



MATERNAL MENTAL HEALTH
everyone's business



GLOBAL ALLIANCE FOR
MATERNAL MENTAL HEALTH

Soins mentaux périnatals au Royaume Uni

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Consultant/Hon. Senior Lecturer in Perinatal Psychiatry, Southampton
Chair, UK Maternal Mental Health Alliance and
Global Alliance for Maternal Mental Health
Past President, UK & Ireland Marcé Society

- Peer support
- Parent-infant attachment services ('Infant MH')

**Severe,
high risk**

- 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)

**Admission
vulnerable**

- 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

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

Mild illness and severe distress

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

Maternal-child health and wellbeing

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



The Royal College of
Midwives



Building
stronger
families



Action on Postpartum Psychosis



The
British
Psychological
Society



Institute of
Health Visiting
Excellence in Practice



netmums.com



Centre for
Mental Health



Tommy's

Royal College of
Obstetricians and
Gynaecologists



The
Marce
Society



YOUNGMINDS



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INSPIRING WOMEN



Royal College
of Nursing

Local
Government
Association



Royal College of
General Practitioners



mental
health
foundation

NSPCC



Children & Young People's
Mental Health Coalition

Objectifs de la MMHA

- Parcours comprenant tous les services
- Services spécialistes en psychiatrie périnatale partout au RU (NICE 192)
- Accès aux thérapies pour mères et pères: CBT, DBT, IPT
- Thérapies relation mère-enfant (NICE)
- Sages-femmes et infirmières spécialistes dans tous les services



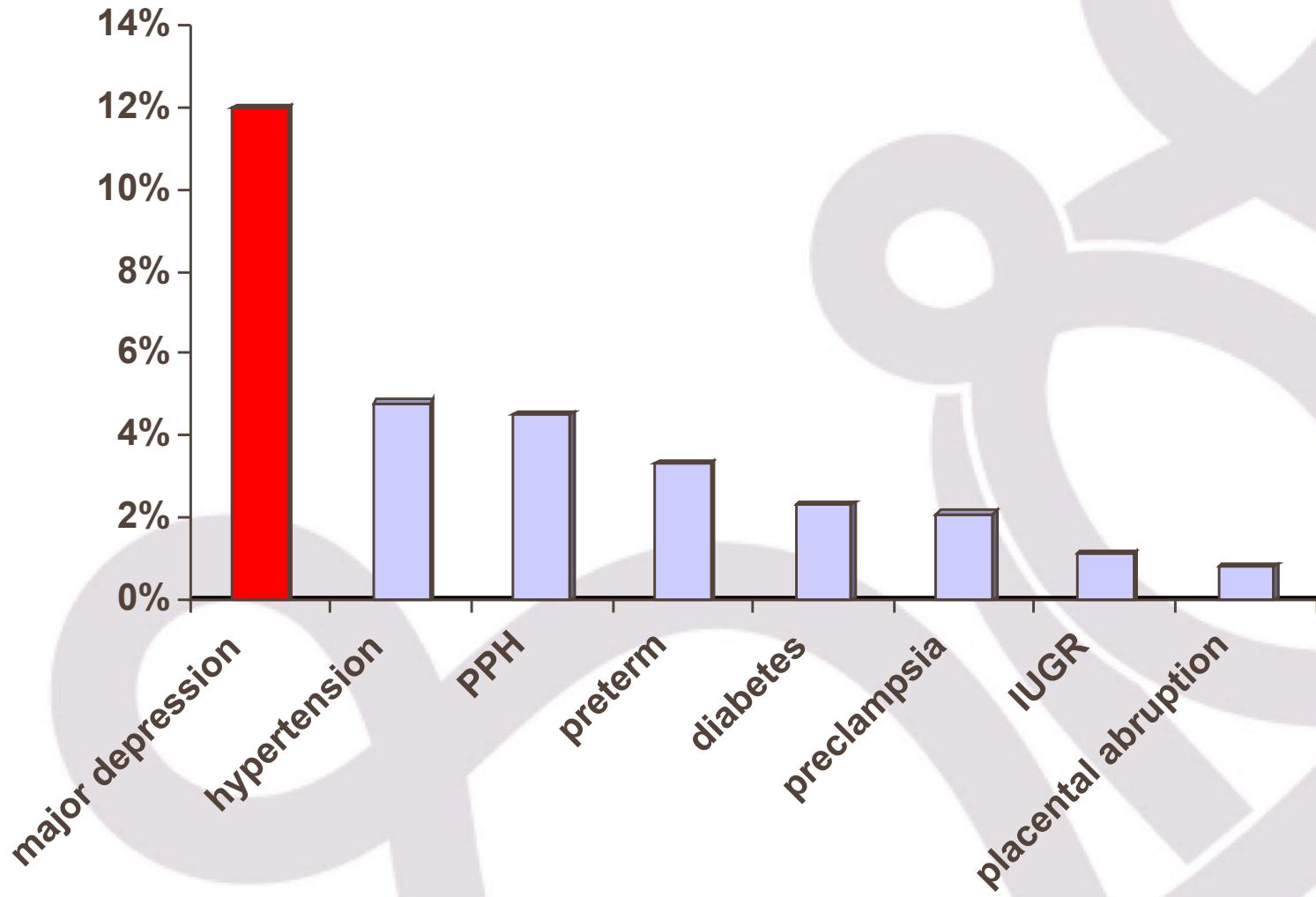
I can announce today
a £365 million investment by
2020, which will mean that at
least 30,000 more women each
year will have access to
evidence-based, specialist
mental health care during or
after pregnancy.

Conditions nécessaires

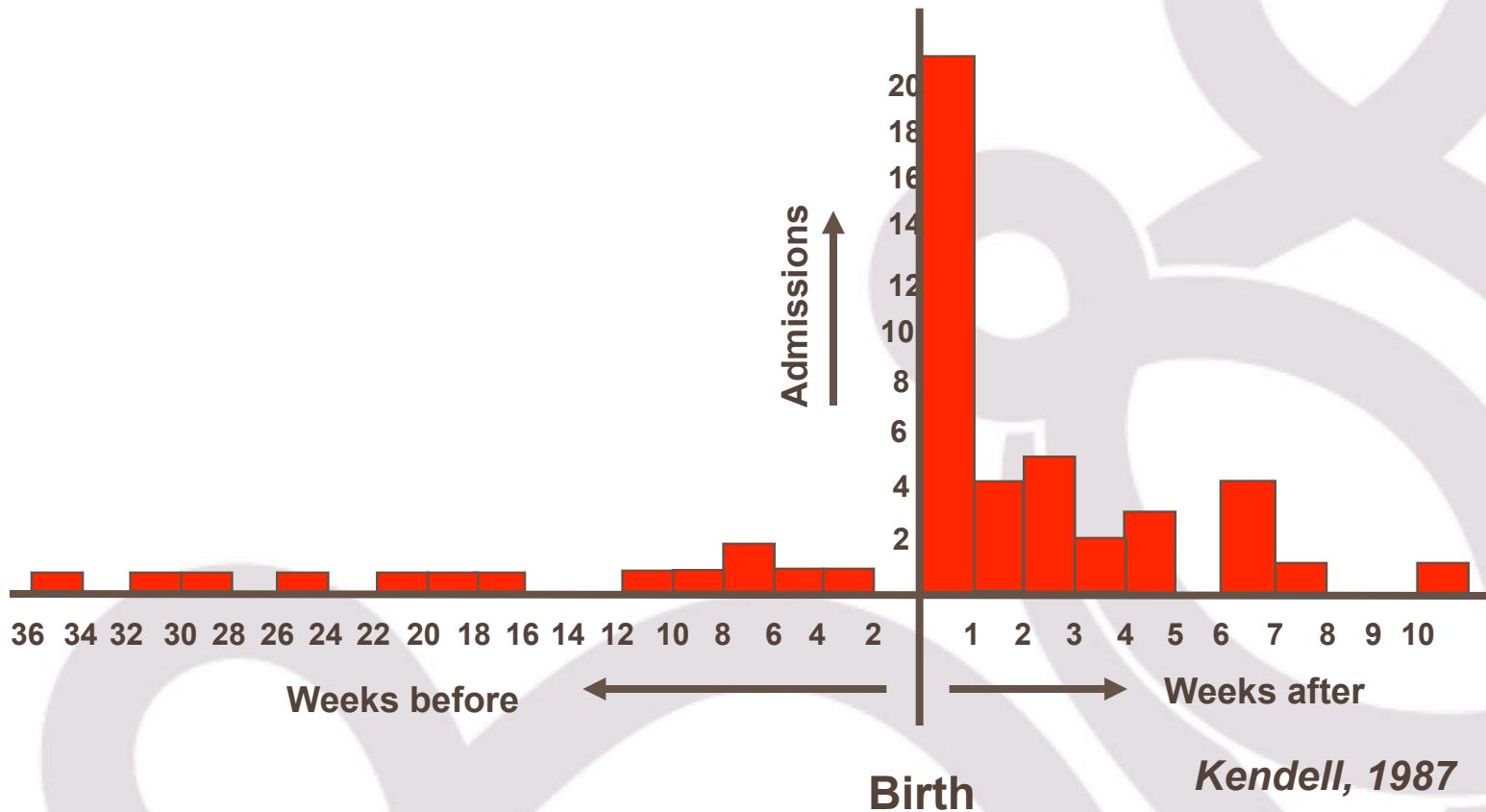
Appréhension correcte des besoins

- Guide des bonnes pratiques(NICE) et socle de preuves scientifiques
- Modèles réussis pour la prestation des soins
- Normes/Standards de qualité et système d'assurance
- Confirmation des gains économiques
- Consensus et soutien actif de tous les intervenants

Dépression: la plus fréquente complication médicale de la maternité

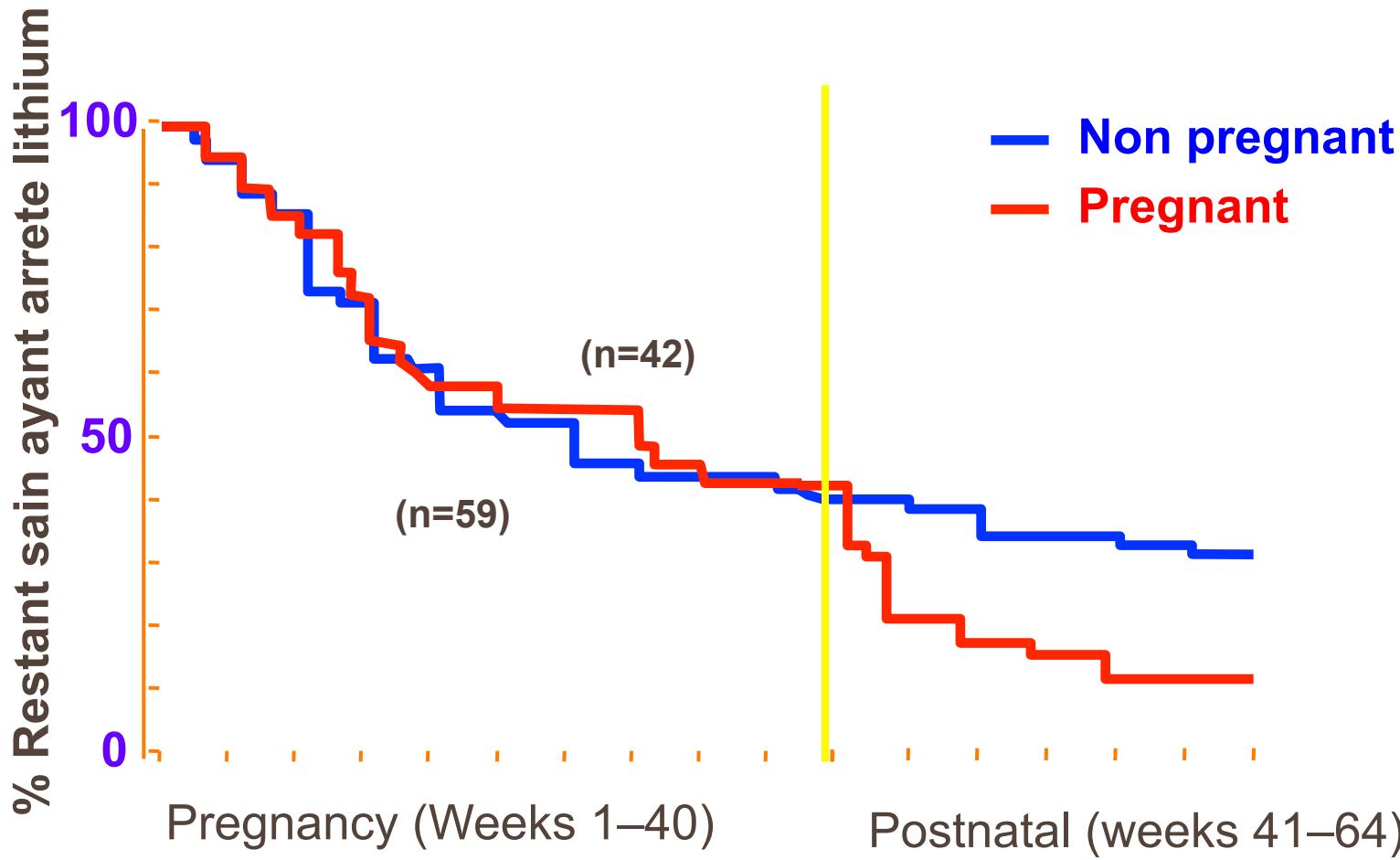


Le plus grand risque de psychose

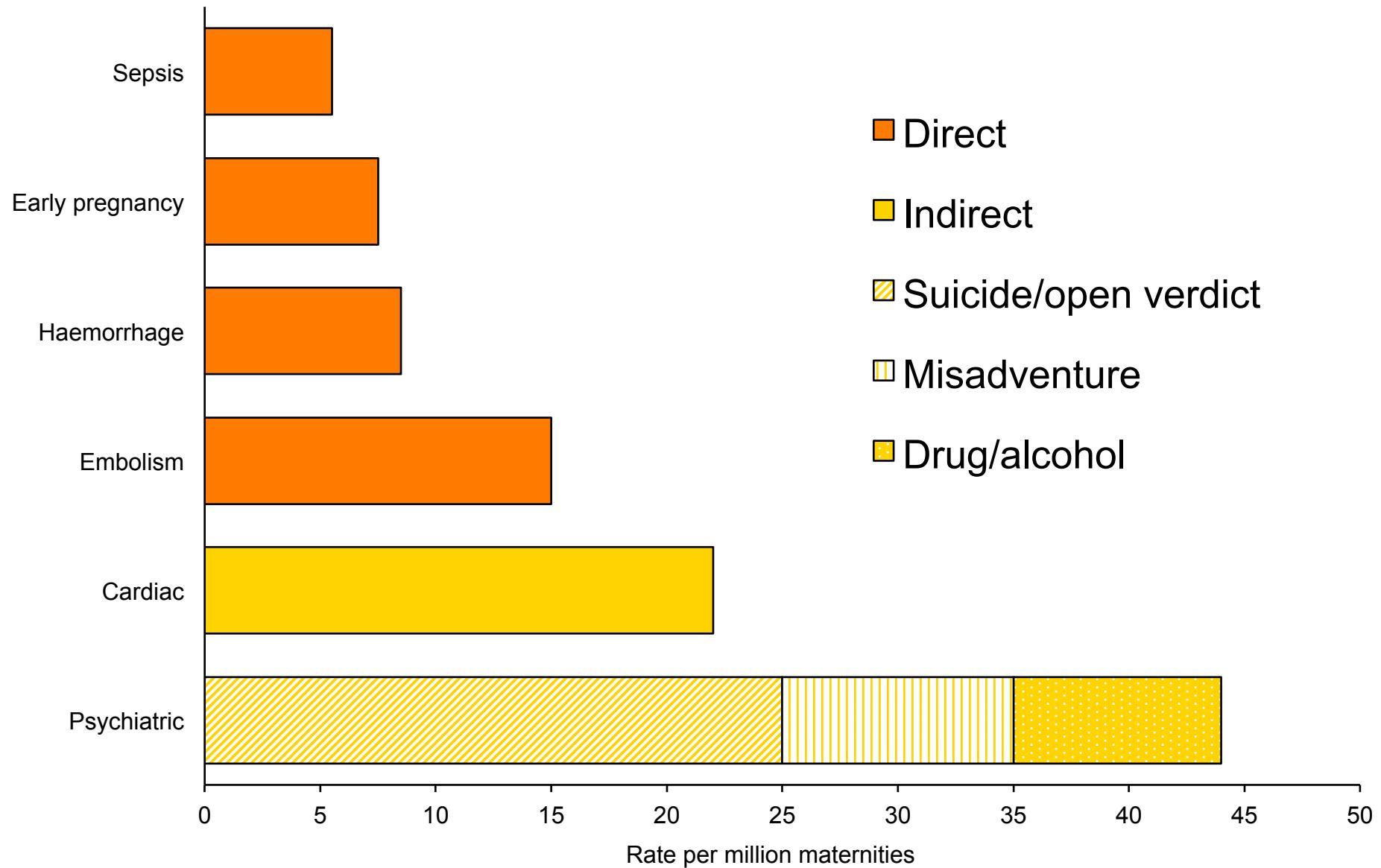


Psychose puerpérale: plus rapide, plus grave, et plus grand risque qu'à tout autre moment (Oates, 1996; Appleby et al 1998)

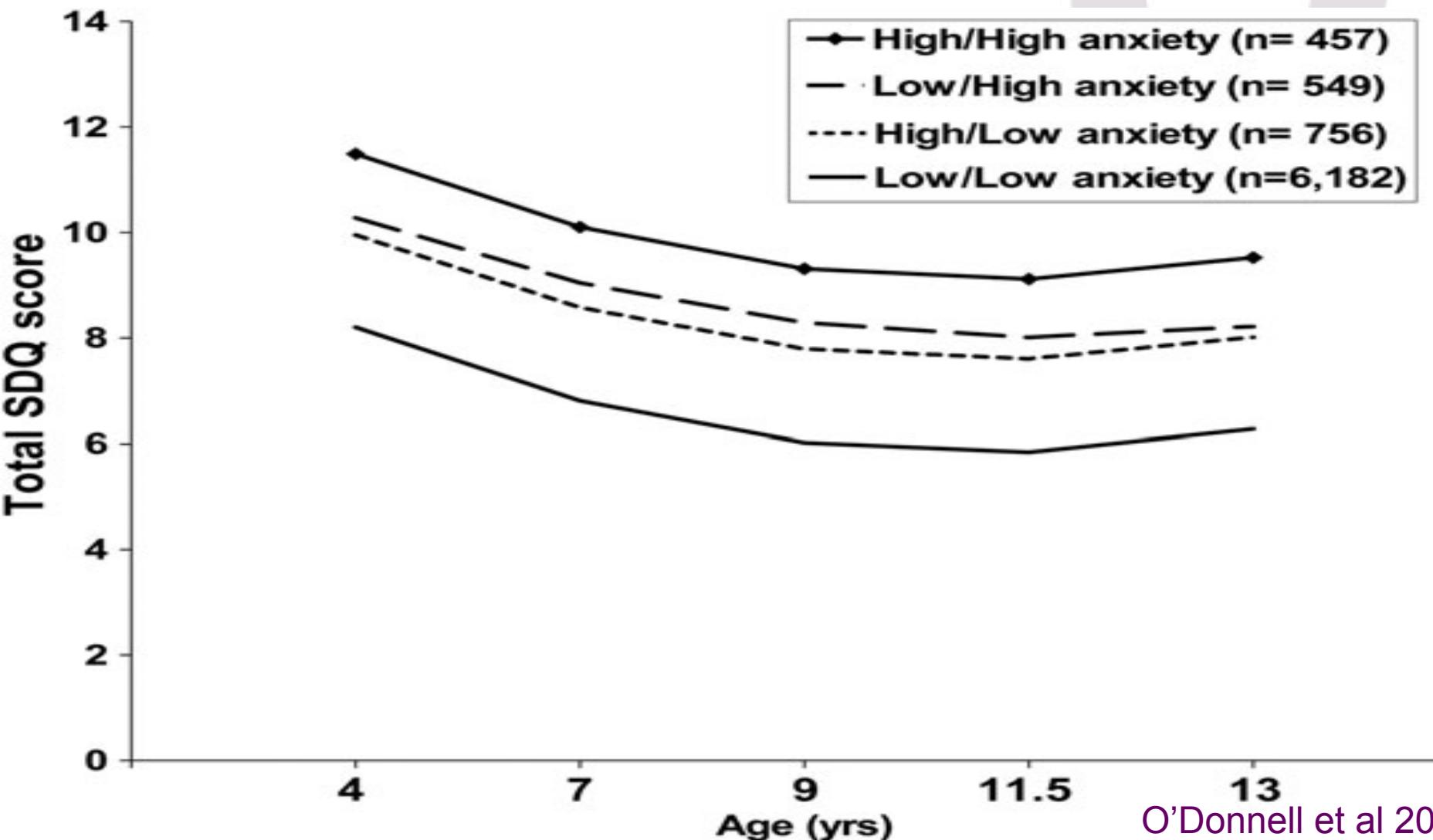
Le plus grand risque de rechute bipolaire



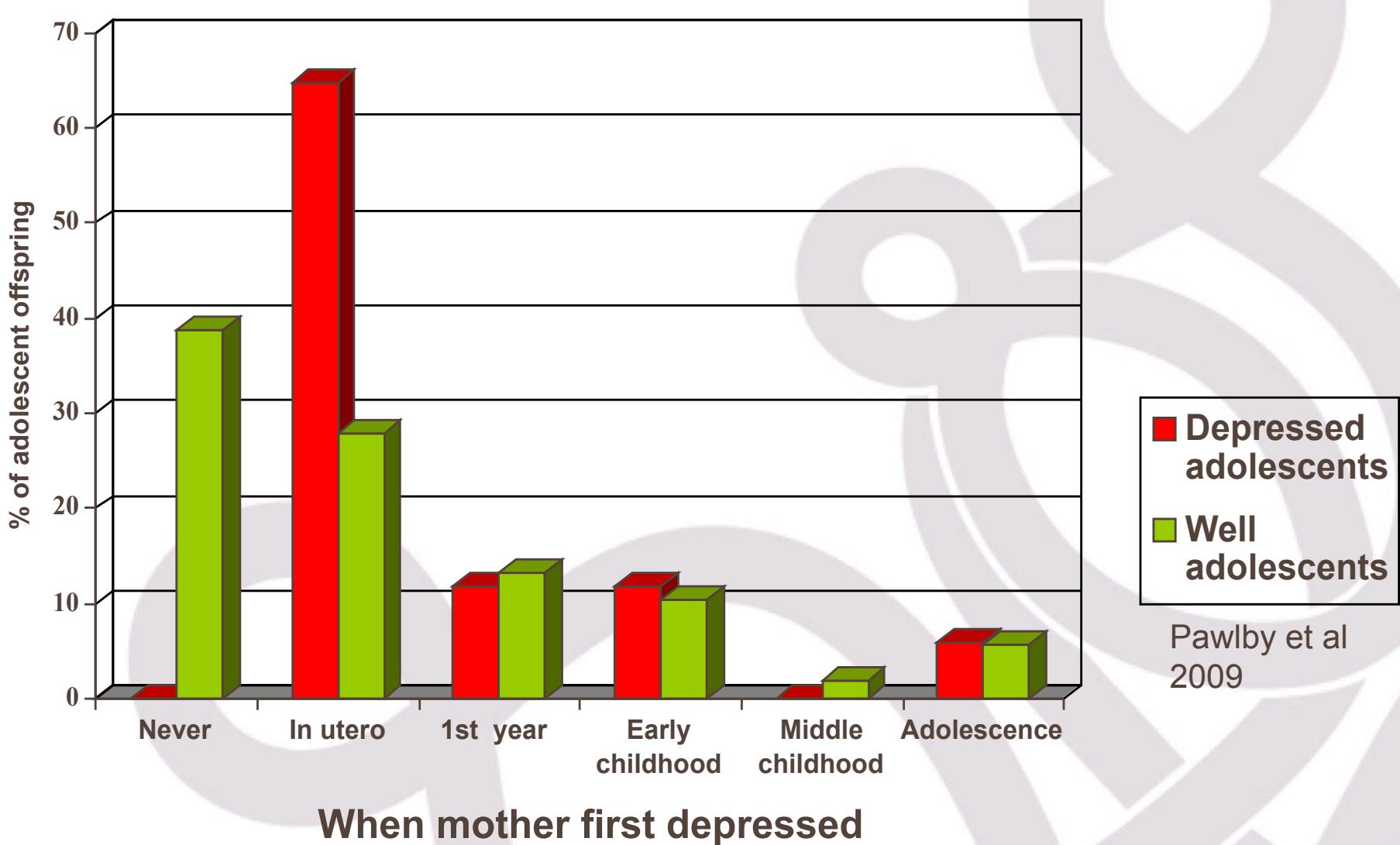
La principale cause de mortalité de la mère (-9 à +12 mois)



Anxiété (ou dépression) maternelle à 32 semaines/+3mois et troubles psychologiques des enfants (SDQ) à 4-13 ans

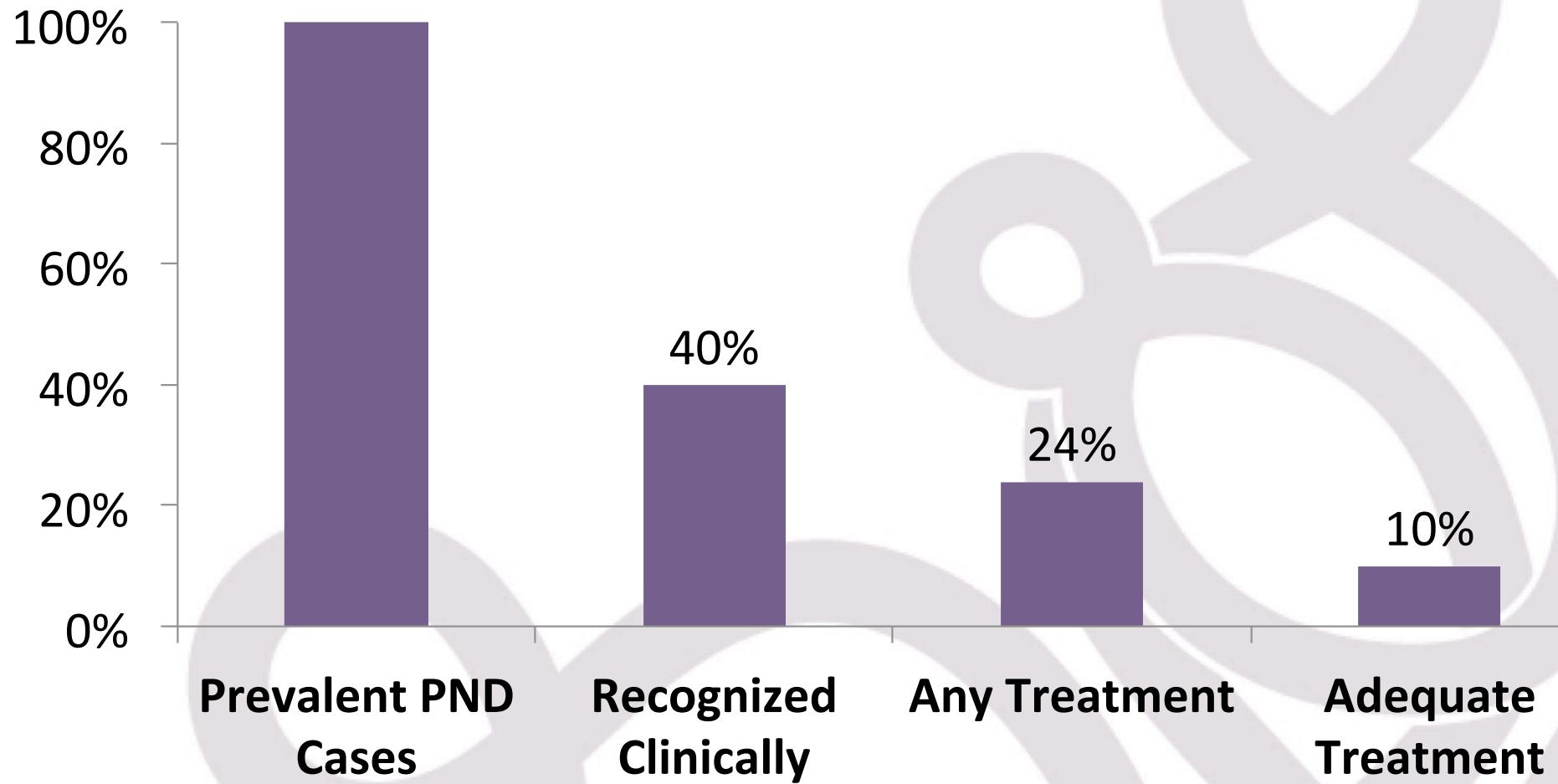


Dépression à 16 ans → 100% mères avait une dépression, 60% pendant la grossesse

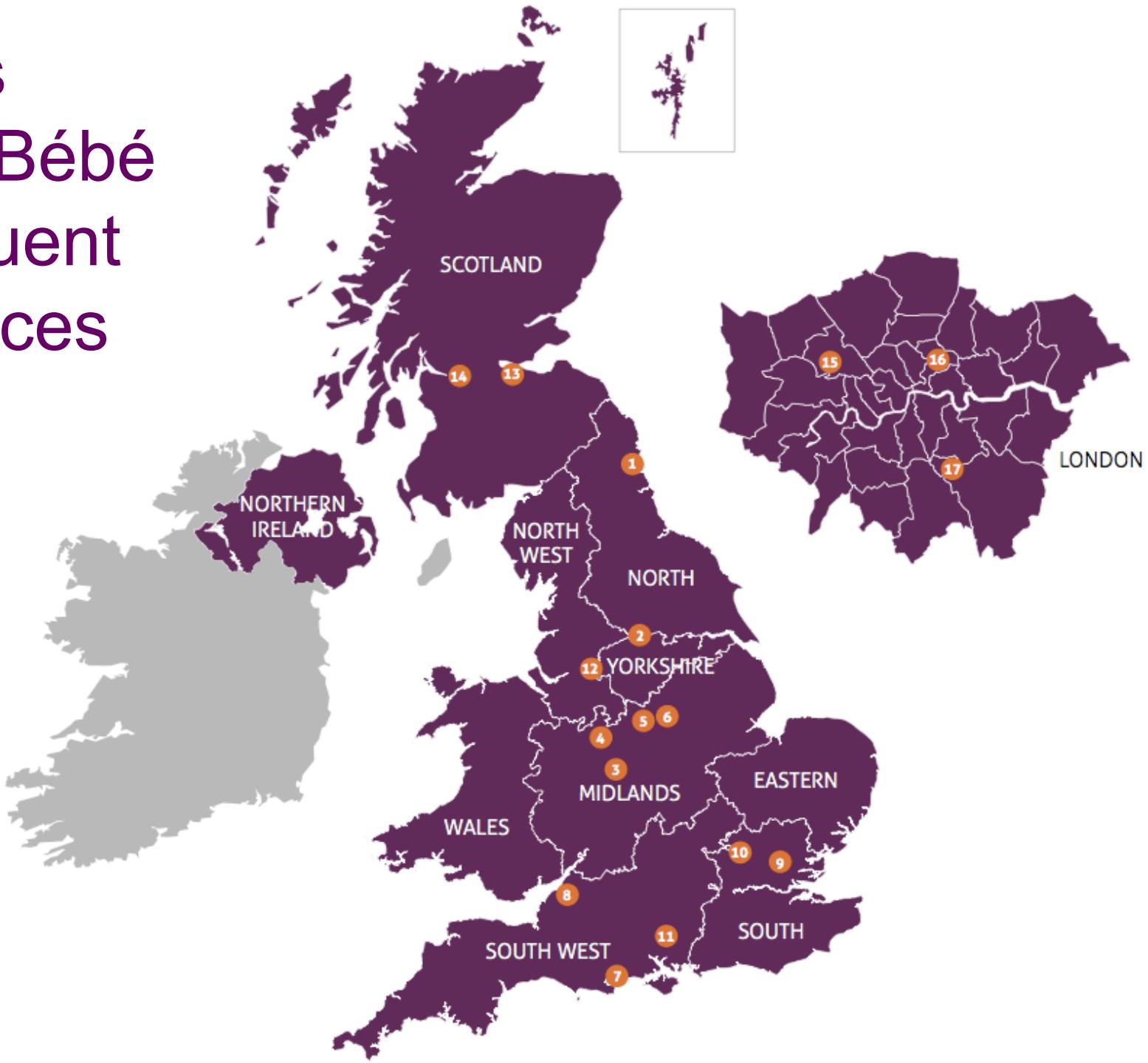


Depression postnatale : soins

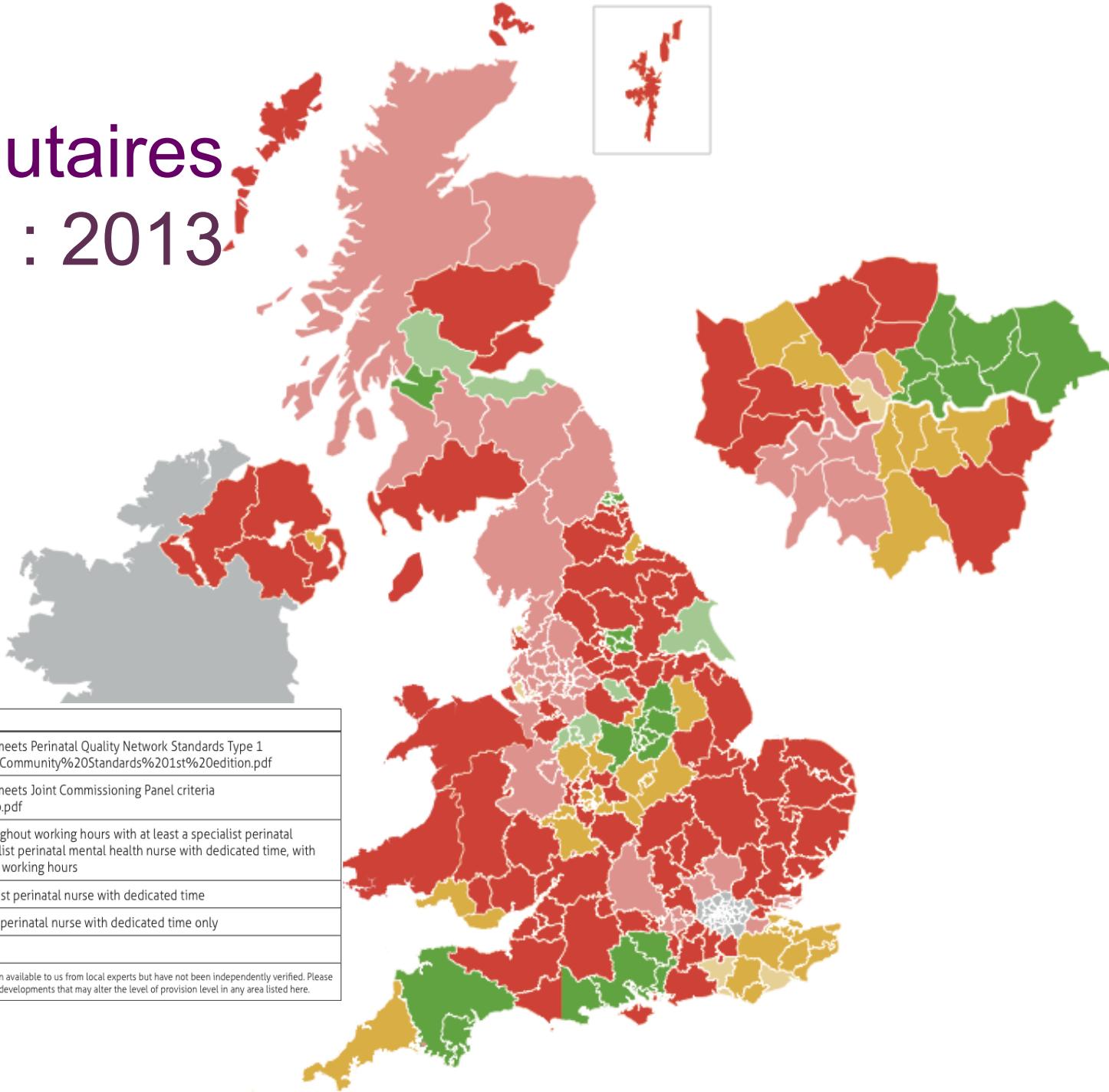
(Gavin et al 2015)



Unités Mère-Bébé manquent 60 places



Services communautaires perinatals : 2013



Conditions nécessaires

- ✓ Appréhension correcte des besoins
- ✓ Guide des bonnes pratiques(NICE)
et socle de preuves scientifiques
- Modèles réussis pour la prestation
des soins
- Normes de qualité et système
d'assurance
- Confirmation des gains économiques
- Consensus et soutien actif de tous
les intervenants

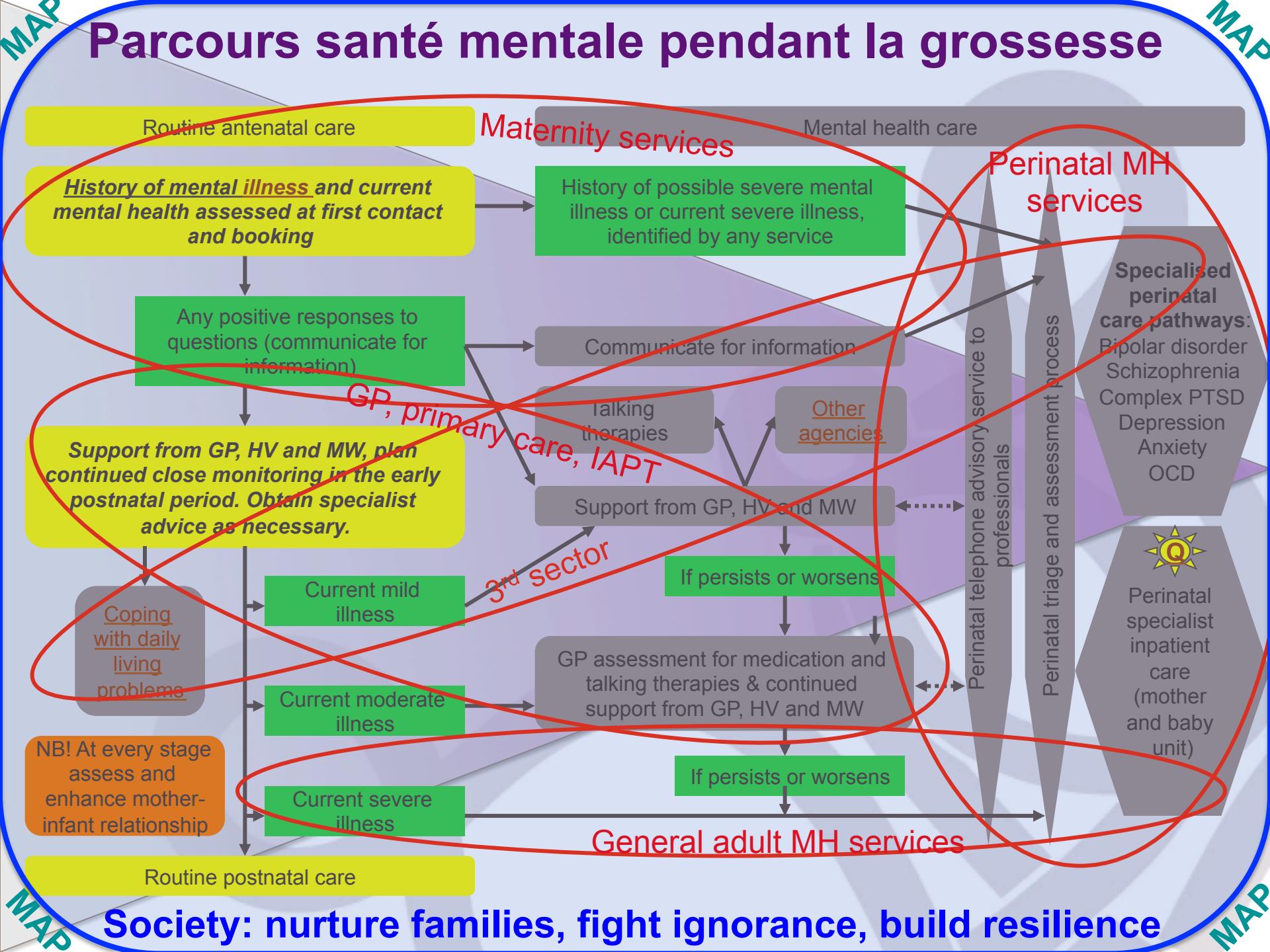
'Guidelines'...tous en accord... et = nos objectifs!



Conditions nécessaires

- ✓ Appréhension correcte des besoins
- ✓ Guide des bonnes pratiques(NICE)
et socle de preuves scientifiques
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prestation des soins
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les intervenants

Parcours santé mentale pendant la grossesse



Society: nurture families, fight ignorance, build resilience

Fonctions d'un service périnatal

- Unités Mère Bébé (MBU) pour les plus gravement malades
- Service de ‘communauté’ (proximité/ d'aide à la personne) pour mères + bébés (-9 à +12 mois) + familles
- Parcours pour prévision, prévention, détection, traitement
- Conseils, formations, collaboration pour tous les professionnels



Winchester MBU

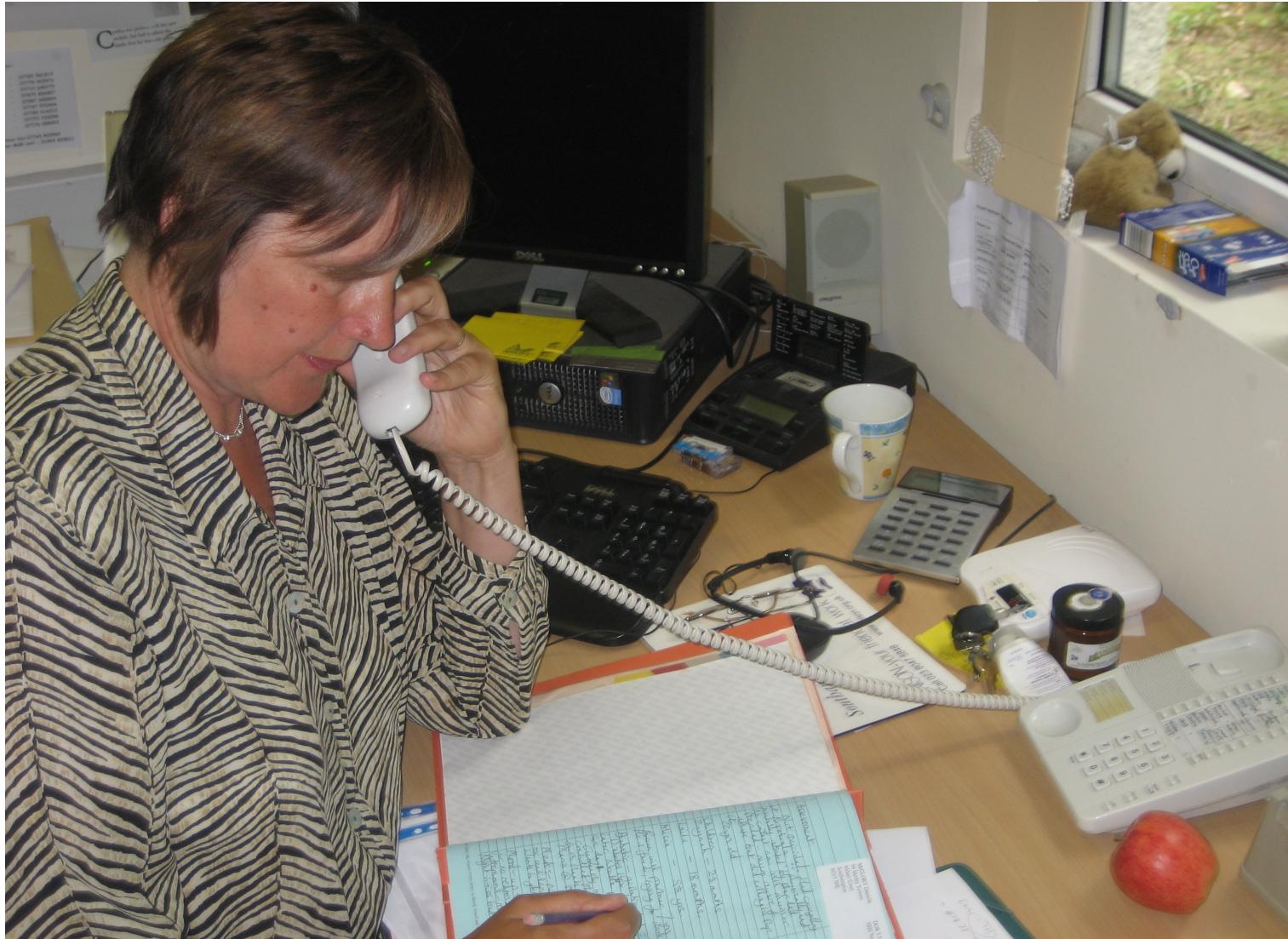
*Hampshire Service Communauté Perinatal: infirmières,
puéricultrices, psychiatres, psychologues, secrétaires...
16,000 naissances/an*



Réduction de la stigmatisation, diffusion des informations et amélioration des soins



Cliniques par téléphone: efficace, accessible, et rentable

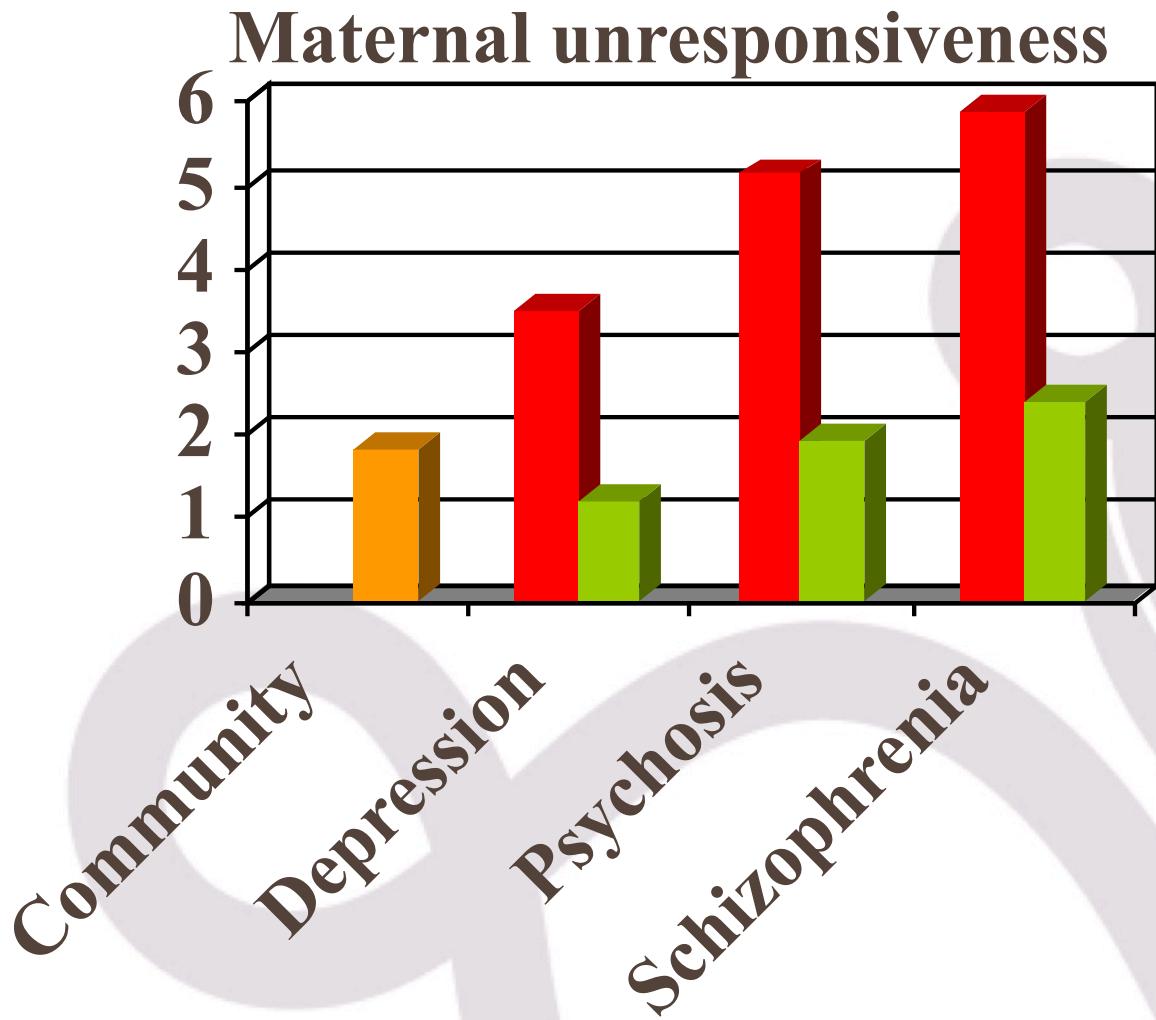


VIG à l'hôpital et a domicile



Insensibilité maternelle

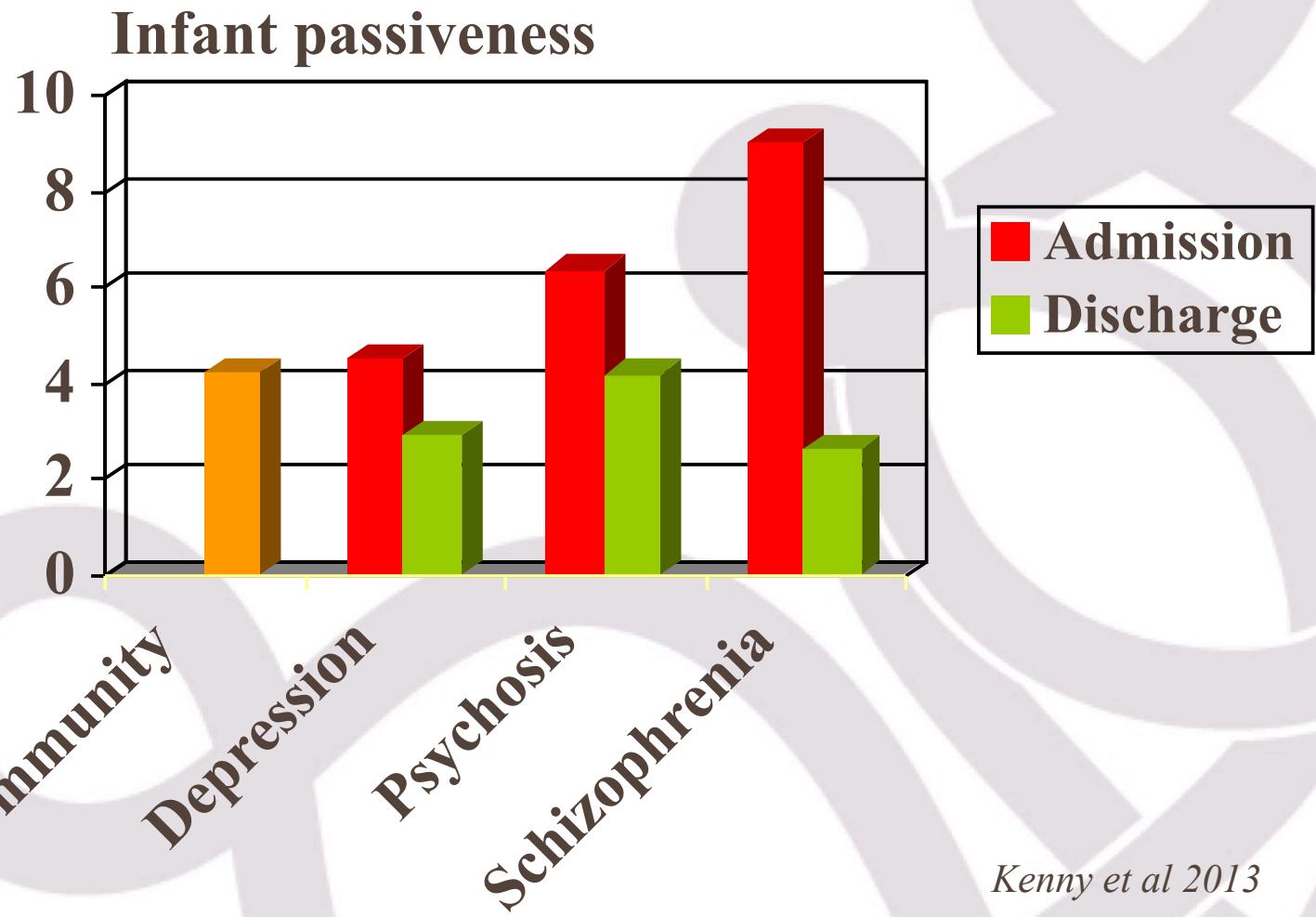
(inférieur = mieux)



Kenny et al 2013

Passivité infantile

(inférieur = mieux)



Conditions nécessaires

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PERINATAL
QUALITY NETWORK FOR PERINATAL
MENTAL HEALTH SERVICES



Hampshire Perinatal Mental Health Team

Peer Review Summary- Cycle 2
Editor: Hannah Rodeff

Date: July 2014

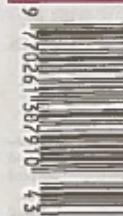
Trust Name: Southern Health NHS Foundation Trust

Conditions nécessaires

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The costs of perinatal mental health problems

Annette Bauer, Michael Parsonage, Martin Knapp,
Valentina Lemmi & Bayo Adelaja



“Half the good guys in the Conservative party end up grumpy and disappointed”

Douglas Carswell interview → g2

£1.60
Monday 20.10.14
Published in London
and Manchester
theguardian.com

Newspaper of the year
Winner of the
Pulitzer prize

th

£8bn cost of mental illness in maternity

Report shows huge annual toll of inadequate care for new mothers

Peter Walker

Substandard mental health care for pregnant women and new mothers is creating long-term costs of more than £8bn every

of these serious and long-term human and economic costs could be avoided.”

The report finds significant gaps in the detection of mental health problems in the period before and after birth, saying

Coûts

(LSE, 2014)

Si nous continuons...

£8.1 bn

£337m



Si nous agissons

Équivalence avec les soins de santé physique durant la maternité

- Soins (physiques) de maternité= £2800/femme
- Psychiatrie périnatale partout= £67/femme
- Soins de maternité = £2.6bn
- Soins santé périnatale, parcours entier = £0.34bn

Si nous continuons... coûts £8.1bn

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INSPIRING WOMEN



SUPPORTING PEOPLE Affected BY BIPOlAR



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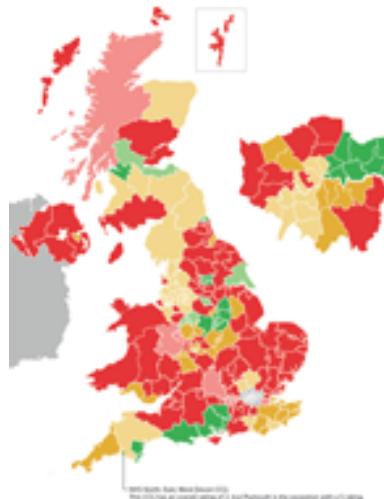
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COMIC
RELIEF

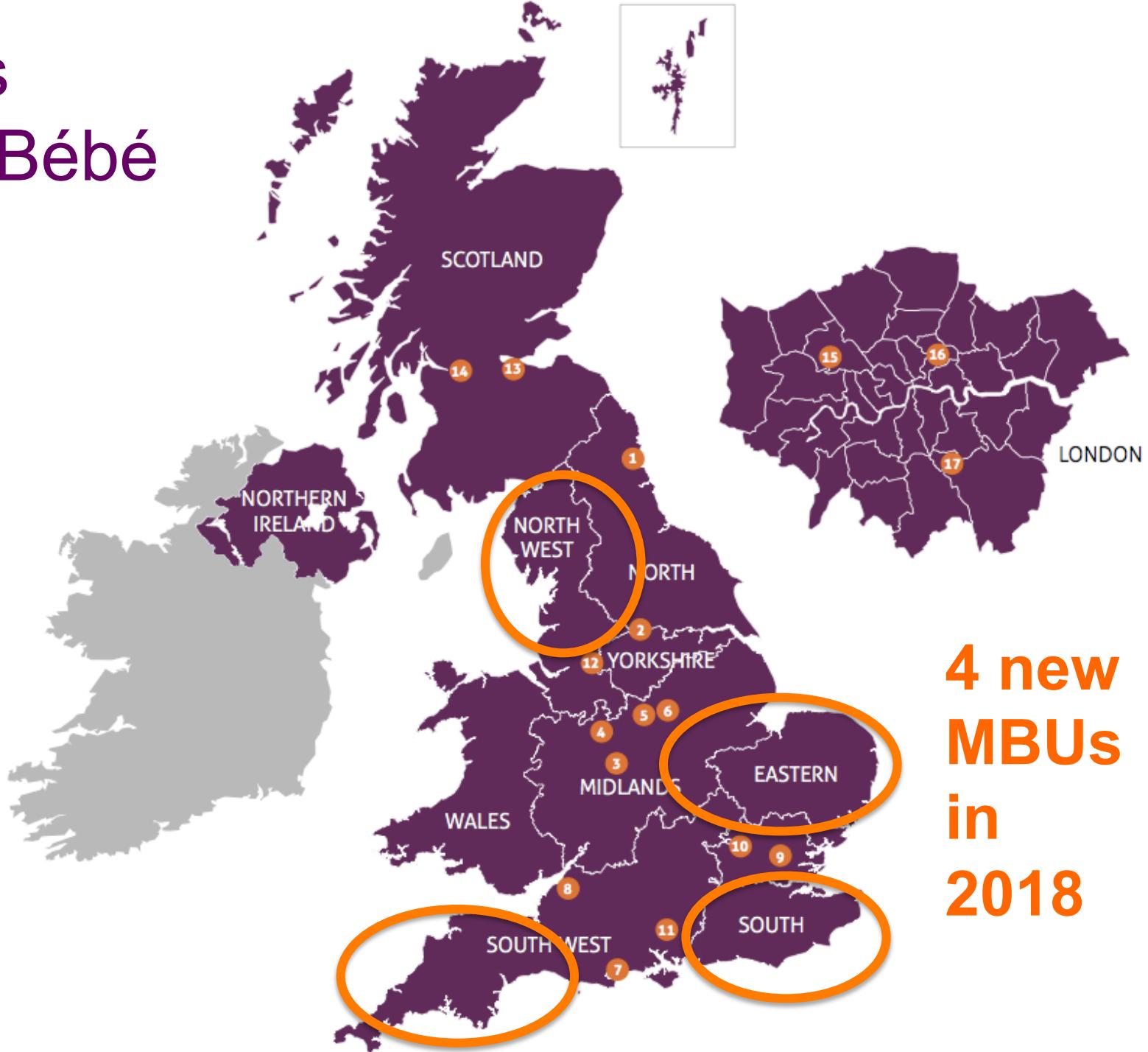


SKY
NEWS

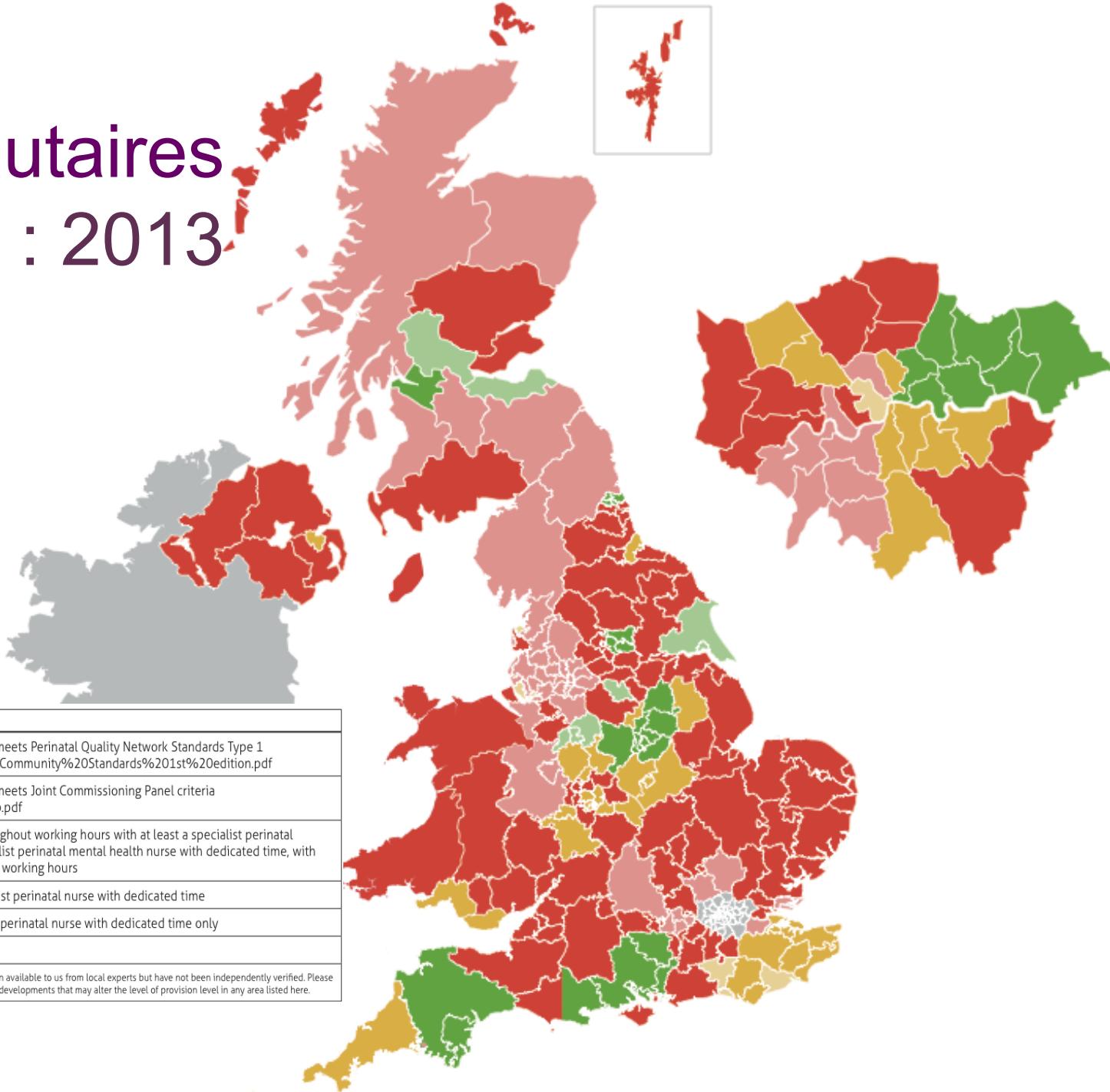
BBC



Unités Mère-Bébé



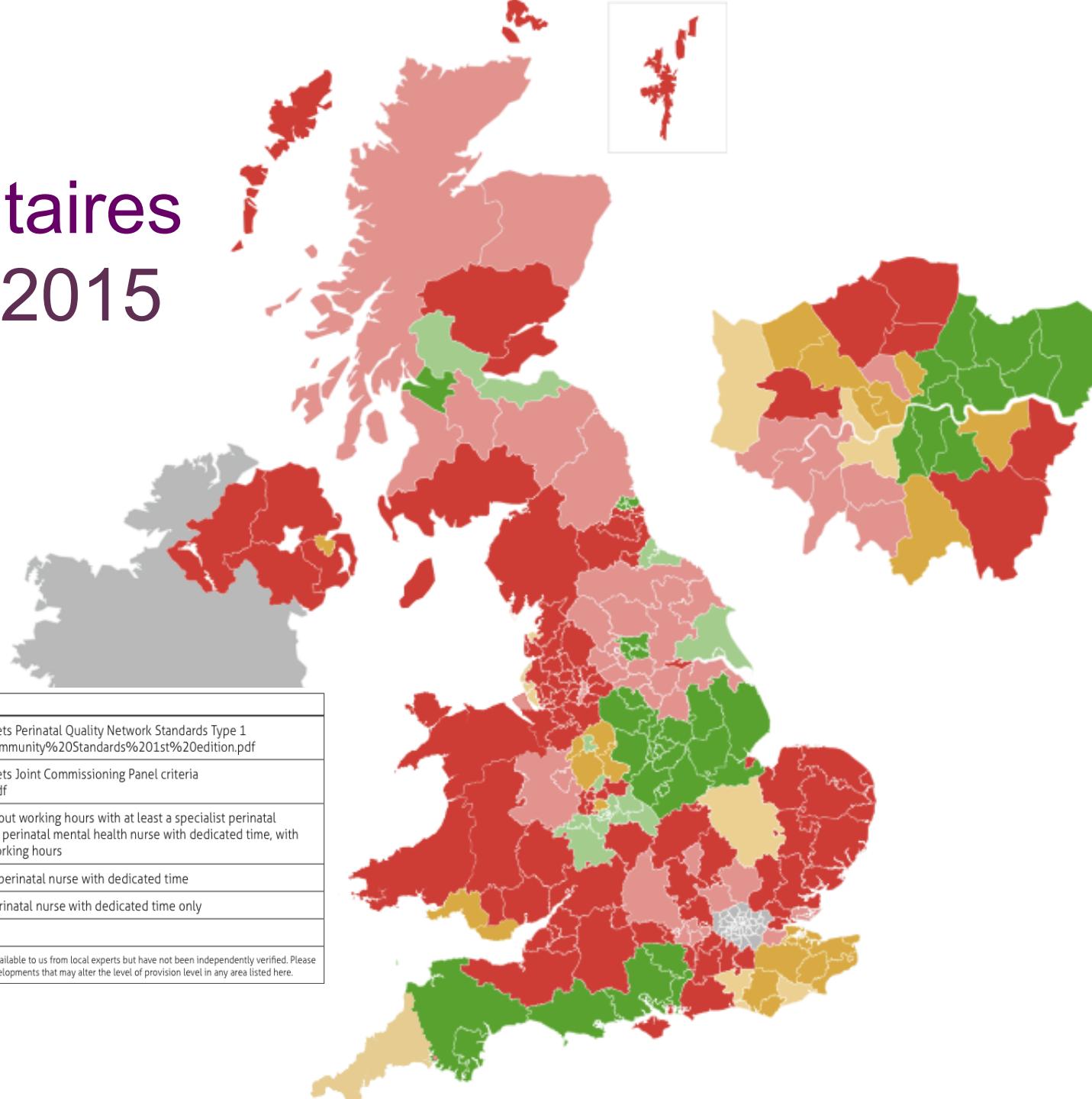
Services communautaires perinatals : 2013



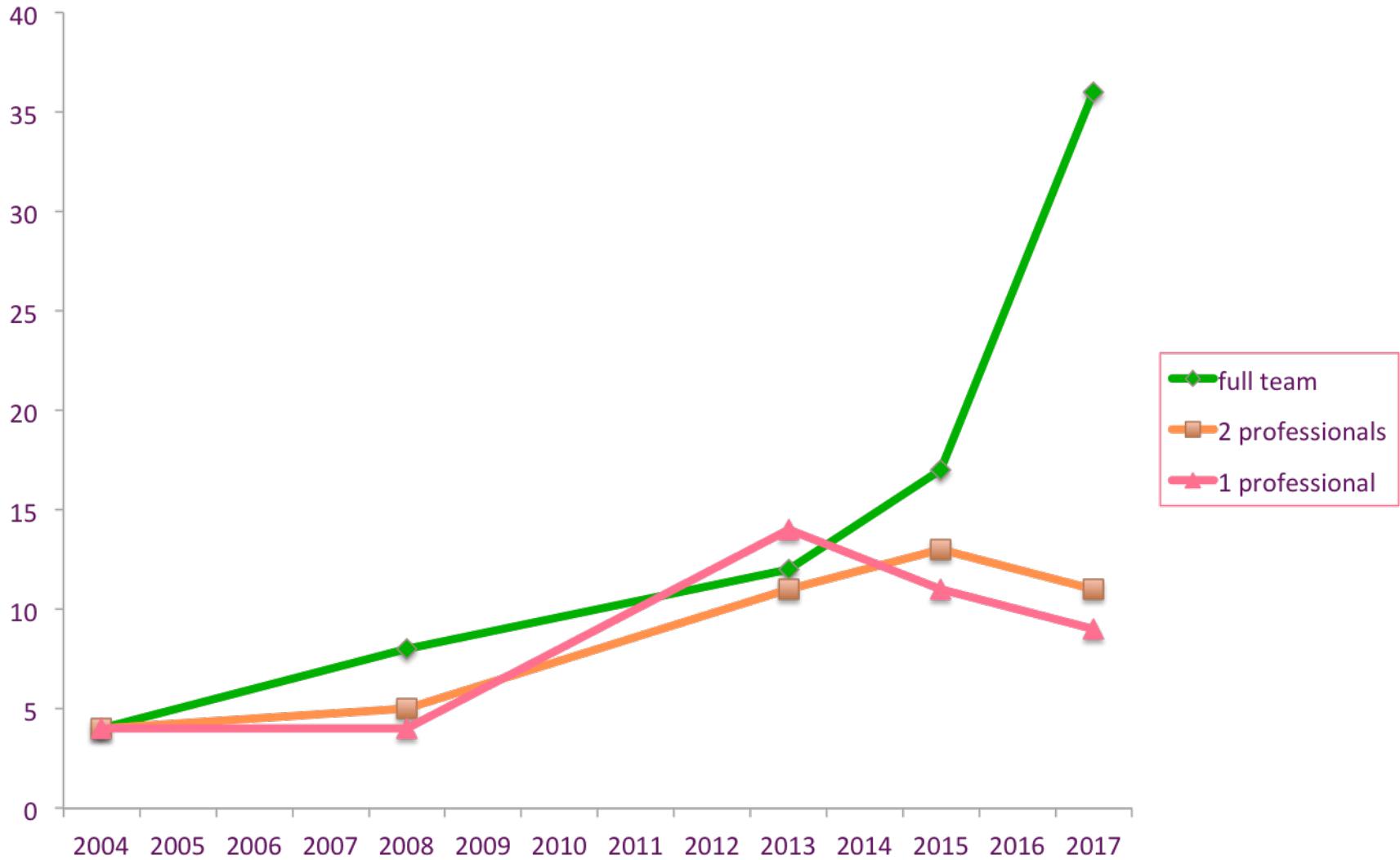
Services communautaires perinatals: 2015

LEVEL	COLOUR	CRITERIA
5		Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1 http://www.rcpsych.ac.uk/pdf/Perinatal%20Community%20Standards%201st%20edition.pdf
4		Specialised perinatal community team that meets Joint Commissioning Panel criteria http://www.rcpsych.ac.uk/pdf/perinatal_web.pdf
3		Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2		Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1		Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0		No provision

Disclaimer Levels of provision in this map have been assessed using the best information available to us from local experts but have not been independently verified. Please contact info@everyonesbusiness.org.uk if you suspect any inaccuracy or know of recent developments that may alter the level of provision level in any area listed here.



L'équité est possible!



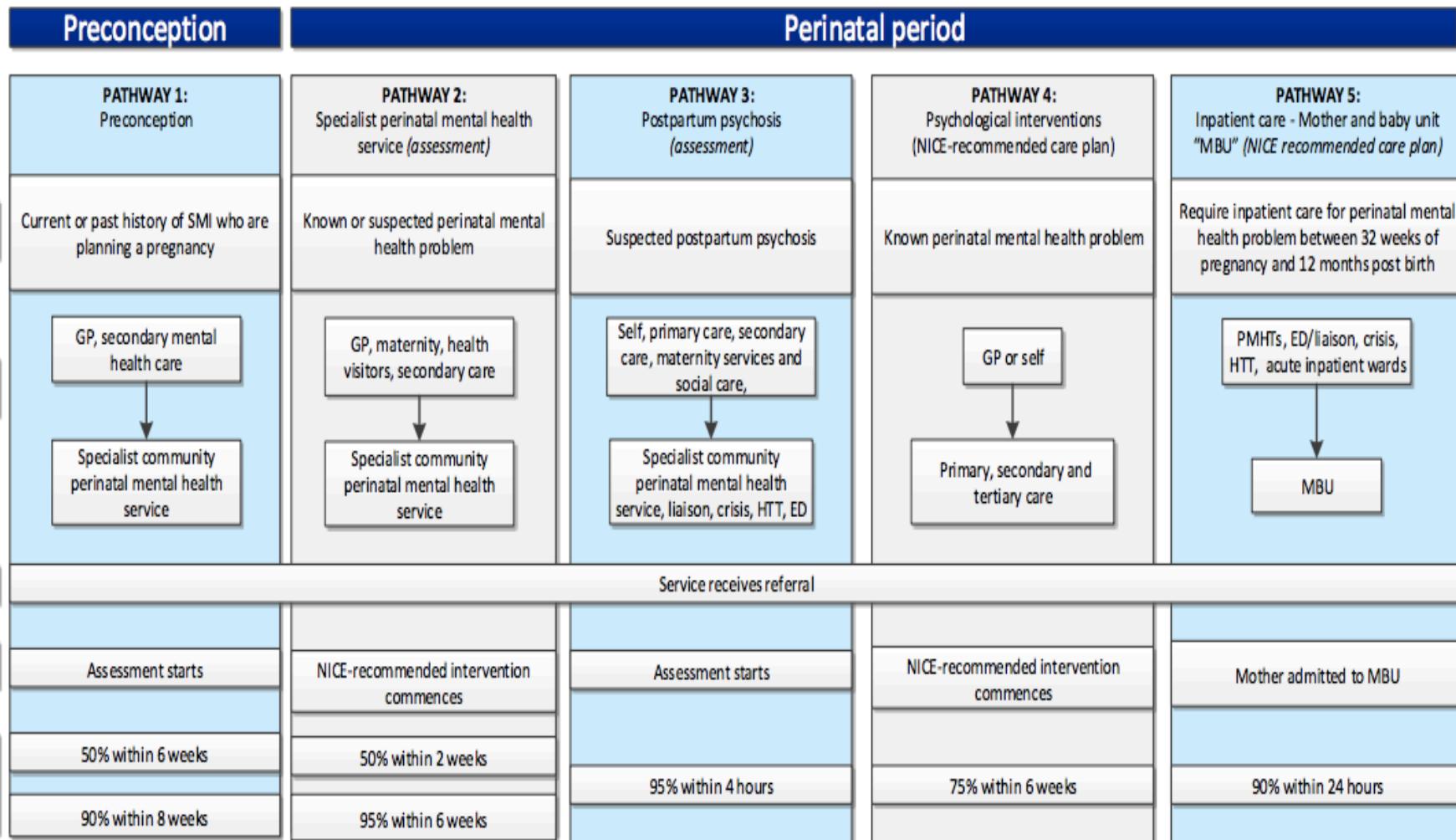


Cartographie du parcours entier vers parité, équité, qualité

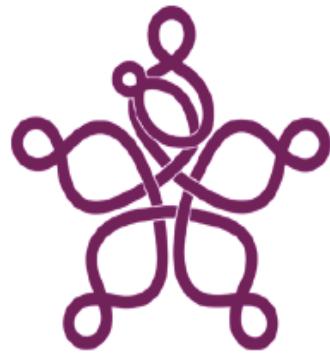
Number of Areas	Area	Specialist Perinatal Community Team	Specialist Midwife for Mental Health	Hospital Visitor Leads / Champions for Mental Health	Community Team Leads / Champions for Mental Health	Trained Services	Third Sector Group	Family Nurse Partnership	APT - women who are pregnant or in the postnatal year are fast-tracked	Perinatal mental health training for Midwifery students	All disciplines including midwives, GPs and Police - Perinatal Mental Health	Specialist Perinatal Nurses Expected	Specialist Perinatal Team Names Expected	Specialist Perinatal Consultant Current	Specialist Perinatal Team Consultant Expected	Specialist Perinatal Nurses Expected	Specialist Perinatal Midwives Current	Specialist Perinatal Social Worker Expected	Specialist Perinatal Team Admin Current	Specialist Perinatal Manager Expected	Specialist Perinatal Manager Current	Prevention pathway agreed	Prevention pathway audited	Mild / moderate pathway agreed	Mild / moderate pathway audited	Moderate / severe pathway agreed	Moderate / severe pathway audited		
0 (214)	Hampshire			Some parts cover by University Hospital Southampton, John Radcliffe, Hampshire Hospitals (Winchester, Basingstoke) have no specialist midwife currently but are working towards						Basingstoke, Rushmoor, Havant and Gosport		Gary Southampton Uni midwives (Basingstoke, New Forest), otherwise green for Bournemouth Uni										Screening by midwives / Hospital Visitors and GP. The pathway covers the screening part needs looking at.	Screening by midwives / Hospital Visitors and GP. The pathway covers the screening part needs looking at						
	UA Southampton			Sue Adams																									
2800	UA Portsmouth																												
8000	East Dorset	Yes	No		Consort action on abuse - was 18 months waiting list, now means tested	No, inpatient only	Consort action on abuse - was 18 months waiting list, now means tested		No	Available	Available, but not assessed by Dorset midwives widely and not for undergraduates	Ad-hoc training	Ad-hoc to GPs on GP training	0.6 wte appointed, need further 0.4 wte	Commencing April 2016	Commencing April 2016	Inpatient, except 1 community				Service Manager, no Team Leader		Pathway present, but being updated following task and finish group		Pathway present, but being updated following task and finish group		Pathway present, but being updated following task and finish group		
8000	West Dorset		Yes, recently approved								Available	Available, but not assessed by Dorset midwives widely and not for undergraduates	Ad-hoc training	Ad-hoc to GPs on GP training	0.6 wte appointed, need further 0.4 wte	Commencing April 2016	Community				Service Manager, no Team Leader		Pathway present, but being updated following task and finish group		Pathway present, but being updated following task and finish group		Pathway present, but being updated following task and finish group		
0x 1400	Isle of Wight										MH peer support, not specifically perinatal	Bournemouth Uni, ad hoc once qualified		Working towards this									Pathway to be developed	Pathway to be developed			Pathway to be developed		

Délais maximales

Figure 1: The evidence-based treatment pathways



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



MATERNAL MENTAL HEALTH ALLIANCE

Awareness Education Action
to improve the lives of mothers and their infants

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Conference 2017 ▾



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bulletin

* indicates required

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Real Life Stories



July 2, 2014

Jenny's story

Jenny's story (Belfast) Four years ago I had my second child, Isaac. After he was born, I felt differently to how I had felt when his older brother, Sam, had been born. Something wasn't right. I felt depressed and struggled to bond with Isaac. I also



July 2, 2014

Raj's story

Raj's story (Berkshire) My wife developed stress-induced psychosis when she was nearly 30 weeks pregnant. At the time, she saw me as an antagonist, and due to her condition I was subjected to mental and verbal abuse as my wife's perception of



June 26, 2014

Louise's story

Louise's story (Oxfordshire) I suffer from bipolar disorder and was treated with lithium. For five years my husband and I had raised with my psychiatrist the issue of us trying for a family, but she kept failing to find out about what changes to medication



June 26, 2014

Ann's story

Ann's story (Hertfordshire) After my daughter's birth I suffered from severe antenatal obsessive compulsive disorder [OCD] and lived with a crippling fear that something terrible was going to happen to her. At a time when I should have been enjoy-