



Perinatal Mental Health

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OPERATIONAL TEAM LEAD NEWHAM PERINATAL SERVICE

Your Local Perinatal Team

- ▶ <https://www.swlstg.nhs.uk/our-services/find-a-service/service/perinatal-mental-health-service>
- ▶ You can phone us on 0203 513 6577 or email: perinataladmin@swlstg.nhs.uk

What is Perinatal Mental Health

- ▶ This is the term used to describe the impact on the mother developing foetus/infant and family, the term perinatal mental health, is now commonly used to describe mental health in the period from conception to **1 year** following the birth of the child
- ▶ It is largely understood that services will provide pre conception consultation to nay woman with a serious mental illness cosndiering having a baby

Perinatal Mental health Teams

- ▶ Multi- disciplinary teams, working across local communities with women and their families where the women present with serious mental illness.
- ▶ Clinics are offered in the community as well professionals visiting at home.
- ▶ Treatment focus is on prophylactic intervention, medication management, education, support of the mother/baby relationship, risk assessment and risk management, psychological intervention, if needed facilitating hospital admission to a mother and baby unit.

Range of Mental Health conditions

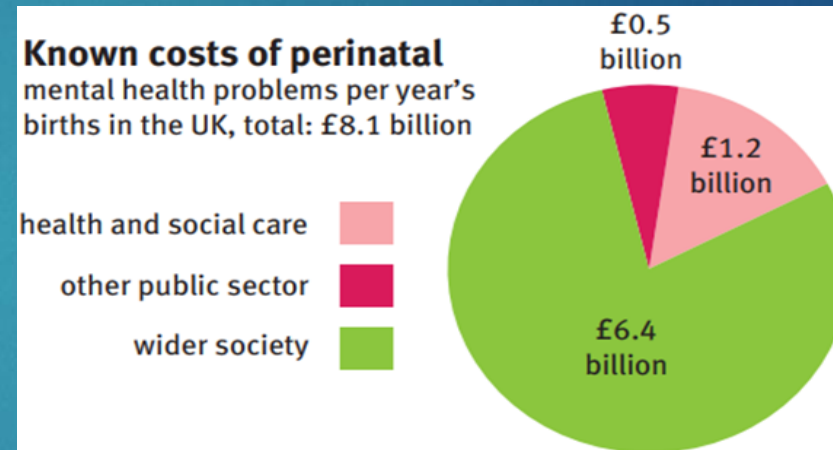
- ▶ Bipolar Affective Disorder
- ▶ Schizophrenia / Schizoaffective disorder
- ▶ Previous Postpartum Psychosis
- ▶ Severe Depression
- ▶ Other psychotic illness
- ▶ Post Traumatic Stress Disorder,
- ▶ Eating Disorders,
- ▶ Obsessive Compulsive Disorder
- ▶ Personality Disorder
- ▶ Depression
- ▶ Anxiety disorders

The Importance of Perinatal and Infant Mental Health: Prevalence and Impact

Impact

- ▶ 1 in 4 women are affected by perinatal mental health problems
- ▶ Maternal suicide is still one of the leading cause of death when looked at over the perinatal period
- ▶ Mental illness is the most common serious health problem that a woman can experience in the perinatal period.
- ▶ Approximately 10% fathers experience PMI but 25-50% of fathers will experience perinatal anxiety or depression when the mother also has a PMI.
- ▶ The impact for the fetus, the infant/child having a parent with MI is not inevitably negative, but they are at increased risk for a range of poorer outcomes- essential that we are proactive and intervene at the earliest opportunity.

Cost



Mental Illness Impact on Functioning and Parenting

- ▶ Across the Range of Mental illnesses, it is likely that patterns of thought, behaviour, mood and physical symptoms/changes will be experienced.
- ▶ Physical- disturbed sleep pattern even when baby sleeps, appetite disturbance, weight loss physical agitation or retardation, experiencing pain, loss of libido, reduced energy, palpitations, rapid breathing, dizziness.
- ▶ Mood: low mood, tearful crying, feeling hopeless, elation, rapid changing mood pattern, detached, guilt, suicidal feelings,
- ▶ Thoughts, self critical, self blaming, unworthy, I'm a bad mother/parent, confusion, racing thoughts, delusions/hallucinations, excessive worries, fearful, blank mind, impaired concentration/memory, poor insight, paranoid

Mental Illness Impact on Functioning and Parenting

- ▶ Behaviour- Avoidant of others, could include baby. Withdrawn from others/tasks etc, struggle with structure routine, potentially hostile, distressed, tired, poor motivation, unable to engage with joy, intrusive behaviour, poor boundaries, incoherent speech, changed speech pattern, difficult to understand, potential for risky behaviours.
- ▶ Parenting: depending on level/severity, of altered functioning the attachment, bond and ability to provide a safe secure environment can be affected. Ranging from struggling to meet basic needs through to disorder attachment.

Impact on Baby/child

- ▶ *There is no such thing as a baby...if you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone, but is essentially part of a relationship (Winnicott 1978:88).*

Impact on child

- ▶ Interactions of mothers with mental illness can be less contingent and infant-focused.
- ▶ Less active, responsive and decisive.
- ▶ Difficulty in mother's understanding their child's needs, misreading cues
- ▶ Difficulty soothing the child
- ▶ May be disengaged with lower levels of warmth and acceptance.

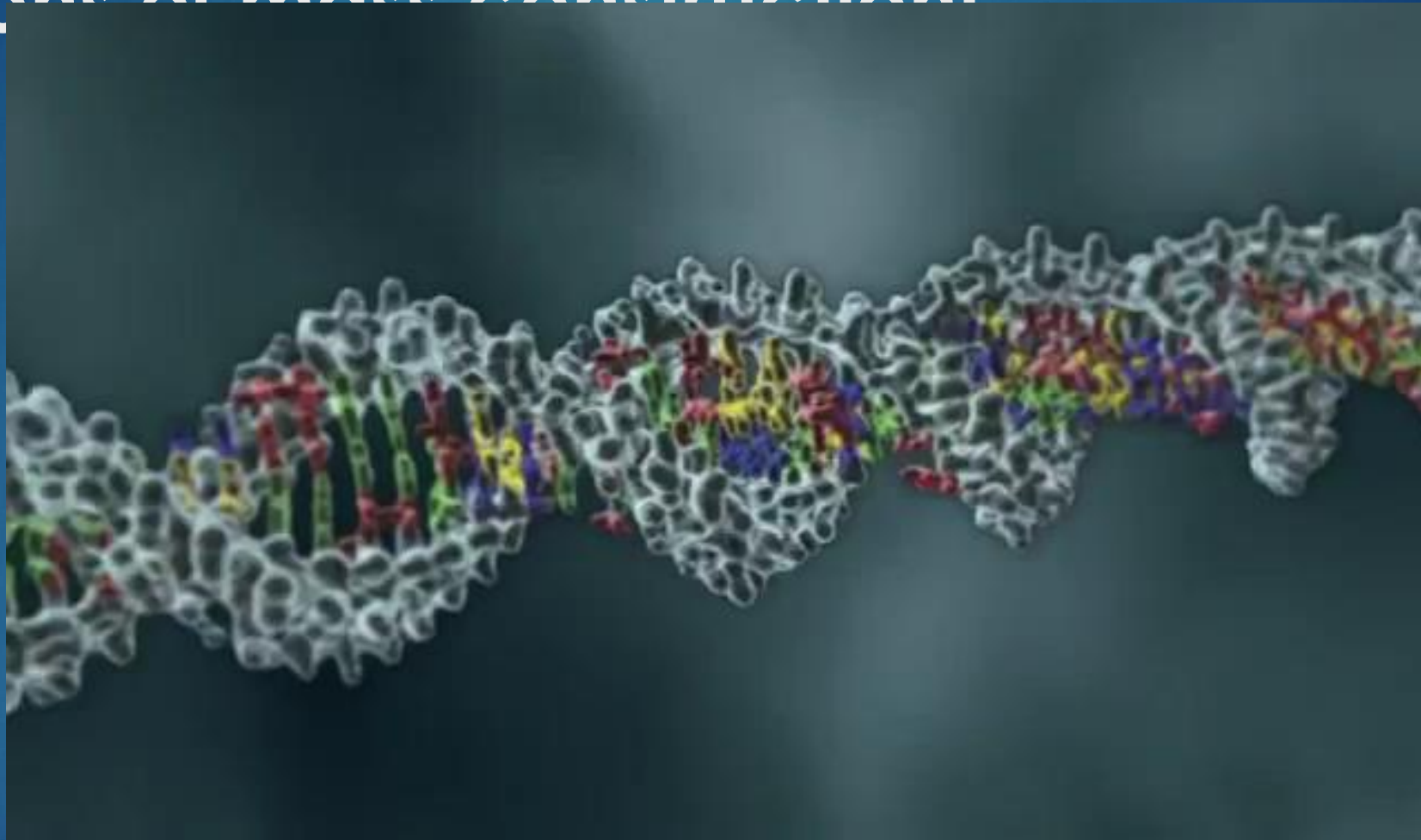
Attachment

- ▶ Caregivers activate the growth of those regions of the brain through emotional availability and reciprocal interactions.
- ▶ Attachment is a fundamental aspect of child development.
- ▶ Attachment seeking behaviour by a child, when he or she senses discomfort of any sort e.g. pain, fear, hunger, cold.

Videos

- ▶ Still face-
- ▶ <https://www.youtube.com/watch?v=apzXGEbZht0>

Epigenetics: The opportunity to develop weapons of mass construction!



<https://www.youtube.com/watch?v=9AfBsTAQ8zs#t=38>

What can you do?

What is needed

- ▶ Genuineness
- ▶ Unconditional positive regard
- ▶ Empathy
- ▶ Warmth
- ▶ Flexibility
- ▶ Responsiveness
- ▶ Listening skills
- ▶ Reflection skills
- ▶ Summarizing
- ▶ Questioning skills
- ▶ Ability to collaboratively problem solve any difficulties in the person's treatment plan or the relationship between the therapist and the patient

What Can you Do?

- ▶ Single, known person for coordinating assessment and management of mental health problems (NICE 2014)
- ▶ Sufficient listening (clinically interested and willing to hear about each woman's unique experience in a non-judgmental way)
- ▶ To be trustworthy, genuine and warm
- ▶ To instill hope and optimism
- ▶ Technical competence (skilled and possessing the right qualifications to be helpful)
- ▶ To offer choice and negotiate appropriate focus of treatment (directive / non-directive?)

Henshaw et al (2011)

Speak to your Perinatal Team/ Refer.



Questions ?