

SPECIALIST PERINATAL MENTAL HEALTH SERVICES

Model of Care for Ireland

Women's Health Taskforce

23rd October, 2019



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Specialist Perinatal Mental Health - Model of Care for Ireland

Specialist Perinatal Mental Health Services

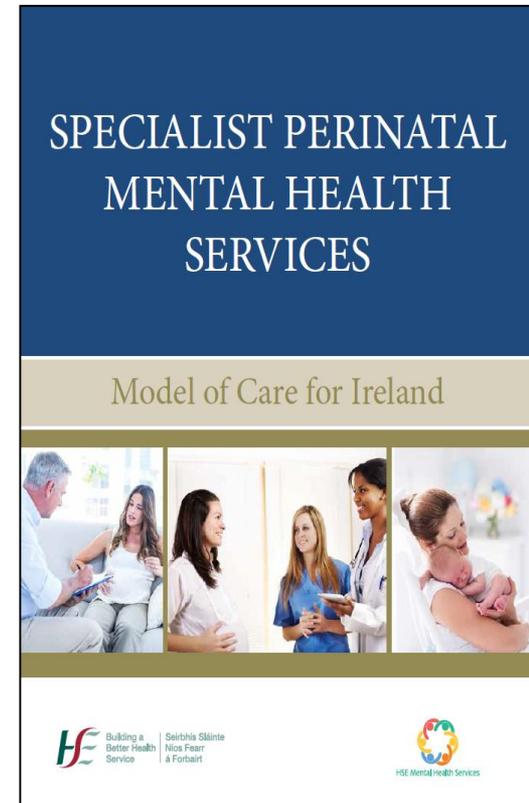
- Prevention, detection and management of moderate to severe illness during pregnancy and up to one year post delivery
- One component of integrated mental health response

Working group

- Multidisciplinary and service user input (AIMSI)
- *MOC launched in November 2017 by Minister Jim Daly.*

Whilst the focus of this report is specialist perinatal mental health services, it also outlines:

- The overall perinatal mental health clinical pathway
- The primary care and maternity unit/hospital component
- The links between the non-specialist and specialist components.



Terms of Reference

Design a model of care encompassing the strategy for and operation of a specialist perinatal mental health service taking into account:

- **The interests of women, infants and their families**
- Relevant national and international research and evidence based practice and standards
- Relevant national and international policy documents and reports

The objectives were to design a plan for the development and operation of:

- i) The **three components** of specialist perinatal mental health services
 - booking and review clinics in maternity units / hospitals
 - women admitted to maternity units
 - specialist inpatient Mother and Baby Unit (MBU)
- ii) The **interface** of this specialist service with secondary care mental health services (specifically General Adult Psychiatry Community Mental Health Teams).



Range of services involved

- ❖ Voluntary and self-help organisations
- ❖ General Practitioners, health visitors and the extended primary care team
- ❖ Health and social care organisations, children centres
- ❖ Psychological therapies at primary care and other equivalents
- ❖ Clinical psychology services linked to maternity services
- ❖ **Maternity services**
- ❖ Parent-infant maternal health services
- ❖ Child and adolescent mental health services
- ❖ Intellectual disability services
- ❖ Alcohol and drug misuse services
- ❖ Adult mental health services
- ❖ **Maternity liaison services** (maternity service wards)
- ❖ **Specialist perinatal mental health teams** (OPD)
- ❖ **Specialist inpatient Mother and Baby Unit** (MBU).

(CR197 2015)



Rationale

1. How common are perinatal mental health problems?

- 10-15% of women suffer from mild to moderate postnatal depression
- 3% of women suffer from moderate to severe mental health illness
- Similar number with anxiety
- 2/1000 women delivered are likely to suffer from a postnatal psychosis
- 3% with post traumatic stress disorder.
- Adjustment problems/ disorders are even more common.



Figure 1: Estimated number of women affected by perinatal mental illnesses in Ireland each year



134



Postpartum Psychosis

Postpartum psychosis is a severe mental illness that typically affects women in the weeks after giving birth, and causes symptoms such as confusion, delusions, paranoia and hallucinations.

Rate: 2/1000 maternities

134



Chronic serious mental illness

Chronic serious mental illnesses are longstanding mental illnesses, such as bipolar disorder or schizophrenia, which may be more likely to develop, recur or deteriorate in the perinatal period.

Rate: 2/1000 maternities

2,013



Severe depressive illness

Severe depressive illness is the most serious form of depression, where symptoms are severe and persistent, and significantly impair a woman's ability to function normally.

Rate: 30/1000 maternities

2,013



Post traumatic stress disorder (PTSD)

PTSD is an anxiety disorder caused by very stressful, frightening or distressing events, which may be relived through intrusive, recurrent recollections, flashbacks and nightmares.

Rate: 30/1000 maternities

10,066



Mild to moderate depressive illness and anxiety states

Mild-moderate depressive illness includes symptoms such as persistent sadness, fatigue and a loss of interest and enjoyment in activities. It often co-occurs with anxiety, which may be experienced as distress, uncontrollable worries, panic or obsessive thoughts.

Rate: 100-150/1000 maternities

20,133



Adjustment disorders and distress

Adjustment disorders and distress occur when a woman is unable to adjust or cope with an event such as pregnancy, birth or becoming a parent. A woman with these conditions will exhibit a distress reaction that lasts longer, or is more excessive than would normally be expected, but does not significantly impair normal function.

Rate: 150-300/1000 maternities

Rate is estimated based on average number of births for the years 2012 - 2016
There may be some women who experience more than one of these conditions.
Adapted for the Irish population from Prevention in Mind NSPCC, UK 2013 and JCP-MH 2012.



2. What is the importance of identifying and treating these mental health problems?

- The mother
- The infant
lifelong significant emotional, behavioural and cognitive problems
- The cost:
 - UK study: £8.1 billion /year
 - £10,000 for every single birth
 - To remedy: £600 per/ birth
- The wider family.



3. National Policy

- A Vision for Change 2006
 - 1 consultant and 1 nurse nationally
- Refresh of *AVFC* : DOH Literature Review
 - Strong emphasis on need to develop Specialist Perinatal MHS
- The National Maternity Strategy 2016
 - 7 actions on mental health
- Psychological Society of Ireland 2016
 - Screening/ integration of services /specialist perinatal MHS.



Aims and Objectives MOC

1. “Equal weight to be given to the emotional as well as physical care aspects of pregnancy and the postnatal year”.
2. “Equal weight to be also given to the prevention and early detection of mental health issues rather than just focusing on women with a higher risk of more severe mental illness”.

1 Provision of timely access to high quality mental health care and treatment to women in pregnancy and early postpartum. This is to ensure that the special needs of such women are met and the potential risk to both mother and child are minimised.

2 Prevention of avoidable relapses and reoccurrences in vulnerable women.

3 Provision of advice on the use of psychotropic medications given the change in pharmacokinetics in pregnant women and the special precautions required in treating pregnant or breastfeeding women because of potential effects on the foetus or baby.

4 Provision of the necessary input to any mother and baby facility.

5 Where admitted, facilitation of early discharge by providing an outreach service for a minimum of 3 months post discharge.

6 Pre-conception advice to women at-risk of significant mental health issues postnatally.

7 Advice on the Protection of Life During Pregnancy Act (2013).

Designing the Service - considerations

- Current specialist perinatal mental health provision
- 19 geographically dispersed maternity services
2/3 with less than 2,000 births per year
- MHD liaison psychiatry provision to level 3 acute hospitals
- Maternity network model recommended by National Maternity Strategy
- Mother and Baby Unit/s.



Hub and Spoke Network

In line with maternity networks and developed within hospital groups – Hub and Spoke model developed.

Hubs: host multidisciplinary specialist teams.

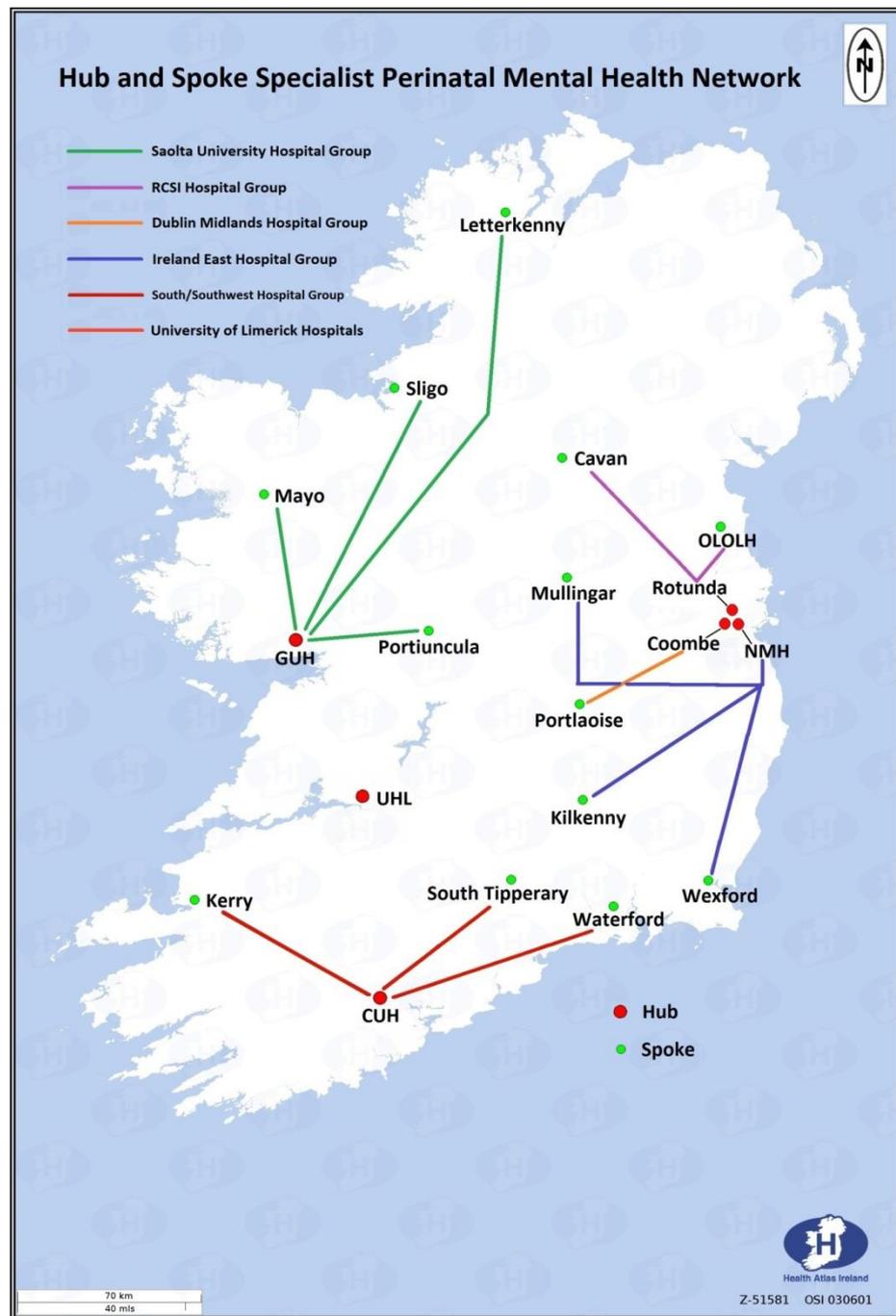
- Rotunda Hospital
- National Maternity Hospital
- Coombe Hospital
- University Maternity Hospital Limerick
- Cork University Maternity Hospital
- Galway University Hospital

Spokes: Liaison Psychiatry

Both: Mental Health Midwives

First **MH Midwife Forum** – 4th Sept.

2019 – Focus on: developing teams, developing connections, standardising services for patients.



Specialist Perinatal Mental Health Service

Functions

- (i) Mental health services to the wards of maternity hospital/units
- (ii) Outpatient clinics for relevant women attending maternity units/hospitals antenatally and postnatally.

Referral Sources

- (i) All referrals from the maternity unit /hospital the service is based in
- (ii) Geographical for GP and secondary care mental health services to provide a clear pathway for referral for such teams.



Funding for Specialist Perinatal Mental Health Teams

Specialist multidisciplinary teams (6 hubs) and MH midwives
Liaison psychiatry & MH midwives (13 spokes)

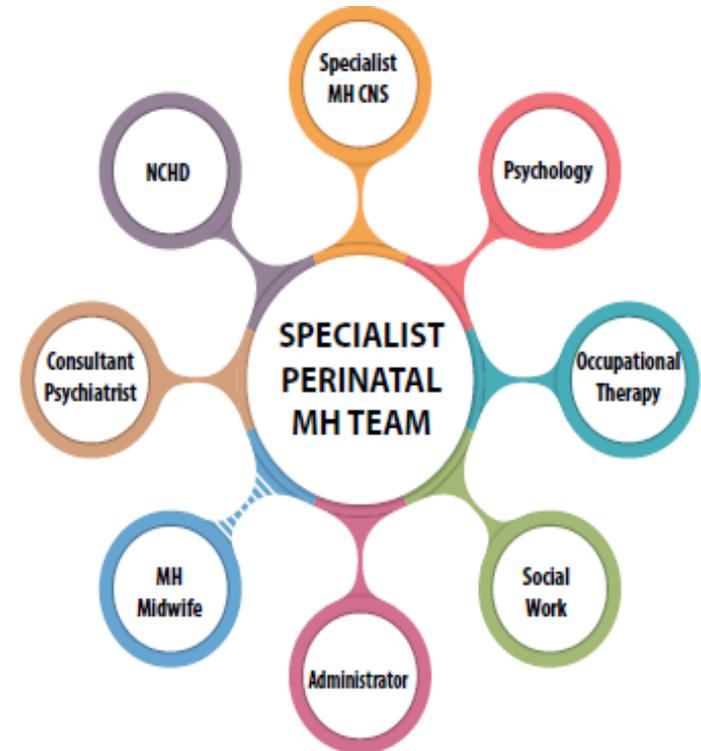
6/6 full-time perinatal psychiatrists are in place

Funding:

- €1m 2017 (consultant and nursing posts)
- €2m 2018 (remainder of SPMH team 2018/19)
- €0.6m 2019 (1 psychologist & 6 O.T. posts)

Recruitment is now taking place now for CNS
MH, MH Midwives, SW and Psychology posts.

Full multidisciplinary Hub teams will have:
Consultant Psychiatrist, CNSMH, NCHD, Social
Work, Psychology, Administrator, Occupational
Therapy.



Responsibility of the Hub Team

- Provide clinical advice to the spokes
- Offer second opinions if indicated
- Organise monthly network meetings
- Organise relevant education for the staff in the hub and spoke teams and for the maternity service as a whole.



Clinical advice to spokes

Offer second opinions

Monthly network meetings

Organise relevant education for hub and spoke teams and the maternity service



Spoke Sites

- 13 maternity units all in Level 3 hospitals
- MHS provided by existing liaison psychiatry service
- MOC: augmented by a MH midwife
- Spoke linked to Hub in relevant Hospital Group.

SPMHS - MH Midwives

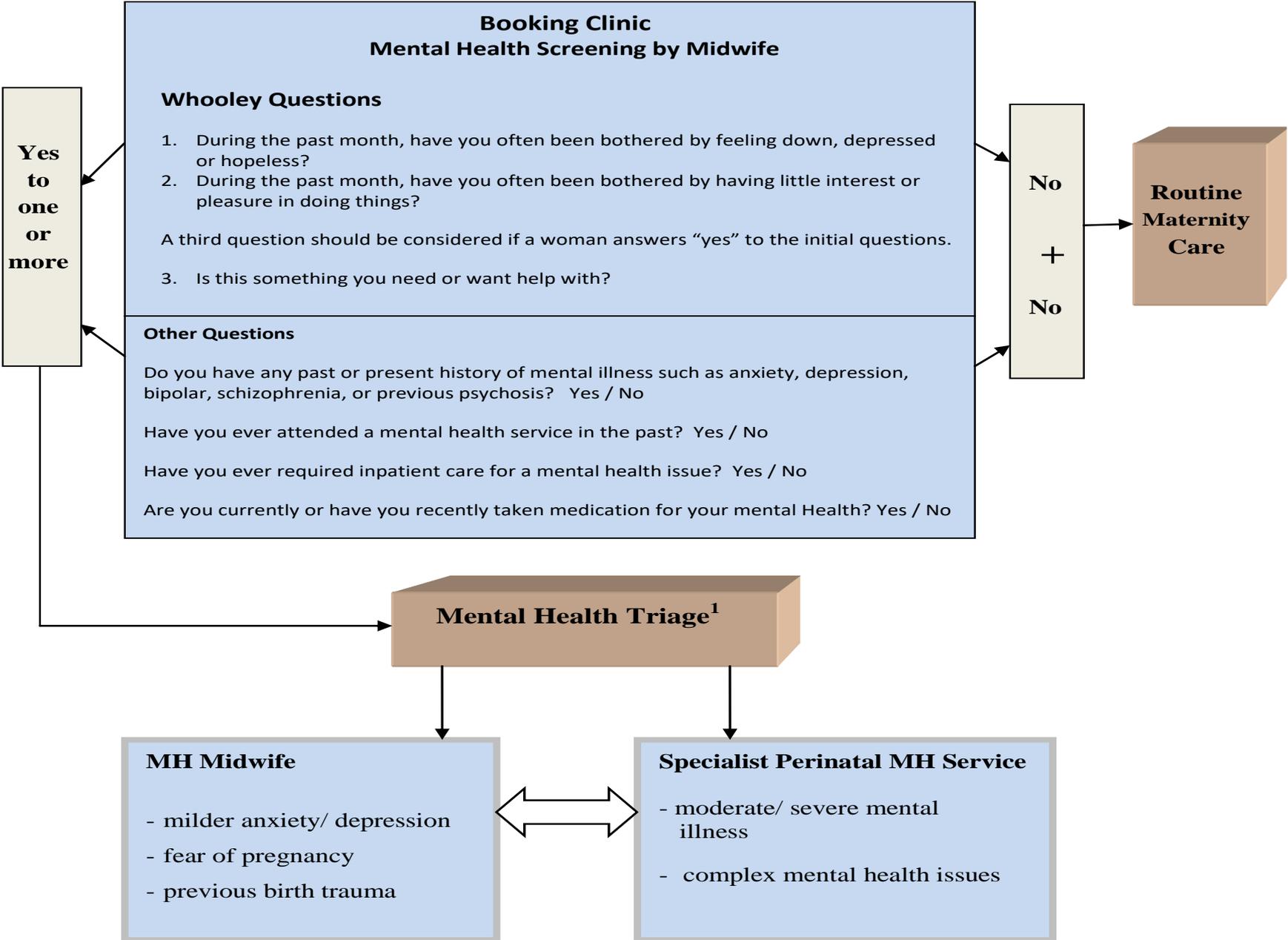
In place:

Wexford
Rotunda
Coombe
Portlaoise
Cavan
CUMH
Sth Tipperary
UMHL
Galway

Not in place:

Mullingar
Kilkenny
OLOL
Kerry
Waterford
Letterkenny
Sligo
Mayo
Portiuncula

Perinatal Mental Health Referral Pathway – within Maternity Services



Role of the MH Midwife

- Primary role - to promote parity between physical and mental health care in maternity services.
- Members of the maternity unit/hospital midwifery workforce - key role in working with midwives and obstetricians at all levels from booking & review clinics to postnatal wards.
- Local midwife champion who leads work to ensure that women with perinatal mental health problems and their families receive mental health care and support
- Raise awareness of postnatal mental health problems and organise early management and treatment
- Provide mental health advice to colleagues and to women and families, and act as a resource on issues relating to the identification, assessment and mgt of MH problems
- Clinical links are to specialist perinatal mental health services in hub hospitals and liaison psychiatry services in spoke hospitals.

Note: The National Women & Infants Health Programme has committed to funding mental health support midwives for both hub and spoke hospitals.

Implementation of the MOC

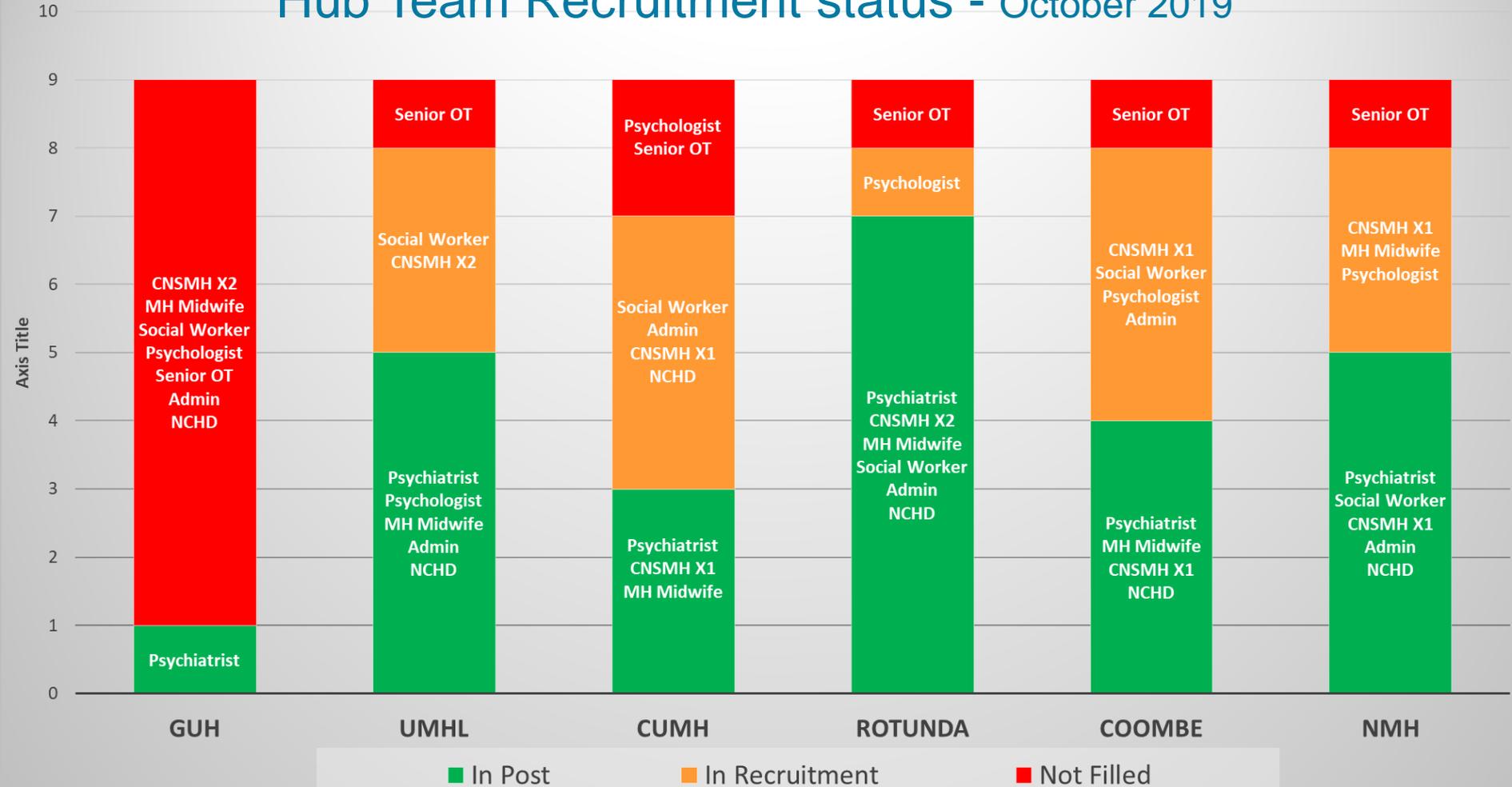
- Possible because of PFG funding (€3.6m) for specialist teams
- Additional funding from NWIHP for MH Midwife posts in hub and spoke sites.

Led by Clinical Lead and Programme Manager working with Mental Health and Maternity Services and the National Women and Infants Health Programme (NWIHP)

- National Oversight Implementation Group (NOIG)
 - established in April 2018
 - hubs join when a consultant is in place
 - support hub site development
 - develop spoke structure
 - education
- Dataset to capture clinical activity
- Advancing the MBU.

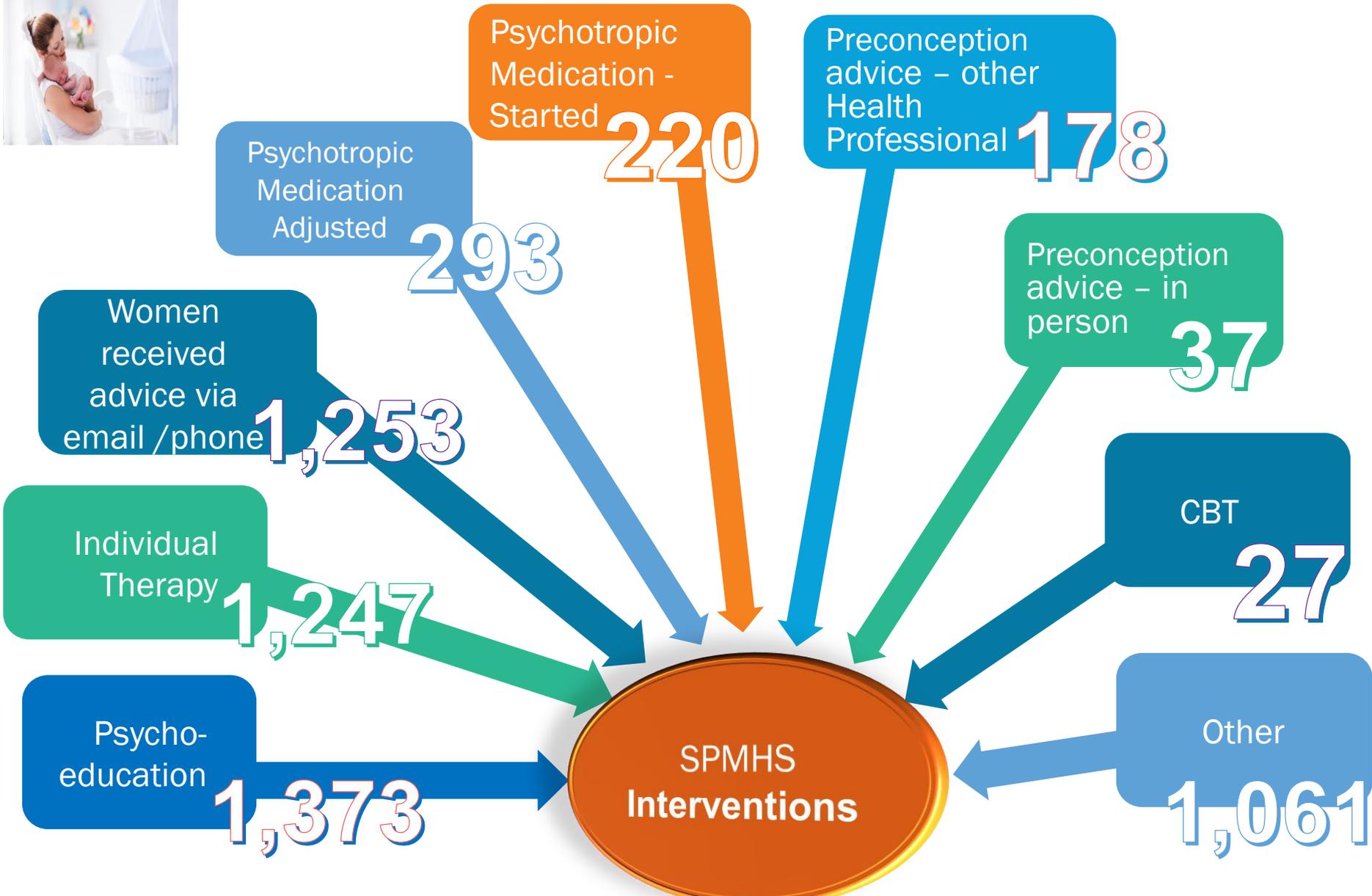
SPMHS Recruitment of Hub Teams

Hub Team Recruitment status - October 2019



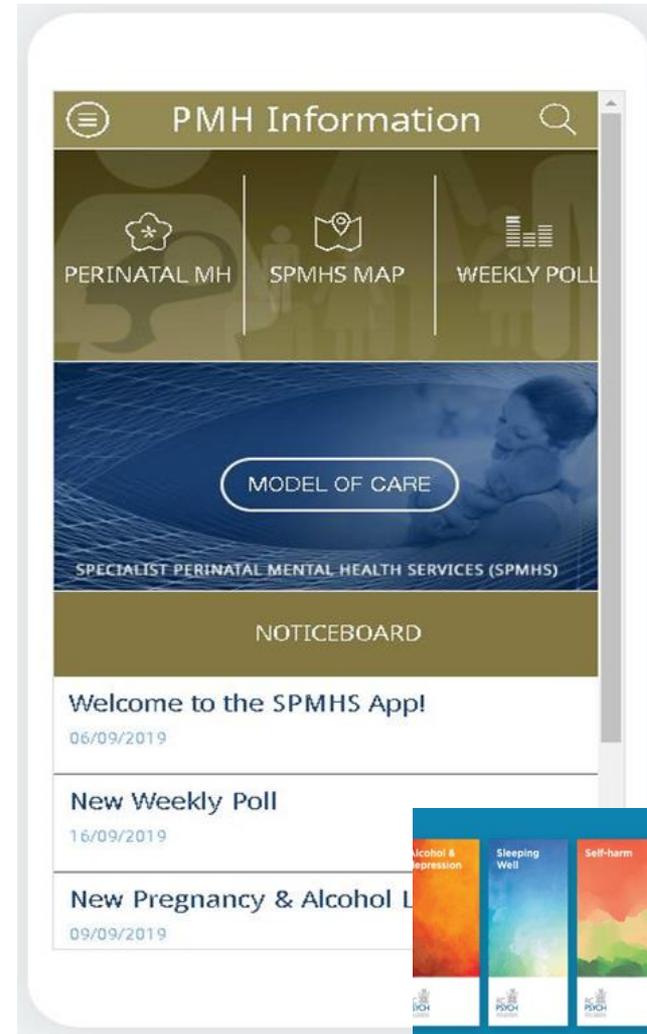
Accommodation: Major issue in all three HSE hospital sites.

Interventions provided (9mths) in 2 hub sites



Education & Training - frontline staff & Public Information

1. 4 new Psychiatrists to UK course
2. National training
 - 42 Hub & Spoke training 10th May
 - **220 SPMHS &** frontline staff attended 2 day training end May
3. SPMHS education app for Staff
 - SPMHS Team App
 - PMH wider healthcare app, PHNs CMHTs, Midwives etc.
4. Patient facing Information leaflets in development, will be available to SPMHS and GPs etc. online, also on the apps.
5. Links to Universities - on-going information talks – spoke sites and Conferences e.g. PMH in UHL 3rd Dec./ Team Training in UL 4th Dec.



Mother and Baby Unit

- Adverse effects of separating mothers and babies
- HRB and HIPE data on admissions of women with postnatal MH disorders
 - HRB – 18 in 2016
 - HIPE – 558 discharges of “Admission Type Maternity with a listed mental health illness” (conception to 6/52 post delivery)
 - All in maternity units/hospitals (16)
 - 174/558 in CUMH
 - 157 – depression
 - 342 – anxiety
 - 40-60 may have benefited from admission

Recommendation

- One 6 bedded national unit with suggested capacity to expand to 10 beds
- Purpose Built
- Suggested base: Dept. of Psychiatry, St. Vincent’s University Hospital Campus.



Summary

- Service response occurs in sites where women are seen in the perinatal period
- Embedded in maternity hospitals/units
- Specialist team based in maternity hospital/unit with largest number of births in each Hospital Group/Maternity network
- Response mild – severe
 - ↳ so MH midwife in each of the 19 maternity hospitals/units
- Links to primary care and community mental health service
- National support for implementation
- New recruitment process – major effect on **Galway**
 - derogation process, staff backfill and release in HSE sites
- **Accommodation** major issue in 3 HSE sites.

Context - SPMHS

Perinatal MH up to 2017



64,013 Births in 2016, **60%** of whom had no specialist perinatal services available

3X Part-time services in Dublin Mat. Hospitals



15,000 no. of possible perinatal MH problems/yr- moderate to severe

0 = no. of MBU's in place in Ireland



Perinatal MH MOC 2019



61,400 births in Ireland, 2018 but **more complex**

5/6X SPMHS Hub sites
MH Midwives in recruitment in 13 Spoke Sites during 2019



220 frontline staff at MDT Training
App developed & links to Universities UL & Maynooth

- SPMHS for all 19 Maternity hospitals/units
- Clear pathways identified
- On-going staff training
- MBU in development SVHC

SPECIALIST PERINATAL MENTAL HEALTH SERVICES

Model of Care for Ireland



Seirbhís Sláinte
Níos Fearr
á Forbairt



*Available to
download from:*

www.hse.ie

[http://www.hse
.ie/eng/service
s/list/4/Mental
_Health_Servic
es/](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/)

