

Royal College of Psychiatrists - Perinatal Psychiatry Masterclass Programme

Consultants Top-Up Course

The aims of this masterclass programme are to:

- enable and support consultants in perinatal psychiatry in their assessment, understanding and management of complex clinical work
- encourage participants to integrate current evidence into clinical practice
- develop self-reflection skills
- support leadership development
- 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 in perinatal mental health services
- develop knowledge and understanding relevant to implementing the recommendations of the NHS Long Term Plan for perinatal mental health services

Dates:

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

Date	Themes
1. Monday 28 th September 2020	Eating Disorders. ADHD.
2. Tuesday 29 th September 2020	Partners of women with perinatal mental illness. Couple and family interventions.
3. Thursday 15 th October 2020	Leadership
4. Thursday 26 th November 2020	Infertility. Implementing the NHS Long Term Plan - expanding perinatal mental health services and extending to 2 years postnatal.
5. Friday 27 th November 2020	Birth Trauma and Perinatal Loss. Maternal Mental Health Clinics. Service Development and Future Planning.

Programme

Learning objectives and reading lists are provided before each day. Each session within the day will have a didactic component and small group work/discussion. All 5 days are facilitated by Dr Liz McDonald and Dr Lucinda Green.

Day 1: Monday 28th September 2020

Day 1	Topic	Speakers
09.15-10.45	Eating disorders - care and treatment of women with eating disorders in pregnancy and up to 2 years postpartum, including impact on parenting and the infant	Dr Catia Acosta
10.45-11.00	BREAK	
11.00-12.30	Eating disorders - care and treatment of women with eating disorders in pregnancy and up to 2 years postpartum, including impact on parenting and the infant	Dr Catia Acosta
12.30-13.15	LUNCH	
13.15-14.45	ADHD – assessment and treatment in the perinatal context and implications for parenting	Dr Sally Cubbin and Dr Amanda Elkin
14.45-15.00	BREAK	
15.00-16.30	ADHD – assessment and treatment in the perinatal context and implications for parenting	Dr Sally Cubbin and Dr Amanda Elkin

Intended learning objectives:

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

1. Recognise how ADHD presents in adults, with a particular focus on women.
2. Understand how untreated ADHD may affect women in the perinatal period.
3. Consider medication treatment options for ADHD in the perinatal period.
4. Feel confident in writing a CD prescription.
5. Screen for and identify women who have a diagnosis of an eating disorder in the perinatal period.
6. 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.
7. 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.

Reading

Essential reading

1. 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.
2. Cubbin, S., Leaver, L., & Parry, A. (2020). Attention deficit hyperactivity disorder in adults: common in primary care, misdiagnosed, and impairing, but highly responsive to treatment. *The British journal of general practice: The journal of the Royal College of General Practitioners*, 70(698), 465–466.
3. Choice and Medication leaflet: A guide to help you choose between the medications to help with symptoms of ADHD in pregnancy and breast-feeding
4. NICE (2017). Eating disorders: recognition and treatment.

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. Choice and Medication: medication-specific 'handy factsheets' on: Methylphenidate, lis-dexamphetamine, atomoxetine, melatonin
3. Cortese, S., Adamo, N., Del Giovane, C., et al. (2018). Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. *The Lancet. Psychiatry*, 5(9), 727–738.
4. 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.
5. Kooij, J., Bijlenga, D., Salerno, L., (2019). Updated European Consensus Statement on diagnosis and treatment of adult ADHD. *European Psychiatry: The Journal of the Association of European Psychiatrists*, 56, 14–34.
6. 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.
7. Young, S., Adamo, N., Ásgeirsdóttir, B. B., Branney, P., et al. (2020) Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/ hyperactivity disorder in girls and women. *BMC psychiatry*, 20(1), 404.

Day 2: Tuesday 29th September 2020

Day 2	Topic	Speakers
09.15-10.45	Partners of women with lived experience of perinatal mental illness	Dr Sally Wilson and partners from Action on Postpartum Psychosis
10.45-11.00	BREAK	
11.00-12.30	Assessment and signposting for partners and fathers	Dr Lucinda Green
12.30-13.15	LUNCH	
13.15-14.45	Couple and family interventions in the perinatal period	Dr Phil Arthrington
14.45-15.00	BREAK	
15.00-16.30	Couple and family interventions in the perinatal period	Dr Phil Arthrington

Intended learning objectives:

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

1. Understand the effect of a woman's perinatal mental illness on her partner.
2. Describe approaches to assessment and care for partners who have mental health problems in the perinatal period.
3. Describe the contribution that couple and family interventions can make to perinatal mental health services.
4. Identify key challenges faced by families during the perinatal period and how key systemic concepts can aid in making sense of these difficulties.
5. Discuss some of the main barriers to working with families in the perinatal period and how these may be overcome in your service.

Reading

Essential reading

1. Hunt, C. (2006). When baby brings the blues: Family therapy and postnatal depression. *Australian and New Zealand Journal of Family Therapy*, 27(4), 214-220.
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. Arthington, P. (in press). Mighty oaks from little acorns grow: Why beginnings matter. *Context*, 172, pp.xxxxx. Warrington: AFT.
2. Barker, S. (2019). Perinatal mental health and working with families. In N. Evans (Ed), *Family Work in Mental Health: A Skills Approach*. Keswick: M&K Publishing. pp. 67-82.
3. Cluxton-Keller, F., & Bruce, M.L. (2018). Clinical effectiveness of family therapeutic interventions in the prevention and treatment of perinatal depression: A systematic review and meta-analysis. *PLoS ONE*, 13(6): e0198730.
4. Hanley, J. & Williams, M. (2019) *Fathers and perinatal mental health. A Guide for recognition, treatment and management*. Routledge.
5. Ruffell, B., Smith, D.M. & Wittkowski, A J. (2019) The Experiences of Male Partners of Women with Postnatal Mental Health Problems: A Systematic Review and Thematic Synthesis. *Child Fam Stud.*;28: 2772–2790.
6. Williams, M. (2020) Fathers reaching out-why dads matter. https://maternalmentalhealthalliance.org/wp-content/uploads/MARK_WILLIAMS_FATHERS_REACHING_OUT_PMH_REPORT10_SEP_2020.pdf

Day 3: Thursday 15th October 2020

Day 3	Topic	Speakers
09.15-10.45	Leadership	Dr Lucinda Green and Dr Nic Horley
10.45-11.00	BREAK	
11.00-12.30	Leadership	Dr Lucinda Green and Dr Nic Horley
12.30-13.15	LUNCH	
13.15-14.45	Leadership	Dr Lucinda Green and Dr Nic Horley
14.45-15.00	BREAK	
15.00-16.30	Leadership	Dr Lucinda Green and Dr Nic Horley

Intended learning objectives:

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

1. Understand the advantages of compassionate leadership approaches for leaders and teams
2. Understand the theoretical underpinnings of compassion focussed ideas
3. Recognise the importance of self-compassion
4. Participate in compassion focussed activities
5. Be familiar with compassion focussed activities that can be used with their teams

Reading

Essential reading

1. West, M., Eckert, R., Collins, B., & Chowla, R. (2017) *Caring to Change. How compassionate leadership can stimulate innovation in health care. The King's Fund*

Recommended reading

1. Conversano, C., Ciacchini, R., Orrù, G., Di Giuseppe, M., Gemignani, A., & Poli, A. (2020). Mindfulness, Compassion, and Self-Compassion Among Health Care Professionals: What's New? A Systematic Review. *Frontiers in psychology*, 11, 1683. <https://doi.org/10.3389/fpsyg.2020.01683>.
2. de Zulueta P. C. (2015). Developing compassionate leadership in health care: an integrative review. *Journal of healthcare leadership*, 8, 1-10.
3. Gilbert, P.I & Basran, J. (2018). Imagining One's Compassionate Self and Coping with Life Difficulties. *EC Psychology and Psychiatry*, 7, 971-978.
4. Heaversedge, J. & Halliwell, E.(2012) *The Mindful Manifesto*. Hay House UK Ltd.

5. Neff, KD, Knox, MC, Long, P, Gregory, K. (2020) Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for Healthcare Communities. *J Clin Psychol.* 76, 1543– 1562.
6. NHS England (2014) Building and Strengthening Leadership: Leading with Compassion.

Day 4: Thursday 26th November 2020

Day 4	Topic	Speakers
09.15-10.45	Infertility, fertility treatment and psychological implications	Dr Marie Wren
10.45-11.00	BREAK	
11.00-12.30	Infertility, fertility treatment and psychological implications	Dr Marie Wren
12.30-13.15	LUNCH	
13.15-14.45	Implementing the NHS Long Term Plan - expanding perinatal mental health services and extending to 2 years postnatal.	Dr Giles Berrisford
14.45-15.00	BREAK	
15.00-16.30	Implementing the NHS Long Term Plan - expanding perinatal mental health services and extending to 2 years postnatal.	Dr Giles Berrisford

Intended learning objectives:

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

1. Understand what can cause infertility, what treatments are available and what they involve.
2. Understand how likely treatment is to succeed and fail.
3. Describe and recognise the emotional consequences of infertility and treatment.
4. 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.
5. Define potential criteria for women who will be eligible for perinatal mental health services once the NHS Long Term Plan is fully implemented.
6. Identify approaches to working jointly with other mental health services locally to clarify which women should remain under the care of perinatal mental health services beyond the first postnatal year and when women should be discharged and/or referred on, or back, to other services.

Reading

Essential reading

1. Day, T. (2019) Warrior: Battling infertility-staying sane while trying to conceive.

Recommended reading

1. Bhat, A., & Byatt, N. (2016). Infertility and perinatal loss: when the bough breaks. *Current psychiatry reports*, 18(3), 31.
2. Bronya Hi-Kwan Luk & Alice Yuen Loke (2015) The Impact of Infertility on the Psychological Well-Being, Marital Relationships, Sexual Relationships, and Quality of Life of Couples: A Systematic Review, *Journal of Sex & Marital Therapy*, 41:6, 610-625,
3. Donmar, A., & Kelly, AL. (2004) Conquering infertility. Dr Alice Domar's mind/body guide to enhancing fertility and coping with infertility. Penguin Group.
4. Doyle, M., & Carballedo, A. (2014). Infertility and mental health. *Advances in Psychiatric Treatment*, 20(5), 297-303.
5. Golombok, S. (2015) Modern families: Parenting and children in new family forms. Cambridge University Press.
6. Mackney, R. & Bray R. (2017) Get a Life: His & hers survival guide to IVF. Orion Publishing Co.
7. McCluskey G & Gilbert P. Implications counselling for people considering donor-assisted treatment. Fully updated version. British Infertility Counselling Association: 2015.
8. Patel, A., Sharma, P., & Kumar, P. (2018). Role of Mental Health Practitioner in Infertility Clinics: A Review on Past, Present and Future Directions. *Journal of Human Reproductive sciences*, 11(3), 219–228.

Day 5: Friday 27th November 2020

Day 5	Topic	Speaker
09.15-10:45	Maternity outreach clinics, birth trauma and perinatal loss	Dr Sarah Finnis
10:45-11:00	BREAK	
11.00-12.30	Maternity outreach clinics, birth trauma and perinatal loss	Dr Sarah Finnis
12.30-13.15	LUNCH	
13.15-14.45	Future planning and local implementation	Dr Liz McDonald and Dr Lucinda Green
14.45-15.00	BREAK	
15.00-16.30	Future planning and local implementation	Dr Liz McDonald and Dr Lucinda Green

Intended learning objectives:

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

1. Understand the factors which contribute to birth trauma (PTSD)
2. Understand the psychological impact of pregnancy related trauma and loss can for women and partners.
3. Demonstrate knowledge and understanding of the challenges and complexities for women, partners and professionals associated with decisions around late termination of pregnancy.

Reading

Essential reading



1. 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.

Recommended reading




1. Christiansen D. M. (2017). Posttraumatic stress disorder in parents following infant death: A systematic review. *Clinical psychology review*, 51, 60–74.

2. Cook, N., Ayers, S., & Horsch, A. (2018). Maternal posttraumatic stress disorder during the perinatal period and child outcomes: A systematic review. *Journal of affective disorders, 225*, 18–31.
3. Farren, J., Jalmbrant, 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.
4. 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.
5. Kitzinger, S (2006) Birth Crisis. Routledge.
6. 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.
7. Simpson M, Catling C. Understanding psychological traumatic birth experiences: A literature review. *Women Birth.* 2016;29(3):203-207.
8. Svanberg, E. (2019) Why birth trauma matters. Pinter & Martin.

Course leads and facilitators

	<p>Dr Liz McDonald</p> <p>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.</p>
	<p>Dr Lucinda Green</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Website: www.drlucindagreen.co.uk</p>

Speakers

	<p>Dr Catia Acosta</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.</p> <p>Website: www.catiacosta.com</p>
	<p>Dr Phil Arthington</p> <p>Dr Phil Arthington is a Clinical Psychologist and Systemic Family Therapist. He is Psychology Lead with the Leeds Perinatal Mental Health Service in the Leeds and York Partnership NHS Foundation Trust. He is also a lecturer on family therapy and systemic practice at the University of Leeds. Phil is passionate about the value of family work, and the question of how perinatal mental health services can develop their family-orientation to the benefit of mothers and babies with whom they work. As a new parent himself, Phil is also interested in how professionals can work safely and constructively with the personal resonances with early family life that can often be a feature of working in this field.</p> <p>Website: www.leeds.ac.uk/familytherapy or follow @systemicleeds</p>
	<p>Dr Giles Berrisford</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>



Dr Sally Cubbin

Dr Sally Cubbin is a Consultant Psychiatrist who has specialist clinical expertise in adult attention deficit hyperactivity disorder (ADHD), both in terms of its diagnosis and medical management. She is a member of the UKAAN (UK Adult ADHD Network) executive board and also sits on their training committee. Her clinical interests are in the assessment of ADHD in adults and using pharmacological as well as psychological approaches to reducing symptoms. She holds a Diploma in Cognitive Behavioural Therapy from the University of Oxford. She runs workshops on the pharmacological treatment of ADHD for health care professionals and has written various book chapters on ADHD. She graduated from the University of Bristol and underwent specialist training in Oxford. She subsequently worked at the National Adult ADHD Service at the Maudsley Hospital, London from 2008 to 2012. For almost ten years she provided the NHS ADHD service to Hampshire and latterly Southampton City. She has also worked as a Consultant Psychiatrist in an NHS community mental health team and has spent two years as a neuropsychiatry in-patient consultant at the National Brain Injury Service in Northampton.

Website: adhdclinic.co.uk



Dr Amanda Elkin

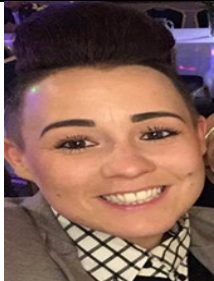


Dr Amanda Elkin is a Consultant Perinatal Psychiatrist who works in the Buckinghamshire Specialist Community Perinatal Mental Health Service (Oxford Health NHS Foundation Trust). Before that she worked in the equivalent team in Lambeth, South London, based at St Thomas' Hospital.

She previously worked, for ten years, as a Consultant General Adult Psychiatrist in a variety of community services. This included developing a specialist Adult ADHD clinic (2015-2019).



Dr Sarah Finnis

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>Dr Nic Horley</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>Dr Sally Wilson</p> <p>Dr Sally Wilson is the national co-ordinator for the Action on Postpartum Psychosis. Workforce Training and Expert by Experience talks for a range of health professionals across the UK. She has lived experience of postpartum psychosis. Sally has a background in research and lecturing in Health and Exercise Sciences at Bangor University. Her research interests include: approaches to improving quality of life in people with chronic illnesses and trialling novel ways to increase research in healthcare settings.</p>
	<p>Dr Marie Wren</p> <p>Dr Wren is Deputy Director of The Lister Fertility Clinic and has been a Specialist in Fertility Treatment since 1987. As well as the areas that the clinic specialises in general, she is particularly interested in managing oocyte donation, female same-sex couples, single women having sperm donation and those considering egg freezing. Dr Wren regularly speaks at fertility meetings. She has published in national journals and constantly contributes to the fertility research and publications from The Lister Fertility Clinic.</p> <p>Website: https://listerfertility.co.uk/</p>