The View from the Ground:
Service Delivery of Psychological Therapies in the Perinatal Period

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Overview

- What People Say
- Level of Need
- Service Context
- Current Provision
- Strategic Development
What People Say

• “I have found talking therapy extremely useful in coping with depression, finding solutions, and helping me work through issues of parenting. These will help me in years to come. I'm also glad I was able to avoid needing the medication.”

• “[My nurse and psychologist] saved my life and the life of my two boys. If they didn’t help me at the right time my boys would not have me with them.”

• Regarding psychological interventions: “What is currently available is really good, there is just a lack of capacity to provide what is necessary” (SLaM RCP Perinatal Quality Network Peer Review Inspection, 2015)
776,352 live births in the UK in 2014
Psychological therapies are recommended for all these disorders across all severities (NICE)
• **Women request psychological therapies** (Buist, O’Mahen & Rooney, 2015)

• They are often cautious about taking medication in the perinatal period and we know that the cost-benefit ratio for medication is adjusted at this time (NICE, 2014)

• **There is a huge demand across all types of mental health problem, across all levels of severity and across all service settings**
Service Provision

- GPs
- Health Visitors
- Maternity
- Neonatology
- Children’s Centres
- Mother and Baby Inpatient Unit (MBU)
- Community Perinatal Mental Health Team
- Improving Access to Psychological Therapies (IAPT)
- Adult Mental Health
- Children’s Social Care
- CAMHS
- Third Sector
- Public Health
# Stepped Care

<table>
<thead>
<tr>
<th>Step</th>
<th>Who is responsible for care?</th>
<th>What is the focus?</th>
<th>What do they do?</th>
</tr>
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<tbody>
<tr>
<td>Step 1</td>
<td>GP, practice nurse</td>
<td>Recognition</td>
<td>Assessment</td>
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<td>Step 2</td>
<td>Primary care team, primary care mental health worker</td>
<td>Mild mental health problems</td>
<td>Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions</td>
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<tr>
<td>Step 3</td>
<td>Primary care team, primary care mental health worker</td>
<td>Moderate or severe mental health problems</td>
<td>Medication, psychological interventions, social support</td>
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<td>Step 4</td>
<td>Mental health specialists, including crisis teams</td>
<td>Recurrent, atypical and those at significant risk</td>
<td>Medication, complex psychological interventions, combined treatments</td>
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<td>Step 5</td>
<td>Inpatient care, crisis teams</td>
<td>Risk to life Severe self-neglect</td>
<td>Medication, combined treatments, ECT</td>
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Perinatal psychological therapies have a high degree of specialism
  
  • Complex and comorbid problems requiring formulation led evidence based intervention
  
  • Focus on mother-infant relationship and the broader system (couples, families)
  
  • Problems specific to the perinatal period e.g. birth trauma, fear of childbirth, perinatal loss, attachment issues

They directly address the attachment relationship with related outcomes for the child as well as the mother.
  
  • Investing in psychological therapies will lead to cost savings in other areas (LSE/PSSRU report)
Perinatal Clinical Psychology in Specialist Settings

- Perinatal Clinical Psychology expertise can apply across settings: MBU, community teams, maternity, neonatology
- Advantages of embedding psychology in each context
- Key roles in supervision, consultancy, training, leadership
Evidence based psychological therapies for mild to moderate mental health problems - diagnosis focused treatment for depression and anxiety disorders

Low intensity (e.g. guided self-help) and high intensity (e.g. individual CBT)

**Perinatal psychology is a new specialism in IAPT:** how to allow for the specialist requirements whilst integrating with IAPT structures

- Prioritisation of women in the perinatal period
- Need for specialist training in perinatal psychological therapies
- Need for specialist supervision – how can this best be provided?
Developing Perinatal IAPT

- **London Perinatal IAPT Network**
  - Perinatal Leads
  - Perinatal MH Training
  - Workstreams: Triage; Information leaflets
- **Challenges:**
  - Service pressures to offer low intensity interventions which conflict with the need to access the right level of intervention quickly in the perinatal period.
  - Staff turnover poses problems for specialist training
This is the current level of specialist perinatal community MH provision.

What is the current level of perinatal clinical psychology provision?

Psychological therapies are even less well resourced.
Current Workforce

- BPS DCP Workforce Data October 2015
  - Estimated 86 wte Perinatal Clinical Psychologists in the UK (at least 32.6 wte)
  - Equivalent to 0.046 – 0.1 per 1000 births
- Benchmarking
- BPS Briefing Paper No.8 Recommendations
- There is a huge shortfall in what is required for perinatal clinical psychology provision
The Next 5 Years

- Perinatal MH provision will be transformed
- **The scope of the change required is arguably biggest for psychological therapies** because it spans all presentations through mild, moderate and severe as well as all MH service contexts: IAPT, community, MBU, maternity.
- **Powerful drivers:**
  - NICE guideline and quality standard: assessment within 2 weeks of referral and access to psychological therapy within 6 weeks of referral
  - RCP PQN Standards: Clinical Psychology Type 1 (essential) in community teams
  - Commissioning guidelines to be published
An opportunity for co-ordinated strategic development

The different systems are interrelated:
- Share expertise
- Avoid duplication
- Allow savings elsewhere in the system

For example:
- Well functioning IAPT and Maternity services can reduce numbers of women needing to access community or MBU services
- Shared leadership and supervision across systems
Conclusions

• Psychological therapies are particularly crucial in the perinatal period and are central across all levels of severity and all perinatal MH service settings

• The scale of change required is enormous

• Planning and implementing changes strategically across systems will help to deliver both high quality and cost-effective care
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