Antenatal and Postnatal Mental Health: why, why now, and what?

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I can announce today a £365 million investment by 2020, which will mean that at least 30,000 more women each year will have access to evidence-based, specialist mental health care during or after pregnancy.
Why, why now?

- Clear and consistent scientific evidence of individual, economic and social needs
- Clear evidence of investment for NHS, public purse and society
- Clear and consistent national/NICE guidance
- Successful models for delivery of care
- Quality standards & assurance system
- Active and consistent support from all stakeholders
MATERNAL MENTAL HEALTH ALLIANCE
Awareness Education Action

The Royal College of Midwives
Home Start
nct
BMA
Royal College of Psychiatry
Royal College of Obstetricians and Gynaecologists
The Marce Society
CPHVA
Mind
fatherhood INSTITUTE
The British Psychological Society
Institute of Health Visiting
Excellence in Practice
bipolar UK
Supporting People Affected by Bipolar
Royal College of General Practitioners
RCGP
mental health foundation
NSPCC
Children & Young People’s Mental Health Coalition
Royal College of Nursing
Local Government Association
Wave Trust
YoungMinds
The WI
Inspiring Women
• Acute psychosis (2/1000), Severe/complex (2/1000); Chronic SMI (2/1000)
• **Services:** Mother and Baby Units (2.5-3 beds/10,000 births)
• Commissioning: national (England)

• Severe illness (30/1000)
• **Services:** Specialist Perinatal Community Teams (6-16,000 births) + effective supported pathway
• Commissioning: CCGs: Mental Health; + maternity + LAs for health visitors

• Mild/Moderate illnesses 10%
• **Services:** Treatment Primary Care/IAPT; Specialist MWs & HVs, specialist advice
• Commissioning: CCGs and LAs

• Mild illness and severe distress - 15% - 30%
• **Services:** Time and skills in universal & Primary Care
• Commissioning: CCGs and LAs

• Good psychological care promoting good MH
• **Services:** Knowledge & compassion, understanding for all

• Maternal-child health and wellbeing
• Peer support
• Parent-infant attachment services (‘Infant MH’)
Depressive illness: the most common major complication of maternity
Global Burden of Disease: DALYs (life years lost through death or illness) for women aged 15–44

Unipolar depressive disorders
HIV/AIDS
Tuberculosis
Abortion
Schizophrenia
Maternal sepsis
Bipolar disorder
Road traffic accidents
Self-inflicted injuries
Hearing loss, adult onset
Refractive errors
Panic disorder
Migraine
Chronic obstructive pulmonary disease
Alcohol use disorders

DALYs per 1000 women aged 15–44 years

Low- and middle-income countries
High-income countries

WHO, 2008
Highest ever risk of psychosis

Puerperal psychosis: more rapid onset, more severe, and higher risk than at any other time (Oates, 1996; Appleby et al 1998)
Suffering so terrible that death seems the best option: suicide and maternity in the UK today

1 in 7 deaths of women were by suicide

1 in 4 deaths between 6 and 52 weeks after birth were psychiatric

If the women who died by suicide became ill today:

- 40% would not be able to get ANY specialist perinatal mental health care or even advice
- Only 25% could access care that complies with NICE Guidelines issued 9 years ago
The combined effects of raised anxiety (or depression) both antenatally (32 weeks) and postnatally (33 months) on child outcome up to 13 years.

O’Donnell et al 2014
Children depressed at 16 all had mothers who were depressed, mainly during pregnancy.

No maternal depression: no children depressed at 16.

Pawlby et al. 2009
Economic costs (LSE, 2014)

Cost if we don’t act

£8.1 bn

Cost of taking action

£337m
Postnatal depression care
(Gavin et al 2015)
Parity of care is cheap

- UK maternity care = £2800/woman
- Specialist perinatal mental health care across the UK = £67/woman
- Total NHS maternity budget £2.6bn
- Maternity negligence costs £482m
- APMH pathway £337m

Costs if we stay as we are = £8.1bn
Lots of guidance and policy... and all in agreement!
We can assure quality

**Hampshire Perinatal Mental Health Team**

Peer Review Summary - Cycle 2

**Authors**: Hannah Rodell

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**Perinatal POEM** Patient rated Outcome and Experience Measure

We are always trying to improve the quality of the service we provide. To help us do this we would appreciate if you could give us your views regarding the service you have received from us. We or one of our partner, or someone who has been closely involved in supporting you, who wish to express their views on the care we offered, we have enclosed another form for you to complete. Please fill in all the questions!

**I am a patient**

Please fill in the form with a partner/other (when answering questions, ‘me’ or ‘my’ means the mum/patient)

<table>
<thead>
<tr>
<th>Rate how your mental health has been</th>
<th>Very well</th>
<th>Well</th>
<th>Unwell</th>
<th>Very unwell</th>
<th>Extremely unwell</th>
</tr>
</thead>
<tbody>
<tr>
<td>first came into contact with the service, I was</td>
<td></td>
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<td>I was discharged from the service, I was</td>
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</tbody>
</table>

Please rate your view of the service based on your own experiences. Please try to tick one answer for each of the questions:

<table>
<thead>
<tr>
<th>Staff did not communicate with others involved in my care</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff gave me the right amount of support</td>
<td></td>
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<tr>
<td>I did not get help quickly enough after referral</td>
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<tr>
<td>Staff listened to me and understood my problems</td>
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<tr>
<td>Staff did not involve me enough in my care and treatment</td>
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<tr>
<td>The service provided me with the information I needed</td>
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<tr>
<td>Staff were not sensitive to my needs</td>
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<tr>
<td>Staff helped me to understand my illness/difficulties</td>
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<tr>
<td>Staff were not sensitive to the needs of my baby</td>
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<tr>
<td>Staff helped me be more confident with caring for my baby</td>
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<tr>
<td>The service involved other relevant people in a helpful way</td>
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<tr>
<td>I would recommend this service to others</td>
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</table>
We can deliver equity
4 new MBUs in 2018/19
Mapping the road to parity, equity, quality across the whole pathway

http://maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools/
Response times

Figure 1: The evidence-based treatment pathways

**Preconception**

**PATHWAY 1:** Preconception
- Current or past history of SMI who are planning a pregnancy
- GP, secondary mental health care
- Specialist community perinatal mental health service
- Service receives referral

**PATHWAY 2:** Specialist perinatal mental health service (assessment)
- Known or suspected perinatal mental health problem
- GP, maternity, health visitors, secondary care
- Specialist community perinatal mental health service
- 50% within 6 weeks
- 90% within 8 weeks

**PATHWAY 3:** Postpartum psychosis (assessment)
- Suspected postpartum psychosis
- Self, primary care, secondary care, maternity services and social care
- Specialist community perinatal mental health service, liaison, crisis, HTT, ED
- 95% within 6 hours

**Perinatal period**

**PATHWAY 4:** Psychological interventions (NICE-recommended care plan)
- Known perinatal mental health problem
- GP or self
- Primary, secondary and tertiary care
- 75% within 6 weeks

**PATHWAY 5:** Inpatient care - Mother and baby unit "MBU" (NICE recommended care plan)
- Require inpatient care for perinatal mental health problem between 32 weeks of pregnancy and 12 months post birth
- PMHTs, ED/liaison, crisis, HTT, acute inpatient wards
- Mother admitted to MBU
- 90% within 24 hours

**Key:** ED = Emergency department, HTT = home treatment team; IAPT = Improving Access to Psychological Therapies; MBU = mother and baby unit; PMHT = perinatal mental health team; SMI = severe mental illness
NICE, 5YFV, Future in Mind, Better Births

• Clear perinatal MH pathway across all services, within waiting time standards
• Trained staff across pathway
• Specialist community perinatal mental health teams, meeting national quality standards/accreditation
• Mental health care and specialist Mental Health leads in maternity and health visiting
• Access to therapy (include parent-infant support and C-PTSD/PD) within waiting time standards
5YFV, Future in Mind, Better Births: *Providers (Acute/MH/LAs)*

**NOW:**

- **General adult MH, liaison:** prioritise therapy access to perinatal; NICE compliant valproate prescribing.
- **CAMHS:** include parent-infant services in modernisation plans
- **All above services:** agree pathways for identification, prevention and care; address training and workforce development for ALL staff involved in the pathway
NOW:

- **Maternity**: appoint a specialist perinatal MH midwife in every service
- **Health visiting**: appoint specialist perinatal MH health visitor in every service
- **IAPT**: Prioritise perinatal; training; tailored access and interventions
5YFV, Future in Mind, Better Births: Commissioners (CCGs/LAs)

NOW:
• Contracts for maternity, health visiting, general adult MH, liaison, IAPT to specify national/regional quality and waiting time standards for perinatal care

BY 2019:
• Specialist community perinatal mental health teams meeting national quality standards/accreditation
• Access to therapy, including parent-infant therapy and C-PTSD/PD within waiting times