

SPECIALISED PERINATAL PSYCHIATRIC SERVICES

SERVICE MODEL, ORGANISATION & CHALLENGES

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Definitions

Perinatal Mental illness

Complicate pregnancy and postpartum year

Perinatal Psychiatric Services provide care for

women and their infants

Serious and/or complex illness

both new onset and existing illness

Needs infant before and after delivery

central to speciality, care and services

Service model

A regional hub and spoke configuration of Specialised Mother & Baby Unit(s) (hub(s)) and Specialised Perinatal Community Psychiatric Teams (spokes).

Core principles

All women with serious mental illness during pregnancy and the first postnatal year who require admission will be admitted to a specialised MBU unless there is a specific reason not to do so.

All women with serious mental illness in pregnancy and the first postnatal year will be managed by a specialised perinatal community psychiatric team

All women at risk of serious perinatal mental illness will be assessed by a specialised perinatal service during pregnancy

Services must be

Equitable

Appropriate

Complete

Comprehensive

Integrated

<p>Acute Psychoses 2/1000 Severe/complex 2/1000 Chronic SMI 2/1000 “inpatient equivalents”</p>	<p>Mother & Baby Unit Outreach Service Consultation & advice</p>
<p>Serious illness 30/1000 “admission vulnerable”</p>	<p>Specialist Perinatal Community Teams</p>
<p>Mild/Moderate 10% “PND”</p>	<p>Treatment Primary Care Specialist MW/HV Psychological Therapies</p>
<p>Adjustment disorders distress 15% - 30%</p>	<p>Improved skills HV & Primary Care Teams</p>
<p>Good Psychological care Promoting Maternal-child Mental health</p>	<p>Knowledge & compassionate Understanding for all</p>

In addition Pregnancy

Well “at risk” (PH SMI)

Relapses / recurrences significant illness

New illness

Specialised assessment & outreach

Maternity liaison

Overall approx 3% - 5% maternities
require specialist services

Mother & Baby Unit

- Psychosis, serious/complex illness + infant
- Rapid access – no waiting list
- Onset & duration inpatient stay
- Pregnancy – 9/12 postpartum
- Meets physical & emotional needs women & infants
- Expert, kind, flexible, individual care

MBU

Complete - All unless specific reasons

Exception reporting

Exclusions - in absence of SMI:-

- Substance misuse

- Parenting assessments

MBU

- Min 4-6 beds delivered pop 12-24,000
(0.25 – 0.5 beds/1000 deliveries)
- On site major psych & maternity unit
- Standards
- Jointly commissioned by SHA (Regionally)

INTEGRATED

Close working relationships with
Perinatal Community Teams
Psychiatric & Maternity Services

Perinatal Psychiatric Community Team

- New onset serious / complex illness pregnancy & postnatal year
- Well but at risk serious postnatal illness
- Those in care of psychiatric services (advice / co work / take over – CPA)
- Maternity liaison
- Medical, nursing, psychological care

- Direct referral working hours
- Complete – all women in Adult Services
- Standards
- Provided by every MH Trust (district)
- Commissioned by PCTs (locally)
- Performance managed by SHA (regionally)

Both provide also:

- Preconception advice and counselling
- Perinatal care planning
- Expert information drugs etc
- Advice psychiatry and primary care
- Education and training

Integrated

Close working relationships with

Psychiatric Teams

Maternity Services

Primary Care

Primary Care

- Mild moderate illness
- Simple / mono-therapies
 - Social support brief counselling
- Guidelines management and referral
- Specialist MW, HV etc

Based on known
epidemiology of perinatal disorders

None Mental Health Trusts
sufficient psychiatric morbidity
to justify inpatient unit

but together they do

JOINT COMMISSIONING

all Mental Health Trusts sufficient serious
morbidity to justify locality
perinatal Community Team
+ special interest psychiatrist

“HUB AND SPOKE” MBU

All maternity localities

Sufficient mild moderate morbidity to justify

- Management and Referral Guidelines
- Specific interventions in primary care
- Skill Enhancement

- Specialist KSA
- Best evidence based management
- Cost effective care

STANDARDS

Joint Commissioning

“Hub and spoke”

Standards

Pathways

AN ORGANISATION

Specialised Commissioning

Planning

Procurement of services for rare conditions

Monitoring

National definition set

Specialised Commissioning

National - NSCG

Regional - SCG – SHA

Local - PCT

Level determined by numbers – critical mass for clinical and cost effectiveness

- Specialist expertise and resources

What is a Managed Care Network?

Organisation delivering quality cost effective care for conditions

- Involve different professions trusts organisations levels of service provision
- Most severe uncommon, critical mass only possible at supra-locality level
- Mildest common-provision locality level
- Requires specialist skills resources (evidence better outcome)
- Suited to “hub & spoke” suited to integrated care pathways
- Amenable audit/outcome measures
- Includes at its core a clinical network

MCN

- Managed**
- Accountable to SHA & SCG
 - Funded
 - Premises
 - Director & Manager
 - Infrastructure
 - Governance & terms of reference
 - Advise both Commissioning & providers

MCN

Network

- Organisations
- Professionals/Resources
- Horizontal/Vertical
- Develops/maintains skills, knowledge and resources
- Supports and informs staff
- Common philosophies and standards
- Common integrated care pathways
- Internal/external review of standards

East Midlands Perinatal Mental Health MCN

Pop 4.7 million a.b.r. 50,000

Leicester, Northampton & Kettering, Nottingham,
Derby & Lincoln

- 5 M.H. Trusts
- 9 Acute Trusts
- 9 PCTs

Director

Manager

Coord/PA

Implementation Manager*

Governance system + terms of reference

Network members organisational,
geographical & professional spread

What we have

A Network

Key

Obstetricians/Midwives

Perinatal Psychiatrists & Nurses

GPs and H.V.

Commissioners and patients

CE

Training / screening / referral guidelines

midwives and HV

Training programme Link (specialist) midwife
and HV

ICP

Standards Structure and function

- Mother & Baby Unit & Perinatal Teams
- Perinatal Outreach Teams
- Maternity Liaison
- Adult Psychiatry
- Primary Care Liaison
- Interventions Primary Care

We are developing

roll out specialist Midwives & HV

Quality indicators and audit tools

Outcome measures

Data set

Priorities

Systems remote rural areas

MCN Function

- Strategic planning
- Service improvement
- Workforce planning and education
- Care Pathways
- Guidelines
- Standards of care
- Quality control and audit
- Data collection
- Advice and information
- Maintaining integration

CHALLENGES

Why Specialism

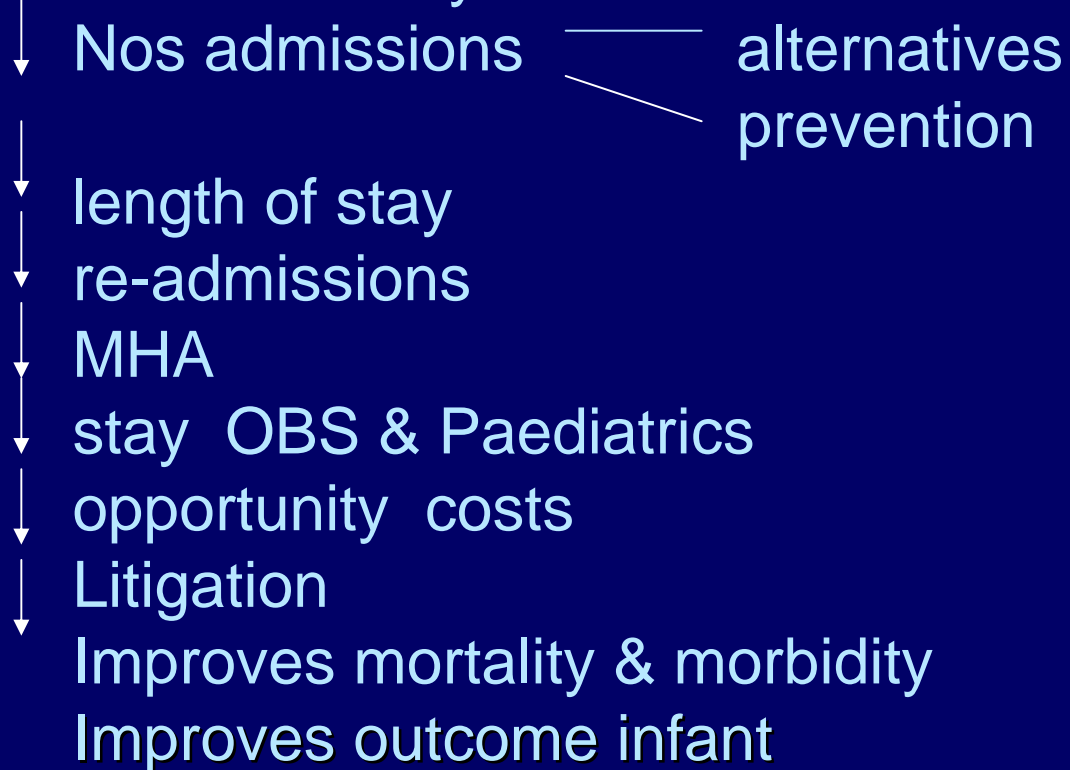
v. enhance skills in acute psychiatry

- One illness upto 5 teams
- No critical mass skills and experience
- Priorities
- Fragmentation and discontinuity of care
- Different pathways and context
- Different professional relationships
- Access by address
- Distinctive clinical features and course of illness
- 2 patients

Why Specialism

- Acute Inpatient (MH) stay + 0.5
- No “generated” morbidity

Mother & Baby Units + Community Service



+ Integrated Care Pathway

- Improves skills Primary care
- Reduces inappropriate referral
- Reduces non-evidence based interventions

Conflicting philosophies

- “One size fits all”
- Mental health v mental illness
- Nature of evidence
- Protocols and ICPs v flexible individual response
- Criteria v rapid access
- Acceptable v excellence

Changing practice

Changing attitudes

Data

Information systems

