Maternal Deaths and lead author for their mental health themed reports. He chaired the SIGN guideline development group for SIGN 127: Perinatal Mood Disorders. He has chaired both the Royal College of Psychiatrists' UK and Scottish perinatal faculties. He is a founder member of Maternal Mental Health Scotland, a charity established to campaign for improved mental health services for women, their infants and families. He has published widely in the field of perinatal mental health.</p>
	<p><b>Dr Clare Dolman</b></p> <p>Clare Dolman is a journalist and researcher whose PhD focused on women with bipolar disorder's decision-making regarding pregnancy and childbirth. She is Patient and Public Involvement Lead for the NIHR-funded ESMI project on the effectiveness and cost-effectiveness of perinatal mental health services, based at the IOPPN, King's College and lectures there and at the Royal College of Psychiatrists on service user perspectives. Clare, who has a personal interest in this subject, is Vice Chair of the MMHA (Maternal Mental Health Alliance) <a href="http://maternalmentalhealthalliance.org">maternalmentalhealthalliance.org</a>, a trustee of the charity APP - Action on Postpartum Psychosis (<a href="http://app-network.org">app-network.org</a>) and an Ambassador for Bipolar UK (<a href="http://bipolaruk.org">bipolaruk.org</a>).</p>
	<p><b>Dr Henry Fay</b></p> <p>Henry Fay qualified from Southampton medical school in 2002. He was a partner and GP trainer in a practice in South Oxfordshire before having to take ill health retirement in 2015.</p> <p>Henry is a trustee of the Maternal Mental Health Alliance. As well as having a professional interest in mental health, he has personal experience as the husband of someone with bipolar disorder. His wife Jenny had an episode of postpartum psychosis after the birth of their second child in 2015. During this time, they contributed to the making of the award-winning documentary "My Baby, Psychosis and Me" which was shown on BBC1 in February 2016.</p>
	<p><b>Dr Emily Finch</b></p> <p>Dr Finch is the Addictions Clinical Director, Southwark, Central Acute &amp; Addictions Operational Directorate and Clinical Director, Addictions Clinical Academic Group at South London and Maudsley NHS Foundation Trust, with responsibility for Addiction services across Lambeth, Bexley, Greenwich and Wandsworth. She is a Visiting Senior Lecturer at King's College London. She is currently clinical lead for the Alcohol Assertive Outreach Team is also responsible for quality for adult psychiatry service in Southwark and a member of the Trust Quality Centre. She is currently on the Advisory Council on the Misuse of Drugs (ACMD) and joint chair</p>

	<p>of the Recovery Committee. Emily is the vice-chair of the Royal College of Psychiatrists Addictions Executive. She is a co-chair of the London Joint Working Group on Hepatitis C. In 2012 Emily chaired a joint RCGP RCPsych working group to develop a document defining competencies for doctors working in Addictions and has recently chaired the NICE quality standard drug use disorders topic expert group. From 2004 to 2007 Emily was the Clinical Team Leader at the National Treatment Agency (NTA) where she took a lead in the clinical aspects of national drug policy and in liaising between the NTA and the professionals working in the field. Emily teaches and lectures, on all aspects of addiction and supervises PhD students. She is an educational and clinical supervisor for psychiatric trainees. She is head of education and training for the Clinical Academic Group. Her research interests include the outcome of treatment for opiate users, hepatitis C and injectable prescribing. Emily is a Trustee of alcohol research UK and Gamcare.</p>
	<p><b>Dr Sarah Finnis</b></p> <p>Dr Sarah Finnis currently leads the Specialist Clinical Psychology Service in Obstetrics and Gynaecology at Hillingdon Hospital. She is also programme lead for the Perinatal Clinical Psychology Training at Liverpool University. She is a member of the Pan London Perinatal Mental Health Network and Committee member of the British Psychological Society Perinatal Faculty. Dr Finnis previously worked with Older Adults and in Neuro Rehabilitation. Throughout her career as a Clinical Psychologist Dr Finnis has had a special interest in women's health and psychological difficulties in relation to this. Prior to her Clinical Psychology Training she was a Research Associate at Plymouth University and completed an MPhil titled 'The Experience of Sexual Harassment of Women in the Nursing Profession'.</p>
	<p><b>Kathryn Grant</b></p> <p>Kathryn is an economist by background, who experienced postpartum psychosis following the birth of her son in 2012. Since recovering, Kathryn has devoted much of her free time to raising awareness of maternal mental illness, campaigning for improved services, providing peer support and educating clinicians. She became a service user Governor at South London and the Maudsley, and now works part time as a peer trainer at their Recovery College. Kathryn is also a Mental Health First Aid instructor for MHFA England and a crisis volunteer for the text messenger service Shout 85258.</p>
	<p><b>Dr Nic Horley</b></p> <p>Dr Nic Horley is a Chartered Clinical Psychologist working for the West London Perinatal Mental Health Service. Prior to working in Perinatal Mental Health Services her background is in severe and enduring mental health, working therapeutically with people diagnosed with Personality Disorder. Dr Horley offers evidence based individual and group interventions to women who are pregnant or in the early postnatal period using a range of therapies, all of which are underpinned by attachment theory. Dr Horley is a qualified Dialectical Behaviour Therapist and has completed additional training in Schema Therapy and Trauma Focussed Therapy. She has trained in and regularly uses the Circle of Security and Video Feedback Interventions.</p> <p>Since the expansion of the West London Perinatal Mental Health Service in February 2016, Dr Horley has worked to develop the psychological intervention pathways offered during the perinatal period.</p> <p>Dr Horley is a visiting lecturer with the Tavistock and Portman NHS Foundation Trust and is a member of the Perinatal Faculty there. She lectures and supervises clinical psychology trainees and MSc students in the areas of personality disorder, treatment planning and psychological assessment and formulation.</p>
	<p><b>Dr Amanda Jones</b></p>

	<p>Amanda Jones is a Consultant Perinatal Psychotherapist and Strategic &amp; Clinical Lead of NELFT NHS Foundation Trust's Perinatal Parent Infant Mental Health Service. She trained as a systemic therapist and pursued her doctoral research at the Tavistock Centre/UEL. Her research studied how mothers' use of maladaptive defensive processes can derail their baby's development. In collaboration with the Anna Freud Centre, Amanda was the therapist in the Channel Four documentaries 'Help me love my baby'. With the NSPCC and Warwick Medical School she made 5 further documentaries called 'Breakdown or Breakthrough: pregnancy, birth and the first 18 months of life', available for free online, for all practitioners working with parents and babies in distress. Amanda speaks at national and international conferences on psychodynamic parent-baby treatment. She contributes in several governmental policy groups to try and enhance understanding about the importance of early intervention and the need to develop equitable integrated psychotherapy and psychiatric NHS community perinatal parent infant mental health services in the UK.</p>
	<p><b>Prof Ian Jones</b></p> <p>Ian Jones is Professor of Psychiatry and Honorary Consultant Perinatal Psychiatrist at Cardiff University. He is Director of the National Centre for Mental Health (NCMH.info) and with colleagues leads the Bipolar Disorder Research Network (BDRN.org). NCMH has recruited over 20,000 people with mental health problems to its research cohort and BDRN has involved over 7,000 people with bipolar disorder from around the UK in research. He leads the Cardiff University Psychiatry Service (CUPS) and a clinical service offering pre-conception counselling to women with severe mental illness. He is Director of BEP-C, a group psychoeducation programme for bipolar disorder. He is a Trustee of The Maternal Mental Health Alliance (maternalmentalhealthalliance.org) and a Trustee and Scientific Advisor to Action on Postpartum Psychosis (app-network.org). His research focuses on bipolar disorder and postpartum psychosis. He has authored or co-authored over 300 publications and book chapters. He has been awarded the Marcé Medal for his research on Postpartum Psychosis and was named Academic Psychiatrist of the Year at the RCPsych Awards 2013. In 2014 BEP-C was awarded the British Medical Journal (BMJ) award for innovation in medicine.</p>
	<p><b>Dr Hind Khalifeh</b></p> <p>Hind Khalifeh is a Consultant Perinatal Psychiatrist at Kings College Hospital in London (South London &amp; Maudsley NHS Foundation Trust). She has a research background in women's mental health, including domestic violence and perinatal suicide.</p>
	<p><b>Rosie Lowman</b></p> <p>In 2011 Rosie became a mum and experienced crippling postnatal depression. Disappointed by the lack of appropriate information and services when ill, Rosie decided to use her professional skills to try and improve the situation for those affected by mild to moderate perinatal mental illness. This is when she discovered Cocoon Family Support, a London based charity providing peer-led support to those families who fell through the gap of service provision. Rosie joined as a volunteer Director, developing the offering in South London, and took over as Chief Executive in 2017.</p> <p>Rosie is passionate about the role of lived experience, early intervention and holistic family support within perinatal mental health services. She advocates for the importance of peer support, creative therapy and mindfulness as essential components to the recovery journey, complementing the clinical services we now see in every part of England.</p> <p>As well as her work for Cocoon, Rosie has over a decade's experience in the charity sector and almost ten years' experience of commissioning in Health and Social Care, specialising in carers services, mental health and the voluntary sector.</p> <p>Rosie now loves being a mum (mostly) and her son Michael loves to talk about how his mum helps those parents with 'poorly heads'.</p> <p><a href="http://www.cocoonfamilysupport.org">www.cocoonfamilysupport.org</a></p>

	<p><b>Dr Livia Martucci</b></p> <p>Dr Livia Martucci is a consultant in perinatal psychiatry at St Thomas’s Hospital in London, and the clinical lead for South London &amp; Maudsley NHS Foundation Trust’s perinatal mental health services. Prior to this she was consultant perinatal psychiatrist in North East London NHS Foundation Trust. She is the outgoing academic secretary for the perinatal faculty at the RCPsych, and she has a special interest in capacity and law.</p>
	<p><b>Dr Maddalena Miele</b></p> <p>Dr Miele has led the perinatal mental health service at St Mary’s Hospital, Central North West London (CNWL) FT, in partnership with the Imperial College Healthcare NHS Trust maternity unit since 2009. From December 2016 to January 2020 she was Clinical Lead of the Perinatal Mental Health Service for CNWL FT. She has a clinical background in Obstetrics and Gynaecology and completed a PhD in neuroscience at the department of Physiology at Oxford University. She trained in General Adult Psychiatry at the Maudsley, Bethlem and St Mary’s Hospitals with an endorsement in Liaison Psychiatry. She trained in Infant Mental Health with Dr PO Svanberg (Care Index and Parent Infant Interaction Observation Scale). She has been a member of the Perinatal Faculty Executive and the Perinatal Quality Network Advisory Group of the RCPsych and the College representative for the Maternal Mental Health Alliance (2015-2018). Dr Miele has been heavily involved in perinatal mental health service development and is the chair the North West London division of the London Perinatal Mental Health Network (NHS England). She co-authored the London Perinatal Mental Health Care Pathways endorsed by the Mental Health Strategic Clinical Network and is the creative director of the animation movie “Building Better Perinatal Mental Health services”. She is the lead author of the Pre-conception advice: Best Practice Toolkit for Perinatal Mental Health Services launched by Pan London Perinatal Mental Health Network in 2019. She is actively involved in training and teaching programs to raise awareness on perinatal mental illness and improve clinical skills in perinatal and infant mental health care. She is the lead trainer for the Parent Infant Interaction Observation Scale course at Warwick University Medical School. In 2019 she was co-opted by the Perinatal Faculty Executive of the RCPsych and by the Association of Infant Mental Health UK Executive.</p>
	<p><b>Mr Alex Ruck Keene</b></p> <p>Alex is a barrister at 39 Essex Chambers specialising in mental capacity and mental health law. He has been in cases involving the MCA 2005 and the MHA 1983 at all levels up to and including the Supreme Court and European Court of Human Rights. He also writes extensively, has numerous academic affiliations, including as Visiting Professor and Wellcome Research Fellow at King’s College London, and created the website <a href="http://www.mentalcapacitylawandpolicy.org.uk">www.mentalcapacitylawandpolicy.org.uk</a>.</p>
	<p><b>Dr Lucy Stephenson</b></p> <p>Dr Lucy Stephenson is a clinical research associate with the Mental Health and Justice Project at the Institute of Psychiatry, Psychology and Neuroscience. Her work has involved engagement with service user and professional stakeholders to design a mental health advance decision making template. She is an ST6 dual trainee in Psychiatry and Psychotherapy at the South London and Maudsley NHS Foundation Trust</p> <p><a href="https://mhj.org.uk/workstreams/3-advance-directives/">https://mhj.org.uk/workstreams/3-advance-directives/</a> @MHealthJustice @LucyAS Stephenson</p>



**Dr Angelika Wieck**

Following a research lecturership at the Institute of Psychiatry, Psychology and Neuroscience conducting a study on biological and psychosocial aetiological mechanisms in bipolar illness triggered by childbirth, Dr Wieck was a Consultant in General Adult Psychiatry, a Consultant for the Northwest Specialist Service for Affective Disorders, the Lead Consultant for the North West Perinatal Psychiatry Service based in Manchester, the Clinical Lead for the Perinatal Mental Health Clinical Network in Greater Manchester, and a member of the National Clinical Reference Group for Perinatal Mental Health. She was the psychiatric expert for the Valproate Advisory Group at the European Medicines Agency, is the chair of the Women, Gender and Mental Health Section at the European Psychiatric Association and serves on the Editorial board of European Psychiatry. Her current appointment is as Honorary Perinatal Consultant Psychiatrist at the Greater Manchester Mental Health NHS Foundation Trust, and Honorary Senior Lecturer at the University of Manchester. Dr Wieck's research interests and publications are in reproductive psychopharmacology, psychoneuroendocrinology and perinatal psychiatry.