

Royal College of Psychiatrists - Perinatal Psychiatry Masterclass Programme

Masterclass for New Consultants in Perinatal Psychiatry 2022-2023

The aims of this masterclass programme are to:

- enable and support new 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.

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

Dates:

Most days will start at 9.15am and finish at 4.30pm. Day 7 starts at 9am.

Date	Themes
1. 5 th October 2022	Introductions PMH service development across the UK and Ireland Assessment and communication
2. 6 th October 2022	Lived experience, co-production, partners and co-parents
3. 10 th November 2022	The infant
4. 21 st November 2022	Risk and Safeguarding: adults and children
5. 6 th December 2022	Prescribing in the perinatal period
6. 9 th January 2023	Mental Health Law, Mental Capacity and the Court of Protection: issues in the perinatal period Advance decision making in the perinatal period Substance misuse in the perinatal period
7. 31 st January 2023	Personality Disorder
8. 21 st February 2023	Pre-pregnancy Counselling Pre-birth planning Infertility and fertility treatment Women who kill their infants
9. 20 th March 2023	Eating Disorders Pregnancy loss, trauma and complex pregnancy related issues
10. 30 th March 2023	Leadership and service development

Programme

Learning objectives and reading lists are provided below. Additional material will be circulated during the course.

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

Facilitators: Dr Liz McDonald, Dr Lucinda Green, Dr Roch Cantwell and Dr Clare Dolman (Day 2)

Day 1: 5th October 2022

Facilitators: Dr Lucinda Green, Dr Roch Cantwell and Dr Liz McDonald

Day 1	Topic	Speakers
09.15-10.45	Introduction to the masterclass programme and to each other. How to make the most of the programme. What do you hope to achieve by your participation?	Dr Liz McDonald Dr Lucinda Green Dr Roch Cantwell
10.45-11.00	<i>BREAK</i>	
11.00-12.30	Where are we now with the development of PMH services across the UK and Ireland? 30 mins – small groups to discuss their own service provision and development and consider what they have heard.	Dr Giles Berrisford England Dr Roch Cantwell Scotland, Ireland, N Ireland, Wales
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	How does the perinatal frame of mind inform our assessments?	Dr Liz McDonald
14.45-15.00	<i>BREAK</i>	
15.00-16.30	Formulating and communicating assessments	Dr Lucinda Green

Intended learning objectives:

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

1. Demonstrate an understanding of how the case for perinatal mental health services expansion has been made across the UK and Ireland.
2. Understand the different approaches to development and delivery within different nations.
3. Describe the range of factors that can affect a woman's mental health in the perinatal period and her experience of pregnancy and parenting.
4. Summarise, formulate and communicate assessments to enable women, families and professionals to understand the factors which have contributed to her mental health problems, associated risks and/or her risk of developing a perinatal mental illness.

Reading

Essential reading

1. [Perinatal Mental Health Services - CR232 \(rcpsych.ac.uk\)](#)
2. NHS England (2016) The Five Year Forward View for Mental Health
3. NHS England (2019) The NHS Long Term Plan Scotland:
4. <https://www.pmhn.scot.nhs.uk/delivering-effective-services/delivering-effective-services-report/>
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. [The Perinatal Mental Health Care Pathways \(2018\) NHS England. NHS Improvement, National Collaborating Centre for Mental Health](#)
8. Howard LM, Khalifeh H. Perinatal mental health: a review of progress and challenges. *World Psychiatry*. 2020;19(3):313-327.

Recommended reading

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

Day 2: Thursday 6th October 2022

Facilitators: Dr Clare Dolman, Dr Lucinda Green and Dr Liz McDonald

Day 2	Topic	Speakers
09.30-11.00	What is the experience of the partner? As support to the woman, own needs and building a relationship with the infant.	Dr Henry Fay
11.00 – 11.15	<i>BREAK</i>	
11.15-12.00	The experience of African and Afro-Caribbean in the perinatal period.	Clotilde Rebecca Abe
12.00-12.45	Co-production in PMH services.	Hannah Bissett
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	What does the literature tell us about women's experience of care and treatment in the perinatal period?	Dr Clare Dolman
14.45-15.00	<i>BREAK</i>	
15.00-15.45	Partners and co-parents in the perinatal period.	Dr Lucinda Green
15.45-16.30	Small group work: what can I do in my service to improve the care of women, their partners and co-parents?	Participants

Intended learning objectives:

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

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

Reading

Essential reading

1. Dolman, C., Jones, I., & Howard, L. M. (2013). Pre-conception to parenting: a systematic review and meta-synthesis of the qualitative literature on motherhood for women with severe mental illness. *Archives of women's mental health*, 16(3), 173–196.
2. Lever Taylor, B., Billings, J., Morant, N., Bick, D., & Johnson, S. (2019). Experiences of how services supporting women with perinatal mental health difficulties work with their families: a qualitative study in England. *BMJ open*, 9(7), e030208.
3. 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.
4. Darwin, Z., Domoney, J., Iles, J. et al. Involving and supporting partners and other family members in specialist perinatal mental health services. *NHS England* (2021) <https://www.england.nhs.uk/wp-content/uploads/2021/03/Good-practice-guide-March-2021.pdf>

Recommended reading

1. Dolman, C., Jones, I. R., & Howard, L. M. (2016). Women with bipolar disorder and pregnancy: factors influencing their decision-making. *BJPsych open*, 2(5), 294–300.
2. Griffiths J, Lever Taylor B, Morant N, Bick D, Howard LM, Seneviratne G, Johnson S. A qualitative comparison of experiences of specialist mother and baby units versus general psychiatric wards. *BMC Psychiatry*. 2019;19(1):401
3. Lever Taylor, B., Kandiah, A., Johnson, S., Howard, L. M., & Morant, N. (2020). A qualitative investigation of models of community mental health care for women with perinatal mental health problems. *Journal of mental health* (Abingdon, England), 1–7. Advance online publication.
4. Lever Taylor, B., Mosse, L., & Stanley, N. (2019). Experiences of social work intervention among mothers with perinatal mental health needs. *Health & social care in the community*, 27(6), 1586–1596.
5. Megnin-Viggars O, Symington I, Howard LM, Pilling S. Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research. *Arch Womens Ment Health*. 2015;18(6):745-759.
6. Millett, L., Taylor, B. L., Howard, L. M., Bick, D., Stanley, N., & Johnson, S. (2018). Experiences of Improving Access to Psychological Therapy Services for Perinatal Mental Health Difficulties: a Qualitative Study of Women's and Therapists' Views. *Behavioural and cognitive psychotherapy*, 46(4), 421–436.
7. Pilav, S., De Backer, K., Easter, A. et al. A qualitative study of minority ethnic women's experiences of access to and engagement with perinatal mental health care. *BMC Pregnancy Childbirth* **22**, 421 (2022)
8. Powell C, Bedi S, Nath S, Potts L, Trevillion K, Howard L. Mothers' experiences of acute perinatal mental health services in England and Wales: a qualitative analysis. *J Reprod Infant Psychol*. 2022;40(2):155-167.
9. Royal College of Obstetricians and Gynaecologists (2017) Maternal mental health women's voices.

10. Sambrook Smith, M., Lawrence, V., Sadler, E., & Easter, A. (2019). Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ open*, 9(1), e024803.
11. Watson H, Harrop D, Walton E, Young A, Soltani H. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PloS One*. 2019;14(1):e0210587.
12. Stephenson, L.A., Gergel, T., Keene, A.R., Rifkin, L. and Owen, G., 2020. The PACT advance decision-making template: preparing for Mental Health Act reforms with co-production, focus groups and consultation. *International journal of law and psychiatry*, 71, p.101563.

Day 3: 10th November 2022

Facilitators: Dr Lucinda Green and Dr Liz McDonald

Day 3	Topic	Speakers
09.15-10.45	Assessment of the mother-infant relationship in clinical practice.	Dr Maddalena Miele
10.45-11.00	<i>BREAK</i>	
11.00-12.30	Assessment of the mother-infant relationship in clinical practice	Dr Maddalena Miele
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	The evidence base for interventions with parents and infants in the perinatal period.	Dr Jane Barlow
14.45-15.00	<i>BREAK</i>	
15.00-16.30	Parent-Infant psychotherapy	Dr Amanda Jones

Intended learning objectives:

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

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

Reading

Essential reading

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

Recommended reading

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

Day 4: 21st November 2022

Facilitators: Dr Lucinda Green, Dr Roch Cantwell and Dr Liz McDonald

Day 4	Topic	Speakers
09.15-10.45	What have we learned from women who have died from psychiatric causes in the perinatal period?	Dr Roch Cantwell
10.45-11.00	<i>BREAK</i>	
11.00-12.30	Violence towards women in the perinatal period.	Dr Hind Khalifeh
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	Safeguarding infants and children in the context of maternal mental disorder Learning from serious case reviews. Case discussions in small groups.	Dr Lucinda Green
14.45-15.00	<i>BREAK</i>	
15.00-16.30	Safeguarding infants and children in the context of maternal mental disorder contd.	Dr Lucinda Green

Intended learning objectives:

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

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

Reading

Essential reading

1. Oates M & Cantwell R (2011) Deaths due to psychiatric causes. Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer 2006-2008. *British Journal of Obstetrics and Gynaecology*, 118 (s1), 132-142.
2. Cantwell R, Knight M, Oates M, Shakespeare J on behalf of the MBRRACE-UK mental health chapter writing group (2015) Lessons on maternal mental health. In Knight M, Tuffnel D, Kenyon S, Shakespeare J, Gray R, Kyrinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care – Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2015: p22-41.
3. Cantwell R, Youd E and Knight M on behalf of the MBRRACE-UK mental health chapter-writing group (2018) Messages for mental health. In Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2018: p42-60.
4. <https://www.npeu.ox.ac.uk/mbrance-uk/reports#mbrance-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>
5. 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
6. 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.
7. 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.
8. <https://learning.nspcc.org.uk/child-protection-system/wales>
9. <https://learning.nspcc.org.uk/child-protection-system/northern-ireland>
10. <https://learning.nspcc.org.uk/child-protection-system/scotland>

Recommended reading

1. Department for Education (2020) *Complexity and challenge: a triennial analysis of serious case reviews 2014-2017*. London: Department for Education.
2. Hammond J, Lipsedge M. Assessing Parenting Capacity in Psychiatric Mother and Baby Units: A case report and review of literature. *Psychiatr Danub*. 2015;27 Suppl 1: S71-S83.
3. Johannsen BMW et al (2016) All-cause mortality in women with severe postpartum psychiatric disorders. *American Journal of Psychiatry*, 173, 635-642.
4. Johannsen et al (2020) Self-harm in women with postpartum mental disorders. *Psychological Medicine*, 50, 1563-1569.

5. Khalifeh, H., Hunt, I.M., Appleby, L., Howard, L.M. (2016) Suicide in perinatal and non-perinatal women in contact with psychiatric services: 15 year findings from a UK national inquiry. *Lancet Psychiatry*. 3(3), pp. 233-242.
6. Khalifeh, H., Moran, P., Borschmann, R., Dean, K., Hart, C., Hogg, J., Osborn, D., Johnson, S., & Howard, L. M. (2015). Domestic and sexual violence against patients with severe mental illness. *Psychological medicine*, 45(4), 875–886.
7. Lysell H et al (2018) Maternal suicide: register based study of all suicides occurring after delivery in Sweden 1974-2009. *PLoS ONE*, 13(1): e0190133.
8. Smithson, R., and Gibson, M. Less than human: a qualitative study into the experience of parents involved in the child protection system. *Child & Family Social Work*. 2017;22:565–574.
9. <https://www.solacewomensaid.org/get-informed/resources-library>

Day 5: 6th December 2022

Facilitators: Dr Lucinda Green and Dr Liz McDonald

Day 5	Topic	Speaker
09.15-09.45	General principles for prescribing in the perinatal period.	Dr Liz McDonald
09.45-10.30	Prescribing anti-depressant medication in the perinatal period: how do we translate evidence into practice?	Prof Ian Jones
10.30-10.45	<i>BREAK</i>	
10.45-12.00	Prescribing mood-stabilisers and anti-psychotic medication in pregnancy and breastfeeding	Dr Angelika Wieck
12-12.30	Q&A session	Dr Angelika Wieck Prof Ian Jones Dr Lucinda Green Dr Liz McDonald
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	<p>Workshop: How do we interpret the evidence in relation to prescribing in pregnancy? <u>Mandatory</u> reading: These papers are available on the webpage. They must be read <u>before</u> the session. Additional notes and letter from Dr Wieck and Prof Jones accompany the papers.</p> <ol style="list-style-type: none"> 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. Kolding L, Ehrenstein V, Pedersen L, Sandager P, Petersen OB, Uldbjerg N, Pedersen LH. Antidepressant use in pregnancy and severe cardiac malformations: Danish register-based study. BJOG 2021;128:1949–1957. 	Dr Angelika Wieck Prof Ian Jones
14.45-15.00	<i>BREAK</i>	
15.00-16.30	<p>How do we interpret the evidence in relation to prescribing in pregnancy? Workshop: participants will discuss how they talk about risk/benefit analysis when supporting women with decision making.</p>	Dr Angelika Wieck Prof Ian Jones

Intended learning objectives:

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

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

Reading

Essential reading

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

Recommended reading

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

Day 6: 9th January 2023

Facilitators: Dr Lucinda Green, Dr Roch Cantwell and Dr Liz McDonald

09.15-11.00	Mental Health Law, Mental Capacity and the Court of Protection: issues in the perinatal period	Ms Sophia Roper, Barrister Dr Livia Martucci
11.00-11.15	<i>BREAK</i>	
11.15 – 12.30	Advance decision making in the perinatal period	Dr Lucy Stephenson Dr Roch Cantwell
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	Working with and understanding women with substance dependence and misuse in the perinatal period. Part 1	Dr Emily Finch
14.45-15.00	<i>BREAK</i>	
15.00-16.30	Working with and understanding women with substance dependence and misuse in the perinatal period. Part 2	Dr Emily Finch

Intended learning objectives:

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

1. Recognise the relevant legal frameworks and to formulate a legally informed advance decision making document with women in the perinatal period
2. Describe upcoming reforms to the Mental Health Act and the impact on advance decision making in the perinatal period
3. Distinguish between ethical/moral issues and legal frameworks and how to approach them separately
4. Understand the issues encountered in measuring how common substance misuse in pregnancy is.
5. Explore ways to identify substance misuse in pregnancy
6. Understand what interventions are available to reduce the harm from substance misuse in pregnancy

Reading

Essential reading

1. Owen, G. S., Gergel, T., Stephenson, L. A., Hussain, O., Rifkin, L., & Keene, A. R. (2019). Advance decision-making in mental health - Suggestions for legal reform in England and Wales. *International journal of law and psychiatry*, 64, 162–177.
2. Stephenson, L. A., Gergel, T., Ruck Keene, A., Rifkin, L., & Owen, G. (2020). The PACT advance decision-making template: preparing for Mental Health Act reforms with co-production, focus groups and consultation. *International journal of law and psychiatry*, 71, 101563.
3. <https://www.mwscot.org.uk/law-and-rights/advance-statements>
4. Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health – page 220 pregnancy section - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

Recommended reading

1. Hindley, G., Stephenson, L. A., Ruck Keene, A., Rifkin, L., Gergel, T., & Owen, G. (2019). "Why have I not been told about this?": a survey of experiences of and attitudes to advance decision-making amongst people with bipolar. *Wellcome open research*, 4, 16.
2. Ruck Keene, A. et al (2020) Carrying out and recording capacity assessments. 39 Essex Chambers. www.39essex.com/mental-capacity-guidance-note-brief-guide-carrying-capacity-assessments/
3. Ruck Keene, A. et al (2020) Determining and recording best interests. 39 Essex Chambers. www.39essex.com/mental-capacity-guidance-note-best-interests-july-2020/
4. Thornicroft, G., Farrelly, S., Szmukler, G., Birchwood, M., Waheed, W., Flach, C., Barrett, B., Byford, S., Henderson, C., Sutherby, K., Lester, H., Rose, D., Dunn, G., Leese, M., & Marshall, M. (2013). Clinical outcomes of Joint Crisis Plans to reduce compulsory treatment for people with psychosis: a randomised controlled trial. *Lancet (London, England)*, 381(9878), 1634–1641.
5. Case comments: Re AB (Termination of pregnancy) - https://www.39essex.com/cop_cases/re-ab-termination-of-pregnancy/
6. Case comments: GSTT& SLAM vR
7. Marlow, S., & Finch, E. (2016). Women and addiction. In D. Castle & K. Abel (Eds.), *Comprehensive Women's Mental Health* (pp. 174-196). Cambridge: Cambridge University Press.
8. WHO (2014). Guidelines for the identification and management of substance use disorders in pregnancy. <https://www.who.int/publications-detail/9789241548731>
9. Wilson CA, Finch E, Kerr C, Shakespeare J. (2020) Alcohol, smoking, and other substance use in the perinatal period. *BMJ*. 369:m1627.

Day 7: 31st January 2023

Facilitators: Dr Lucinda Green and Dr Liz McDonald

Day 7	Topic	Speaker
09.00-10.30	Personality Disorder and its implications for Maternal Mental Health and Parenting Part 1	Dr Gwen Adshead
10.30-10.45	<i>BREAK</i>	
10.45-12.00	Personality Disorder and its implications for Maternal Mental Health and Parenting Part 2	Dr Gwen Adshead
12.00-12.30	Small group work: Personality Disorder - translating learning into practice	Participants
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	Psychological interventions for women with personality disorder in the perinatal period. Part 1	Dr Nic Horley
14.45-15.00	<i>BREAK</i>	
15.00-16.30	Psychological interventions for women with personality disorder in the perinatal period. Part 2	Dr Nic Horley

Intended learning objectives:

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

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

Reading

Essential reading

1. Blankley, G., Galbally, M., Snellen, M., Power, J. and Lewis, A.J., (2015). Borderline personality disorder in the perinatal period: early infant and maternal outcomes. *Australasian Psychiatry*, 23(6), pp.688-692.
2. Hudson, C., Spry, E., Borschmann, R. et al . (2017). Preconception personality disorder and antenatal maternal mental health: A population-based cohort study. *Journal of affective disorders*, 209, pp.169-176.
3. Mikulincer, M. and Florian, V., (1999). Maternal-fetal bonding, coping strategies, and mental health during pregnancy—the contribution of attachment style. *Journal of Social and Clinical Psychology*, 18(3), pp.255-276.
4. Petfield, L., Startup, H., Droscher, H., & Cartwright-Hatton, S. (2015). Parenting in mothers with borderline personality disorder and impact on child outcomes. *Evidence-based mental health*, 18(3), 67–75.

Recommended reading

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

Day 8: 21st February 2023

Facilitators: Dr Lucinda Green and Dr Liz McDonald

Day 8	Topic	Speaker
09.15-10.45	Pre-pregnancy Counselling	Dr Maddalena Miele
10.45-11.00	<i>BREAK</i>	
11.00-12.30	Pre-birth Planning	Dr Lucinda Green
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	Infertility and fertility treatment and mental health	Dr Lucinda Green
14.45-15.00	<i>BREAK</i>	
15.00-16.30	Murderous Mothers- feticide, neonaticide, infanticide, filicide – what does the perinatal psychiatrist need to know?	Dr Gwen Adshead

Intended learning objectives:

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

1. Understand the range of factors which should be discussed during the preconception consultation and the rationale for these
2. Have a framework to share the outcome of the consultation in a meaningful and sensitive way to women and their partners, highlighting risks, protective factors and the risks and benefits of treatments.
3. Understand how to organise and chair a perinatal mental health pre-birth planning meeting to ensure that the woman, her partner and other family members and the relevant professionals have a shared understanding of any concerns, needs and risks as well as the woman and family's strengths.
4. Develop effective perinatal mental health care plans collaboratively with women, partners, other carers and professionals.
5. Describe and recognise the psychological consequences of infertility and fertility treatment
6. Understand the role of the counsellor in the infertility clinic
7. Understand the psychopathology of women who kill their children

Reading

Essential reading

1. Pre-conception advice: Best Practice Toolkit for Perinatal Mental Health Service (2019) Pan-London Perinatal Mental Health Networks. www.healthylondon.org/wp-content/uploads/2019/05/Pre-conception-advice-Best-Practice-Toolkit-for-Perinatal-Mental-Health-Services.pdf
2. 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>
3. Brockington I (1998) Infanticide (chapter 8) Motherhood and Mental Health.
4. Welldon Estela V. (1992) Mother, Madonna, whore: The idealization and denigration of motherhood.

Recommended reading

1. Shawe, J. Steegers, E.A.P., Verbiest, S. (Eds) (2020). Preconception Health and Care: A Life Course Approach. Springer.
2. Becker, M. A., Chandy, A., Mayer, J., Sachdeva, J., Albertini, E. S., Sham, C., & Worley, L. (2019). Psychiatric Aspects of Infertility. *The American journal of psychiatry*, 176(9), 765–766.
3. McCluskey G & Gilbert P. *Implications counselling for people considering donor-assisted treatment. Fully updated version*. British Infertility Counselling Association: 2015.
4. Szkodziak, F., Krzyżanowski, J., & Szkodziak, P. (2020). Psychological aspects of infertility. A systematic review. *The Journal of international medical research*, 48(6), 300060520932403.
5. Vikström J, Josefsson A, Bladh M, Sydsjö G. Mental health in women 20-23 years after IVF treatment: a Swedish cross-sectional study. *BMJ Open*. 2015;5(10):e009426.
6. Flynn, S. M., Shaw, J. J., & Abel, K. M. (2013). Filicide: mental illness in those who kill their children. *PloS one*, 8(4), e58981.
7. Report of an independent inquiry into the care and treatment of Daksha Emson and her daughter Freya: www.simplypsychiatry.co.uk/sitebuildercontent/sitebuilderfiles/deinquiryreport.pdf
8. The Devil you know: Stories of human cruelty and compassion. Gwen Adshead, Eileen Horne. Faber and Faber 2021

Day 9: 20th March 2023

Facilitators: Dr Lucinda Green and Dr Liz McDonald

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

Intended learning objectives:

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

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

Reading

Essential reading

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

Recommended reading

1. Bye, A., Martini, M. G., & Micali, N. (2021). Eating disorders, pregnancy and the postnatal period: a review of the recent literature. *Current opinion in psychiatry*, 34(6), 563–568.
2. 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.
3. Christiansen D. M. (2017). Posttraumatic stress disorder in parents following infant death: A systematic review. *Clinical psychology review*, 51, 60–74.
4. 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.
5. Farren, J., Jalmbrant, M., Ameye, L., Joash, K., Mitchell-Jones, N., Tapp, S., Timmerman, D., & Bourne, T. (2016). Post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy: a prospective cohort study. *BMJ open*, 6(11), e011864.
6. 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.
7. Herbert D, Young K, Pietrusińska M, MacBeth A. The mental health impact of perinatal loss: A systematic review and meta-analysis. *J Affect Disord*. 2022;297:118-129.
8. Hunter, A., Tussis, L., & MacBeth, A. (2017). The presence of anxiety, depression and stress in women and their partners during pregnancies following perinatal loss: A meta-analysis. *Journal of affective disorders*, 223, 153–164.
9. Kitzinger, S (2006) Birth Crisis. Routledge.
10. Koert E, Mallng GMH, Sylvest R, et al. Recurrent pregnancy loss: couples' perspectives on their need for treatment, support and follow up. *Hum Reprod*. 2019;34(2):291-296.
11. Martínez-Olcina, M., Rubio-Arias, J. A., Reche-García, C., Leyva-Vela, B., Hernández-García, M., Hernández-Morante, J. J., & Martínez-Rodríguez, A. (2020). Eating Disorders in Pregnant and Breastfeeding Women: A Systematic Review. *Medicina (Kaunas, Lithuania)*, 56(7), 352.

12. McCluskey, G. and Gilbert, P. (2015) Implications counselling for people considering donor-assisted treatment. Fully updated version. BICA Publications.
13. Pearson G. *The Burden of Choice: Collected stories from parents facing a diagnosis of abnormalities during pregnancy*. Dormouse Press: 2013
14. Quagliata E (Ed.). (2013) *Becoming Parents and Overcoming Obstacles: Understanding the Experience of miscarriage, premature births, infertility and postnatal depression*. Karnac Books.
15. Svanberg, E. (2019) *Why Birth Trauma Matters*. Pinter & Martin.
16. The Lancet (2020). Eating disorders: innovation and progress urgently needed. *Lancet (London, England)*, 395(10227), 840.
17. Van Der Kolk, B. (2015) *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. Penguin.
18. Westby CL, Erlandsen AR, Nilsen SA, Visted E, Thimm JC. Depression, anxiety, PTSD, and OCD after stillbirth: a systematic review. *BMC Pregnancy Childbirth*. 2021 Nov 18;21(1):782.

Day 10: 30th March 2023

Facilitators: Dr Lucinda Green, Dr Roch Cantwell and Dr Liz McDonald

Day 10	Topic	Speaker
09.15-10.45	The evolving landscape of service provision for women, infants, partners and families – implications for leadership and service development	Dr Lucinda Green Dr Roch Cantwell Dr Liz McDonald
10.45-11.00	<i>BREAK</i>	
11.00-12.30	The evolving landscape of service provision for women, infants, partners and families – implications for leadership and service development	Dr Lucinda Green Dr Roch Cantwell Dr Liz McDonald
12.30-13.15	<i>LUNCH</i>	
13.15-14.45	Self-compassion in the context of working within Perinatal Mental Health Teams.	Dr Lucinda Green Dr Nic Horley
14.45-15.00	<i>BREAK</i>	
15.00-16.30	Going forward: reflections on the course and the application of what has been learned to clinical practice and service development. What are you taking away?	Participants and facilitators

Intended learning objectives:

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

1. Understand and consider the evolving landscape within the provision of PMH services across the nations.
2. Understand the advantages of compassionate leadership approaches for leaders and teams
3. Recognise the importance of self-compassion
4. Plan changes to their own clinical practice and services as a result of learning on the course

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. <https://www.kingsfund.org.uk/publications/what-commissioning-and-how-it-changing>
3. <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

Recommended reading

1. Conversano, C., Ciacchini, R., Orrù, G., Di Giuseppe, M., Gemignani, A., & Poli, A. (2020). Mindfulness, Compassion, and Self-Compassion Among Health Care Professionals: What's New? A Systematic Review. *Frontiers in psychology*, 11, 1683. <https://doi.org/10.3389/fpsyg.2020.01683>.
2. de Zulueta P. C. (2015). Developing compassionate leadership in health care: an integrative review. *Journal of healthcare leadership*, 8, 1–10.
3. Neff, KD, Knox, MC, Long, P, Gregory, K. (2020) Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for Healthcare Communities. *J Clin Psychol*. 76, 1543– 1562.
4. NHS England (2014) Building and Strengthening Leadership: Leading with Compassion
5. <https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/>
6. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

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). 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 Joint Clinical Lead for the HEE funded masterclass programme at RCPsych. 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.



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.

	<p>Dr Green has many years' experience of designing and delivering perinatal mental health training for a range of professionals. She has been a clinical supervisor for senior trainees and a mentor for consultant perinatal psychiatrists. She was a mentor for the Royal College of Psychiatrists Perinatal Bursary Programme. She is a visiting lecturer in perinatal mental health for the Tavistock and Portman NHS Foundation Trust. She is Joint Clinical Lead for the HEE funded masterclass programme at RCPsych www.drlucindagreen.co.uk</p>
	<p>Dr Roch Cantwell</p> <p>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 2011-2012 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.</p>

Speakers



Clotilde Rebecca Abe

Clotilde Rebecca Abe (Clo) is the founder of Prosperity. Prosperity is a maternal well-being social enterprise which supports Black Ethnic Minority parents. Prosperity focuses on early intervention, perinatal mental health awareness and social isolation.

Clo is also the co-founder of Five X More. Five X More campaigns about the disparities in Black women and birthing people during pregnancy and 6 weeks after birth. She is also the co-chair of Lambeth and St Thomas hospital MVP and co-designs maternity services in Lambeth and St Thomas hospital.



Dr Catia Acosta

Dr. Acosta is Consultant Perinatal Psychiatrist at Chelsea and Westminster Hospital (CNWL NHS Foundation Trust). She previously worked as an Eating Disorder consultant and has a special interest and expertise in eating disorders in the perinatal period. She is certified in the neonatal behaviour observation (NBO) by the Brazelton centre and is part of the RCPsych's Expert Reference Group for Fabricated and Induced Illness (FII) by proxy/in children (previously known as Munchausen syndrome by proxy) and co-authored the guidelines for assessment and work as an expert witness in this area for family courts. She previously trained in obstetrics and gynaecology. www.catiaacosta.com



Dr Gwen Adshead

Gwen Adshead is a Forensic Psychiatrist and Psychotherapist. She trained at St George's hospital, the Institute of Psychiatry and the Institute of Group Analysis. She is trained as a group therapist and a mindfulness based cognitive therapist and has also trained in mentalisation based therapy. She worked for nearly twenty years as a Consultant Forensic Psychotherapist at Broadmoor Hospital, running psychotherapeutic groups for offenders, and working with staff around relational security and organisational dynamics. She now works with patients with personality disorder in high security, prison and in the community. Gwen also has a Masters' Degree in Medical Law and Ethics; and has a research interest in moral reasoning, and how this links with 'bad' behaviour. Gwen has published a number of books and over 100 papers, book chapters and commissioned articles on forensic psychotherapy, ethics in psychiatry, and attachment theory as applied to medicine and forensic psychiatry. She was honoured with the President's Medal for services to psychiatry in July 2013; an honorary doctorate from St George's Hospital Medical School in 2016, and was the Gresham Professor of Psychiatry 2014-2017.



Prof Jane Barlow

Jane Barlow (DPhil, FFPH Hon) is Professor of Evidence Based Intervention and Policy Evaluation at the Department of Social Policy and Intervention, University of Oxford. Jane's research focuses on developing and evaluating dyadic interventions during the perinatal period that are aimed at promoting infant mental health. She also undertakes research to evaluate the effectiveness of interventions aimed at preventing child abuse. She is currently President of AIMH UK, Affiliate Council Representative of the Executive Board of WAIMH, an Associate Editor for the Infant Mental Health Journal, and was a member of PreVAiL (Preventing Violence Across the Lifespan).



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.

Hannah Bissett



Dr Clare Dolman

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)



Dr Henry Fay

Henry Fay qualified from Southampton medical school in 2002. He was a partner and GP trainer in a practice in South Oxfordshire before having to take ill health retirement in 2015. Henry is a trustee of the Maternal Mental Health Alliance. As well as having a professional interest in mental health, he has personal experience as the husband of someone with bipolar disorder. His wife Jenny had an episode of postpartum psychosis after the birth of their second child in 2015. During this time, they contributed to the making of the award-winning documentary “My Baby, Psychosis and Me” which was shown on BBC1 in February 2016.



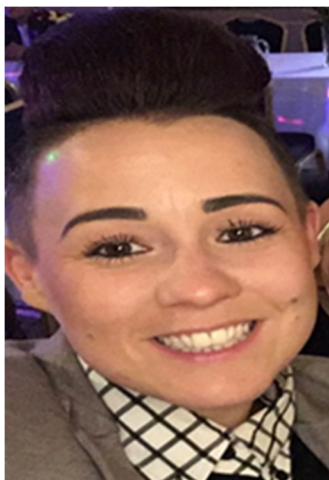
Dr Emily Finch

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 Sarah Finnis

Dr Sarah Finnis currently leads the Specialist Clinical Psychology Service in Obstetrics and Gynaecology at Hillingdon Hospital. She is also programme lead for the Perinatal Clinical Psychology Training at Liverpool University. She is a member of the Pan London Perinatal Mental Health Network and Committee member of the British Psychological Society Perinatal Faculty. Dr Finnis previously worked with Older Adults and in Neuro Rehabilitation. Throughout her career as a Clinical Psychologist Dr Finnis has had a special interest in women's health and psychological difficulties in relation to this. Prior to her Clinical Psychology Training she was a Research Associate at Plymouth University and completed an MPhil titled 'The Experience of Sexual Harassment of Women in the Nursing Profession'.



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.



Dr Amanda Jones

Amanda Jones is a Consultant Perinatal Psychotherapist and Strategic & Clinical Lead of NELFT NHS Foundation Trust's Perinatal Parent Infant Mental Health Service. She trained as a systemic therapist and pursued her doctoral research at the Tavistock Centre/UEL. Her research studied how mothers' use of maladaptive defensive processes can derail their baby's development. In collaboration with the Anna Freud Centre, Amanda was the therapist in the Channel Four documentaries 'Help me love my baby'. With the NSPCC and Warwick Medical School she made 5 further documentaries called 'Breakdown or Breakthrough: pregnancy, birth and the first 18 months of life', available for free online, for all practitioners working with parents and babies in distress. Amanda speaks at national and international conferences on psychodynamic parent-baby treatment. She contributes in several governmental policy groups to try and enhance understanding about the importance of early intervention and the need to develop equitable integrated psychotherapy and psychiatric NHS community perinatal parent infant mental health services in the UK.



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-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.

**Dr Hind Khalifeh**

Hind Khalifeh is a Consultant Perinatal Psychiatrist at Kings College Hospital in London (South London & Maudsley NHS Foundation Trust). She has a research background in women's mental health, including domestic violence and perinatal suicide.

**Dr Livia Martucci**

Dr Livia Martucci is a consultant in perinatal psychiatry at St Thomas's Hospital in London, and the clinical lead for South London & Maudsley NHS Foundation Trust's perinatal mental health services. She is a member of the perinatal faculty at the RCPsych, and she has a special interest in capacity, best interest, advanced care planning and law.



Dr Maddalena Miele

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 "[Building Better Perinatal Mental Health Services](#)" 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.



Ms Sophia Roper

Sophia is a specialist public lawyer who combines detailed knowledge of the law with extensive practical experience from private practice and public authority work. She is a counsel of choice for exceptionally complex Court of Protection cases, and draws on her knowledge of public and mental health law in other areas of her work, including inquests, education, community care and mental health cases. She previously worked as a health and welfare lawyer at the Official Solicitor's office before she returned to the Bar.

**Dr Lucy Stephenson**

Dr Lucy Stephenson is a clinical research associate with the Mental Health and Justice Project at the Institute of Psychiatry, Psychology and Neuroscience. Her work has involved engagement with service user and professional stakeholders to design a mental health advance decision making template. She is an ST6 dual trainee in Psychiatry and Psychotherapy at the South London and Maudsley NHS Foundation Trust

<https://mhj.org.uk/workstreams/3-advance-directives/> @MHealthJustice

@LucyAS Stephenson

**Dr Angelika Wieck**

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.