



Perinatal Psychiatry Trainees Annual Conference

11 May 2021 | Online

Conference booklet

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Programme

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Session 1	
09:00-9:15	<p>Welcome and Introductions</p> <p>Dr Will Davis, Dr Afraa Delvi and Dr Elizabeth Rose</p>
09:15-10:00	<p>Update on Addictions Psychiatry in the Perinatal Period</p> <p>Dr Billy Gregg, Consultant in Addictions Psychiatry, Holywell Hospital, Antrim, Northern Ireland</p> <p><i>Chair: Dr Elizabeth Rose</i></p>
10:00-10:30	<p>Morning Break and Poster Viewing</p>
Session 2	
10:30-11:15	<p>Cross-cultural considerations in symptom rating scales in Perinatal Psychiatry</p> <p>Professor Prabha S. Chandra, Head of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India and President Elect - International Association for Women's Mental Health</p> <p><i>Chair: Dr Elizabeth Rose</i></p>
11:15-12:00	<p>Involving service users in the work that we do</p> <p>Leanne Howlett, Perinatal Service User Representative</p> <p><i>Chair: Dr Elizabeth Rose</i></p>
12:00-1:00	<p>Lunch Break and Poster Viewing</p>
Session 3	
1:00-1:45	<p>Oral poster presentations:</p> <p><i>Chair: Dr Will Davis</i></p> <p>Comfortable, safe and valued: an analysis of the impact of COVID-19 on Hertfordshire's Community Perinatal Team</p> <p>Dr Stephanie Adeyemi, Foundation Doctor</p> <p>Diversity and inclusion during the pandemic</p> <p>Dr Nazish Hashmi ST4-6 and Dr Lauren Unsworth</p> <p>Perinatal mental healthcare and COVID-19: a mixed-methods evaluation of current care provision and the promise of digital mental health tools</p> <p>Dr Nayra Martin-Key, Research Associate</p>
1:45-2:30	<p>Perinatal Mental Health in an Obstetric Setting</p>

	<p>Miss Kenga Sivarajah, Consultant Obstetrician, Kings College Hospital, London, and Dr Livia Martucci, Consultant Psychiatrist and Clinical Lead for community perinatal services, SLAM</p> <p><i>Chair: Dr Will Davis</i></p>
2:30-3:00	Afternoon Break and Poster Viewing
Session 4	
3:00-3:45	<p>Perinatal Psychiatry in Low and Middle Income Countries: research and practice in Sub-Saharan Africa</p> <p>Dr Robert C Stewart, Senior Clinical Research Fellow, Division of Psychiatry, University of Edinburgh and Honorary Consultant Perinatal Psychiatrist, NHS Lothian, UK;</p> <p>Ms Mwawi Ng'oma, Doctoral Fellow, African Mental Health Research Initiative (AMARI), Department of Mental Health, College of Medicine, University of Malawi and St John of God Hospital Services, Lilongwe, Malawi;</p> <p>Dr Olive Liwimbi, Consultant Psychiatrist, Zomba Mental Hospital, Ministry of Health, Malawi; Clinical Lecturer, Department of Mental Health, College of Medicine, University of Malawi</p> <p><i>Chair: Dr Will Davis</i></p>
3:45-4:30	<p>Considering the Sexual and Reproductive health needs of women with severe mental illness</p> <p>Ms Elana Covshoff, SHRINE Programme Manager and Dr Lucy Blake, Specialist Registrar in General Adult and Older Adult Psychiatry, South London and Maudsley Foundation Trust.</p> <p><i>Chair: Dr Will Davis</i></p>
4:30-4:45	<p>Awarding of prizes</p> <p>Dr Julie Anderson</p> <p>Closing comments and thanks</p> <p>Dr Will Davis, Dr Afraa Delvi and Dr Elizabeth Rose</p>

Speaker abstracts and biographies

Update on Addictions Psychiatry in the Perinatal Period

Dr Billy Gregg, Consultant in Addictions Psychiatry, Holywell Hospital, Antrim Northern Ireland

Repeated reports and in particular the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK -MBRRACE-UK report (2018)¹ have clearly highlighted the increasing number of women who died by suicide and who had a history of “longstanding emotional instability, characterised by early life adversity, multiple social disadvantage, chaotic patterns of engagement and, not infrequently, co-morbid substance misuse. The same report also noted that in these women “vulnerability is most often represented by the trio of domestic abuse, mental health problems and drug and alcohol problems” and that “there is often a cycle of families with intergenerational problems”. Unfortunately women with substance use disorders and complex comorbidities who become pregnant too often find themselves stigmatized by society, excluded from specialist perinatal mental health services ² and no longer supported by statutory or other support services after their child has been taken into care. Sadly this experience may be repeated in successive pregnancies. The consequences of using alcohol⁴, nicotine or other drugs in pregnancy are not only harmful to the mother but can also have catastrophic consequences for the unborn child in the post-natal period and in the longer term. The forthcoming NICE guidance on Fetal Alcohol Spectrum Disorder⁴ will highlight the importance of midwives and other health professionals having the necessary training to effectively screen and identify alcohol use in pregnancy, offer brief advice and when appropriate refer on to addiction services in a compassionate and non-judgmental manner. A similar approach is required when screening for other substance use disorders in pregnancy or beyond. The MBRRACE-UK (2018)¹ report specified that “Perinatal Mental health Networks should always include specialist addictions services”. Integrated treatment services can best address the range of co-existing physical and psychiatric disorders along with adverse social circumstances commonly seen in pregnant drug or alcohol users. Rather than operating somewhat arbitrary exclusion criteria it is imperative that mental health services and perinatal mental health services in particular adopt a “no wrong door” approach to vulnerable women with co-occurring mental health and substance use disorder seeking treatment and support in keeping with best practice guidance.^{5,6} Otherwise some vulnerable women and their families will continue to fall between services and remain at high risk of adverse outcomes. References 1. Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK- MBRRACE-UK report (2018) 2. Perinatal Mental Health Services College Report CR197 (revision of CR88) Royal College of Psychiatrists July 2015 Due for revision: 2019 3. SIGN 156 Children and young people exposed prenatally to alcohol – A national clinical guideline January NHS Scotland 2019 4. NICE Fetal alcohol spectrum disorder. In development [GID-QS10139] Expected publication date: TBC (accessed 26.04.21) <https://www.nice.org.uk/guidance/indevelopment/gid-qs10139> 5 Public Health England (2017) Better care for people with co-occurring mental health and alcohol/drug use conditions A guide for commissioners and service providers 6. NICE .Coexisting severe mental illness and substance misuse Quality standard Published: 20 August 2019.

Dr Billy Gregg MRCPsych MRCP DCH DRCOG Consultant in Addiction Psychiatry Holywell Hospital Antrim BT41 2RJ Tel: 02894413290 E-mail: billy.gregg@northerntrust.hscni.net Annual Perinatal Mental Health Conference for Trainees across the Specialties Tuesday 11 May 2021 Royal College of Psychiatry | online Biography After graduating from Queen’s University Belfast in 1980 Dr Gregg initially trained as a General Practitioner before commencing his psychiatric career. For the last 25 years he has been working as a Consultant in Addiction Psychiatry in the Northern Health and Social Care Trust (NI) with responsibility for treating adults with substance use disorders in both hospital and community settings. He has a particular interest in substance use in pregnancy and has developed close links with his local maternity services. Dr Gregg was a member of the Independent Expert Working Group which co-produced the current “Drug Misuse and Dependence Update 2017: UK guidelines on clinical

management. London: Department of Health. He is currently part of a working group updating College Report CR197 Perinatal Mental Health Services, (last revised 2015). This report will be published in 2021 and will include for the first time a short section on substance use in pregnancy and the perinatal period.

Cross-cultural considerations in symptom rating scales in Perinatal Psychiatry

Professor Prabha S. Chandra, Head of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India and President Elect - International Association for Women's Mental Health.

Professor Prabha S. Chandra is Professor of Psychiatry and has been working in the field of perinatal psychiatry since 1994. She has worked at Mother Baby Psychiatry units in the UK and has special interest in the areas of Pre- pregnancy and Pre- conception counseling in mothers with mental health problems; interventions for mother infant bonding disorders and medication use in pregnancy and postpartum

Involving service users in the work that we do

Leanne Howlett, Perinatal Service User Representative

Following two experiences of postnatal depression I have become heavily involved in perinatal mental health offering lived experience to help shape services. Having seen first hand the benefits first hand experience can bring, I am keen to share this and champion co-production in all aspects of service development.

I am a mum to two children - a 5 year old son and 19 month old daughter. Having had no previous experience of mental illness I found myself unwell with severe postnatal depression following the birth of my son. Once recovered I became passionate about making perinatal mental health services accessible to everyone so they could receive timely support. Last year I made the decision to give up my 10 year career as a solicitor to retrain as a mental health nurse and I'm currently in my first year of a mental health nursing degree. Alongside this I am currently the patient representative on the Royal College of Psychiatry's perinatal faculty executive committee.

Perinatal Psychiatry in Low and Middle Income Countries: research and practice in Sub-Saharan Africa

We will describe clinical and research aspects of perinatal mental health in Malawi including key cultural considerations. Dr Robert Stewart will present a brief summary of epidemiology of perinatal mental health in LMIC including evidence for impacts on infant growth and development. Informed by her role as clinical lead in Zomba Mental Hospital, Dr Olive Liwimbi will focus on the presentation, inpatient care and community follow up of women with postpartum psychosis or pre-existing SMI in the perinatal period. Ms Mwawi Ngoma will describe the detection and management of perinatal depression/anxiety referencing her PhD work adapting the Thinking Health Programme, a WHO recommended CBT-informed psychosocial intervention. Finally, we will highlight the advocacy role of the African Alliance for Maternal Mental Health (AAMMH) and describe opportunities for short term and 1-2 year psychiatry teaching positions in Malawi.

Dr Robert Stewart is a senior clinical research fellow at University of Edinburgh, and honorary consultant perinatal psychiatrist in NHS Lothian. I have worked on and off in Malawi since 2005 conducting research into maternal mental health and child outcomes, and supporting psychiatry training at University of Malawi through the Scotland Malawi Mental Health Education Project (SMMHEP). I am currently leading the establishment of "Generation Malawi" a large family/birth cohort in rural and urban sites.

Ms Mwawi Ng'oma Mwawi is a Programme Manager for St John of God Hospital Services, Malawi. An organization providing community mental health services and services for children with intellectual disabilities in the North and Central Malawi. She is a

Mental Health Nurse and Midwife by profession, with a Master's Degree in Nursing Specializing in Mental Health; An Advanced Diploma in Community Mental Health Nursing; Diploma in General Nursing and University Certificate in Midwifery. She has worked as a Community Mental Health Nurse, Bedside Nurse, Nurse Tutor/Lecturer and Nurse Manager for 21 years She is currently an African Mental Health Research Initiative (AMARI) PhD fellow, registered with University of Malawi. For her PhD she is adapting and testing the 'Thinking Healthy Programme- Peer Delivered psychosocial intervention for Perinatal Depression in Malawi'

Dr Olive Liwimbi is A general psychiatrist working in a tertiary referral hospital for mental illness in Malawi.

Interesting obstetric psychiatric cases

Miss Kenga Sivarajah

Interesting case presentations in obstetrics involving assessing capacity in women with psychosis, learning disability and bipolar. Discussion of obstetric, psychiatric and legal elements. Working within the MDT Care planning.

Miss Kenga Sivarajah qualified in 2008 from Imperial College I completed the Obstetric and Gynaecology training programme in North East/North Central London. I am both MRCOG and MRCP qualified and specialise in Maternal medicine I am the lead consultant for perinatal mental health and labour ward at King's College hospital.

Considering the sexual and reproductive health needs of women with serious mental illness

Dr Lucy Blake and Elana Covshoff

Women with serious mental illness are known to experience access barriers to sexual and reproductive health (SRH) services and care. This leads to an increased risk of having unmet SRH needs and poorer outcomes. We set out to assess the SRH needs of women admitted to a psychiatric intensive care unit, the feasibility of providing a SRH in-reach clinic, and the acceptability of delivering a nurse lead referral programme.

Dr Lucy Blake is a specialist registrar in general adult and older adult psychiatry at the South London and Maudsley NHS Foundation Trust and has spent a year working in female psychiatric intensive care. Her clinical and service development interests include, improving access to sexual and reproductive health for women with serious mental illness, the management of behavioural disturbance and promoting the Arts within psychiatry.

Elana Covshoff has over a decade of programme management experience in the health and social care sector. Elana's key area of expertise is developing and managing innovative health intervention and workforce development programmes across London. She started as the Programme Manager of SHRINE: Sexual and Reproductive Health Rights, Inclusion and Empowerment in May 2016. The programme aims to develop effective, ethical, accessible and user-centred sexual and reproductive health services for people with addictions, serious mental illness, intellectual disabilities and/or experience of homelessness in South London. She also worked as a programme management consultant for Community Matters coordinating the North Central London (NCL) Super Training Hub and managed the implementation of one of the first wave national pilot sites for the new Trainee Nursing Associate role funded by Health Education England.

Poster abstracts

1. Growing pains: A scoping literature review of how Perinatal Psychiatry was impacted by COVID-18

Stephanie Adeyemi, Foundation Doctor

Background: The World Health Organisation declared the COVID-19 outbreak a global pandemic on March 11th 2020. This pandemic has transformed the way in which Perinatal Psychiatric services are delivered in the United Kingdom and countries across the globe acting as a catalyst for innovation. Aim: This scoping review aims to assess the impact of COVID-19 on the field of Perinatal Psychiatry and identify any innovations made as a result of this. Method: The databases searched for peer reviewed literature written since December 2019 were: PsychINFO, MEDLINE, EMBASE, CINAHL and PUBMED. Search strategy key words were: COVID-19, SARS-CoV-2, perinatal psychiatry and maternal mental health. Arksey and OMalley's framework was utilised. Data was collated and summarized thematically. Results: 42 studies were analysed representing over 60,000 women from the following countries: China, Italy, Netherlands, United States, United Kingdom, Brazil, India, Spain, Ireland, Norway, Switzerland, Iran, Japan and Nepal. Literature clearly indicates that during the pandemic there was an increase in depression and anxiety. Risk factors included: financial insecurity, disrupted antenatal care, isolation, poor physical health and domestic violence. Evidence also suggested COVID-19 stressors impacted feeding practices and infant development as cytokines pass from mother to baby. Perinatal Psychiatry services have adopted social media apps to provide antenatal information, teleconsultations, smartphone based cognitive behavioral therapy (iCBT) programs and increased utilisation of screening tools such as the Pandemic-Related Pregnancy Stress Scale (PREPS), the Edinburgh Postnatal Depression Scale (EPDS) and the Postpartum Specific Anxiety Scale. Conclusion: Whilst this review features literature centred on women from across the globe African women are underrepresented. This should be addressed in future studies. This review shows that the COVID-19 pandemic has impacted maternal mental health and acted as a catalyst for innovation. It is essential that efforts are made to support women during the perinatal period now more than ever.

2. Comfortable, safe and valued: an analysis of the impact of COVID-19 on Hertfordshire's Community Perinatal Team

Stephanie Adeyemi, Foundation Doctor, Dr Sarah Cohen (Consultant Perinatal Psychiatrist)

Aims: This study aimed to assess the impact that the COVID-19 pandemic has had on the Hertfordshire Community Perinatal Team (CPT) group interventions and the innovations made. Background: the CPT is a multidisciplinary mental health service that runs three groups: Circle of Security (CoS), Emotional Coping Skills (ECS) and a peer support group - Wellbeing and Lifestyle. The service has received an increase in referrals during the COVID-19 pandemic. Methods: Team member and client semi structured interviews were conducted with answers transcribed in real time and analysed. Patient clinical records were accessed via PARIS and analysed in order to identify patient demographics within each group and whether these had changed during the pandemic. Clinical outcome measures and client feedback were evaluated to see whether the change in groups is impacting their clinical effectiveness. Results: Innovations made by the CPT include: groups becoming virtual, launching of the new Circle of Security Group which helps women tackle the Ghosts in the Nursery and strengthen maternal bonds, restructuring existing groups, breakout room forums and incorporating communication platform apps such as Whatsapp. The Wellbeing and Lifestyle Group

increased in size and reach (7 women from 7 areas in 2019 v 12 women from 12 areas in 2021) with an increased retention rate (71% in 2019 v 100% in 2021). The ECS group experienced similar changes (10 areas represented in 2019 v 15 different areas in 2021) with an increased retention rate (58% in 2019 v 100% in 2021). Conclusion: Hertfordshires CPT has responded to the pandemic by innovating existing groups and creating new forums; many of which will continue on even after the pandemic ceases. The groups have acted as a lifeline for women breaking up the monotony and isolation of lockdown life and providing an invaluable space for women to be heard.

3. Diversity and inclusion during the pandemic

Nazish Hashmi, ST4-6, Dr Lauren Unsworth

Diversity and inclusion during the pandemic: experiences of establishing a Diverse Mums group in a perinatal mental health service. **Aims** The Leeds perinatal mental health service aimed to provide a platform to women from diverse backgrounds where they could openly share their experiences and express their concerns with other mums. **Background** Ethnicity and culture can affect women in seeking help for mental health problems in the perinatal period. Reasons for this may include language barriers and fear of judgement by healthcare professionals and family members. In addition, the disproportionate impact of Covid-19 on the Black, Asian and Minority Ethnic (BAME) population in the UK has understandably caused concern. Perinatal Mental health services need to provide a culturally sensitive service in order to support women from diverse backgrounds to engage with the support they need. **Method** A diverse mums group was set up and held virtually, on Zoom. The 6 fortnightly group sessions each lasted an hour. Topics included the impact of faith, religion and spirituality on mental health, understanding your baby, health and nutrition, the impact of Covid-19, medication and Covid-19 vaccination. **Results** The groups were attended by mums of various ethnic backgrounds. Feedback was very positive, with group members sharing comments such as: 'I enjoyed listening to others and being able to relate', 'This group has really helped me make friends and open up. I felt understood and not alone'. 'I enjoyed everyone sharing their experiences. This made me feel stronger.' All participants said they would definitely recommend this group to other mums from different ethnic backgrounds. **Conclusions** The diverse mums group has been a successful new development for the Leeds perinatal mental health service. The group will be continued with the hope of enabling more mums from diverse backgrounds to benefit from the support it offers. **References:** 1. New insights into how ethnicity and culture affect maternal mental health Published on 16 April 2019doi: 10.3310/signal-000761.

4. Synthetic Cannabinoid Detoxification in a Pregnant Woman

Francesca Latham, CT1-3, Dr Nanda Ko, SAS & Dr Rebecca Lee, Consultant

Aims and Hypothesis: The aim of this study is to further our understanding of synthetic cannabinoid receptor agonist (SCRA) detoxification in pregnancy which is paramount in decreasing SCRA exposure to foetus and its effects on the mother. **Background:** SCRA products are used amongst lower socioeconomic and homeless population in the UK. Synthetic cannabinoid use is continuing to be monitored for its effect in pregnant women but should be avoided in pregnancy, with concerns around neurobehavioral, socioemotional, physiological, molecular, and epigenetic consequences to baby as well as the likelihood of early parturition, leading to decrease birth weight and preterm birth. **Methods:** 36 week pregnant 27 year old female, G2 P0 was

admitted to Chapman Barker Unit for two week detoxification from synthetic cannabinoid. She has no other concurrent drug use history and no mental health disorder. She had started using SCRA after a miscarriage of her first pregnancy. The mother was placed on a diazepam reducing regime for the SCRA detoxification along with an antiemetic during her stay due to hyperemesis from detoxification. Result: The mother was discharged to her planned obstetric unit one day early, due to high risk of going into labour. On last contact, mother and baby were doing well in a joint foster placement. Conclusion: There is currently very little literature available regarding detoxification from SCRA during pregnancy, the evidence base developed in those that are not pregnant, advocates the use of diazepam for detoxification. This case demonstrates safe use of diazepam for detoxification in pregnancy in an inpatient unit.

It is also important to consider medications for symptomatic treatment. This case also highlights the need for early recognition of SCRA addiction and commencement of appropriate detox in facilities that can manage SCRA withdrawal and pregnancy.

5. Perinatal mental healthcare and COVID-19: a mixed-methods evaluation of current care provision and the promise of digital mental health tools

Nayra Martin-Key, Research Associate, Benedetta Spadaro, Thea Schei, Sabine Bahn

Aims and hypothesis: To conduct a mixed-methods evaluation of the current state of perinatal mental healthcare provision in the UK, particularly throughout the COVID-19 pandemic. To assess interest in using a digital mental health assessment throughout the perinatal period. Background: Perinatal mental disorders are the commonest complication of childbearing, with the COVID-19 pandemic having caused a widespread increase in psychological distress for expectant mothers and families. Digital technologies may offer innovative ways to assist midwives in the recognition of perinatal mental health concerns, particularly throughout the pandemic. Methods: 90 midwives, 829 women, and 103 partners participated in the study, which entailed completing an online survey. Quantitative data were explored using descriptive statistics. Open-ended responses regarding the perceived benefits and barriers to using a digital mental health assessment were investigated using thematic analysis. Resultant themes were mapped onto the Capability, Opportunity, and Motivation Model of Behaviour. Results: The provision of adequate perinatal mental healthcare varied significantly across respondents, particularly throughout the COVID-19 pandemic. There was a strong interest in using a digital mental health assessment to screen, diagnose, and triage perinatal mental health concerns, especially among women and midwives. The digital assessment was seen to be well placed within maternity healthcare settings, with in-person and blended care (i.e., in-person and remote support) being preferred by women and partners in the event of further care being advised. Identified barriers and benefits mainly related to physical opportunity (e.g., accessibility), psychological capability (e.g., cognitive skills) and automatic motivation (e.g., emotions). Conclusion: This study provides a snapshot of perinatal mental healthcare in the UK. Moreover, it provides proof-of-concept support for the development of a digital mental health assessment to inform clinical decision-making for perinatal mental health concerns throughout and beyond the COVID-19 pandemic. Funding: This study was funded by the Stanley Medical Research Institute (07R-1888).

6. Effectiveness of a multicomponent cognitive behavioural therapy program in data-driven subtypes of perinatal depression: evidence from rural Pakistan

Ahmed Waqas, CT1-3, Atif Rahman

Aims and hypotheses This study aims to explore effectiveness of a multicomponent cognitive behavioural therapy program in data-driven subtypes of perinatal depression. **Background** The prevalent classification systems of psychiatric disorders are often criticized for their poor validity and reliability, especially owing to the within disorder heterogeneity and between disorder homogeneity. **Methods** The present investigation uses data from a large-scale cluster randomized controlled trial assessing the effectiveness of the Thinking Healthy Programme delivered by lady health workers (LHWs) for perinatal depression, in two rural subdistricts of Punjab: Gujar Khan and Kallar Syedan. For recruitment, LHWs in their union councils invited pregnant women in their third trimester, aged 16 to 45 years and married. Baseline assessments were done using the Hamilton Depression Rating Scale and Brief Disability Questionnaire. **Results** Among 903 pregnant women recruited from rural Pakistan, 365 different symptom profiles for PND were revealed, after only taking the presence or absence of 19 different symptoms into account. Non-DSM symptoms such as physical and psychic anxiety in some instances were more prevalent than the DSM symptoms of PND. Dimension reduction for the Hamilton Depression Rating Scale, using principal component analysis (PCA) revealed three symptom dimensions: a) core emotional symptoms including depressed mood, anhedonia, physical and psychic anxiety b) sleep disturbances and c) somatic symptoms. A two-step cluster analyses was used to cluster study participants using symptom dimensions identified using the PCA as well as atypical symptoms. It revealed four clusters of depressed women including those exhibiting mild depressive symptoms (n= 34.4%), mixed anxious-depression (36.1%), atypical depression (n= 20.6%) and somatic symptoms (n=8.9%). Linear mixed modelling revealed that the Thinking Healthy Programme significantly reduced depressive symptoms and functional disability among the four clusters of perinatal women. **Conclusion** The present study emphasizes that perinatal depression is a very heterogenous condition, which can be treated using the lady health worker delivered Thinking Health Programme in rural Pakistan, in a cost-effective manner.

7. Scalable screening and treatment-response monitoring for peri-natal depression in low- and middle-income countries

Ahmed Waqas, CT1-3, Abid Malik, Najia Atif, Anum Nisar, Huma Nazir, Siham Sikander, Atif Rahman

Aims and hypotheses This study reports psychometric properties of three short tools for a three phased detection, screening, and treatment response system, delivered by lady health workers (LHWs). These include an illustrated and easy to use Community Informant Detection Tool (CIDT) for identification of women at risk, the 4-item Patient Health Questionnaire (PHQ4) for screening women at high-risk, and the 4-item Hamilton Depression Rating Scale (HAMD-4) for measuring treatment-response. **Background** Common perinatal mental disorders such as anxiety and depression are a public health concern in low- and middle-income countries. Several tools exist for screening and monitoring treatment- response, which have frequently been tested globally in clinical and research settings. However, these tools are relatively long and not practical for integration into routine data systems in most settings. **Methods** For validation of these psychometric tools, secondary analyses were conducted on three datasets, curated from three studies conducted in Kallar Syedan. It is a rural subdistrict in the Punjab province in Pakistan, comprising of a rural, demographically stable and socioeconomically homogenous area. The residents of Kallar Syedan receive primary healthcare from basic health units (BHU). These BHUs serve in a resource constrained environment with limited human resource and funding support. **Results** Studies in rural Pakistan showed that the CIDT offered a valid and reliable key-informant approach for detection

of perinatal depression by utilizing a network of peers, and local health workers yielding a sensitivity of 97.5% and specificity of 82.4%. The PHQ-4 had excellent psychometric properties to screen women with perinatal depression through trained community health workers, with a sensitivity of 93.4% and specificity of 91.70%. The HAMD-4 provided good model fit and unidimensional construct for assessing intervention response. Conclusion These short, reliable, and valid tools are scalable and expected to reduce training, administrative and human resource costs to the health systems.

8. Challenges And Opportunities Of The Covid-19 Pandemic For Perinatal Mental Health Care: A Mixed Methods Study Of Mental Health Care Staff In The UK

Claire A Wilson, ST4-6, Christian Dalton-Locke, Sonia Johnson, Alan Simpson, Sian Oram, Louise M Howard

Background Risk factors for mental illness associated with the pandemic, such as social isolation, reduced health service provision and domestic violence may disproportionately affect the perinatal population. **Aims** The aim of this study was to explore staff perceptions of the impact of the COVID-19 pandemic on mental health service delivery and outcomes for women who were pregnant or in the first year after birth (perinatal women). **Methods** Secondary analysis of an online mixed-methods survey open to all mental health care staff in the UK involving 363 staff working with women in the perinatal period. **Results** Staff perceived mental health of perinatal women to be particularly vulnerable to the impact of stressors associated with the pandemic such as social isolation (rated by 79.3% as relevant or extremely relevant; 288/363) and domestic violence and abuse (53.3%; 192/360). As a result of changes to mental health and other health and social care services, staff reported feeling less able to assess women, particularly their relationship with their baby (43.3%; 90/208), and to mobilise safeguarding procedures (29.4%; 62/211). While 42% of staff reported some women engaged poorly with virtual appointments, they also found flexible remote consulting to be beneficial for some women and helped time management due to reductions in travel time. **Conclusions** Delivery of perinatal care needs to be tailored to womens needs; virtual appointments are perceived not to be appropriate for assessments but may be helpful for some women in subsequent interactions. Safeguarding and other risk assessment procedures must remain robust in spite of modifications made to service delivery during pandemics.