

**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

<b>Date</b>	<b>Time</b>	<b>Themes</b>
1. Monday 12 <sup>th</sup> September 2022	9.15-12.30	Compassionate leadership and perinatal mental health teams
	1.15-4.30	ADHD - assessment and treatment in the perinatal context and implications for parenting
2. Tuesday 4 <sup>th</sup> October 2022	9.15-12.30	Eating Disorders
	1.15-2.45	Obstetrics and contraception
	3-4.30	Your role as a trainer and educator
3. Friday 11 <sup>th</sup> November 2022	9.15-4.30	Infertility and fertility treatment
4. Tuesday 22 <sup>nd</sup> November 2022	9.15-12.30	Premenstrual syndrome and menopause
	1.15-2.45	Autistic Spectrum Disorders in Women
	3-4.30	Applying learning to complex cases
5. Friday 9 <sup>th</sup> December 2022	9.15-12.30	Couple and family interventions
	1.15-4.30	Progress with The NHS Long Term Plan implementation

## Programme

### Day 1: Monday 12<sup>th</sup> September 2022

Day 1	Topic	Speakers
9.15-10.45	Compassionate leadership and perinatal mental health teams	Dr Nic Horley and Dr Lucinda Green
	BREAK	
11-12.30	Compassionate leadership and perinatal mental health teams	Dr Nic Horley and Dr Lucinda Green
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:

- Understand the advantages of compassionate leadership approaches for leaders and teams
- Recognise the importance of self-compassion
- Be familiar with compassion focussed activities that can be used with their teams
- Recognise how ADHD presents in adults, with a particular focus on women.
- Understand how untreated ADHD may affect women in the perinatal period.
- Consider medication treatment options for ADHD in the perinatal period.
- Feel confident in writing a CD prescription.

## 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
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.

### 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. 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.
3. De Zulueta P. C. (2015). Developing compassionate leadership in health care: an integrative review. *Journal of healthcare leadership*, 8, 1–10.
4. Gilbert, P. I & Basran, J. (2018). Imagining One's Compassionate Self and Coping with Life Difficulties. *EC Psychology and Psychiatry*, 7, 971-978.
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. Li, L., Sujan, A. C., Butwicka, A., Chang, Z., Cortese, S., Quinn, P., Viktorin, A., Öberg, A. S., D'Onofrio, B. M., & Larsson, H. (2020). Associations of Prescribed ADHD Medication in Pregnancy with Pregnancy-Related and Offspring Outcomes: A Systematic Review. *CNS drugs*, 34(7), 731–747.
7. Neff, KD, Knox, MC, Long, P, Gregory, K. (2020) Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for  
a. Healthcare Communities. *J Clin Psychol.* 76, 1543– 1562.
8. NHS England (2014) Building and Strengthening Leadership: Leading with Compassion.
9. Steer S (2021) Understanding ADHD in Girls & Women. London: Jessica Kingsley Publishers.
10. West MA (2021) Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care. London: Swirling Leaf Press.
11. 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 4<sup>th</sup> October 2022

Day 2	Topic	Speakers
9.15-10.45	Eating Disorders	Dr Catia Acosta
10.45-11.00	BREAK	
11-12.30	Eating Disorders	Dr Catia Acosta
12.30-13.15	LUNCH	
13.15-14.45	Obstetrics and contraception	Miss Shankari Arulkumaran
14.45-15.00	BREAK	
15.00-16.30	Your role as a trainer and educator	Dr Roch Cantwell and Dr Liz McDonald

### Intended learning objectives:

At the end of day 2 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, 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 physiological changes that occur in pregnancy and how they may impact on common obstetric complications.
5. Learn more about the range of safe and effective contraceptive technologies and interventions available to both women and men. Particular emphasis is given to UK practice, with consideration of relevant legal and ethical issues and factors that may influence an individual's choice of method.
6. Understand which are the most important aspects of perinatal mental illness and perinatal mental health care to include in training for professionals in a range of disciplines and services.
7. Recognise the challenges in training and educating professionals who are involved in the care of women who have, or who are at risk of, perinatal mental health problems.

### 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:

2. FSRH UK Medical Eligibility Criteria for Contraceptive Use (UK MEC). <https://www.fsrh.org/ukmec/>
3. 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 2017-19. <https://www.npeu.ox.ac.uk/mbrrace-uk/reports>
4. NICE (2017). Eating disorders: recognition and treatment. NICE guidelines [NG69] <https://www.nice.org.uk/guidance/ng69>

#### *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. 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.
3. 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.
4. Janas-Kozik, M., Żmijowska, A., Zasada, I., Jelonek, I., Cichoń, L., Siwiec, A., & Wilczyński, K. M. (2021). Systematic Review of Literature on Eating Disorders During Pregnancy-Risk and Consequences for Mother and Child. *Frontiers in psychiatry*, 12, 777529.
5. Mah, B., Cibralic, S., Hanna, J., Hart, M., Loughland, C., & Cosh, S. (2021). Outcomes for infants whose mothers had an eating disorder in the perinatal period: A systematic review of the evidence. *The International journal of eating disorders*, 54(12), 2077–2094.
6. NICE (2019) Intrapartum care for women with existing medical conditions or obstetric complications and their babies. NICE guideline [NG121] <https://www.nice.org.uk/guidance/ng121>
7. NICE (2019) 3. Hypertension in pregnancy: diagnosis and management. NICE guideline [NG133] <https://www.nice.org.uk/guidance/ng133>
8. Royal College of Obstetricians and Gynaecologists. Reducing the Risk of Thrombosis and Embolism During Pregnancy and the Puerperium. Green-top Guideline No. 37a. London: RCOG; 2015 <https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/reducing-the-risk-of-thrombosis-and-embolism-during-pregnancy-and-the-puerperium-green-top-guideline-no-37a/>

### Day 3: Friday 11<sup>th</sup> November 2022

Day 3	Topic	Speakers
09.15-10.45	Infertility, fertility treatment and psychological implications	Suzanne Dark
10.45-11.00	BREAK	
11.00-12.30	Infertility, fertility treatment and psychological implications	Suzanne Dark
12.30-13.15	LUNCH	
13.15-14.45	Infertility, fertility treatment and psychological implications	Suzanne Dark and Dr Lucinda Green
14.45-15.00	BREAK	
15.00-16.30	Infertility, fertility treatment and psychological implications	Suzanne Dark and Dr Lucinda Green

#### Intended learning objectives:

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

1. Describe and recognise the psychological consequences of infertility and fertility treatment
2. Understand the role of the counsellor in the infertility clinic and the other care and support available for women having fertility treatment.
3. Discuss the risk of mental health problems associated with infertility and fertility treatment

#### Reading

##### *Essential reading*

1. Bhat, A., & Byatt, N. (2016). Infertility and perinatal loss: when the bough breaks. *Current psychiatry reports*, 18(3), 31.

##### *Recommended reading*

1. 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,
2. Doyle, M., & Carballado, A. (2014). Infertility and mental health. *Advances in Psychiatric Treatment*, 20(5), 297-303.
3. Golombok, S. (2015) *Modern families: Parenting and children in new family forms*. Cambridge University Press.
4. McCluskey G & Gilbert P. Implications counselling for people considering donor-assisted treatment. Fully updated version. British Infertility Counselling Association: 2015.

5. Ebdrup, N. H., Assens, M., Hougaard, C. O., Pinborg, A., Hageman, I., & Schmidt, L. (2014). Assisted reproductive technology (ART) treatment in women with schizophrenia or related psychotic disorder: a national cohort study. *European journal of obstetrics, gynecology, and reproductive biology*, 177, 115–120.
6. Pasch, L. A., Holley, S. R., Bleil, M. E., Shehab, D., Katz, P. P., & Adler, N. E. (2016). Addressing the needs of fertility treatment patients and their partners: are they informed of and do they receive mental health services?. *Fertility and sterility*, 106(1), 209–215.e2.
7. 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.
8. Szkodziak, F., Krzyżanowski, J., & Szkodziak, P. (2020). Psychological aspects of infertility. A systematic review. *The Journal of international medical research*, 48(6), 300060520932403.
9. Vikström, J., Josefsson, A., Bladh, M., & Sydsjö, G. (2015). Mental health in women 20-23 years after IVF treatment: a Swedish cross-sectional study. *BMJ open*, 5(10), e009426.

## Day 4: Tuesday 22<sup>nd</sup> November 2022

Day 4	Topic	Speaker
09.15-10:45	Premenstrual Syndrome and menopause	Prof Michael Craig
10:45-11:00	BREAK	
11.00-12.30	Premenstrual syndrome and menopause	Prof Michael Craig
12.30-13.15	LUNCH	
13.15-14.45	Autistic Spectrum Disorders in women	Prof Michael Craig
14.45-15.00		
15.00-16.30	Applying learning to complex cases	Dr Lucinda Green and Dr Liz McDonald

### Intended learning objectives:

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

1. Discuss the management of Premenstrual Syndrome with women who have co-existing mental health problems.
2. Describe the impact of the menopause on women's mental health.
3. Understand the management of menopause related mood symptoms.
4. Identify how Autism can present in women
5. Demonstrate a clear understanding of common comorbidities with Autism and how these can be evaluated
6. Describe the support that may benefit women who have Autism in the perinatal period.

### Reading

#### Essential reading

1. Green LJ, O'Brien PMS, Panay N, Craig M on behalf of the Royal College of Obstetricians and Gynaecologists. Management of premenstrual syndrome (2016) *BJOG* ; DOI: 10.1111/1471-0528.14260.
2. Lockwood Estrin, G., Milner, V., Spain, D., Happé, F., & Colvert, E. (2021). Barriers to Autism Spectrum Disorder Diagnosis for Young Women and Girls: a Systematic Review. *Review journal of autism and developmental disorders*, 8(4), 454–470.



### Recommended reading

1. Craig, M. C., Sadler, C., & Panay, N. (2019). Diagnosis and management of premenstrual syndrome. *Practitioner*, 263(1824), 15-19.
2. Clow A & Smyth N (2020). Stress and Brain Health: Across the Life Course. *International Review of Neurobiology* Volume 150, 2-246
3. Eaton, J. (2017) A Guide to Mental Health Issues in Girls and Young Women on the Autism Spectrum: Diagnosis, Intervention and Family Support. London: Jessica Kingsley Publishers.
4. Hampton, S., Man, J., Allison, C., Aydin, E., Baron-Cohen, S., & Holt, R. (2022). A qualitative exploration of autistic mothers' experiences II: Childbirth and postnatal experiences. *Autism : the international journal of research and practice*, 26(5), 1165–1175.
5. Pohl, A. L., Crockford, S. K., Blakemore, M., Allison, C., & Baron-Cohen, S. (2020). A comparative study of autistic and non-autistic women's experience of motherhood. *Molecular autism*, 11(1), 3.
6. Samuel, P., Yew, R. Y., Hooley, M., Hickey, M., & Stokes, M. A. (2022). Sensory challenges experienced by autistic women during pregnancy and childbirth: a systematic review. *Archives of gynecology and obstetrics*, 305(2), 299–311.

### Day 5: Friday 9<sup>th</sup> December 2022

Day 5	Topic	Speakers
9.15-10.45	Couple and family interventions in the perinatal period	Dr Phil Arthrington
10.45-11.00	BREAK	
11.00-12.30	Couple and family interventions in the perinatal period	Dr Phil Arthrington
12.30-13.15	LUNCH	
13.15-14.45	Progress with The NHS Long Term Plan implementation	Dr Giles Berrisford
14.45-15.00	BREAK	
15.00-16.30	Progress with The NHS Long Term Plan implementation	Dr Giles Berrisford

### Intended learning objectives:

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

1. Describe the contribution that couple and family interventions can make to perinatal mental health services.
2. Identify key challenges faced by families during the perinatal period and how key systemic concepts can aid in making sense of these difficulties.

3. Discuss some of the main barriers to working with families in the perinatal period and how these may be overcome in your service.
4. Define potential criteria for women who will be eligible for perinatal mental health services once the NHS Long Term Plan is fully implemented.
5. Describe approaches to implementing the NHS Long Term plan in perinatal mental health services.

## 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.

### *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.

## 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.

Website: [www.drlucindagreen.co.uk](http://www.drlucindagreen.co.uk)

## Speakers



### **Dr Phil Arthington**

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.

Website: [www.leeds.ac.uk/familytherapy](http://www.leeds.ac.uk/familytherapy) or follow [@systemicleeds](https://twitter.com/systemicleeds)



### **Miss Shankari Arulkumaran**

Miss Shankari Arulkumaran is a Consultant Obstetrician and Gynaecologist at St Mary's Hospital, Imperial College NHS Trust in London. She is the site lead for Antenatal Services, Perinatal Mental Health and Bereavement. She is joint chair of the Perinatal Mortality Review (national audit reviewing still births and neonatal deaths) and is a member of the local Maternity Clinical Risk Management team.

Miss Arulkumaran received a first in her BSc in Medical Anthropology at University College London in 2001 and was on the Dean's List for her work on Contraception and Reproductive Rights in Rural India. She completed her MBBS at Imperial College London in 2003 and her MRCOG in 2013. She has RCOG Advanced Training Specialty Modules in Fetal Medicine and Advanced Labour Ward Practice. She received a MD in Premature Labour in 2012 and was awarded an MSc with merit in Quality and Safety in Healthcare in 2016, both from Imperial College London.

Expertise: Pre-term labour, high-risk obstetrics, postnatal care, bereavement services, perinatal psychiatry, community gynaecology.

Research & publications: Pre-term labour, antenatal and postnatal care.



**Dr Giles Berrisford**

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. 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.



**Prof Michael Craig**




Prof Craig is Clinical Lead and Consultant Psychiatrist at the National Autism Unit and Female Hormone Clinic, South London & Maudsley NHS Foundation Trust. He is Professor of Translational Reproductive and Neurodevelopmental Sciences at the Institute of Psychiatry, Psychology and Neuroscience, King's College London. He is also a fellow of the Royal College of Obstetricians and Gynaecologists. He is a Churchill Fellow, an elected member of the British Neuropsychiatry Association, Chelsea Medical Society, Athanaeum and has been elected as a Fellow of the Council (Section of Psychiatry) at the Royal Society of Medicine. He is Chair of the UK and Ireland Marcé Society for Perinatal Mental Health. He is a trustee for the National Association for Premenstrual Syndrome. He sits on the medical advisory board for Menopause Alliance – an independent, non-profit, global women's health initiative created to address the many issues that affect women as they enter midlife and beyond. Prof Craig has published over 80 peer reviewed publications.

Website: <https://www.craigclinic.com/>



**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

	<p>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.</p> <p>Website: <a href="http://adhdclinic.co.uk">adhdclinic.co.uk</a></p>
	<p><b>Suzanne Dark</b></p> <p>After working in a variety of settings Suzanne qualified as a counsellor in 2002 and worked for many years in an NHS Women's Health clinic and with survivors of sexual abuse in the voluntary sector. She started working as an infertility counsellor at Jessop Fertility, Sheffield Teaching Hospital NHS Trust in 2006, taking on the Senior Counsellor role in 2013. Suzanne is a Senior Accredited Member of BICA and Registered Member of BACP. In recent years she has been an active member of BICA Training Group, co-ordinator for the BICA Central England Regional Forum and member of the BICA Accreditation Board. Suzanne joined the BICA Exec in May 2017. She represents BICA on PROGAR (BASW's Project Group on Assisted Reproduction) and the Fertility Fairness campaign group.</p>
	<p><b>Dr Amanda Elkin</b></p> <p>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.</p> <p>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).</p>
	<p><b>Dr Nic Horley</b></p> <p>Dr Nic Horley is a Chartered Clinical Psychologist and is the Principal Clinical Psychologist 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. 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>

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.



**Dr Roch Cantwell**

Roch Cantwell is a consultant perinatal psychiatrist, lead clinician for Scotland's National Perinatal Managed Clinical Network and vice-chair of the SG Perinatal and Infant Mental Health Programme Board, tasked with establishing specialist services across Scotland. He was lead psychiatric assessor for the Confidential Enquiries into Maternal Deaths from 2011-20121 and chaired the SIGN guideline development group on Perinatal Mood Disorders. He led the development of Scotland's first MBU and community perinatal mental health team. He chairs the Royal College of Psychiatrists' Perinatal Quality Network Accreditation Committee and is past chair of the College's UK and Scotland Perinatal Faculties.