NHS England – Thames Valley

Thames Valley Children and Maternity SCN
Perinatal Mental Health Report

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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 report¹ 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 Health²; 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. 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 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. 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\textsuperscript{11}. As shown in the Map below, there is no MBU in the Thames Valley region\textsuperscript{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. 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

<table>
<thead>
<tr>
<th>LOCALITY</th>
<th>CLINICAL COMMISSIONING GROUP (CCG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire</td>
<td>Berkshire East CCGs</td>
</tr>
<tr>
<td></td>
<td>- Bracknell and Ascot CCG</td>
</tr>
<tr>
<td></td>
<td>- Windsor, Ascot and Maidenhead CCG</td>
</tr>
<tr>
<td></td>
<td>- Slough CCG</td>
</tr>
<tr>
<td></td>
<td>Berkshire West CCG Federation</td>
</tr>
<tr>
<td></td>
<td>- Newbury CCG</td>
</tr>
<tr>
<td></td>
<td>- Wokingham CCG</td>
</tr>
<tr>
<td></td>
<td>- Northwest CCG</td>
</tr>
<tr>
<td></td>
<td>- South Reading CCG</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>Aylesbury Vale CCG</td>
</tr>
<tr>
<td></td>
<td>Chiltern CCG</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>Milton Keynes CCG</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>Oxfordshire CCG</td>
</tr>
</tbody>
</table>

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 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

<table>
<thead>
<tr>
<th>LOCALITY</th>
<th>CCG</th>
<th>NUMBER OF ADMISSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire</td>
<td>Bracknell and Ascot</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Windsor Ascot and Maidenhead</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Reading</td>
<td>2</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>Chiltern</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Aylesbury Vale</td>
<td>1</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>Oxfordshire</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>Thames Valley</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 3 Population overview

Table 3 shows the population and numbers of births in each locality in 2014.13

<table>
<thead>
<tr>
<th>LOCALITY</th>
<th>POPULATION</th>
<th>LIVE BIRTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire East</td>
<td>410,000</td>
<td>5773</td>
</tr>
<tr>
<td>Berkshire West</td>
<td>475,600</td>
<td>6217</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>521,900</td>
<td>5989</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>259,200</td>
<td>3667</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>672,000</td>
<td>7775</td>
</tr>
</tbody>
</table>

Table 4 shows the 2013-14 estimates of prevalence of key mental disorders in each CCG area in the Thames Valley. 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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Table 4 Estimates of numbers of women with mental health problems during pregnancy and after childbirth in the Thames Valley.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NHS Aylesbury Vale</td>
<td>NHS Bracknell and Ascot</td>
</tr>
<tr>
<td>Estimated number of women with postpartum psychosis (2013/14)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Estimated number of women with chronic SMI (2013/14)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Estimated number of women with severe depressive illness (2013/14)</td>
<td>70</td>
<td>45</td>
</tr>
<tr>
<td>Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate) (2013/14)</td>
<td>220</td>
<td>145</td>
</tr>
<tr>
<td>Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate) (2013/14)</td>
<td>330</td>
<td>215</td>
</tr>
<tr>
<td>Estimated number of women with PTSD (2013/14)</td>
<td>70</td>
<td>45</td>
</tr>
<tr>
<td>Estimated number of women with adjustment disorders and distress (lower estimate) (2013/14)</td>
<td>330</td>
<td>215</td>
</tr>
<tr>
<td>Estimated number of women with adjustment disorders and distress (upper estimate) (2013/14)</td>
<td>660</td>
<td>430</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>LOCALITY</th>
<th>Perinatal mental health network</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATERNITY</td>
<td>Key centres</td>
</tr>
<tr>
<td></td>
<td>Mental health provision</td>
</tr>
<tr>
<td></td>
<td>Links with secondary care mental health services</td>
</tr>
<tr>
<td>HEALTH VISITING</td>
<td>Activity</td>
</tr>
<tr>
<td></td>
<td>Mental health provision</td>
</tr>
<tr>
<td></td>
<td>Links with secondary care mental health services</td>
</tr>
<tr>
<td>IAPT</td>
<td>Activity</td>
</tr>
<tr>
<td></td>
<td>Perinatal services</td>
</tr>
<tr>
<td></td>
<td>Links with maternity services</td>
</tr>
<tr>
<td>SECONDARY CARE MENTAL HEALTH</td>
<td>Generic adult services</td>
</tr>
<tr>
<td></td>
<td>Perinatal services</td>
</tr>
<tr>
<td></td>
<td>Perinatal policies</td>
</tr>
<tr>
<td></td>
<td>Links with maternity services</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DATA</th>
<th>Service level information collected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To whom reported</td>
</tr>
<tr>
<td>PERFORMANCE</td>
<td>Service level evaluations</td>
</tr>
<tr>
<td></td>
<td>To whom reported</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>LOCALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OXFORDSHIRE</td>
</tr>
<tr>
<td>Maternity</td>
<td>OUH</td>
</tr>
<tr>
<td>Health visiting</td>
<td>OHFT</td>
</tr>
<tr>
<td>Mental health</td>
<td>OHFT</td>
</tr>
<tr>
<td>IAPT</td>
<td>OHFT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PERINATAL MENTAL HEALTH NETWORK</th>
<th>BERKSHIRE</th>
<th>BUCKINGHAMSHIRE</th>
<th>MILTON KEYNES</th>
<th>OXFORDSHIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Berkshire Perinatal Mental Health Steering Group</td>
<td>Integrated Perinatal Mental Health Network</td>
<td>Perinatal Mental Health Collaborative</td>
<td>Oxfordshire Perinatal Mental Health Network</td>
</tr>
<tr>
<td><strong>Year commenced</strong></td>
<td>2009</td>
<td>2013</td>
<td>2015</td>
<td>2015</td>
</tr>
</tbody>
</table>
| **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 |
<table>
<thead>
<tr>
<th>MATERNITY SERVICES</th>
<th>BERKSHIRE</th>
<th>BUCKINGHAMSHIRE</th>
<th>MILTON KEYNES</th>
<th>OXFORDSHIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key centres</strong></td>
<td>Wexham Park Hospital, Slough</td>
<td>Royal Berkshire Hospital, Reading</td>
<td>Stoke Mandeville Hospital, Aylesbury</td>
<td>Milton Keynes University Hospital</td>
</tr>
<tr>
<td><strong>(Please refer to Table 5 for acute trust provider details)</strong></td>
<td>Frimley Park Hospital, Frimley (for Bracknell patients)</td>
<td>Wycombe General Hospital, Wycombe</td>
<td></td>
<td>John Radcliffe Hospital, Oxford Horton General Hospital, Banbury</td>
</tr>
<tr>
<td><strong>Mental health provision</strong></td>
<td>Obstetrician with special interest in mental health <em>Unfunded</em></td>
<td>Perinatal mental health midwife <em>Unfunded</em></td>
<td>Perinatal mental health midwife 1.0 WTE</td>
<td>Consultant perinatal psychiatrist 0.5 WTE</td>
</tr>
<tr>
<td></td>
<td>- Runs combined clinic with the ‘vulnerable pregnancy midwives’</td>
<td>- Training for maternity clinicians</td>
<td>- Assessment, monitoring, signposting</td>
<td>- Assessment and signposting</td>
</tr>
<tr>
<td></td>
<td>(1.0 WTE Perinatal Mental Health Midwife operating at Frimley Park Hospital)</td>
<td>- Supports implementation of well-being module in maternity notes</td>
<td>- Clinical supervision of maternity clinicians</td>
<td>- Training for maternity clinicians</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Policy and procedure development</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Training for maternity clinicians</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ante- and postnatal care for women with high risks associated with mental illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Service development</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Midwife training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATERNITY SERVICES</td>
<td>BERKSHIRE EAST</td>
<td>BERKSHIRE WEST</td>
<td>BUCKINGHAMSHIRE</td>
<td>MILTON KEYNES</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Secondary care</td>
<td>Monthly meeting between BHFT Perinatal Mental Health Service and Crystal Vulnerable Pregnancy Team</td>
<td>Monthly meeting between BHFT Perinatal Mental Health Service and Poppy Vulnerable Pregnancy Team</td>
<td>Monthly meeting with Buckinghamshire Perinatal Mental Health Team</td>
<td>Regular meetings with mental health trust perinatal lead</td>
</tr>
<tr>
<td>Mental health links</td>
<td>BHFT Perinatal Mental Health Service provides training for midwives</td>
<td>BHFT Perinatal Mental Health Service provides training for midwives and contributes to service planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH VISITING SERVICES</td>
<td>BERKSHIRE</td>
<td>BUCKINGHAMSHIRE</td>
<td>MILTON KEYNES</td>
<td>OXFORDSHIRE</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------</td>
<td>----------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>36,000 children / year</td>
<td>38,200 children / year</td>
<td>12,000 children / year</td>
<td>39,107 children / year</td>
</tr>
</tbody>
</table>
| **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 |
<p>| <strong>Secondary care mental health links</strong> | 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 |</p>
<table>
<thead>
<tr>
<th>IAPT SERVICES</th>
<th>BERKSHIRE EAST</th>
<th>BERKSHIRE WEST</th>
<th>BUCKINGHAMSHIRE</th>
<th>MILTON KEYNES</th>
<th>OXFORDSHIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Data not available</td>
<td>8000 general IAPT referrals / year. (more detailed information not available at this time)</td>
<td>373 perinatal referrals in 2015</td>
<td>12000 general IAPT referrals / year. (more detailed information not available at this time)</td>
<td></td>
</tr>
<tr>
<td>Perinatal services</td>
<td>Perinatal lead</td>
<td>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</td>
<td>Lead therapist for perinatal mental health 0.6 WTE  - Group and one-to-one interventions, based on CBT</td>
<td>Perinatal mental health lead  - Responsible for raising staff awareness, organising training, data collection  Perinatal women prioritised, seen in four weeks of referral</td>
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</tr>
<tr>
<td>Maternity service links</td>
<td>No formal links</td>
<td>Joint service provision with health visitors</td>
<td>No formal links</td>
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TVPMHN REPORT 2016
<table>
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<tr>
<th>Secondary Care Mental Health Services</th>
<th>Berkshire East</th>
<th>Berkshire West</th>
<th>Buckinghamshire</th>
<th>Milton Keynes</th>
<th>Oxfordshire</th>
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</thead>
<tbody>
<tr>
<td>Generic Services</td>
<td>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</td>
<td>None</td>
<td>None</td>
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### SECONDARY CARE MENTAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>Berkshire</th>
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<tr>
<td><strong>Perinatal services</strong></td>
<td><strong>Perinatal Mental Health Service</strong></td>
<td><strong>Perinatal mental health lead practitioner</strong></td>
<td><strong>Infant Parent Perinatal Service (IPPS)</strong></td>
</tr>
<tr>
<td><strong>BERKSHIRE EAST</strong></td>
<td>1.0 band 8a manager&lt;br&gt;- Training midwives, health visitors, GPs, IAPT clinicians&lt;br&gt;- 47-55 referrals / month</td>
<td>1.0 lead nurse&lt;br&gt;- New service from 2015&lt;br&gt;1.0 nurse&lt;br&gt;1.0 social worker&lt;br&gt;0.2 psychologist&lt;br&gt;0.2 consultant psychiatrist</td>
<td>1.0 band 7 nurse / clinical coordinator&lt;br&gt;0.8 band 6 nurse&lt;br&gt;0.65 band 3 support worker&lt;br&gt;0.2 band 6 trainee psychotherapist&lt;br&gt;0.1 band 8a psychotherapist&lt;br&gt;0.1 clinical lead / psychotherapist</td>
</tr>
<tr>
<td><strong>BERKSHIRE WEST</strong></td>
<td><strong>West of Berkshire Perinatal Mental Health Service</strong>&lt;br&gt;- Planned start April 2016&lt;br&gt;2.0 band 6 nurse&lt;br&gt;1.0 band 6 social worker&lt;br&gt;0.8 band 7 nurse / CBT therapist&lt;br&gt;- Clinicians aligned to CMHTs&lt;br&gt;- Assessment&lt;br&gt;- Medication advice&lt;br&gt;- Psychological treatment&lt;br&gt;- Support clinicians in generic community service&lt;br&gt;- SHaRON (see page 27&lt;br&gt;- Office hours only</td>
<td>Nurse and social worker currently in post&lt;br&gt;- Assessment&lt;br&gt;- Medication prescribing&lt;br&gt;- Psychological treatment (problem solving, CBT)&lt;br&gt;- 15-20 referrals / month&lt;br&gt;- Office hours only</td>
<td>- Psychotherapy for mild / moderate illness&lt;br&gt;- Teaching / supervision for health visitors&lt;br&gt;- 32-42 referrals / month&lt;br&gt;- Office hours only</td>
</tr>
<tr>
<td><strong>BUCKINGHAMSHIRE</strong></td>
<td><strong>Buckinghamshire Perinatal Mental Health Service</strong></td>
<td><strong>Perinatal mental health lead practitioner</strong>&lt;br&gt;Planned extension June 2016&lt;br&gt;0.5 psychiatrist&lt;br&gt;0.5 psychologist&lt;br&gt;0.8 band 6 clinician&lt;br&gt;- Assessment, monitoring&lt;br&gt;- Medication advice&lt;br&gt;- 18 referrals / month&lt;br&gt;- Office hours only</td>
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<tr>
<td><strong>MILTON KEYNES</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>OXFORDSHIRE</strong></td>
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</table>

**Unfunded**
Two out of three CMHTs have variable input from perinatal service lead, providing care coordination.
<table>
<thead>
<tr>
<th>Policies / procedures</th>
<th>BERKSHIRE EAST</th>
<th>BERKSHIRE WEST</th>
<th>BUCKINGHAMSHIRE</th>
<th>MILTON KEYNES</th>
<th>OXFORDSHIRE</th>
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<tbody>
<tr>
<td>Under development</td>
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<table>
<thead>
<tr>
<th>Maternity service links</th>
<th>BERKSHIRE EAST</th>
<th>BERKSHIRE WEST</th>
<th>BUCKINGHAMSHIRE</th>
<th>MILTON KEYNES</th>
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<tbody>
<tr>
<td>Training</td>
<td>Monthly meeting with perinatal mental health midwife</td>
<td>Monthly meeting between IPPS and maternity multidisciplinary team</td>
<td>Monthly meeting with perinatal mental health midwife</td>
<td>Joint patient reviews Daily handover with perinatal mental health midwife</td>
<td>Policy and service development</td>
</tr>
</tbody>
</table>
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>
<thead>
<tr>
<th>Services</th>
<th>Type</th>
<th>Berkshire</th>
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<th>Milton Keynes</th>
<th>Oxfordshire</th>
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<tbody>
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<td>None</td>
<td>Manual record of referrals</td>
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<td>N/A</td>
<td>For internal use only</td>
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<td><strong>PERFORMANCE Evaluation</strong></td>
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<td>None</td>
<td>Audit against NICE CG192</td>
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<td>N/A</td>
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<td><strong>Health visiting</strong></td>
<td><strong>Data Collected</strong></td>
<td>Maternal mood assessment at 6-8 weeks postnatal</td>
<td>Women scoring low reassessed at 3-4 months</td>
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<tr>
<td></td>
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<td>No</td>
<td>Postnatal depression groups – ‘Before and after’ Edinburgh Postnatal Depression Scale</td>
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<td><strong>DATA Collected</strong></td>
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<td>Health and Social Care Information Centre (HSCIC)</td>
<td>HSCIC</td>
<td>HSCIC, CCG</td>
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<tr>
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<td>Health and Social Care Information Centre (HSCIC)</td>
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<td>HSCIC, CCG</td>
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<td>Milton Keynes</td>
<td>Oxfordshire</td>
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<td>Mental health</td>
<td>DATA Collected</td>
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<td>None</td>
<td>Perinatal admissions</td>
<td>None</td>
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<td></td>
<td>Reporting to</td>
<td>BHFT Perinatal Mental Health Service</td>
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<td>PERFORMANCE EVAulation</td>
<td>Audit of MBU admissions and non-MBU admissions BHFT service user experience questionnaire</td>
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<td>None</td>
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<tr>
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<td>Reporting to</td>
<td>Commissioners</td>
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<td>N/A</td>
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</tr>
</tbody>
</table>
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

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<tbody>
<tr>
<td>Maternity</td>
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<tr>
<td></td>
<td>E</td>
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<tr>
<td>Health visiting</td>
<td>D</td>
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<td></td>
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<tr>
<td>IAPT</td>
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<td></td>
<td>E</td>
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<tr>
<td>Secondary care mental health</td>
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<td></td>
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<td></td>
<td>E</td>
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</table>

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. 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

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</thead>
<tbody>
<tr>
<td>Maternity</td>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
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<td>Q</td>
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<td></td>
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<tr>
<td></td>
<td>Q</td>
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</table>
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 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\textsuperscript{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.”

**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

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**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

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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

<table>
<thead>
<tr>
<th>Mental Health service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Mental Health professional - please state role, whole time equivalent dedicated to this role and intervention they provide</td>
</tr>
</tbody>
</table>

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
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
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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5. www.gov.uk/government/news
6. Mental Health Taskforce (2016)
   The Five Year Forward View for Mental Health
   The costs of perinatal mental health problems Centre for Mental Health and London School of Economics
   UK Specialist community perinatal mental health teams www.everyonesbuisiness.org.uk
   Saving Lives, Improving Mothers’ Care – Surveillance of Maternal Deaths in the UK 2011-13 and Lessons Learned to Inform Maternity Care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13 Oxford: National Perinatal Epidemiology Unit, University of Oxford
    Better Births: Improving outcomes of maternity services in England
    Accredited Mother and Baby Units www.everyonesbuisiness.org.uk
13. Data in Table 2 obtained from Melbury Lodge Mother and Baby Unit, Winchester
    National Child and Maternal Intelligence Network
    High Quality Care for All: NHS Next Stage Review Final Report
College Report 197 Perinatal Mental Health Services: Recommendations for the Provision of Services for Childbearing Women