

# NEWSLETTER



FACULTY OF  
PERINATAL PSYCHIATRY  
AUTUMN 2017



# Newsletter Perinatal Psychiatry

## Autumn 2017

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# Editorial

## The Wave

by Dr Z W Green-Thompson

Few of us may be surfers and despite having been raised on the coast I cannot claim to be one. Nonetheless the concept of scrambling to ride a wave and stories of the search for the perfect wave will not be entirely foreign to most.

The dedicated funding planned by NHS England over five years has already begun. Scotland, with two MBUs, was already committed to Perinatal Mental Health. Wales and Northern Ireland equally have developments in the pipeline.

As doctors we have a vantage point in relation to public health issues that is privileged in encompassing awareness of service limitations, imbued with the skill to help deliver said services and given a position in society to effectively advocate for our patients. That said, the swell of public opinion, politicians who heed, and money made available can – especially in times of seeming inexorable austerity – be seen as a perfect wave.

The actions of this Faculty will determine in large part how well we ride this wave and use the energy generated to develop centres of excellence nationwide and serve as a beacon to others.

We are unlikely to see again such positive sentiment at decision maker level allied with significant material to fight the cause of ensuring that any future tragedies in the field of Perinatal Mental Health (PMH) not for want of adequate aid brought to bear.

In this inaugural edition of an envisaged quarterly Faculty newsletter we hear from the President of the College regarding the wider ramifications of this effort, a view of that being perpetuated abroad, reflections from an Obstetrician, an update from some of the ten Consultants Psychiatrists funded by NHSE to enter to Perinatal sphere and much beside.

This publication is intended not merely to promote introspection but to highlight the multitude of events PMH related sprouting and the many (potentially transient) opportunities to avail of training in this spooling up phase on the road to abolishing the post code lottery for this corner of mental health at least.

The time to act is now. This wave will not return.

I look forward to seeing many of you at the Annual Scientific Meeting...

Z

# View from the Chair

by Dr Trudi Seneviratne

It's been a busy time in the Perinatal Faculty with considerable amounts of activity, engaging in much clinical, service development, education, training of new psychiatrists and much media and political interest.

The Faculty has been working closely with NHS England, as part of the expansion of perinatal community services as well as MBU, and there is also activity in Scotland, Wales, perhaps less so in Northern Ireland. Via NHSE funds as part of the Five Year Forward view, 20 new teams awarded funds for community services are busy recruiting and developing. The four new Mother & Baby Units in Kent and Medway, Devon, Lancashire & Norfolk and Suffolk, are making exciting waves forwards.

Although we are currently riding an exciting wave of perinatal service expansion, it is essential that our current strategy focuses on maintaining the interest beyond 2020/21 and the Five Year Forward View....not just in England but across the UK. Hence it is critical that the new services are evaluated and evidenced. To support this, there is a national community perinatal service specification and clinical outcomes framework, which will be available soon.

The year started with an excellent joint Faculty Conference with the Child & Adolescent Faculty recognising the importance of the interface between Perinatal and early years services and research, a further session at the International Congress in Edinburgh, and we look ahead to the vibrant programme due in the November scientific meeting.

The Faculty dinner this year will be an event to raise funds for Action on Postpartum Psychosis (APP), with a recital from internationally renowned concert pianist Waka Hasegawa and a performance from dance movement psychotherapist, Gerry Harrison....please do come! The event was inspired by a patient who suffered from postpartum psychosis, and we hope to enjoy the importance of creativity and the arts as part of healing during the perinatal period.

Dr Liz McDonald has been supporting the new bursary holders, who are fully immersed in their placements towards becoming perinatal psychiatrists, with HEE offering a training programme and masterclasses through the year.

It was a pleasure to join Best Beginnings charity and the Duchess of Cambridge to launch the Out of the Blues series of films that we collaborated on. There are 12 short films to help understand your baby, support bonding, and support a baby's brain development. 64 further short films support mental health in pregnancy and afterwards, with an additional seven documentary films including

an introduction to maternal mental health, a film for fathers and films on OCD and PTSD.



A highlight was an invitation by the Sri Lankan College of Psychiatrists to their annual conference. Having conducted their first psychological analysis of the maternity data, death from suicide was identified as a leading cause, rather like the Confidential Enquiry into Maternal Deaths in 2002/3. We hope to develop some collaborative links as we move forwards.

With more Psychiatrists needed in the NHS it's a perfect time to #choosepsychiatry as your career offering diversity, work-life balance and more. We have been helping the College with this campaign and hopefully will inspire some to specialise as perinatal psychiatrists.

With a revamp of the College website imminent, please let us know what you would like on there. There are many more educational and other events on the way.

I look forward to seeing as many of you as possible at the November events.....both the evening and at the conference!

# Message from the President

by Professor Wendy Burn, President,  
Royal College of Psychiatrists



In June I took up the role of College President. This is a huge honour and privilege. I was College Dean for five years before handing over to the highly capable Kate Lovett last summer. In this position, I worked closely with two Presidents, Sue Bailey and Simon Wessely, so I know what the job entails. I also know that as with any College work it is only possible as a result of the willingness of College members to help with the work that needs to be done. The College runs entirely on good will, everyone including the Officers is there as a volunteer.

I am pleased and relieved to know about the huge amount of work that is already being done by your Faculty.

For many years perinatal services have been underfunded

and neglected. This is impossible to justify when we know that 1 in 5 new mothers will experience some form of mental health difficulty, with one or two in 1,000 experiencing postpartum psychosis. As a trainee, I worked with a consultant who had an interest in this and I still remember how incredibly ill these patients got and how at risk they and their babies were.

Suicide is the leading cause of maternal death. We also know that if not properly managed the effect of these illnesses on children can be very damaging.

As an Old Age psychiatrist, I sometimes see women who were never treated following the birth of a baby many years before and the damage to the whole family can be catastrophic.

I was therefore delighted to hear about the bursary scheme that is funding training in perinatal mental health for psychiatrists who are already consultants in other areas of psychiatry. These newly trained perinatal consultants will then go on to lead new Perinatal Mental Health services in their local area. This is a new and interesting way of training the workforce to fit with evolving service need and I will watch the results with interest. I know some of the psychiatrists who are undergoing this training and have no doubt they will make a success of it.

It is also exciting to know that NHSE is investing £1.2m for workforce development to improve awareness and skills related to perinatal mental health and that HEE workforce

plan sets the ambition of 40 more perinatal psychiatrists by 2021.

This work and development can only happen with your help, you are the people with the knowledge and skills to train others. Perinatal mental health is finally getting the attention and investment that it deserves, and with your input we now have the opportunity to make a real difference to the mental health of parents and their babies. I would like to thank all of you in the Faculty who are working so hard to achieve this.

## CAMHS Corner

by Professor David Foreman



### Lay support for pregnant women with social risk: a pragmatic RCT with follow-up

Finding realistic preventative interventions which can improve outcomes in both mothers and babies is important, and a recent UK pragmatic RCT has produced some promising results.

The Evaluation of Lay Support in Pregnant women with Social risk (ELSIPS) pragmatic RCT sought to look at the impact of an antenatal support service provided by lay workers (called Pregnancy Outreach Workers POWs) through a Community Interest Company. POWs were trained to provide individual case management for the women including home visits, and were integrated into the community midwifery teams. Objectives were to encourage women to attend antenatal appointments, make healthy lifestyle choices, to provide

social/emotional support, and help ensure benefits, housing difficulties and mental health problems were managed. In the postnatal period (up to 6 weeks post-partum), POWs also provided breastfeeding and advice about infant care.

The study was large and well designed, with pre-registration [1]; an adjustment (prior to analysis) to allow an investigation of a subgroup of mothers with 2 or more psychosocial risk factors, gave an eventual size of 662 in each arm. Follow-up was at 8-12 weeks post-partum [2] and then at 12 months postpartum [3]. Unfortunately, the proportion followed up dropped from more than 80% at 8-12 weeks to around 10% of the original sample at 12 months. For clinicians, the key points to note were that:

Antenatal attendance was high, and not detectibly increased by POWs. This is therefore clearly a good time to intervene;

POWs improved EPDS scores for mothers with 2+ psychosocial risk factors (mean difference 0.79, relative risk 0.74 to be above cutoff) at 8-12 weeks postpartum;

There was a significant effect on questionnaire-measured maternal bonding at 8-12 weeks across all the mothers;

At 12 months, on the small subgroup remaining, there was a detectible difference ( $p < .03$ ) in infant gross motor activity, though other differences disappeared.

Comparison of the mean difference and relative risk of likely caseness shows how, with population-based prevention,

even small changes in average population symptoms can translate into unexpectedly large changes in likely prevalence (here it was 26%). Equalization by 12 months suggests cases aren't being missed, though numbers are small. So, prevention is not a luxury hard-pressed services cannot afford, but an essential component of demand management. The use of a CIC meant not all this cost was borne by the NHS.

Given the small sample size, the 12-month finding on cognitive development is encouraging, as this aspect of the impact of maternal depression on child development is enduring, and notoriously hard to change. Those who could be contacted seemed among the best-functioning, so this might well underestimate the actual benefit to the babies.

Finally, though this was not measured, the use of lay support workers may well have helped address the problem of stigma associated with detection and treatment of mental health problems, and their use in resolving organizational problems for the mothers may well have contributed to their acceptance.

1 Kenyon S, Jolly K, Hemming K, *et al.* Evaluation of Lay Support in Pregnant women with Social risk (ELSIPS): a randomised controlled trial. *BMC Pregnancy Childbirth* 2012;**12**:11.

2 Kenyon S, Jolly K, Hemming K, *et al.* Lay support for pregnant women with social risk: a randomised controlled trial. *BMJ Open* 2016;**6**:e009203. doi:10.1136/bmjopen-2015-009203

3 Popo E, Kenyon S, Dann S-A, *et al.* Effects of lay support for pregnant women with social risk factors on infant development and maternal psychological health at 12 months postpartum. *PLOS ONE* 2017;**12**:e0182544. doi:10.1371/journal.pone.0182544

# Bursary Holder Snapshot

by Dr G Strachan

I am lucky enough to be one of the ten Consultant Psychiatrist bursary holders funded by NHS England in an effort to build perinatal workforce capacity to support the development perinatal services.

The aim is to provide specialist treatment and evidence based care for an additional 30 000 women annually by 2020. The applicants are supported by their employing trusts, with their posts being backfilled for the year long programme that comprised three months full time with an established perinatal service and nine months split between developing perinatal services in their home areas and their host trust.

I am a little longer in the tooth than the ideal bursary holder, having worked as a CRHTT consultant in Blackpool for 12 years and coming to psychiatry later in the day after GP training. I applied because I have had an interest in perinatal psychiatry since I was an SpR (yes I am that old) but have struggled to develop services locally, albeit managing to get a liaison clinic session commission in 2015.

So, what is it like going from being the most experienced clinician in a team to the least, from being the clinical lead of a service to being supernumerary, from being chair of MDTs to being a novice participant? For the most part, liberating. The removal of the usual consultant responsibilities allows a space to

think much more about the patient, her infant and her story.

An outside perspective allows a better appreciation of what is different and special about it, and so to work out how to be able to deliver that myself in my home trust. This immersion in the perinatal world really and truly allows the opportunity to learn, not just the theory of management of illness in the perinatal period, but to experience how it is done, the real life situations that have to be lived to be learned. We are allowed not to know things, and are able to question and find out and add perinatal skills to our existing toolbox. It is akin to being a SpR again but the experience of our Consultant lives makes it an altogether more rewarding experience.

I have managed people who were very unwell in the past, but the women I have met in the MBU are amongst the most ill I have ever seen, so unwell that my first thoughts were often that this must be an organic illness, with such rapid onset and odd accompanying symptoms.

But, they get better.

Lots of antipsychotic medication, occasionally ECT and always the input of a multidisciplinary team.

It is incredibly rewarding to be part of the recovery of these mothers, to see their confidence return as they begin to believe in their ability to be good enough mums for their infants. Conversely negotiating with child social services has been challenging at times, and the impact on staff of a mum going home without her baby can I think only be learned by experiencing it. Having trained

in Glasgow and worked in Blackpool I thought I knew about social deprivation, but I have now met women with circumstances and histories so horrible, complex and challenging that script writers would be accused of implausibility were they to burden their on-screen characters with them.

Walk along to the outpatient clinic however and you may spend an hour with someone who is completely well, but has Bipolar Disorder and wants to start having a family. Some have been told they shouldn't really have children, or that they must stop all their medication. One pregnant woman on lithium had been told that the 'damage was already done', another to stop breast feeding if she wanted to start an antidepressant and in these consultations I felt that I really was making a difference. On the other hand, some women have had excellent advice and management by their GP or psychiatrist.

As with learning all new skills I suppose I went through an early period where it felt like I had learned a lot, but then it seemed that I had learned only how much I didn't really know.

It was discombobulating sometimes not being *the* Consultant - what one woman termed 'the Consultant's stand in' - and I had to relearn the challenging dynamics. Emotionally Unstable traits can wreak in a ward entirely populated and staffed by women. I have been supported through these minor vicissitudes by many people. The team on the MBU were incredibly welcoming and generous in sharing their knowledge, never tiring of answering my questions. The skilful Sarah

Jones was completely unfazed by having an aged consultant watching her every move and is a wonderful role model from whom I have learned much. Angelika Wieck knows pretty much everything there is to know about Perinatal Psychiatry and for every out of the ordinary patient (although there are few who are ordinary) she can recall a similar presentation and how they were managed.

This clinical work is the bread and butter of the bursary programme, and the jam on the top is the series of masterclasses, a bespoke programme delivered by experts in stimulating and interesting ways that keep reminding us how much there is to learn, and helping us to get there. We are also being groomed as leaders in order to help us make the most of all this learning and experience, to influence the hearts and minds of those who commission services in our home areas. The unexpected bonus is the camaraderie of the bursary holders and masterclass participants. This means that the masterclasses are also opportunities to share what's going well and what not so well, to talk about complex, unusual or challenging presentations, so our experience is augmented with vicarious learning from all the other placements. This diverse peer group feels at times like family (and for a while it seemed we saw more of each other than our own families), are enthusiastic learners always willing to help and will be an ongoing support network long after the programme has ended.

What use is this experience and knowledge I am acquiring? My home trust (LCFT) was successful in winning the bid for the Cumbria and Lancashire MBU and I now feel more

worthy of the role of clinical lead for perinatal psychiatry. The bursary has allowed me the time to be fully involved in the ongoing planning for the MBU, meeting with architects and women with lived experience from the area, and being able to commit more to the SCN.

Attending and networking at national SCN meetings as well as visiting other perinatal services around the country has given me a much richer understanding of what perinatal services can look like and how they work. It is the difference between reading a recipe and eating the cake and, as such, I am (I hope) more useful to my area in helping to develop services there.

I feel suffused with perinatal psychiatry; the bursary has allowed a total immersion in the speciality in a way that would not otherwise have been possible. It's like jumping into the deep end, but with arm bands, a rubber ring and a buoyancy aid to allow us to develop the competency we need to swim unassisted.

I don't know when I will feel like a proper Perinatal Psychiatrist, but I do know that the bursary has given me and my companions the most amazing opportunity to enhance our skills so that we can go on and deliver specialist care for women, their infants and their families and help turn the map green.

## Trainee outlook

by Dr C Wilson ST5 (SlaM) and RCPsych Perinatal Higher Trainee Representative

Now is a great time for trainees with an interest in perinatal psychiatry! With the expansion in perinatal services nationally we hope that there will be increasing opportunities for trainees to gain experience in this great field. More and more schemes and local perinatal consultants are interested in developing training posts and we are keen to support trainees in finding and developing perinatal posts that will meet their training needs.

Another exciting development is that as a Faculty we are organising a conference at the RCPsych in London later in 2018 for trainees in Psychiatry, Obstetrics & Gynaecology and General Practice looking at issues relating to perinatal mental health. Watch this space for more information but we hope that it will be a stimulating and varied day with lots of clinical and lived experience. Anyone who is keen to share their ideas with us about what they would want from this day please do get in touch.

# Interview with an Obstetrician

with Miss A Wilson

Alison Wilson is a Consultant Obstetrician at The Rosie Hospital (Cambridge University Hospitals NHS Foundation Trust) and the Obstetric Lead for Mental Illness.

She answers a few questions from the Editor.

## 1 How confident is your Obstetric service in assessing the needs and managing the care of women with mental illness in the course of treating them in the antenatal and postnatal period?

In 2016, we undertook a local staff survey to establish training needs for perinatal mental health within our maternity service, using an online questionnaire. The majority of respondents who reported having received training had done so within overlapping training sessions such as the midwives in-service updates on safeguarding practices. The majority had not received specific training in PMH.

Over half the staff surveyed were not confident in use of the recommended questions to screen women for depression / anxiety (Whooley questions – NICE guidance CG192). When asked about barriers to providing effective care the main themes were poor continuity of care, inadequate knowledge and training, lack of a clear pathway for referrals and women's reluctance to openly

discuss problems. Staff were more confident in supporting and referring women with depression and anxiety than other conditions such as eating disorders and PTSD.

50% were not aware of, or familiar with the 'red flag' presentations highlighted in MBRRACE 'Saving Lives, Improving Mothers' Care' 2015. Many staff replied that they would need to seek advice in order to make a referral. The lack of knowledge from national guidance e.g. NICE, MBRRACE demonstrates the need for regular dissemination of newly published information.

In summary, amongst our respondents we found that although most had a basic knowledge of mental health problems, it was patchy; provision of training was poor and staff lacked confidence in practice. This information will help us to focus training, and hopefully staff will gain in confidence with development of an integrated perinatal mental health service.

## 2 In light not simply of resource constraints but more importantly in the interest of all professionals being able to recognise clear signs of mental illness, how ought health training in this regard be focused for maternity professionals?

Midwives are usually a woman's first point of access to care in the pregnancy or immediate postnatal period. In view of this, and the high incidence of mental health problems it is important that *all* midwives and other maternity professionals have adequate training to ensure

they are confident to ask routinely about mental health and have the ability to recognise signs of concern.

The starting point for improving training in all staff groups - maternity care assistants, midwives and doctors, is to establish training soundly in the student curriculums. After qualification, there is a need for an up to date working knowledge: training for this could be incorporated into the established in-service training for midwives or junior doctor teaching programmes, in addition to other forums such as online packages and face to face sessions using case based discussion or role play. There are very large numbers of maternity staff with a rapid turnover, so having perinatal mental health champions within the service, who are trained to deliver training will be vital in ensuring continued staff development. A specialist mental health midwife and lead obstetrician are likely to take on such a role, alongside other professionals in the perinatal mental health service.

There is an expectation of improved perinatal mental health training amongst obstetricians with recent changes by the RCOG to the core log book requirements for speciality trainees. Other developments in training for obstetricians are likely to follow as momentum grows in response to current awareness of the lack of provision. The RCOG survey, Women's Voices Report, supported by MMHA published earlier this year has helped to bring discussions to the forefront at the RCOG and the need for education, training,

and development of responsive services has been highlighted by Lesley Regan, President of the RCOG. Support at this level is timely and welcome.

### **3. What have you learnt that you wished you had known at the beginning of your career in respect to Perinatal Mental Health?**

I don't think I had a clear grasp of the extent or the impact of perinatal mental illness on women, their families and the new-born.

Throughout most of my career, appointments for women referred into the maternity service with mental health problems have been in the busy general antenatal clinic where appointment times are short. Care of women with mental health problems demands a different setting – one in which there is more time to explore the problem and its impact on the family, identifying any safeguarding concerns as well as providing information and support. I do regret that making the necessary changes to the model of care has taken so long and not come at an earlier stage in my working life.

The most significant recent learning for me has been in gaining knowledge through online training, about infant mental health and the interplay between maternal wellbeing and the infant's development – this is a powerful motivator for the care of a woman during her pregnancy. It has demonstrated to me the importance of integrated care for the mother, baby and the family.

### **4. NHSE is dedicating £365m over the current Five Year Forward view period to Perinatal Mental Health. Scotland has heretofore been ahead of England in this respect and Wales and N Ireland will be following these leads in service provision. What would you wish to see five years hence?**

Ideally there will be access to a community and inpatient perinatal mental health service for all women across the UK which is accessible and locally provided. It isn't important that services are all run in the same way, but it is important that all parents have access to care regardless of postcode. It's vital in this phase of current development that we ensure all areas are able to establish an effective service.

I naturally hope that we will have an established service in Cambridgeshire & Peterborough, working alongside other neighbouring services to meet the needs of the women and babies in our care.

But we need to have ambitious dreams to ensure radical and permanent change –so here's mine - in 5 years' time we will as a society have removed the stigma associated with mental illness and be working in a health service where mental and physical health problems are given parity of esteem.

### **5. Treating mothers (fathers) and babies where mental illness intercedes a challenge for all. What memory do you have of a patient that helps to motivate to persevere when in the**

### **midst of a difficult situation?**

A family who have now had 3 babies under our care – she was diagnosed with bipolar disorder during hospital admission after the birth of her first baby, and chose to remain on medication throughout the other pregnancies with pre-pregnancy planning. Sometimes we get to know our patients over the course of some years and this gives us a better perspective of the impact of an illness on the family and the additional fear and concerns they have in the choice to become parents. It's a privilege to continue to learn from our patients throughout our careers!

### **6. How would you envision collaborative practice between your colleagues and Perinatal Psychiatrists better serving patients in both allowing for seamless communication as well as considering their presenting complaints from all points of view to improve diagnosis and treatment?**

The principles of care should be just the same for mental health as it is for physical health problems. We already have a well-established pattern of working with physicians from all disciplines, within maternal medicine. Sometimes this involves making referrals for women to be seen separately but then it is important that the referrals can be made rapidly, with quick response times and good communication between teams. We also run joint clinics to see women either together or within the same appointment

session for example in renal medicine or diabetes. Either model can work well, and the choice depends on the prevalence of the problem as well as local working patterns and resources available.

Maternity professionals are used to coordinating care in pregnancy and would welcome working alongside perinatal psychiatrists and the rest of the mental health team.

As always in collaborative working one of the keys to success will be in good communication between teams. Ensuring clear criteria and referral pathways should enable patients to access the right care at the right time.

## A Student's View

by Miss Kaisha Roser, 5th Year Medical Student from Newcastle University reflects on her SSC in Perinatal Psychiatry.

During my fourth year of study, I undertook a 6-week student selected module with the Northumberland, Tyne and Wear Perinatal Mental Health Service. As medical students, our psychiatry exposure typically starts with lectures and ends with role-players. So the prospect of an extended period of time to explore psychiatry as a specialty really appealed to me. When scanning the list of local psychiatric services, the perinatal service struck me as being the most intriguing. Being a service to which medical

students are not ordinarily assigned, I was curious to see for myself the extent and impact of perinatal mental health problems in both inpatient and outpatient settings.

A few months and e-mails later, I arrived at the Beadnell mother and baby unit expectantly having read up on post-natal depression. On arrival, I was given a timetable filled with a range of outpatient clinics, home visits, meetings and ward time. One outpatient clinic in, I quickly realised that I would be seeing much more than post-natal depression...

I particularly enjoyed the time spent in the community. Attending a number of home visits alongside both the medical team and CPNs meant that I saw more of the North East than I had in all of my previous placements combined! Visiting patients in their own environment and hearing their narratives cemented to me that mental health problems, particularly those that occur in the time surrounding pregnancy, can affect women from all walks of life.

Equally, I valued the opportunity to speak at length to inpatients on the mother and baby unit. The luxury of time meant that I was able to fully explore their complex social circumstances, something which is not as easily achieved with a role-player. Furthermore, the opportunity to hear from patients' relatives evidenced how great of an impact that mental health problems can have. Through attending weekly meetings on the unit I learnt the true meaning of a multi-

disciplinary team. I was impressed to see the way that many professionals from varied disciplines worked together to ensure the best outcome for each individual.

My experiences over the 6-week period portrayed psychiatry as an attractive career choice. Alongside the fascinating conditions I encountered, I also liked the continuity of care and the opportunity to establish a trusting rapport with your patients. Seeing even small improvements in a patient's mental health over time was incredibly rewarding. Choosing to undertake a student-selected module in psychiatry was undoubtedly worthwhile. Indeed, my time with the perinatal mental health service confirmed my interest in psychiatry as a future career. I'm now in my final year at Newcastle University and am looking forward to my upcoming senior rotation in psychiatry and what hopefully lies beyond graduation.

## Regional Update

Edited by Dr A Durrani

### Wales

Dr Sue Smith

Since the Welsh Assembly Government made money available for Perinatal Mental Health services in Wales in 2015 there has been a pretty rapid development of services in all the seven Health Boards. We are at different stages depending on whether teams were starting from scratch or building on existing services.

Representatives from all services meet every couple of months at the All Wales Perinatal Steering Group meeting and twice a year the wider Community of Practice hold a conference, the next one being on December 1st 2017.

The increased community provision is highlighting the lack of inpatient services since the closure of the Cardiff MBU in 2013. The Children and Young Person's Education Committee of the Welsh Assembly Government recently held a consultation into Perinatal mental health and many of us gave verbal evidence- available on [www.SeneddTV.com](http://www.SeneddTV.com)! The hope is that this leads to specific monies to re establish an MBU in Wales - so watch this space!

### Scotland

Dr Aman Durrani

The launch of the Scottish Perinatal Managed Clinical Network earlier this year was welcomed with much excitement and anticipation. Dr Roch Cantwell, former chair of the Perinatal faculty, was appointed as lead clinician. He is joined by a very experienced team including Elaine Clark (Nurse Lead), Shona McCann (Maternity lead) and Dr Anne McFadyen (Infant mental health lead). The Perinatal faculty within RCPsychiS is also meeting regularly and growing with a number of interested trainees attending meetings. A recent MMHA event and launch of the Scottish branch of the Association for infant mental health UK (AIMH) have also contributed to the growing awareness of maternal and infant mental health in Scotland.

### Northern Ireland

Dr Joanne Minay

Stormont assembly remains dissolved and therefore funding for new services is on hold. Following the General Election there has been a promise of money for the Northern Ireland Executive and we are led to believe some of this will be targeted at mental health. As a Perinatal Faculty we are highlighting the inequalities in service provision in Northern Ireland when compared with other areas of the UK. A position paper by the Northern Ireland division is being prepared and the case for Specialist Perinatal provision is included.

### Eastern

Dr Manal el-Maraghy

This area was particularly mostly red when it comes to available community services.

Following the first wave of government fund the picture improved. Three areas were granted fund. Three general adult psychiatrists were offered a position on the bursary scheme and two others with perinatal experience were offered the opportunity to join the master class intensive training. With that, regional network allowed for regular meetings to share experience, support each other with the service development and assist the neighbouring trust in the bid for the following bids. The network and the Royal College of Psychiatrists are organising an event to increase the awareness of clinicians from various background and to encourage their support to service development.

#### *Hertfordshire*

The county has a well-established mother and baby inpatient unit (Thumbswood). Following the fund approval, having some kind of limited community input, the team expanded quickly and clinic were set up at speed. The official launch took place on the 24 th April 2017, and it was positively received.

*Essex*

The county benefits from the Rainbow Mother and Baby In-patient Unit. The government fund was granted for a pan-Essex perinatal team, at the time Essex population was served by two mental health trusts. The development of the service took place during the merging process which added on difficulties. The team went live on 1st April. However, it is not yet fully functioning as the recruitment process continues. The team launch is planned for 12th October.

### *Norfolk and Waveny*

Following the bid win, the team development process took place and the launch event is planned for the 29th Sep in Norwich. The area also will benefit from a new Mother and Baby In-patient Unit in the near future.

## Northern & Yorkshire

Dr Gopinath Narayan

Leeds regional Mother and Baby unit increased its bed size from 8 to 10 beds. Two consultants from the region are part of the college bursary programme and are attached to the Leeds service. Two areas in the region were successful in the first wave of the community fund (South West Yorkshire and Bradford)

## South East

Dr Alaine Gregoire

Rapid progress being made with all new services resulting from Wave 2 funding. Wessex on track to be a fully 'green' region on next map. South-East MBU is planned will be commissioned slightly later than the other 3 new MBUs. Seems to be exponential growth in new consultants and other staff and so far, recruitment is going reasonably well. As far as I know there are no formal perinatal consultants peer groups, but given numbers I suspect it won't be long before they are formed.

## Upcoming events

### **The National Perinatal Mental Health Course**

The famous 2 Day 'Winchester' course for all specialist perinatal staff: 18-19 January 2018 and 21-22 June 2018. Fantastic line up of national experts delivering top quality training for new staff, and update for existing staff recommended at least every 4 years. Contact [coursescentre@gmail.com](mailto:coursescentre@gmail.com)

### **Perinatal Leadership Masterclass**

Led by Dr Alain Gregoire along with Dr Jo Black, Prof Ian Jones and Dr Emily Slater

Essential training for clinical and service leaders in perinatal mental health. 22 November

2017, London. Contact [coursescentre@gmail.com](mailto:coursescentre@gmail.com)

### **Launch of Scottish Branch of Association of Infant Mental Health (UK)**

19 October 2017

[www.aimh.org.uk](http://www.aimh.org.uk)

## The Library

### **Wave 2 application top tips and much more on the MMHA website**

[www.maternalmentalhealthalliance.org/top-tips-for-securing-your-wave-2-funding/](http://www.maternalmentalhealthalliance.org/top-tips-for-securing-your-wave-2-funding/)

### **British Association of Psychopharmacology Guidelines for Psychotropics in pregnancy and post partum**

[www.bap.org.uk/guidelines](http://www.bap.org.uk/guidelines)

### **Newborn behavioural observations (NBO) course**

NBO two-day course run jointly by the Brazleton Centre and the Royal Society of Medicine.

[www.rsm.ac.uk/events/events-listing/2017-](http://www.rsm.ac.uk/events/events-listing/2017-)

[2018/sections/maternity-the-newborn-forum/mbk03-newborn-behavioural-observations-\(nbo\)-training2018.aspx](http://2018/sections/maternity-the-newborn-forum/mbk03-newborn-behavioural-observations-(nbo)-training2018.aspx)