National Programmes Day Title of Conference: National Clinical Programmes-Recovery, Resilience, Reform #3RsBetterHealthNCP22



Specialist Perinatal Mental Health Services: Development in Ireland

National Clinical Programmes: *Reform, Recovery, Resilience*



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Context

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



88

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2,013

2,013

10,066

20,133

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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

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

Post traumatic stress disorder (PTSD) PTSD is an anxiety disorder caused by very stressful,

Fightening or distressing events, which may be relived through intrusive, recurrent recollections, flashbacks and nightmares. Rate: 30/1000 maternities

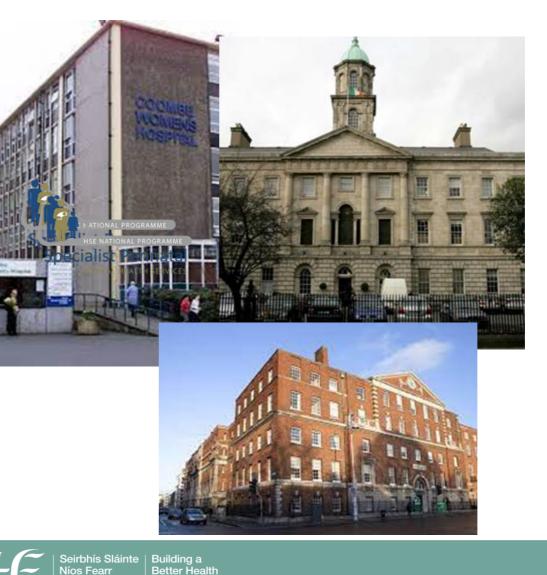
Mild to moderate depressive illness and anxiety states

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

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

Perinatal Mental Health Services prior to $MOC \rightarrow 4.0WTEs$ (Dublin only).



á Forbairt

Service



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.

Importance of identifying and treating perinatal mental health problems

The impact:

- > The mother
- The infant: lifelong significant emotional, behavioural and cognitive problems
- > The wider family.

The cost:

- > UK study: £8.1 billion /year
- > £10,000 for every single birth
- > To remedy: £600 per/ birth



The Strategy: HSE Mental Health Division 2016

- Response: to the DOH National Maternity Strategy 2016
- Design: Multidisciplinary with service user input (AIMS Ireland)
- Launched: 30th November 2017
- Covers:
 - Specialist perinatal mental health response to women with moderate to severe mental health problems
 - Response to women with mild-moderate problems
 - during pregnancy and first year post partum
- Both: Integrated with maternity services.



SPECIALIST PERINATAL MENTAL HEALTH SERVICES





Hub and Spoke Network

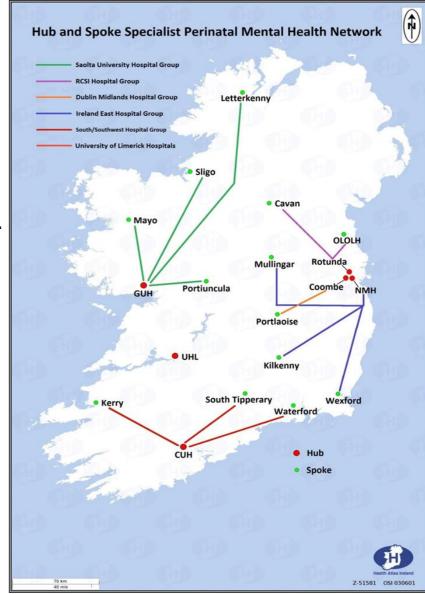
- 19 maternity services: birth numbers 1,000 to 9,000/year
- Hub and Spoke model recommended
- In line with maternity networks and developed within hospital groups.

Hubs: host multidisciplinary specialist teams led by perinatal psychiatrists.

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

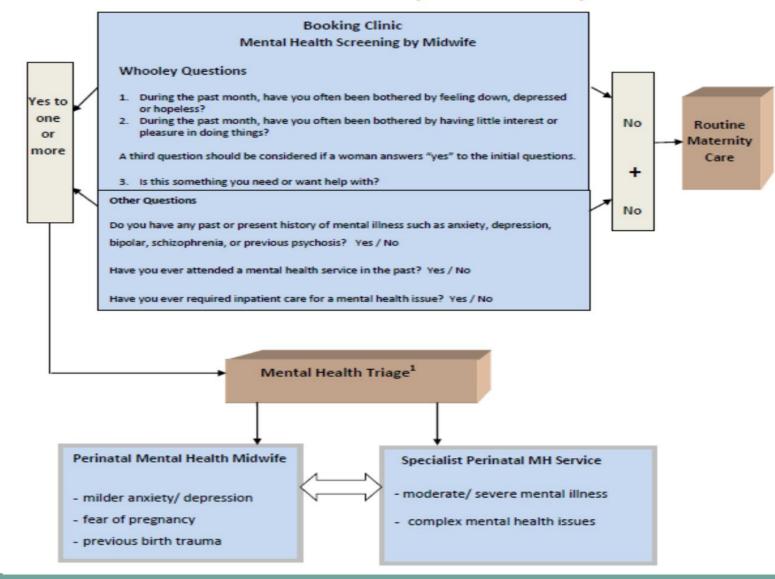
Spokes: Liaison Psychiatry

Both: Perinatal Mental Health Midwives.



Clinical Pathway

Perinatal Mental Health Referral Pathway – within Maternity Services





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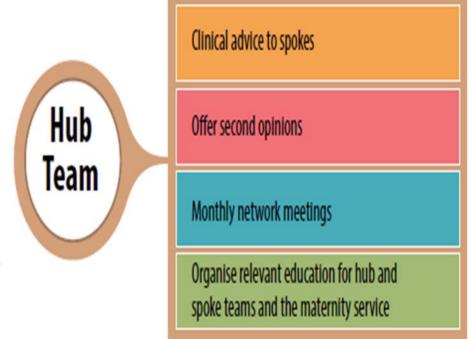
Responsibility of the Hub Team

➢ 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.





Implementation of the MOC – four years on

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

- Recruitment
- Induction in conjunction with Hubs
- National Oversight Implementation Group
 - established in April 2018
 - hubs joined when a consultant is in place
 - each discipline represented
 - support hub site development
 - develop and support spoke structure
 - education and training (specific team training and PMH App)
- Dataset to capture clinical activity (in development)
- Advancing the Mother and Baby Unit (MBU).

Funding

- PFG funding (€3.6m) for specialist perinatal mental health teams
- Funding from NWIHP for PMH Midwife posts (€1.2m) in hub and spoke sites.
- Combination of national leadership and funding together with joint working from Maternity and Mental Health Services key enablers for implementation.

SPMHS Hub Sites – WTE update

SPMHS Hub sites	UMHL	CUMH	GUH	Coombe	Rotunda	NMH
Perinatal Psychiatrist	1.0	1.0	1.0	1.2	1.0	1.0
HST Snr Registrar	1.0	1.0	1.0	1.0	1.0	1.0
Administrator	1.0	1.0	1.0	2.4	1.0	1.0
CNSMH x1	1.0*	1.0	1.0	1.0	1.0	1.0
CNSMH x1	1.0	1.0	1.0	1.0	1.0	1.0
PMH Midwife x1	1.0*	1.0	1.0	1.0	1.0*	1.0
PMH Midwife x1	1.0	1.0	-	1.0	1.5	1.0
Snr MH Social Work	1.0	1.0	1.0	1.0	1.0	1.0
Snr Psychologist	1.0	1.0	1.0	1.0	1.0	1.0
Snr O.T.	1.0	1.0	1.0	1.0	1.0	1.0
Total	10.0	10.0	9.0	11.6	10.5	10.0
*cANP and cAMP posts in UMHL and AMP post in Rotunda Hospital.			SPMH Hub Site total: 61.1WTEs			

Note: Snr O.T. posts last discipline- filled this year. Posts in red are the currently in recruitment. Includes additional posts gained this year through an application to Women's Health taskforce and through the ANP/ AMP ONMSD process.

Spoke Sites

> 13 maternity units all in Level 3 hospitals

MHS provided by existing liaison psychiatry service

> MOC: augmented by a PMH midwife

Spoke linked to Hub in relevant Hospital Group.

SPMHS - PMH Midwives

All now recruited:

NMH (Dublin Sth East)
Wexford, Mullingar, Kilkenny
Rotunda (Dublin Nth & Nth East)
Cavan, Louth

Coombe (Dublin South West)

- Portlaoise

CUMH (Cork Hub)

- South Tipperary, Waterford, Kerry

UMHL (Limerick Hub)

GUH (Galway Hub)

- Donegal, Mayo, Portiuncula, Sligo.



Key enablers of reformation and recovery – four years on...

What was good?

- ✓ Implementation mechanism established at time of launch by the Mental Health Division
- Existing highly trained staff in perinatal mental health in Ireland worked closely with all stages of design and implementation
- ✓ **Funding** available at the time of Model of Care launch
- ✓ **Collaborative** working with National Women and Infants Health Programme
- ✓ Development of **perinatal mental health midwife role** nationally
- ✓ **Good working relationships** established with all hub and spoke sites
- ✓ The Programme was able to work closely with the **HSE National Recruitment Service** to:
 - develop bespoke panels to fill posts in line with specifically designed job descriptions
 - run competitions for the three HSE sites together enabling each post to be filled in a timely manner
- ✓ Providing bespoke training
- Development of the PMH Healthcare App for all frontline staff as an efficient way of providing PMH specific information and training to SPMHS teams and other frontline staff.
- 6 full-time higher trainee posts in perinatal psychiatry were funded by the HSE and approved by the College of Psychiatrists of Ireland.

More to do: ensure resilience

- SPMH Team and clinic accommodation: Galway, Cork and Limerick
- National Mother and Baby Unit
- Cascade Training: PHNs, Practice Nurses, Community Midwives, Community Mental Health Teams.
- Strengthen spoke links with hubs and liaison psychiatry
- Community mental health nurse lead in each double sector
- PHN lead in each CHO for Perinatal Mental Health
- Bespoke IT database: clinical activity, patient outcome and feedback.



And for women and their infants..

- Mental health problems
 - common
 - not their fault
- Reform the system to meet
 - their needs
 - needs of their infants
- Recovery focused services
 - accessible response
 - skilled staff
 - hope imbued
- Resilience
 - enhanced in women
 - develops in infants where mother-infant bond the focus
 - lifelong benefit for infants, into adulthood.





SPECIALIST PERINATAL MENTAL HEALTH SERVICES

Model of Care for Ireland









Further information and supports at:

Web: <u>www.hse.ie</u> search: Perinatal Mental Health

▼ :@HSE_SPMHS



Perinatal Mental Health App Available to Healthcare Staff at:

https://pmh.healthcarestaff.app





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