

Perinatal Psychiatry Masterclass for Senior Trainees 10th -14th October 2022

Dear Participants,

We want to give you a very warm welcome and say how delighted we are that you are able to participate in the 2022 series of Perinatal Psychiatry Masterclasses, funded by HEE and hosted by the Royal College of Psychiatrists. Drs Liz McDonald and Lucinda Green have developed this current programme and we will be present each day of the course to facilitate and contribute to the training.

There will be 29 participants from England, one from Scotland, and two from the Republic of Ireland.

You will receive a link to your masterclass programme where you can view the programme and read about the requirements for using ZOOM. Below you will find the full programme and recommended reading lists, as well as biographies of the expert trainers and teachers you will meet during your week.

We would like you to encourage you to get yourself a journal to support your reflections on the course. This will be for your own learning and will not be submitted to the College.

Feedback is extremely important to us:

- to ensure that we provide and maintain a high and consistent standard of training
- to provide feedback to HEE that the funding of this programme has been worthwhile in developing the psychiatric workforce
- to provide a basis for future provision of masterclasses in perinatal psychiatry

We would like you to complete this form after each day. Once your feedback is received you will be issued with a CPD certificate for the day. Each day will contribute to 6 CPD points.

On the first day we would like everyone to introduce themselves to the group saying something about where you work, why you have wanted to join this course, what your future career plans are and what you hope to achieve by attending the course.

There are some rules we would like you to abide by during your participation in the programme:

- we very much hope that you will attend all the sessions
- we will ensure you get handouts if you miss a session but there will not be recordings of the sessions available
- please do not record the sessions
- please do not share the materials
- please attend each day promptly
- please have your name displayed on your ZOOM profile
- please keep your video on
- please keep mute on when not speaking
- please read the papers on the mandatory reading list prior to the session on interpreting the evidence in prescribing

- please maintain confidentiality in relation to case discussion and clinicians' own personal experiences

We look forward to seeing you all in October 2022.

Best wishes
Liz and Lucinda

The aims of this masterclass programme are to:

- enable and support senior trainees develop skills and knowledge in their assessment, understanding and management of the complex clinical work involved in working with women of childbearing potential and in the perinatal period
- 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

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| Day 1 | Introductions Overview of where the UK and Ireland are in relation to service development; assessment and communication; the lived experience of women and their partners |
| Day 2 | Mental disorders in the perinatal period; pre-birth planning |
| Day 3 | Safeguarding; prescribing in the perinatal period |
| Day 4 | Evaluating the infant; substance dependency and misuse; interpreting the evidence in relation to risk in prescribing in pregnancy |
| Day 5 | Personality Disorder in the perinatal period; psychological treatments; risk, leadership |

Programme:

The facilitators for the week will be Dr Liz McDonald and Dr Lucinda Green

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

Day 1 - Monday 10th October 2022

Facilitators: Drs Lucinda Green and Liz McDonald

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| 09:00-09:15 | Registration | |
| 09:15-10:15 | Welcome and introductions Participants and facilitators introduce themselves | Drs Lucinda Green & Liz McDonald |
| 10:15 – 10:45 | Perinatal Mental Health Services – what’s happening across the nations? | Dr Lucinda Green |
| 10:45 – 11:00 | BREAK | |
| 11:00 - 12:00 | How does the Perinatal Frame of Mind inform our assessments? | Dr Liz McDonald |
| 12:00 – 13:15 | Formulating and communicating assessments | Dr Lucinda Green |
| 13:15-13:45 | LUNCH | |
| 13:45-15:00 | What does the literature tell us about women’s experience of care and treatment in the perinatal period? | Dr Clare Dolman |
| 15:00-15:15 | BREAK | |
| 15:15-16:00 | Partners and Fathers in the perinatal period | Dr Lucinda Green |
| 16:00-16:45 | Small group discussions: How do we ensure that the woman and her family have a good experience of care in the perinatal period? What have I learnt today, how will it influence my practice, how will I share what I have learned? | Dr Clare Dolman Dr Lucinda Green Dr Liz McDonald |
| ILOs | <ol style="list-style-type: none"> 1. Understand the different approaches to development and delivery of PMH services within the different nations. 2. Describe the range of factors that can affect a woman’s mental health in the perinatal period and her experience of pregnancy and parenting. 3. Summarise, formulate and communicate assessments to enable women, families and | |

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| | <p>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.</p> <ol style="list-style-type: none"> 4. Demonstrate an awareness of the barriers to care for women in the perinatal period 5. Understand the factors influencing women's decision-making around pregnancy and childbirth 6. Recognise how healthcare professionals can improve the experience of women and families receiving perinatal mental healthcare 7. Recognise the effect of a woman's perinatal mental illness on her partner. | |
| <p>Recommended reading:</p> | <ol style="list-style-type: none"> 1. Perinatal Mental Health Services - CR232 (rcpsych.ac.uk) 2. Scotland: https://www.pmhn.scot.nhs.uk/delivering-effective-services/delivering-effective-services-report/ 3. Scottish care pathways 4. England care pathways 5. Wales: together-for-mental-health-delivery-plan-2019-to-2022.pdf (gov.wales) 6. Ireland: https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/specialist-perinatal-mental-health-services-model-of-care-2017.pdf 7. Darwin, Z., Domoney, J., Iles, J. et al. Involving and supporting partners and other family members in specialist perinatal mental health services. <i>NHS England</i> (2021) https://www.england.nhs.uk/wp-content/uploads/2021/03/Good-practice-guide-March-2021.pdf 8. PMH Partners Ambition FAQs. PMH Partners Ambition FAQ - National Perinatal Mental Health Workspace - FutureNHS Collaboration Platform 9. NHS England (2016) The Five Year Forward View for Mental Health 10. NHS England (2019) The NHS Long Term Plan 11. 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. <i>BMJ Open</i>, 9(7):e030208. 12. 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 | |

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| | <p>illness. Archives of women's mental health, 16(3), 173–196</p> <p>13. 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.</p> | |
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Day 2 - Tuesday 11th October 2022

Facilitators: Drs Lucinda Green and Liz McDonald

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| 09.15–09.45 | OCD and anxiety disorders in pregnancy and postnatally | Dr Lucinda Green |
| 09.45-10.30 | Small group discussion: Case examples of anxiety in the perinatal period | Drs Lucinda Green & Liz McDonald |
| 10.30–11.00 | Depression in the Perinatal period | Dr Lucinda Green |
| 11.00-11.15 | BREAK | |
| 11.00–12.00 | Small group discussion: Case examples of depression in the perinatal period | Drs Lucinda Green & Liz McDonald |
| 12.00-13.00 | Schizophrenia – what does this diagnosis mean for women in the perinatal period? | Dr Liz McDonald |
| 13.00–13.45 | LUNCH | |
| 13.45 – 14.45 | Post-partum psychosis and BPAD | Dr Liz McDonald |
| 14.45–15.15 | Pre-birth planning | Dr Lucinda Green |
| 15.15-15.30 | BREAK | |
| 15.30–16.30 | Small group discussion Writing a pre-birth plan. | Drs Lucinda Green & Liz McDonald |
| ILOs | <ol style="list-style-type: none"> 1. Understand the course of depression, OCD, schizophrenia, BPAD and Post-partum psychosis within the perinatal context 2. 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. | |

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| | <p>3. Develop effective perinatal mental health care plans collaboratively with women, partners, other carers and professionals.</p> | |
| <p>Recommended reading:</p> | <ol style="list-style-type: none"> 1. Di Florio A & Jones IR. (2019) Postpartum Depression. <i>BMJ Best Practice</i>. 4. 2. Bergink, V., Rasgon, N., & Wisner, K. L. (2016). Postpartum Psychosis: Madness, Mania, and Melancholia in Motherhood. <i>The American journal of psychiatry</i>, 173(12), 1179–1188. 3. Challacombe, F. L., Bavetta, M., & De Giorgio, S. (2019). Intrusive thoughts in perinatal obsessive-compulsive disorder. <i>BMJ (Clinical research ed.)</i>, 367, l6574. 4. Dazzan P. (2021). Schizophrenia during pregnancy. <i>Current opinion in psychiatry</i>, 34(3), 238–244. 5. Forde R, Peters S, Wittkowski A. Recovery from postpartum psychosis: a systematic review and metanalysis of women's and families' experiences [published online ahead of print, 2020 Feb 4]. <i>Arch Womens Ment Health</i>. 2020;10.1007/s00737-020-01025-z 6. Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. <i>World psychiatry : official journal of the World Psychiatric Association (WPA)</i>, 19(3), 313–327. 7. Perry, A., Gordon-Smith, K., Jones, L., & Jones, I. (2021). Phenomenology, Epidemiology and Aetiology of Postpartum Psychosis: A Review. <i>Brain sciences</i>, 11(1), 47. 8. 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 | |

Day 3 - Wednesday 12th October 2022

Facilitators: Drs Lucinda Green and Liz McDonald

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| 09.15-11.00 | Safeguarding in the perinatal period | Dr Lucinda Green |
| 11.00-11.15 | BREAK | |
| 11.15-12.45 | Continued: Safeguarding in the perinatal period Small group work exploring cases. | Dr Lucinda Green |
| 12.45-13.30 | LUNCH | |
| 13.30-14.00 | General principles when prescribing for women of childbearing potential. | Dr Liz McDonald |
| 14.00-15.00 | Antipsychotics, mood stabilizers, anxiolytics and sleep-inducers : how safe is their use in pregnancy and lactation ? | Dr Angelika Wieck |
| 15.00-15.15 | BREAK | |
| 15.15-15.50 | Prescribing anti-depressant medication in the perinatal period: how do we translate evidence into practice? | Prof Ian Jones |
| 15.50-16.30 | Question and answer session | Dr Angelika Wieck Prof Ian Jones Dr Lucinda Green Dr Liz McDonald |
| ILOs | <ol style="list-style-type: none"> 1. 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. 2. 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 | |

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| | <p>reduce the risk of harm to infants and children.</p> <p>3. 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</p> | |
| <p>Recommended reading:</p> | <ol style="list-style-type: none"> 1. 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 2. Department for Education (2020) Complexity and challenge: a triennial analysis of serious case reviews 2014-2017. London: Department for Education. 3. LARA-VP - Linking Abuse and Recovery through Advocacy for Victims and Perpetrators – A resource to help mental health professionals identify and respond to Domestic Violence and Abuse. (www.kcl.ac.uk/psychology-systems-sciences/research/lara-vp-download-form) 4. 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 5. 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 6. 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. 7. National Institute for Health and Care Excellence (2014). Antenatal and Postnatal Mental Health - Clinical Management and Service Guidance. Clinical Guideline 192. | |

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| | <ol style="list-style-type: none">8. MHRA: Valproate use by women and girls (2018). www.gov.uk/guidance/valproate-use-by-women-and-girls9. 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.pdf10. Delivering preconception care to women of childbearing age with serious mental illness - https://www.tommys.org/pregnancy-information/health-professionals/free-pregnancy-resources/guide-delivering-preconception-care | |
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Day 4 - Thursday 13th October 2022

Facilitators: Drs Liz McDonald Lucinda Green

Mandatory reading: These papers will be made available on the webpage. They must be read with the letter from Dr Wieck and Prof Jones before the session.

1. [Grigoriadis et al. Pregnancy and Delivery Outcomes Following Benzodiazepine Exposure: A Systematic Review and Meta-analysis. Can J Psychiatry. 2020 Dec;65\(12\):821-834. doi: 10.1177/0706743720904860 With supplement](#)
2. [Maternal Use of Specific Antidepressant Medications During Early Pregnancy and the Risk of Selected Birth Defects. Anderson et al. JAMA Psychiatry. doi:10.1001/jamapsychiatry.2020.2453](#)

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| 09.15-11.00 | How do we interpret the evidence in relation to prescribing in pregnancy? Workshop: participants will have reviewed the papers above and will participate in small and large group work to consider the themes. | Prof Ian Jones and Dr Angelika Wieck |
| 11.00-11.15 | <i>BREAK</i> | |
| 11.15- 12.30 | Continued: How do we interpret the evidence in relation to prescribing in pregnancy? | Prof Ian Jones and Dr Angelika Wieck |
| 12.30-13.15 | <i>LUNCH</i> | |
| 13.15-15.00 | Approaches to evaluating infant emotional development in perinatal clinical practice | Dr Maddalena Miele |
| 15.00-15.15 | <i>BREAK</i> | |

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| <p>15.15–16.45</p> | <p>Working with and understanding women with substance dependence and misuse in the perinatal period.</p> | <p>Dr Emily Finch</p> |
| <p>ILOs</p> | <ol style="list-style-type: none"> 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 able to apply current evidence and general principles for the pharmacological management of pregnant and breastfeeding women to clinical scenarios. 3. Understand the keyways in which perinatal mental health problems can affect the ability of women to interact with their infant 4. Demonstrate a basic knowledge of the current clinical approaches to assessing parent-infant relationships 5. Outline the determinants of a sensitive parent-infant interaction 6. Understand the issues encountered in measuring how common substance misuse in pregnancy is. 7. Explore ways to identify substance misuse in pregnancy 8. Understand what interventions are available to reduce the harm from substance misuse in pregnancy | |
| <p>Recommended reading:</p> | <ol style="list-style-type: none"> 1. P.O. Svanberg , J. Barlow & W. Tigbe (2013) The Parent–Infant Interaction Observation Scale: reliability and validity of a screening tool, <i>Journal of Reproductive and Infant Psychology</i>, 31:1, 5-14. 2. Stein A, Pearson RM, Goodman SH, et al. Effects of perinatal mental disorders on the fetus and child. <i>Lancet</i>. 2014;384(9956):1800-1819. 3. 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 | |

Day 5 - Friday 21st January 2022




Facilitators: Drs Lucinda Green & Liz McDonald

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| 09.15–11.00 | Personality Disorder in women: what do we need to consider in the perinatal period? | Dr Nic Horley |
| 11.00-11.15 | BREAK | |
| 11.15–12.30 | Psychological interventions for women in the perinatal period. Followed by Q&A. | Dr Nic Horley |
| 12.30–13.15 | LUNCH | |
| 13.15–14.45 | Risk in the perinatal period: what do we need to consider? | Dr Liz McDonald |
| 14.45–15.00 | BREAK | |
| 15.00-15.30 | Compassion focused leadership and self-care- what does this mean for you? | Dr Lucinda Green |
| 15.30–16.00 | Small group discussions: Compassion focused leadership and self-care- what does this mean for me? | |
| 16.00-16.15 | Going forward: what else do you need to do to improve your skills and knowledge as a perinatal psychiatrist? | Large group to share ideas. |
| 16.16-16.30 | Final thoughts and close of course | Dr Lucinda Green Dr Liz McDonald |
| ILOs | <ol style="list-style-type: none"> 1. Understand how personality function may become disordered in pregnancy and postnatally 2. Appreciate the importance of assessment and treatment of personality disorder by perinatal mental health services | |

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| | <ol style="list-style-type: none"> 3. Understand the different psychological therapies for women with mental disorders and their use during the perinatal period 4. Describe the epidemiology of self-harm and suicide in the perinatal period. 5. Describe the distinctive clinical features of maternal suicide. 6. Recognise risk in relation to maternal suicide and apply this to clinical assessment. 7. Understand the advantages of compassionate leadership approaches for leaders and teams 8. Recognise the importance of self-compassion | |
| <p>Recommended reading:</p> | <ol style="list-style-type: none"> 1. Steele KR, Townsend ML, Grenyer BFS (2019) Parenting and personality disorder: An overview and meta-synthesis of systematic reviews. PLoS ONE 14(10): e0223038. https://doi.org/10.1371/journal.pone.0223038 2. Parenting and Borderline Personality Disorder: Ghosts in the Nursery Louise Newman and Caroline Stevenson Clin Child Psychol Psychiatry 2005 10: 385 DOI: 10.1177/1359104505053756 3. Adshead, G. Parenting and personality disorder: Clinical and child protection implications Advances in Psychiatric Treatment · January 2015 4. Blankley et al. Borderline personality disorder in the perinatal period. Australas Psychiatry 2015; 23:688-92. 5. Petfield L et al. Parenting in mothers with borderline personality disorder and impact on child outcomes Evidence-Based Mental Health 2015;18:67-75 6. Risholm Mothander, P., C. Furmark, and K. Neander (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: p. 262-272 7. Oates M & Cantwell R (2011) Deaths due to psychiatric causes. Saving Mothers’ Lives: Reviewing maternal deaths to make | |

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| | <p>motherhood safer 2006- 2008. British Journal of Obstetrics and Gynaecology, 118 (s1), 132-142.</p> <p>8. 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.</p> <p>9. 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</p> <p>10. 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</p> | |
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Course leads and facilitators

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|  | <p><u>Dr Liz McDonald</u></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). 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 now a joint clinical lead for the HEE funded masterclass programme for perinatal psychiatrists. She 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><u>Dr Lucinda Green</u></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 and is now a joint clinical lead for the HEE funded masterclass programme for perinatal psychiatrists at the RCPsych. She is a visiting lecturer in perinatal mental health for the Tavistock and Portman NHS Foundation Trust. www.drlucindagreen.co.uk</p> |
|  | <p><u>Dr Clare Dolman</u></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 Co-chair of the Bipolar Commission and an Ambassador for Bipolar UK (bipolaruk.org). She is also a trustee of the MMHA (Maternal Mental Health Alliance) maternalmentalhealthalliance.org, and APP - Action on Postpartum Psychosis (app-network.org)</p> |

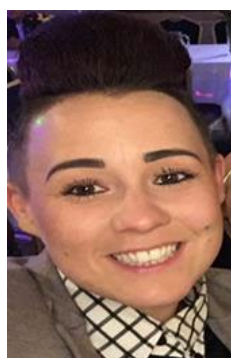
Dr Emily Finch

Dr Emily Finch



Dr Finch is the Addictions Clinical Director, Southwark, Central Acute & 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 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.

Dr Nic Horley





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. 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.

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.

Prof Ian Jones



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-

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| | <p>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><u>Dr Maddalena Miele</u></p> <p>Dr Miele is a consultant in perinatal psychiatry at St Mary’s Hospital, where she established the service in 2009. has a background in Obstetrics and Gynaecology, a PhD in neuroscience (Oxford University) and trained in Infant Mental Health with Dr PO Svanberg (Care Index and Parent Infant Interaction Observation Scale). Dr Miele has been heavily involved in perinatal mental health service development. She chaired the North West London division of the London Perinatal Mental Health Network (NHS England) from 2015 to 2022, she was Perinatal Clinical Lead for CNWL (2017-2020), she was 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). She is actively involved in perinatal and infant mental health training and teaching programs. She is the creative director of the animation movie “<u>Building Better Perinatal Mental Health Services</u>” and the lead author of the Pre-conception advice: Best Practice Toolkit for Perinatal Mental Health Services (2019). She is a trainer for the Parent Infant Interaction Observation Scale course at Warwick University Medical School. In 2020 she was appointed on the board of trustee of the AIMH and the Brazelton UK.</p> |
|  | <p><u>Dr Angelika Wieck</u></p> <p>Honorary Consultant in Perinatal Psychiatry at the Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer at the University of Manchester. She was 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, 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 perinatal psychiatry expert for the Bipolar Valproate Advisory Group at the European Medicines Agency, the chair of the Women, Gender and Mental Health Section at the European Psychiatric Association (2016- 2022) and serves on the Editorial board of European Psychiatry and the Archives of Women’s Mental Health. Dr Wieck’s research interests and publications are in reproductive psychopharmacology, psychoneuroendocrinology and perinatal psychiatry.</p> |