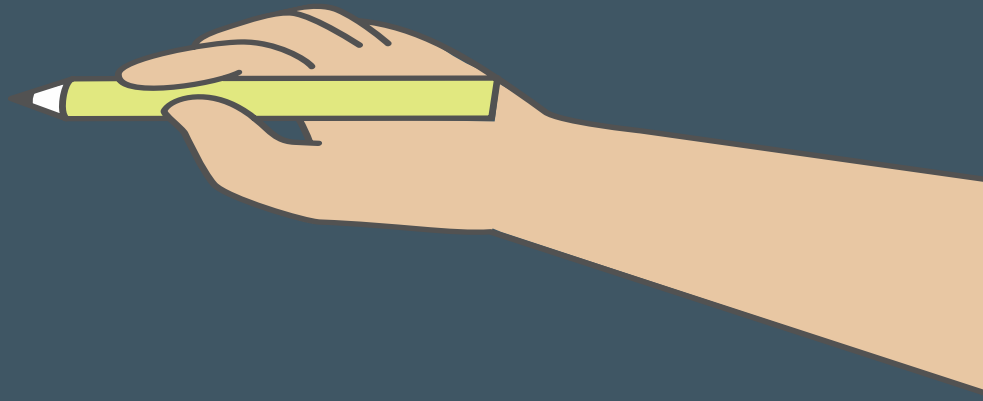
Greater Manchester Health and Social Care Partnership

INTEGRATING PERINATAL AND PARENT INFANT MENTAL HEALTH:

HOW CAN WE WORK TOGETHER TO MEET THE NHS LTP?



Parent Infant Foundation Workshop,
Dr. Pauline Lee, 27th April 2022

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

IT IS NOT "EITHER OR":

1. **Mother has 2nd baby. At 3 months post partum, she reports that she feels depressed, she is caring for the baby but feels no warmth towards her, has intrusive thoughts of wanting to harm baby, mother knows she will not do this. There are no developmental concerns regarding the baby. Baby is always in brand new clothes and looks sad. There is a lack of joy and pleasure with Mother and baby**

2. **Diagnosis of OCD and depression and offered medication, mother refuses medication**

3. **Psychological offer: Parent infant psychotherapy: focus is both on mother and infant, separately and together, until infant and relationship are deemed stable, then focus on mother. Both need our help.**

4. **Formulation: Pregnancy and birth of 2nd baby stirred up unresolved issues for mother of her own birth and relationship with her mother, she felt she was the messy baby who know one wanted to know about. Can't see Baby**

WE NEED TO READJUST OUR LENS:

A BABY CANNOT EXIST WITHOUT A PARENT

A PARENT CANNOT EXIST WITHOUT A CHILD

NEED TO THINK ABOUT EXPERIENCE OF THE INFANT

NEED TO THINK ABOUT THE EXPERIENCE OF THE PARENT

NEED TO THINK ABOUT THE RELATIONSHIP

WE NEED TO THINK ***FAMILY***

STRATEGIC DEVELOPMENTS: KEY TIME FOR PARENTS AND BABIES

CR232: Dual focus: perinatal mental health and parent infant mental health

Best start for life: Family hubs and parent infant services

CAMHS 0-5 years development

Our Task is MAMMOTH: No other time in life when so many different services, organisations, statutory and non-statutory can be involved with a family

Perinatal Infant Mental Health - GM: A Whole System

INTEGRATION – WHAT IT MEANS TO US

What are our principles?

- Ensure the voice of the parent and baby is heard throughout the whole system delivery of care

- Enhance engagement by offering services in ways that parents find acceptable, accessible and useful. Reducing inequalities in access and outcomes for all communities including those identified as vulnerable.

- Ensure ***all*** families are in scope including those universal, mild to moderate, to severe.

- Strengthen resilience, prevention and early intervention by widening the focus to offer support, guidance, and information, acknowledging that not all families will find their way to specialist services.

- Ensure connection between Early years and other children and families and adult services at a strategic and operational level, including 3rd sector and community resources.

INTEGRATION – WHAT IT MEANS TO US

Principles of GM Integrated Service:

- Seamless patient/family journey across universal, targeted and specialist services

- Flexible pathways – families can weave between services knitting together a tailored care package that adapts to the changing needs of the family
  - *Knowledge of system's expertise*
  - *Strong working relationships*
  - *Continual assessment of need*

- Promote patient specific and individualised MDTs
  - *Teamwork and communication*

LONG TERM PLAN EXPECTATIONS

- Care provided by specialist perinatal mental health services will be available **from preconception to 24 months after birth.**

- Expanding access to **evidence-based psychological therapies** within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions;
- Increasing access to evidence-based psychological support and therapy, including digital options, in a maternity setting.

- Offering **fathers/partners** of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required.

- **Maternity MH Services (outreach clinics)** will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

NEED ALL HANDS ON DECK!

LTP developmental areas include:

1. **Neonatal, Children's Wards, PICUs,**
2. **Learning Disability**
3. **Criminal Justice System**
4. **Foetal Medicine**
5. **Maternity, Health Visiting, Children's services**

Ports of entry

Both a mental health and public health priority

PRESENTING NEEDS FOR WOMEN

- Women with moderate mental health problems
- Women with complex mental health needs including women with multiple co-morbidities/multiple adversities
- Women presenting with ongoing mental health problems 12-24 months
- Women with moderate/complex mental health needs that impact on the parent-infant relationship
- Women with moderate depressive episodes
- Women with moderate recurrent depressive disorder
- Women with moderate anxiety disorders including OCD, GAD, PTSD
- Women with personality disorder/complex trauma
- Women with a previous brief/transient psychotic episode not under CMHT
- Women with a history of moderate mental disorder at risk of adverse psychological, social and parenting outcomes

- Women with mental health needs arising from the maternity experience (MMHS)
- Women with mild mental health problems with trauma/adversities likely to impact on parenting and infant development

EXPERIENCE OF THE PARENT (AND BABY)

1. Parent may have poor experiences of being cared for, attended to, responded to, listened to – how then does this effect their developing relationship with their newborn (what is the experience of the baby)

2. Parent may be full of sadness, grief, guilt, unable to attend to their newborn, let alone see them in their own right (what is the experience of the baby)

3. Parent may be terrified of being with their baby, anxious, scared, persecuted by just holding their baby (what is the experience of the baby)

EXPERIENCE OF THE INFANT

1. **Baby is barometer of the household: When GPs and health visitors refer babies with a variety of complaints, this indicates family disturbance**

2. **Observation and reflection of what you see, what is it like to be this baby? What do you feel?**

3. **What does an infant feel when their parent is depressed or anxious or disconnected, what do they see, how does it affect them?**

4. **What is the fit between the parent and infant**

INTEGRATION: NEXT STEPS

What needs to happen?

- Better integrated care requires the breaking down of the long-standing barriers between NHS Trusts, hospitals, mental health and public health services, children and adult services, 3rd sector services etc.
- Getting there requires system leadership: the creation of **collective leadership** across all of the system, for the benefit of the whole.
- These new systems will need ‘coalitions of the willing’
- Integration is hard. It needs time, care and attention. It needs commitment from everyone.

INTEGRATION: NEXT STEPS

Challenges

- Complex integration between multiple providers and services
- Variation in existing services
- High-cost services and resources are limited
- Workforce – varied availability and competence
- Increasing demand and complexity
- Confusion for families – a patient could be under multiple services

INTEGRATION: NEXT STEPS

How do we overcome challenges and move towards full integration?

- Building up services to same level
- Breakdown barriers between services and promote understanding of service offer
- Share understandings of different formulations
- Help perinatal see the infant, help PIMH see the parent
- Develop understanding of system's expertise - sharing of expertise within MDT
- Continual assessment of family's need so they have access to the right intervention, at the right time
- Ensure operational and clinical leadership involvement

- **Strong working relationships:**
  - Co-location of services
  - Reflective practice across services
  - Learning together – joint learning events, conferences, case studies, reflective practice
  - Complement skills in workforce
  - Open channels of communication and breaking down of barriers between services

INTEGRATION: NEXT STEPS

How do we integrate services into communities?

- Meaningful public engagement
- Co-designing services
- Promotion of services
- Understanding how to engage populations and develop population specific services
- Cultural competence
- Equal access to all services, understanding the barriers to access