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NHS England – Thames Valley

Thames Valley Children and Maternity Strategic Clinical Network

Perinatal Mental Health Report

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Contents

INTRODUCTION 3
Background 3
Thames Valley Regional Perinatal Mental Health Network 3
Aim 4
NATIONAL CONTEXT 5
Services for pregnant and postnatal women with mental illness 6
Maternity and health visiting services 6
Secondary care mental health services 6
THAMES VALLEY 8
Table 4 Estimates of numbers of women with mental health problems during pregnancy and after childbirth in the Thames Valley 10
REGIONAL SERVICES FOR WOMEN WITH PERINATAL MENTAL ILLNESS 11
Method 11
Provider overview 12
Survey findings 12
Summary of findings 21
Summary of findings 25
CONCLUSIONS 26
Strengths 26
Leadership and engagement 26
Perinatal mental health networks 26
Rapid developments and innovation 27
Areas for development 28
Integration 28
Regional variation 28
Perinatal psychiatrists 28
Mother and baby units 29
Service monitoring and evaluation 29
RECOMMENDATIONS 31
APPENDIX 32
Regional Maternity Services Survey on Perinatal Mental Health 32
Regional perinatal mental health survey - IAPT 33
Regional perinatal mental health survey – secondary care mental health 36

INTRODUCTION

Background

The Thames Valley Children and Maternity Strategic Clinical Network (TVSCN) undertook a scoping exercise of perinatal mental health services in the Thames Valley in 2014 and published the findings in a report[1] in January 2015 http://tvscn.nhs.uk/networks/maternity-and-childrens/maternity/. The exercise highlighted gaps in services for pregnant and postnatal women with mental illness and training for health care professionals across the region. The report set key recommendations for commissioners and providers to:

1. Develop training and specialisms in perinatal mental health across different services
2. Commission perinatal mental health services in accordance with NICE guidance
3. Establish a regional network of professional stakeholders
4. Improve data collection relating to perinatal mental health by all NHS providers

Thames Valley Regional Perinatal Mental Health Network

Following publication of its report the TVSCN appointed a Perinatal Mental Health project lead for two days a week from January 2015 to work with the SCN and establish a Perinatal Mental Health work programme for 2015/16. The TVSCN and the Oxford Academic Health Science Network's (AHSN) Mental-Physical Comorbidity Network collaborated to establish the Thames Valley Perinatal Regional Mental Health Network (TVPMHN), in June 2015. Membership of this network comprises NHS provider and commissioner stakeholders from each locality. There is also patient, family and third sector representation. The TVPMHN helps forge links between professionals and services, and creates a platform to share and coordinate local developments with regional colleagues. It also enables the different providers to comply with NICE in its guidance on Antenatal and Postnatal Mental Health[2]; which sets out that local clinical networks should be established, to contribute to developing services for women with mental illness during the perinatal period.

Health Education Thames Valley (HETV) is also represented on the TVPMHN. They have undertaken a survey of training in perinatal mental health available for various professional groups in the region. HETV will be publishing their findings and for this reason training is not included in this report.

Aim

The TVPMHN undertook a survey in November 2015 of service provision in the region for women with perinatal mental illness. We also surveyed routine data collection and how these services are monitored and evaluated. The objective of the survey was to map in detail provisions across the perinatal pathway for women with mental illness.

This report provides a descriptive account of current service provision for this patient group in the Thames Valley. In doing so, we identify gaps in service provision, and routine monitoring and evaluation. The survey findings also demonstrate the significant recent progress made in the Thames Valley, even since the 2014 scoping exercise.

The recommendations set out at the end of this report are based on the findings of this survey and consultation with the TVPMHN membership. They outline the priorities for the TVPMHN, supported by the TVSCN, for 2016/17. The purpose is to enable NHS providers and commissioners in the Thames Valley to build on the region's strengths while addressing priority areas for development.

NATIONAL CONTEXT

Mental illness during the perinatal period (from pregnancy up to one year postnatal) can be hugely distressing for women and their families, and is a risk factor for maternal mortality. Children may also suffer poorer health outcomes – an effect which has been demonstrated into adolescence[3]. Recent high profile tragedies have brought the risks of untreated perinatal mental illness into sharp light. The growing awareness of the clinical and health economic impact of untreated perinatal mental illness has pushed perinatal mental health to the top of the NHS agenda. This has been driven by national campaigns including the Maternal Mental Health Alliance[4], which have helped highlight the lack of services available for this particular patient population across the country. In response, the UK government has pledged £365 million pounds over the next five years to develop services for women suffering with mental illness in the perinatal period[5].

The Mental Health Taskforce Five Year Forward View report (2016)[6] highlights that the cost of perinatal mental ill health is estimated at £8.1 billion for each annual birth cohort (or almost £10,000 per birth)[7]. Yet there is a chronic lack of specialist services for this patient population. For example, fewer than 15 per cent of localities in England provide fully-resourced specialist community perinatal mental health teams and more than 40 per cent provide no specialist community perinatal mental health teams at all[8]. It recommends that by 2020/21 NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the appropriate range of specialist community and inpatient care so that comprehensive, high quality services are in place across England.

Women suffering with mental illness during the perinatal period may have complex physical, psychological and social needs requiring input from a range of services. Fragmented care between multiple providers can increase the risk of maternal mortality. The need for integrated care is therefore of paramount importance. This is emphasised by the 2015 MBRRACE-UK Confidential Enquiry into Maternal Deaths and Morbidity[9]. The National Maternity Review (2016)[10] goes further, asserting that integration of mental and physical health care is necessary to improve the quality of care that is "built around the needs of the individual". The Review endorses the Mental Health Taskforce in seeking parity of esteem between mental and physical health for women in the perinatal period.

Despite recent progress, however, there remain systemic obstacles to delivering high quality care for women suffering with mental illness during the perinatal period. Key health services for pregnant and postnatal women with mental illness are primary care; maternity; health visiting; mental health,

including secondary care adult mental health and community psychology (the latter under the auspices of the Improved Access to Psychological Treatment program (IAPT), which provides cognitive behavioural therapies (CBT) to people with mild depressive and anxiety disorders). The first obstacle is simply that there are not enough perinatal mental health specialists and services available within any of these services[8]. Secondly is the provision of maternity and mental health care by separate acute health and mental health trusts, respectively, in the NHS. This creates organisational and geographical boundaries to accessing and integrating care for women with mental illness during the perinatal period.

Services for pregnant and postnatal women with mental illness

The National Maternity Review[10] states that mental health must be considered a core component of maternity care plans. This captures what is arguably one of the most encouraging and significant developments for this patient group; the acceptance that the mental health of women during the perinatal period is the responsibility of all health services caring for women at this time of life.

Maternity and health visiting services

As providers of antenatal and postnatal care for women and their children, these services are ideally placed to identify women with or at risk of developing perinatal mental illness. In recognition, NICE recommends the routine use of screening tools for mental illness in these services[2]. To fulfil this responsibility, and in response to the obstacles to accessing and integrating care, maternity and health visiting services are increasingly developing roles of mental health lead clinicians within their services. Some maternity services may employ their own psychiatrists, psychiatric nurses or psychologists.

In light of this, it is important to acknowledge that ‘perinatal mental health services’ can be provided by maternity and health visiting services, as well as by mental health trusts.

Secondary care mental health services

All NHS mental health trusts provide generic inpatient and community adult mental health services. Some also provide specialist perinatal mental health services. Perinatal community mental health teams are consultant psychiatrist-led multidisciplinary teams of specialist clinicians including mental health nurses and social workers (a model based on generic adult community mental health services, CMHTs). Infant-parent services specialise in infant attachment and deliver tailored psychological interventions. For pregnant and postnatal women requiring inpatient psychiatric care, NICE guidance stipulates they should be admitted to specialist ‘mother and baby’ units (MBUs). These units keep the mother and baby together and promote bonding between them as part of their management; separation of mother of baby, unavoidable in generic adult inpatient psychiatric wards, can aggravate the mother’s distress. While all mental health trusts are mandated to provide generic inpatient psychiatric wards,

there are only 17 MBUs in the whole of the UK[11]. As shown in the Map below, there is no MBU in the Thames Valley region[11].

THAMES VALLEY

The Thames Valley region comprises Berkshire, Buckinghamshire, Milton Keynes (situated in the county of Buckinghamshire but is a unitary authority) and Oxfordshire. The Thames Valley region has a population of approximately 2.4 million people[12]. The region has large rural areas and much of the population is concentrated in the urban areas of Oxford, Reading and Slough. For the purposes of this report the region is described by locality, as defined by county and commissioning boundaries. Table 1 lists the Clinical Commissioning Groups (CCGs) in Thames Valley.

Table 1 Thames Valley Clinical Commissioning Groups

LOCALITY	CLINICAL COMMISSIONING GROUP (CCG)
Berkshire	Berkshire East CCGs - Bracknell and Ascot CCG - Windsor, Ascot and Maidenhead CCG - Slough CCG
	Berkshire West CCG Federation - Newbury CCG - Wokingham CCG - Northwest CCG - South Reading CCG
Buckinghamshire	Aylesbury Vale CCG
	Chiltern CCG
Milton Keynes	Milton Keynes CCG
Oxfordshire	Oxfordshire CCG

CCGs are responsible for commissioning maternity services and mental health services including perinatal mental health services. Specifically, CCGs commission activity from perinatal community teams that are not provided through Specialist Mother and Baby Units.

NHS England Specialist Commissioning is responsible for commissioning specialist perinatal mental health services. These are provided by Specialist Mother and Baby Units. The closest MBUs to the Thames Valley region are in Winchester, London and Birmingham. This obviously places a significant burden on visiting families. Table 2[13] below shows the admissions from this region to Melbury Lodge MBU, Winchester, in 2015. The average length of stay in Melbury Lodge is 37 days. In 2011/12 there were five admissions and in 2012/13 there were four admissions for the CCGs listed. Information on admissions to other MBUs is not available; women from Milton Keynes are not usually admitted to the Winchester MBU but may be admitted to alternative MBU within their specialist commissioning area.

Table 2 Thames Valley admissions to Melbury Lodge MBU, Winchester in 2015

LOCALITY	CCG	NUMBER OF ADMISSIONS
Berkshire	Bracknell and Ascot	3
	Windsor Ascot and Maidenhead	2
	Reading	2
Buckinghamshire	Chiltern Aylesbury Vale	2 1
Oxfordshire	Oxfordshire	4
Total	Thames Valley	14

Table 3 Population overview

Table 3 shows the population and numbers of births in each locality in 2014[13].

LOCALITY	POPULATION	LIVE BIRTHS
Berkshire East	410,000	5773
Berkshire West	475,600	6217
Buckinghamshire	521,900	5989
Milton Keynes	259,200	3667
Oxfordshire	672,000	7775

Table 4 shows the 2013-14 estimates of prevalence of key mental disorders in each CCG area in the Thames Valley[14]. This can be used to guide the level of service provision required in each area. However, using estimates is not sufficient to guide longer-term service developments. In order to meet the needs of a dynamic and changing population, it is essential that service developments are based on actual rather than estimated prevalence. This places a responsibility on commissioners and providers to reliably and systematically collect contemporaneous data on perinatal mental illness.

Table 4 Estimates of numbers of women with mental health problems during pregnancy and after childbirth in the Thames Valley.

	NHS Aylesbury Vale	NHS Bracknell and Ascot	NHS Chiltern	NHS Milton Keynes	NHS Newbury and District	NHS North and West Reading	NHS Oxfordshire	NHS Slough	NHS South Reading	NHS Windsor, Ascot and Maidenhead	NHS Wokingham
Estimated number of women with postpartum psychosis (2013/14)	5	5	10	10	5	5	15	5	5	5	5
Estimated number of women with chronic SMI (2013/14)	5	5	10	10	5	5	15	5	5	5	5
Estimated number of women with severe depressive illness (2013/14)	70	45	105	115	40	40	225	75	55	55	50
Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate) (2013/14)	220	145	340	370	125	125	745	250	185	170	160
Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate) (2013/14)	330	215	510	555	185	185	1,120	370	275	255	240
Estimated number of women with PTSD (2013/14)	70	45	105	115	40	40	225	75	55	55	50
Estimated number of women with adjustment disorders and distress (lower estimate) (2013/14)	330	215	510	555	185	185	1,120	370	275	255	240
Estimated number of women with adjustment disorders and distress (upper estimate) (2013/14)	660	430	1,015	1,105	370	365	2,235	740	550	510	480

CHIMAT Perinatal Mental Health Profiles
Source of deliveries: Hospital Episode Statistics, Health and Social Care Information Centre.
Source of rates of disorders: Joint Commissioning Panel for Mental Health. Guidance for commissioners of perinatal mental health services. Volume two: practical mental health

REGIONAL SERVICES FOR WOMEN WITH PERINATAL MENTAL ILLNESS

We focused on NHS services in this service mapping exercise, reflecting the priorities of the TVSCN and Oxford AHSN. We acknowledge the significant role of third sector providers for women and their families, and the interface with NHS providers is an important area for development. Maternity, health visiting and secondary care mental health services were included. GPs were omitted because the focus of this exercise is the availability of specialist and integrated services.

LOCALITY	Perinatal mental health network
MATERNITY	Key centres Mental health provision Links with secondary care mental health services
HEALTH VISITING	Activity Mental health provision Links with secondary care mental health services
IAPT	Activity Perinatal services Links with maternity services
SECONDARY CARE MENTAL HEALTH	Generic adult services Perinatal services Perinatal policies Links with maternity services

The following was surveyed with regards to data collection and performance monitoring:

DATA	Service level information collected To whom reported
PERFORMANCE	Service level evaluations To whom reported

With regards to data collection, services may use clinical rating scales to measure the outcome for an individual patient; we did not include this in the survey. Rather, we focused on information collated at a service level, used to evaluate the performance of the service as a whole.

Method

Information on each service was acquired through online surveys sent to representatives of each NHS provider service in the region, through the TVPMHN. Follow up information was gathered through direct discussion with respective colleagues. Please refer to the appendix for the surveys used.

Provider overview

Please see Table 5.

Table 5 Providers across the region for each service

	LOCALITY				
	OXFORDSHIRE	**BERKSHIRE**		**BUCKINGHAMSHIRE**	**MILTON KEYNES**
		EAST	**WEST**		
Maternity	OUH	FHFT	RBHFT	BHT	MKU
Health visiting	OHFT	BHFT		BHT	CNWL
Mental health	OHFT	BHFT		OHFT	CNWL
IAPT	OHFT	BHFT		OHFT	CNWL

OUH *Oxford University Hospitals NHS Foundation Trust*; OHFT *Oxford Health NHS Foundation Trust*; FHFT *Frimley Health NHS Foundation Trust*; RBHFT *Royal Berkshire NHS Foundation Trust*; BHFT *Berkshire Health Foundation Trust*; BHT *Buckinghamshire Healthcare NHS Trust*; CNWL *Central and Northwest London NHS Foundation Trust*; MKU *Milton Keynes University Hospital Trust*

Survey findings

Please see table 6 for full details of services. Staffing levels are described as whole-time equivalent (WTE).

Table 6 Survey of regional perinatal mental health services

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
PERINATAL MENTAL HEALTH NETWORK					
Name	Berkshire Perinatal Mental Health Steering Group		Integrated Perinatal Mental Health Network	Perinatal Mental Health Collaborative	Oxfordshire Perinatal Mental Health Network
Year commenced	2009		2013	2015	2015
Membership	Commissioning Health visiting Maternity Pharmacy Secondary care mental health IAPT Safeguarding Service user Social care Substance misuse Third sector (Homestart, Reading Lifeline)		Commissioning GP Health visiting IAPT Maternity Secondary care mental health Social care	Commissioning Health visiting IAPT Maternity Secondary care mental health (children / adult) Service user Social care Substance misuse	Commissioning Health visiting IAPT Maternity Secondary care mental health (Infant-Parent Perinatal Service)
Function	Supports service and pathway development and staff training		Supports service and pathways development Network supported by project lead, appointed for one year from March 2015	Supports service development	Supports coordination of generic and specialist services

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
MATERNITY SERVICES					
Key centres (Please refer to Table 5 for acute trust provider details)	Wexham Park Hospital, Slough Frimley Park Hospital, Frimley (for Bracknell patients)	Royal Berkshire Hospital, Reading	Stoke Mandeville Hospital, Aylesbury Wycombe General Hospital, Wycombe	Milton Keynes University Hospital	John Radcliffe Hospital, Oxford Horton General Hospital, Banbury
Mental health provision	**Obstetrician with special interest in mental health** *Unfunded* - Runs combined clinic with the 'vulnerable pregnancy midwives' (1.0 WTE Perinatal Mental Health Midwife operating at Frimley Park Hospital)	**Perinatal mental health midwife** *Unfunded* - Training for maternity clinicians - Supports implementation of well-being module in maternity notes	**Perinatal mental health midwife** *1.0 WTE* - Assessment, monitoring, signposting - Multiagency liaison - Policy and procedure development - Training for maternity clinicians	**Perinatal mental health midwife** *1.0 WTE* - Ante- and postnatal care for women with high risks associated with mental illness - Service development - Midwife training	**Consultant perinatal psychiatrist** *0.5 WTE* - Assessment and signposting - Clinical supervision of maternity clinicians - Training for maternity clinicians

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
MATERNITY SERVICES					
Secondary care mental health links	Monthly meeting between BHFT Perinatal Mental Health Service and Crystal Vulnerable Pregnancy Team BHFT Perinatal Mental Health Service provides training for midwives	Monthly meeting between BHFT Perinatal Mental Health Service and Poppy Vulnerable Pregnancy Team BHFT Perinatal Mental Health Service provides training for midwives and contributes to service planning	Monthly meeting with Buckinghamshire Perinatal Mental Health Team	Regular meetings with mental health trust perinatal lead	Monthly meeting with Oxfordshire Infant Parent Perinatal Service

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
HEALTH VISITING SERVICES					
Activity	36,000 children / year		38,200 children / year	12,000 children / year	39,107 children / year
Mental health provision	None		**Postnatal wellbeing groups** *Six health visitor perinatal mental health 'champions'* - For women with mild / moderate depressive and anxiety disorders - Co-facilitated with IAPT - Provide training for health visitors and local nursery nurses	None	**Postnatal depression support groups** - 10 sessions, based on CBT techniques
Secondary care mental health links	Health visitors contribute to SHaRON (see page 27)		Joint service provision with IAPT	Joint working in perinatal pathway development	Health visitors facilitating these groups receive supervision from IPPS

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
IAPT SERVICES					
Activity	Data not available		8000 general IAPT referrals / year.(more detailed information not available at this time)	373 perinatal referrals in 2015	12000 general IAPT referrals / year. (more detailed information not available at this time)
Perinatal services	**Perinatal lead** *Unfunded (role currently vacant)* - Service development - Training for clinicians - Liaison with BHFT Perinatal Mental Health Service **Pregnant women are prioritised by waiting time**		**Tailored psychological interventions** *0.1-0.2 WTE for each member of staff* - *Postnatal wellbeing lead* - *CBT therapist* - Postnatal wellbeing courses, couples-based and individual therapies for parents - Six run per year, in partnership with local health visitors - Therapists receive clinical supervision from therapist in Buckinghamshire Perinatal Mental Health Team	**Lead therapist for perinatal mental health** *0.6 WTE* - Group and one-to-one interventions, based on CBT	**Perinatal mental health lead** *Unfunded* - Responsible for raising staff awareness, organising training, data collection **Perinatal women prioritised, seen in four weeks of referral**
Maternity service links	No formal links		Joint service provision with health visitors No formal links with maternity services	No formal links	No formal links

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
SECONDARY CARE MENTAL HEALTH SERVICES					
Generic services	Women from across Berkshire assessed by perinatal clinician in trust's Common Point of Entry (from April 2016 women in Berkshire West will be assessed by perinatal service) *- 0.1 perinatal psychiatrist* *- 0.8 band 6 perinatal clinician*		None	None	None

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
SECONDARY CARE MENTAL HEALTH SERVICES					
Perinatal services	**Perinatal Mental Health Service** *1.0 band 8a manger* - Training midwives, health visitors, GPs, IAPT clinicians - 47-55 referrals / month		**Buckinghamshire Perinatal Mental Health Service** - New service from 2015 *1.0 nurse* *1.0 social worker* *0.2 psychologist* *0.2 consultant psychiatrist* Nurse and social worker currently in post - Assessment - Medication prescribing - Psychological treatment (problem solving, CBT) - 15-20 referrals / month - Office hours only	**Perinatal mental health lead practitioner** *1.0 lead nurse* Planned extension June 2016 *0.5 psychiatrist* *0.5 psychologist* *0.8 band 6 clinician* - Assessment, monitoring - Medication advice - 18 referrals / month - Office hours only	**Infant Parent Perinatal Service (IPPS)** *1.0 band 7 nurse / clinical coordinator* *0.8 band 6 nurse* *0.65 band 3 support worker* *0.2 band 6 trainee psychotherapist* *0.1 band 8a psychotherapist* *0.1 clinical lead / psychotherapist* - Psychotherapy for mild / moderate illness - Teaching / supervision for health visitors - 32-42 referrals / month - Office hours only
	Unfunded Two out of three CMHTs have variable input from perinatal service lead, providing care coordination	**West of Berkshire Perinatal Mental Health Service** - Planned start April 2016 *2.0 band 6 nurse* *1.0 band 6 social worker* *0.8 band 7 nurse / CBT therapist* - Clinicians aligned to CMHTs - Assessment - Medication advice - Psychological treatment - Support clinicians in generic community service - SHaRON (see page 27 - Office hours only			

	BERKSHIRE		BUCKINGHAMSHIRE	MILTON KEYNES	OXFORDSHIRE
	BERKSHIRE EAST	BERKSHIRE WEST			
SECONDARY CARE MENTAL HEALTH SERVICES					
Policies / procedures	Under development		Under development	Under development	Yes
Maternity service links	Training Service development Monthly meetings with vulnerable pregnancy teams		Monthly meeting with perinatal mental health midwife	Policy and service development Joint patient reviews Daily handover with perinatal mental health midwife	Monthly meeting between IPPS and maternity multidisciplinary team

Summary of findings

All maternity, IAPT and secondary care mental health services in the Thames Valley make some sort of provision for pregnant and postnatal women with mental illness. However, there is wide variability in the models and levels of provisions between localities and providers. Indeed, some roles are nominal and not commissioned or funded.

Buckinghamshire is the only locality in the region that provides commissioned services for pregnant and postnatal women with mental illness across maternity, health visiting, IAPT and secondary care mental health services.

From a service perspective, the following key points can be drawn:

Maternity

- Only Oxford has a consultant psychiatrist fully integrated within the maternity service
- Buckinghamshire and Milton Keynes provide commissioned specialist mental health midwives
- Berkshire East and West have small 'vulnerable pregnancy teams' which provide additional support to women with perinatal mental health illness. However, these are not specifically funded in respect of perinatal mental health per se. The midwife and obstetric leads for mental health in the Royal Berkshire and Wexham Park Hospitals respectively are not funded positions.

Health visiting

- Only Buckinghamshire and Oxfordshire services provide resourced specialist interventions for pregnant and postnatal women with mental illness

IAPT

- Buckinghamshire and Milton Keynes are the only localities in which IAPT services provide tailored interventions for this patient group
- IAPT services in Oxfordshire and Berkshire have unfunded perinatal leads and prioritise waiting times for pregnant and postnatal women, in accordance with national targets for IAPT services

Secondary care mental health

- All three mental health trusts operating in the region deliver varying levels of specialist perinatal
- mental health services
- However, there is marked variability between each locality. Indeed, there is discrepancy even within individual mental health trusts operating in different localities.
- The discrepancy between Berkshire East and West reflects the commissioning arrangements in the county

- Oxford Health NHS Foundation Trust provides a consultant-led perinatal mental health team in Buckinghamshire (as of late 2015). There is no such service in Oxfordshire.
- Oxfordshire IPPS is a small, nurse-led and nurse-delivered service for mild / moderate non-psychotic perinatal mental illness. This means there is no consultant-led specialist perinatal mental health team for women with severe and enduring mental illness in Oxfordshire.

High quality perinatal mental health care relies not just on the availability of specialist services, but how effectively they work together to deliver patient-centred care throughout a woman's pregnancy and postnatal period. Integrated care is sought in a variety of ways in the region:

- Joint interventions between IAPT and health visitors in Buckinghamshire
- A fully integrated maternity-psychiatry service in Oxford
- Regular clinical meetings between mental health and maternity services, in all localities
- Mental health clinicians provide training for maternity clinicians and health visitors, and contribute to service and pathway developments. Berkshire in particular has been a regional pioneer in this.

Table 7 Data collection and performance evaluation for regional perinatal mental health services

Services	Type	Berkshire	Buckinghamshire	Milton Keynes	Oxfordshire
Maternity	**DATA Collected**	None	None	Manual record of referrals	None
	Reporting to	N/A	N/A	For internal use only	N/A
	PERFORMANCE Evaluation	None	None	None	Audit against NICE CG192
	Reporting to	N/A	N/A	N/A	CCG
Health visiting	**DATA Collected**	Maternal mood assessment at 6-8 weeks postnatal Women scoring low reassessed at 3-4 months	Maternal mood assessment at 6-8 weeks postnatal	None	Maternal mood assessment at 6-8 weeks postnatal
	Reporting to	Local authority commissioners	Local authority commissioners	N/A	Local authority commissioners
	PERFORMANCE Evaluation	None	None	No	Postnatal depression groups – 'Before and after' Edinburgh Postnatal Depression Scale
	Reporting to	N/A	N/A	N/A	Local authority commissioners
IAPT	**DATA Collected**	Number of perinatal patients	For perinatal women - Number of patients - Diagnoses - Waiting times - Safeguarding information - Experience of using service	For perinatal women - Number of patients - Diagnoses - Waiting times - Safeguarding information - Experience of using service	For perinatal women - Number of patients - Diagnoses - Waiting times - Safeguarding information - Experience of using service
	Reporting to	Manager of BHFT Perinatal Mental Health Service	Health and Social Care Information Centre (HSCIC)	HSCIC	HSCIC, CCG

Services	Type	Berkshire	Buckinghamshire	Milton Keynes	Oxfordshire
IAPT	**PERFORMANCE Evaluation**	None	None	Recovery rates	None
	Reporting to	N/A	N/A	Perinatal Mental Health Collaborative	N/A
Mental health	**DATA Collected**	For perinatal women - Number of patients - Referring Source - Waiting times - Diagnoses - Concealed pregnancy - Trauma referrals - Clustering - Outcome post assessment - Perinatal admissions (duration, location)	None	Perinatal admissions	None
	Reporting to	BHFT Perinatal Mental Health Service	N/A	Senior trust management Commissioners Perinatal Mental Health Collaborative	N/A
	PERFORMANCE Evaluation	Audit of MBU admissions and non-MBU admissions BHFT service user experience questionaire	None	None	None
	Reporting to	Commissioners	N/A	N/A	N/A

Summary of findings

As can be seen in tables 7 and 8, routine data collection and service evaluation is patchy across the region. In terms of data collection, IAPT services are the most consistent in this, and maternity services the least so. Even fewer services undertake routine service evaluations through audits.

Table 8 Overview of data collection (D) and evaluation (E) routinely undertaken

		Berks. E.	Berks. W.	Bucks.	MK	Oxon.
Maternity	**D**					
	E					
Health visiting	**D**					
	E					
IAPT	**D**					
	E					
Secondary care mental health	**D**					
	E					

In terms of the type of data collected, this is summarised in table 9. Quality data (Q) include measures of clinical effectiveness, patient safety and the service user's experience[15]. Process data (P) include measures of activity; what is actually done by the service in order to deliver the intervention. Both are necessary (and neither by itself is sufficient) to fully evaluate the performance of a given service. There is a clear predominance of process data collected. No service routinely collects data on quality (note this refers to data collated at a service level and excludes clinical information collected for individual patients such as pre- and post-intervention outcomes).

Table 9 Overview of type of data collected

		Berks. E.	Berks. W.	Bucks.	MK	Oxon.
Maternity	**P**					
	Q					
Health visiting	**P**					
	Q					
IAPT	**P**					
	Q					
Secondary care mental health	**P**					
	Q					

CONCLUSIONS

There have been significant service developments for women with mental illness during the perinatal period in the Thames Valley region during 2015. There are now unprecedented opportunities to further improve care for this patient group. The purpose of this mapping exercise was to establish a basis on which to build upon the strengths in the region and identify priority areas for future development.

Strengths

Leadership and engagement

Each locality has dedicated clinical leaders in perinatal mental health engaging with key stakeholders and driving recent progress. There is now clear commitment from providers and commissioners across the region to improve services for women with perinatal mental illness.

The TVSCN appointed a Perinatal Mental Health Lead for two days a week, to work with locality networks and establish a sustainable TVPMHN. The creation of this network has been achieved through successful collaboration between the TVSCN and the Oxford AHSN. This is jointly chaired by the TVSCN Perinatal Lead and the Oxford AHSN Mental-Physical Comorbidity Network clinical lead.

Perinatal mental health networks

Networks are now established in all localities across the Thames Valley; with representation from service users, NHS providers and commissioners, and the third sector.

All of the locality networks (except the Oxfordshire group, which commenced in November 2015) have been successful in helping achieve commitments from commissioners and providers to develop specialist services. Moreover, the networks are closely involved in the service design and delivery; ensuring developments are clinically-led.

All of the locality networks are part of the TVPMHN. The TVPMHN thereby provides a regional platform for clinical leaders and commissioners to share expertise, coordinate local developments and enhance links between services.

Berkshire in particular has been a regional leader in establishing networks and forging collaborations between different services. Links between secondary care mental health and maternity services have enabled the delivery of mental health training to front-line clinicians and have guided service developments.

Rapid developments and innovation

In 2015 provisions for pregnant and postnatal women with mental illness in Buckinghamshire underwent rapid expansion. This progress was led by its locality network. Perinatal mental health services have been developed in parallel in maternity services, with the appointment of a perinatal mental health midwife, and with secondary care mental health services, with a multidisciplinary team led by a consultant perinatal psychiatrist. Women in Buckinghamshire can also access a support service for sufferers of depression through a joint enterprise by IAPT and health visitors.

Berkshire West CCGs have commissioned a new perinatal mental health service provided by the mental health trust, which is due to commence operating in April 2016. This is a multidisciplinary mental health team, with 0.1 WTE psychiatrist, nurse, social worker and CBT therapist involved, providing a range of therapeutic interventions. Work continues in Berkshire East to achieve equitable services across the county.

In December 2015, the Support Hope and Recovery Online Networking (SHaRON) was launched in Berkshire and is in the first year project stage of implementation. This is an online service, which provides anonymous, peer support for maternal well-being. It is moderated by clinicians and service users. It is available to all women across the county for the full spectrum of perinatal mental health problems.

Following a successful Perinatal Mental Health conference hosted by the TVSCN in March 2015, the Perinatal Mental Health Collaborative was formed in Milton Keynes. With essential input from women with lived experience, commissioners have committed to a significantly expanded perinatal mental health service provided by the mental health trust later in 2016.

Oxford University Hospitals NHS Foundation Trust is an acute trust, and a secondary and tertiary care provider of maternity services. In 2015 the trust set up its own psychological medicine service within the maternity service. The consultant psychiatrist leading this service operates in the same team as midwives and obstetricians, and provides training for maternity clinicians. This was a service commissioned by the maternity service itself in recognition of the need to integrate mental health and antenatal care, and improve the availability and accessibility of psychiatric expertise for pregnant women. However this service is only available for women under the care of obstetricians and midwives which means there is inequity of provision for postnatal women.

This acute trust maternity service is also running, in conjunction with the University of Oxford Mindfulness Centre, a project to introduce and research Mindfulness-Based Childbirth and Parenting. This is the first project of its kind in the UK. Early results have been encouraging.

Areas for development

Integration

NICE, MBRRACE-UK and the National Maternity Review all emphasise the importance of integrated care for women with complex physical and mental health needs[2, 9, 10]. This is a key driver for the unanimous recommendation by these bodies for the creation of regional perinatal mental health networks.

Achieving integrated care requires building effective and sustainable collaborative relationships between clinicians and services. These relationships, while clearly necessary for integrated care, are not sufficient in themselves to sustain integrated care in the long-term. *Systems* of integration are required.

In the Thames Valley, even where specialist perinatal mental health services are delivered, mental health trusts employ mental health clinicians, health visiting services employ health visitors, and maternity services employ specialist midwives. In the absence of focused and systematic approaches to integration, this trend still predisposes to potential fragmentation of care between different providers. Collaborations between providers historically are heavily dependent on informal relations between clinicians and service leads, rather than commissioned systems of integration. While there are innovative approaches to integration and joint service provision, their availability is inequitable across the region. Locality and regional networks of key stakeholders now offer a platform on which to address this inequity

Regional variation

Perinatal mental health services have developed in an ad hoc manner based on enthusiasm and funding opportunities within a locality, rather than in accordance to a clear regional strategy. There is consequently wide variation in the structure and model of services providing care for pregnant and postnatal women with mental illness in the Thames Valley. While there is now improved availability and accessibility to specialist services for women in the Thames Valley, service provision across the region remains inequitable.

Perinatal psychiatrists

Across the region there is currently only 0.8 WTE perinatal psychiatry time available. Of this, 0.5 of this is in Oxford in the maternity unit in the acute trust. Oxford Health NHS Foundation Trust has very recently established a new consultant psychiatrist-led perinatal mental health team in Buckinghamshire, and Milton Keynes has committed to recruiting 0.5 WTE psychiatrist later this year.

There is no funded perinatal psychiatrist operating in the adult mental health services in Oxfordshire. There is a small parent-infant service in Oxfordshire, but no consultant-led secondary care specialist mental health provision for women with severe and enduring mental illness. It is worth noting here the Royal College of Psychiatrists' recommendation that "parent-infant services are an addition to, not a substitute for, services for women with serious mental illness."[16]

Mother and baby units

For women with severe mental illness requiring inpatient care, the nearest mother and baby psychiatric hospitals are in Winchester, London and Birmingham. This reflects the lack of specialist inpatient services nationally. The burden this places on visiting families is significant and can also result in women refusing admission to such units to avoid being separated from their baby. This emphasises the importance of preventative community-based care for pregnant and postnatal women by all providers; especially robust systems of identifying women at risk of severe mental illness early in pregnancy, so that the need for psychiatric admission by women in the Thames Valley can be minimised.

Service monitoring and evaluation

In a landscape of insufficient services for women with perinatal mental illness, the priority has been to improve the availability of services. The NHS now operates in an outcomes-based commissioning climate that requires services to demonstrate value and efficiency. Therefore, as services evolve and innovate, it is essential they are guided by reliable data.

The current levels of routine data collection and performance evaluation can be best described as patchy. There is variability in the level of data collection between corresponding services across localities and between different services within a locality. The lack of robust data collection and performance evaluation is most pronounced across maternity services. However it should be noted this is a national issue and not unique to Thames Valley and is a key priority of the Mental Health Taskforce Five Year Forward View.

In order to meet local demand services must be resourced according to actual prevalence rates of women with perinatal mental illnesses. Collection of activity relating to women with perinatal mental illness, including referral rates and diagnoses, must therefore be carried out by all providers.

Secondly, there must be a reliable framework for evaluating services. Evaluation should incorporate measures of compliance with national guidelines for quality care and direct measures of quality, which are utilised by all corresponding services. This is essential in driving continuous improvements in quality and accountability of services.

It is essential services collaborate on developing and utilising systems of data collection and evaluation. From a locality perspective, this is so services can coordinate to deliver patient-centred care. For the Thames Valley, sharing this information is key to benchmarking services regionally and nationally.

Of course, infrastructure and resource are required to maintain reliable and efficient means of data collection, performance evaluation and information sharing. While this clearly represents a huge challenge (across the NHS), the establishment of sustainable networks within localities and across the Thames Valley provides a platform to begin to address this key challenge.

RECOMMENDATIONS

On the basis of the above analysis, we propose the following recommendations to improve service provision for pregnant and postnatal women with mental illness in the Thames Valley. These will form part the priorities for the work programme for 2016/17 for the TVSCN.

1 The TVPMHN to agree data collection subset across the Thames Valley region – aligning to NHS England Mental Health program

2 The TVPMHN to work with locality networks to agree how services could be audited aligning with NHS benchmarking.

3 The TVPMHN will continue to work with locality networks to increase integration of services across the region

4 We would ask that the commissioners would continue to work with their locality networks to address inequalities identified in this report as well as address service gaps within their locality

5 The TVPMHN to work with NHS England Specialist Commissioners to standardise admission processes to MBUs to ensure there is equity of access for women and their babies

6 The TVPMHN to ensure the views of the women and their families are included in service development and improvement

7 The TVPMHN to scope services that address parent-infant relationships across the Thames Valley region

8 NHS England Strategic Clinical Network will continue to work collaboratively with Health Education England Thames Valley to ensure that the development of the workforce aligns with the service requirements in order to meet the needs of women and their families

APPENDIX

Regional Maternity Services Survey on Perinatal Mental Health

1. Please state

NHS Trust

Number of deliveries

2. Does your service employ any specialists in perinatal mental health ?

- Yes (go to question 3,4,5)
- No (go to question 6)

3. Please tick the specialists in perinatal mental health that your maternity service employs ?

- Specialist Perinatal Mental Health midwife
- Counsellor
- Psychologist
- Psychiatrist
- Psychiatric Nurse
- Other professional not listed
- Other (please specify)

4. Please list the whole time equivalent for each mental health specialist in your service

5. Please describe the interventions or service provided by each mental health specialist and whether this is for inpatients, community patients or both.

6. Does your maternity service have any links with mental health providers?

- Yes
- No
- If Yes please give details about how these links work

7. Does your service routinely collect data relating to perinatal mental health?

(Please note, this question relates to information collected at a service level; it does not relate individual patient clinical information such as that obtained at booking visits.)

- Yes (please go to question 8,9)
- No

8. If your service does routinely collect data relating to perinatal mental health? please tick what it does collect.

- Number of patients with psychiatric illness
- Number of patients with substance misuse problems
- Number of patients involved with mental health services
- Number of patients prescribed psychiatric medications
- Clinical outcomes of women with psychiatric illness
- Safeguarding data on women with psychiatric illness
- Patient's experience of using the maternity service
- Other (please specify)

9. If your service does collect perinatal data who is it reported too ?

10. Does your service undertake any routine audits on perinatal mental health?

Yes or No

If yes please state who asks for, monitors and/or commissioners the audit

Please describe the types of audit undertaken

Regional perinatal mental health survey - IAPT

1. Please state your provider organisation

2. How many referrals do you receive a year

3. What specialist care for pregnant or postnatal women does your service provide

- [ ] Specialist perinatal team or service
- [ ] Individual Specialist roles for pregnant or post-natal women only
- [ ] None - no specialist provision
- [ ] Other (please specify)

4. If you provide a Specialist perinatal team or service please complete the boxes below

Define the type of service (eg antenatal service,mother-infant group)

Which professionals comprise this service eg psychologist , support worker, manager and what is their whole time equivalent in this service ?

Please provide referral rates per month to this service

The interventions provided

The hours of the services

Please describe any links with your local Maternity and / or Health visiting service .

5. If there are individual specialist roles (eg perinatal lead or specialist psychologist)

Please state the role of the Perinatal Mental Health professional

Please state the whole time equivalent or sessional time for the role(s)

Please state the interventions provided

6. Does your IAPT service routinely collect data relating to perinatal mental health ?

- Yes(please go to Q 7, 8)
- No (please go to Q 9)

7. Routine data collected by your service -please tick boxes below

- Number of patients that are pregnant or one year post natal
- Tagging or alert system for women that are pregnant or post natal
- Diagnoses of women in the perinatal period
- Waiting times for women in the perinatal period
- Safeguarding data on women in the perinatal period with psychiatric illnesses
- Women's experience of using the service
- Other (please specify)

8. To whom does your IAPT service report the data

9. Does your service undertake any routine audits on care provision for women in the perinatal period ?

- Yes (answer question 10)
- No (survey completed)

10. If your answer is yes to question 9 please provide the following detail

Please describe what audits are undertaken

Please state who asks for, monitors and/or commissions the audit

Regional perinatal mental health survey – secondary care mental health

1. Please state

Name of your Mental Health Provider Trust

Name of CCG who commissions you to provide service

2. Have the numbers of women needing care/treatment been calculated based on the most up to date birth rate for your locality

- [ ] Yes
- [ ] No
- [ ] Don't Know
- [ ] Other (please specify)

3. Does your Mental Health Trust provide any specialist service for pregnant women or post natal women ? (eg infant parent service ,perinatal mental health team) ?

No

Yes (please provide detail in boxes below)

Name of service

Professional Roles and whole time equivalent for each role

Referral rates per month

Interventions provided

Hours of service

Links with local maternity or health visiting service

4. Do generic teams employ any specialists in perinatal mental health (eg Perinatal Mental Health lead, perinatal psychiatric nurse or psychologist in community mental health teams or psychology services) ?

No

Yes -please provide further detail in boxes below

Mental Health service

Perinatal Mental Health professional - please state role, whole time equivalent dedicated to this role and intervention they provide

5. Do these services or professionals provide advice on psychiatric medication during pregnancy and breastfeeding

- Yes
- No
- Don't know

6. Does your organisation have policies and procedures (eg referral pathways and clinical management protocols) for the care of women with perinatal mental illness ?

- Yes
- No
- Under development
- Don't know

7. Are Women in the perinatal period in your locality who require inpatient psychiatric care referred to a specialist psychiatric inpatient mother and baby unit ?

- Yes
- No
- Don't know

8. Does your organisation provide information for patients and families specifically on mental illness during pregnancy and the postnatal period (eg information leaflets, online information)?

- Yes
- No
- Don't know

9. Does Your trust routinely collect data relating to perinatal mental health ?

- No
- Yes (if yes please tick what is collected in boxes below)

- [ ] Number of patients who are pregnant or 1 year postnatal
- [ ] Waiting times for women in perinatal period
- [ ] Tagging or alert system for women who are pregnant or post natal
- [ ] Diagnoses of women in perinatal period
- [ ] Medications prescribed for women in perinatal period
- [ ] Safeguarding data on perinatal women with psychiatric illness
- [ ] Women who are admitted to mental health units during pregnancy and in the year after birth
- [ ] Other (please specify)

10. Does your service undertake any routine audits on care provision for women in the perinatal period ?

No

Yes (if yes please provide the details in the boxes below)

Who commissions and monitors the audit

What is audited ? please give examples

Regional perinatal mental health survey – health visiting

1. Please state

Name of your organisation

Numbers of children your service see per year (can be divided if you cover more than 1 service)

2. Does your service employ any specialists in perinatal mental health ? Please tick boxes below

- ○ Yes (go to question 3,4,5)
- ○ No (go to question 6)
- ○ Other (please specify)

3. Please tick which specialists in perinatal mental health your service employs

- [ ] Specialist health visitor
- [ ] Psychologist
- [ ] Counsellor
- [ ] Psychiatric nurse
- [ ] Other (please specify)

4. Please list the whole time equivalent for each mental health specialist in your service

5. Please describe the interventions or service provided by each mental health specialist ?

6. Does your health visiting service have any links with Mental Health providers

- ○ Yes
- ○ No
- ○ If yes please specify details

7. Does your service routinely collect data relating to perinatal mental health?

(Please note, this question relates to information collected at a service level; it does not relate individual patient clinical information.)

- ○ Yes please go to question 8 and 9
- ○ No
- ○ Other (please specify)

8. Please tick what data your service does routinely collect relating to perinatal mental health

- [ ] Number of patients with psychiatric illness
- [ ] Number of patients with substance misuse problems
- [ ] Number of patients involved with mental health services
- [ ] Number of patients prescribed psychiatric medications
- [ ] Clinical outcomes of women with psychiatric illness
- [ ] Safeguarding data on women with psychiatric illness

☐ Patient's experience of using the maternity service

☐ Other (please specify)

9. To whom does your Health Visitor service report this data ?

10.
Does your service undertake any routine audits on care provision for women with mental health problems ?

Yes or No

If yes please state who asks for, monitors and/or commissions the audit

Please describe the types of audit undertaken

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