PERINATAL MENTAL HEALTH - IMPROVING PATIENT CARE

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PERINATAL MENTAL HEALTH

- RCGP Clinical Priorities Programme
- Perinatal Mental Health: 2014-2017
- Dr Judy Shakespeare, RCGP Clinical Champion
  - Awareness raising
  - Education
  - Collaborative working
- Clinical Fellow Role

WHY IS PERINATAL MENTAL HEALTH SUCH AN IMPORTANT PRIORITY AREA FOR GPS?

- Under reported
- Under diagnosed
- Under treated
- Under estimated

BACKGROUND INFORMATION

Perinatal Mental Health problems are common – up to 20% women

What do you think are the rates of incidence per 1000 women?

- ? Postpartum psychosis
- ? PTSD
- ? Mild-moderate-severe depression

CASE HISTORY

Jenny, 34yr, called to ask about her blood results taken the week before. She'd been seen by my colleague complaining of feeling "tired all the time" and initial thoughts were anaemia? Thyroid?

All bloods were normal – "But why do I feel so exhausted?"

Further questioning revealed she was mother to 5 children under 12, the oldest with ASD and the youngest only 5m. She also had a past history of postnatal depression less obviously in her notes.

I offered an urgent appointment 2d & after further discussion it was clear she was struggling with postnatal depression. We discussed options, agreed on an antidepressant & to review in 2 weeks.

Initial improvement in feeling able to talk to HV team, her partner and her family about how she was feeling and then a month on – significant improvement in her mood, energy, sleep and outlook

Rates of perinatal psychiatric disorder per thousand maternities	
Postpartum psychosis	2/1000
Chronic serious mental illness	2/1000
Severe depressive illness	30/1000
Mild-moderate depressive illness and anxiety states	100-150/1000
Post-traumatic stress disorder	30/1000
Adjustment disorders and distress	150-300/1000

JCC-MH: Guidance for commissioners

of perinatal mental health services 2012

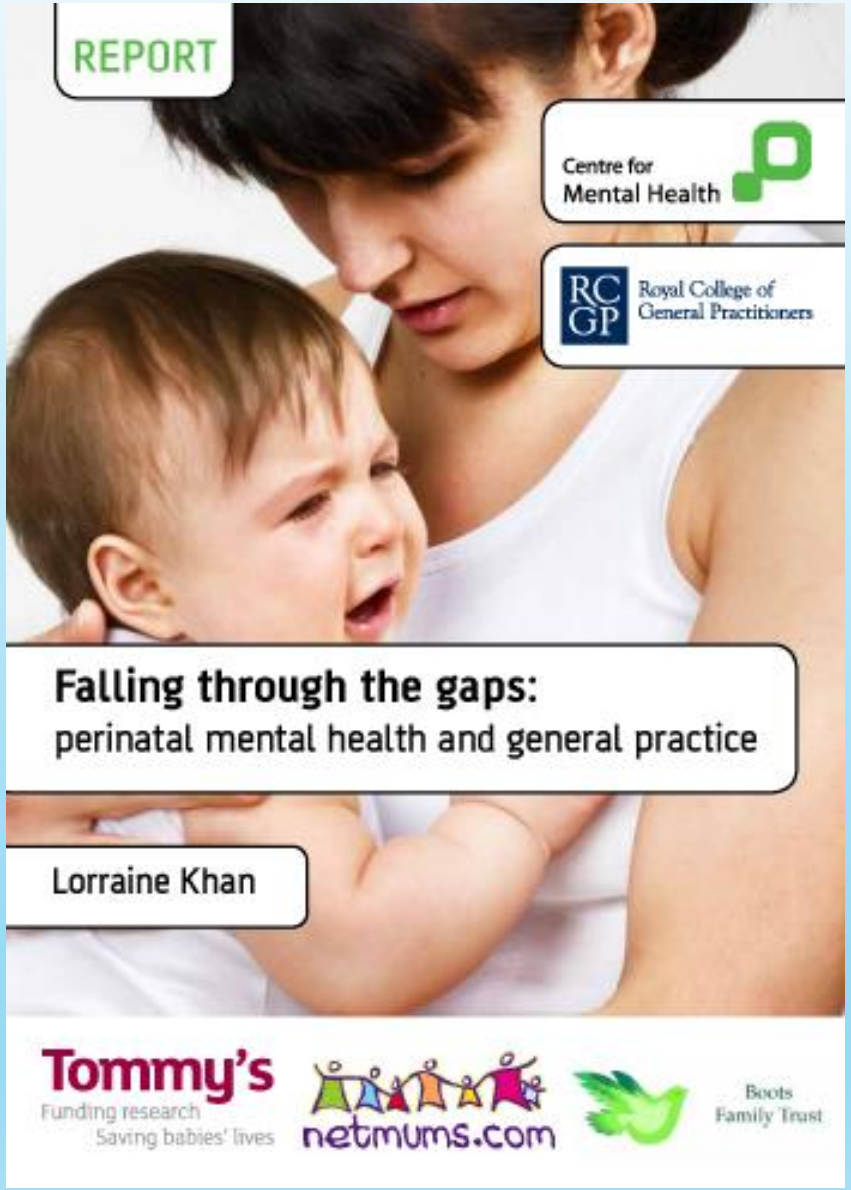
BARRIERS TO IDENTIFICATION OF PERINATAL MENTAL ILLNESS

50% of cases PMH illness undiagnosed

Complex myriad of factors:

- Patient
- Professional
- Systemic

Qualitative data from GP & service user surveys



UNDER-REPORTED

Many reasons why women may not disclose their feelings to HCPs:

- Stigma
- Fear of being seen as a “bad mother”
- Lack of awareness on woman’s part they may be ill
- Fear baby may be taken away through social services involvement

UNDER-DIAGNOSED

90% of women with PMH illness are managed in primary care so why do so many fall through the net?

Barriers limiting GP diagnosis of PMH problems:

- "Cultural contradication"
- Dismissing or normalising symptoms
- Lack of time - competing priorities
- Assumption someone else has asked the questions
- Lack of training and competencies

SYSTEM WIDE FACTORS

- Workforce issues
- Lack of continuity of care – different HCP each visit
- Fragmentation of extended primary care teams, MV & HVs may no longer be on site
- Postcode lottery – only a fraction of women in the UK have access to specialist PMH services

UNDER -TREATED

- NICE GUIDELINES 2014 – Key principles included:

  - preconception care
  - shared care plan
  - lead professional in co-ordinated care
  - rapid access to IAPT
  - cautious use medication

  - https://www.nice.org.uk/guidance/cg192

UNDER –ESTIMATED EFFECTS

- the woman
- the child
- the partner
- the bigger picture

CONFIDENTIAL ENQUIRY

Review of Maternal Deaths in UK 2011-2013

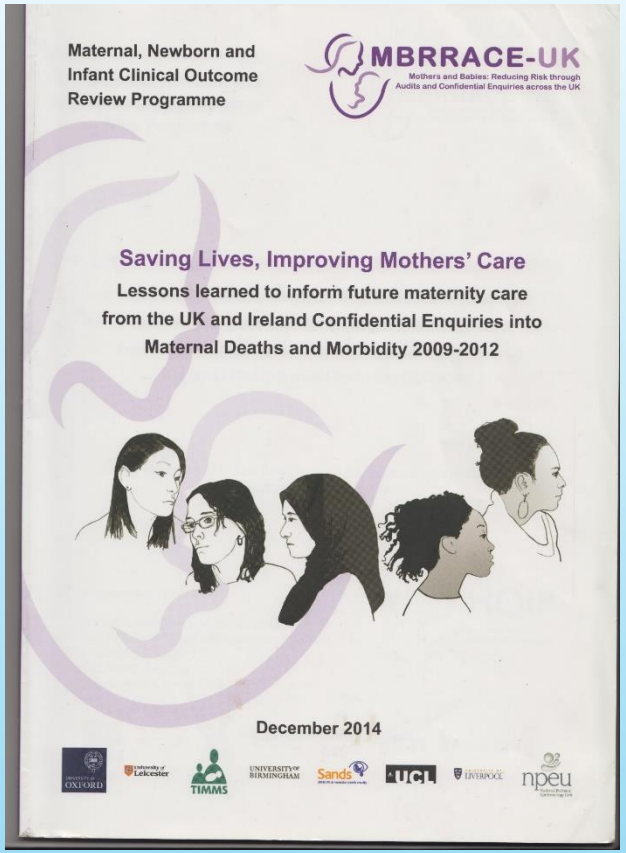
(published Dec 2015)

Reductions in deaths related to direct causes

(VTBE, pre-eclampsia, haemorrhage, infection)

No reductions in deaths from indirect causes

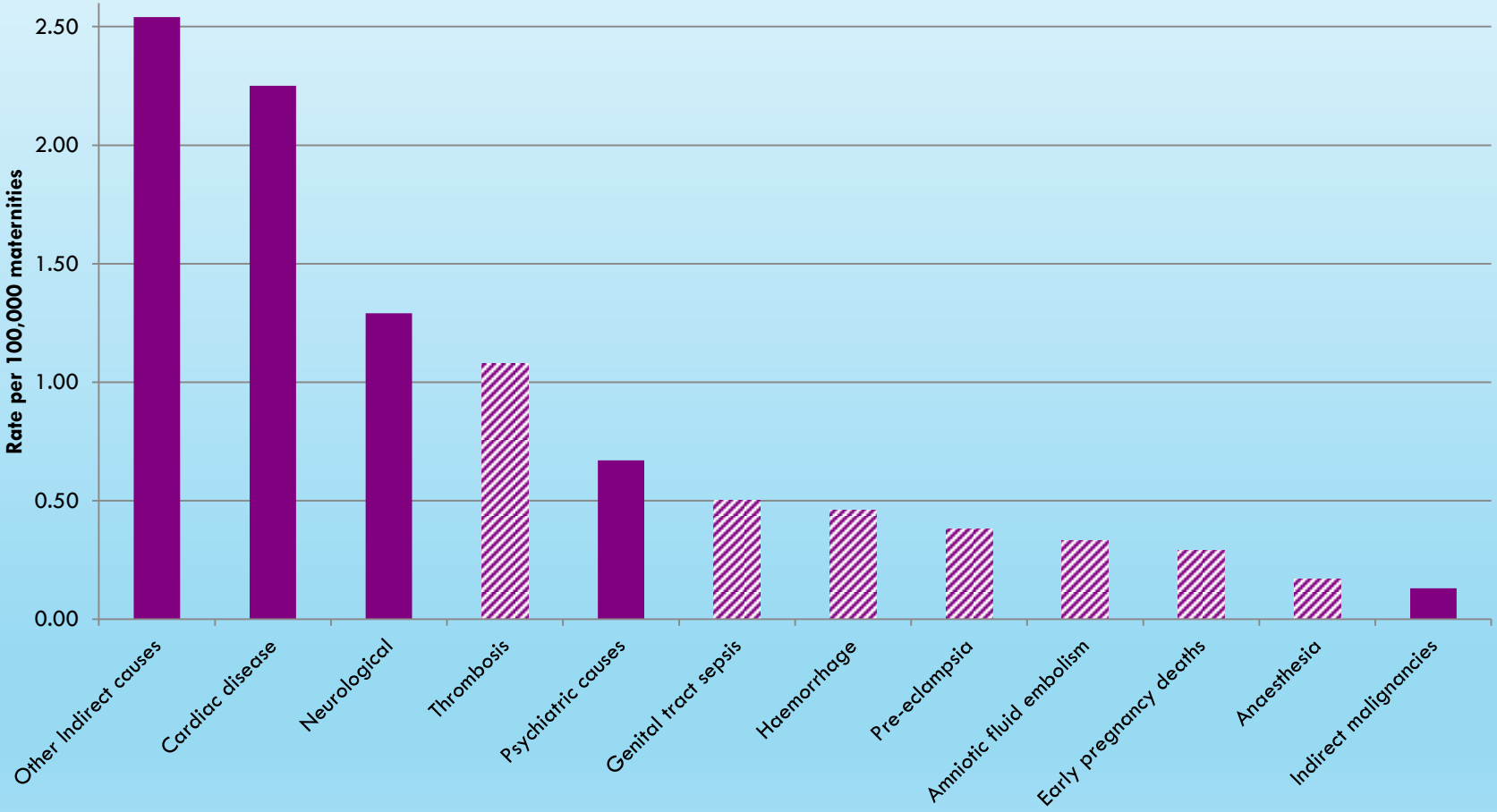
(heart disease, epilepsy, MENTAL HEALTH, cancer)



Mental Health problems remain leading cause of maternal death in perinatal period

25% late deaths of women from 6/52 to 1yr postnatal due to mental health causes

CAUSES OF MATERNAL DEATH 2009-12



Solid bars show indirect causes, hatched bars show direct causes

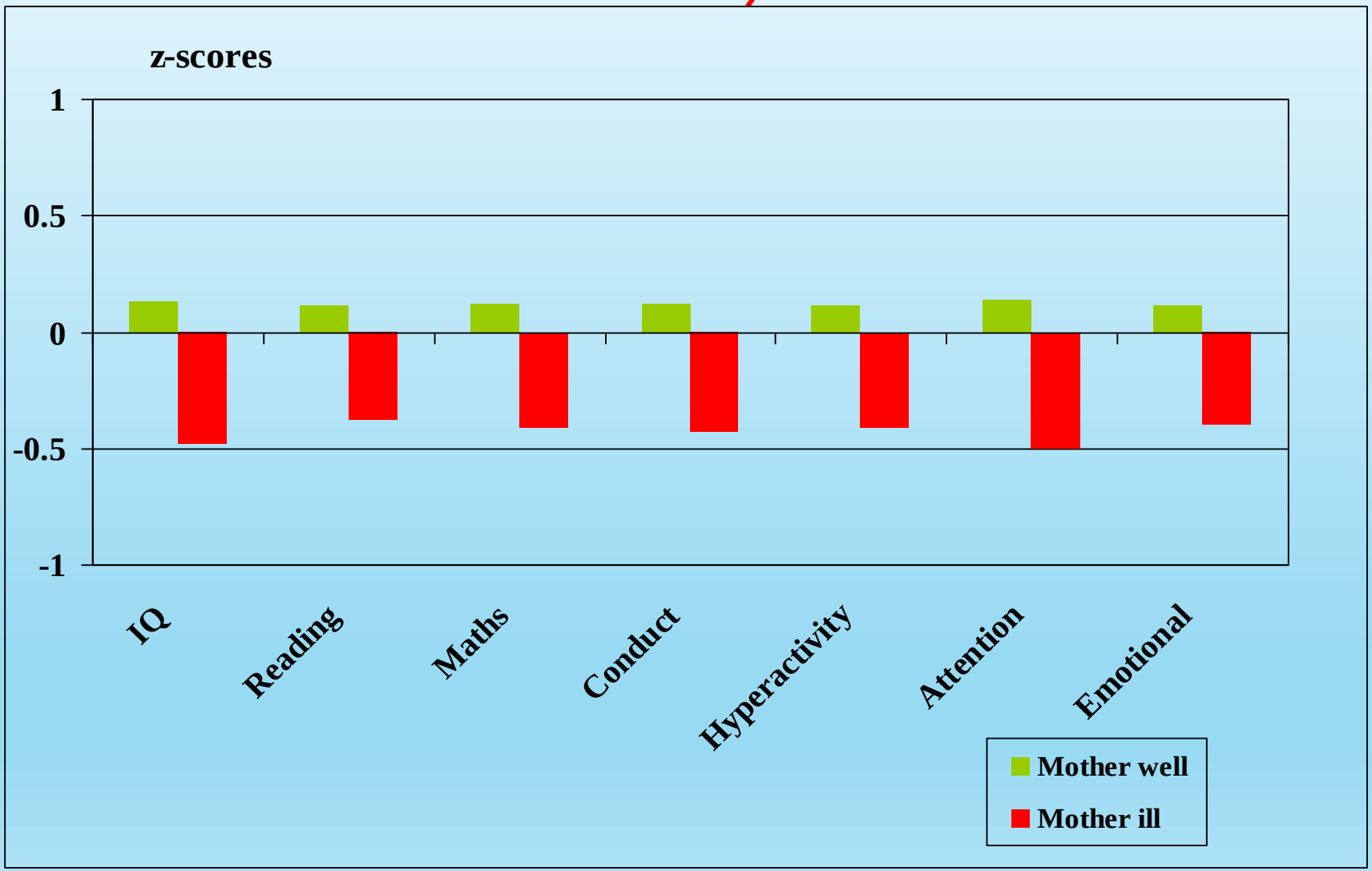
IMPACT OF PERINATAL MENTAL HEALTH ON CHILD

Effect on behaviour, development, emotion, intellectual, social effects

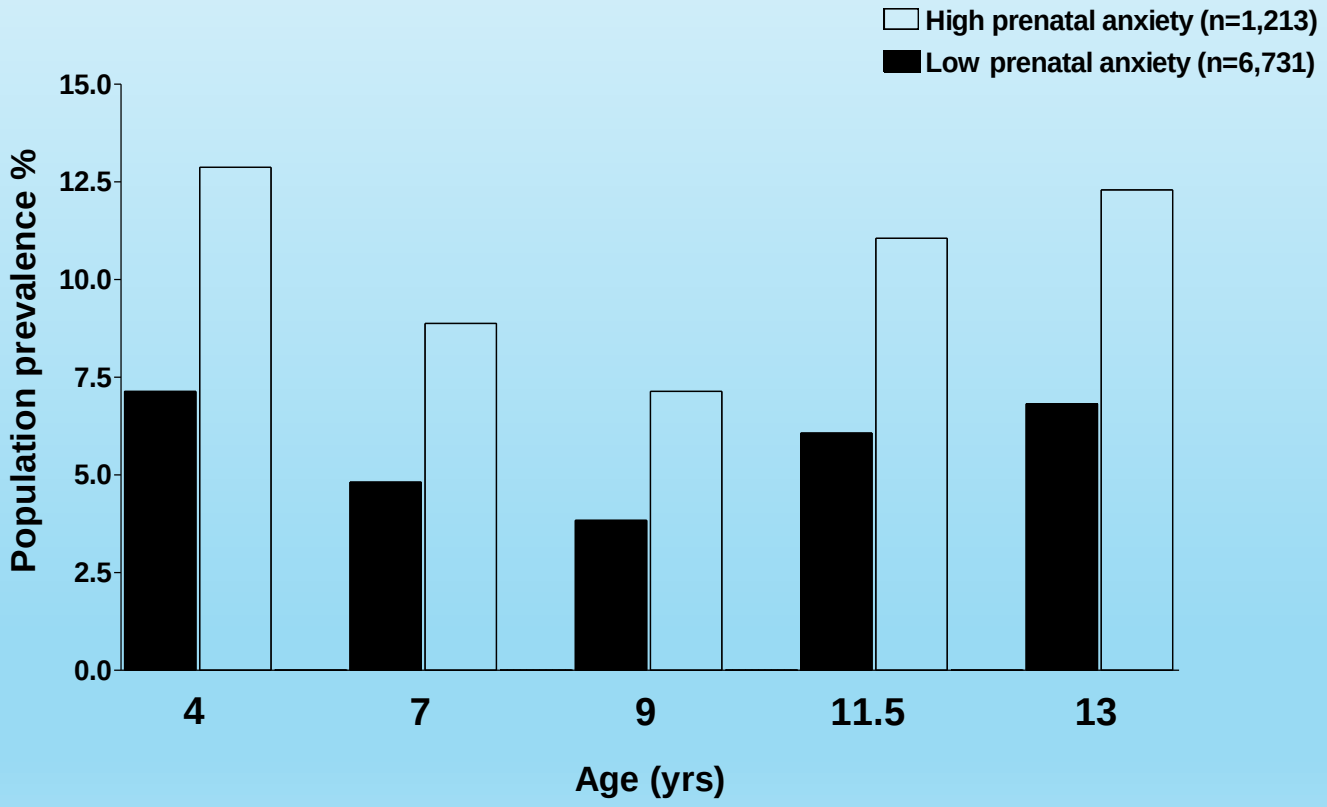
Not inevitable – social adversity affects chances of developing complications

Evidence shows intervening early reduces the significant and long lasting impact

EFFECTS OF MATERNAL DEPRESSION IN YEAR 1 POSTNATAL ON CHILDREN AT 11 YEARS *(HAY ET AL 2008)*



MATERNAL ANTENATAL ANXIETY DISORDER DOUBLES THE RISK OF CHILDHOOD MENTAL HEALTH PROBLEMS



O'Donnell et al 2014

IMPACT OF PERINATAL MENTAL HEALTH ON FATHER

- Father -10% of partners
- Often more difficult to pick up as less contacts with HCP
- Direct effects on child development
- Indirect effects by less support for woman emotional practical

IMPACT OF PERINATAL MENTAL HEALTH ON SOCIETY

Centre for Mental Health

LSE THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

MATERNAL MENTAL HEALTH everyone's business

Perinatal depression, anxiety and psychosis together carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK.

Nearly three-quarters (72%) of this cost relates to adverse impacts on the child rather than the mother.

Over a fifth of total costs (£1.7 billion) are borne by the public sector, with the bulk of these falling on the NHS and social services (£1.2 billion).

The average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 relates to impacts on the child

Published October 2014

CLINICAL PRIORITY PROGRAMME:

- E learning - 5 module series published in conjuction with HEE, authored by 5 dift professionals, free for every NHS employee via e-lfh platform
- RCGP Steering group & GP Special Interest group
- RCGP PERINATAL MENTAL HEALTH TOOLKIT due for launch 22nd July
- Social Media work - #MumTalk, #mentalhealthGP
- GP practice audit

GP PRACTICE AUDIT – "PERSUASIVE ARGUMENT BUT HOW CAN WE DO BETTER IN 10MINS?"

1. Set up Perinatal Register, all women pregnant and within 1yr of birth and run report of all those with Mental Health diagnosis code, past & current

2. Look at documentation evidence in the notes of:
    - Details of mental health illness
    - Antenatal screening by GPs of PMH problems
    - Postnatal screening by GPs of PMH problems
    - Discussion by GPs about medication risk profile

GP PRACTICE AUDIT

First round:

Total practice population : 11580, Perinatal Register: 186

Mental Health code 57, Excluded patients: 10, Included patients: 47

Second round:

Total practice population : 16,500, Perinatal Register 235

Mental Health code 84, Excluded patients: 44, Included patients 40

GP PRACTICE AUDIT

First Round Results

Antenatal screening – poor

Postnatal screening – less poor

Risk profile medication – rarely discussed

Comments

Coding poor - inactive problems still on notes as current issues even if no reference to the problem for a significant length of time

Info limited by documentation – it may have happened but we can only work from notes for this audit

GP PRACTICE AUDIT

First Round Actions taken:

Amended antenatal care template

- including questions on mental health symptoms past and present

Practice based education session all GPs PNs

Reaudit at 4m

GP PRACTICE AUDIT

Second Round Results:

Improved screening partic antenatal

Improved discussion of medication

Comments:

Not all women had been seen again either antenatal or postnatal so no way of proving change of practice

Complicated by practice merger midway through – new GP didn't attend education session and not aware of project. Many women excluded as incomplete notes

GP PRACTICE AUDIT

Second Round Outcome:

Plans to re-audit for 3rd round in 4m time so when cohort of pregnant women is entirely new

Plans to reiterate education messages via e-learning modules link and details of GP focused article on “myths of maternal health”

Plans to present results to RCGP Conference

MANY THANKS FOR LISTENING

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