



WELCOME

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Sobhia Mahmood





Dr Giles Berrisford





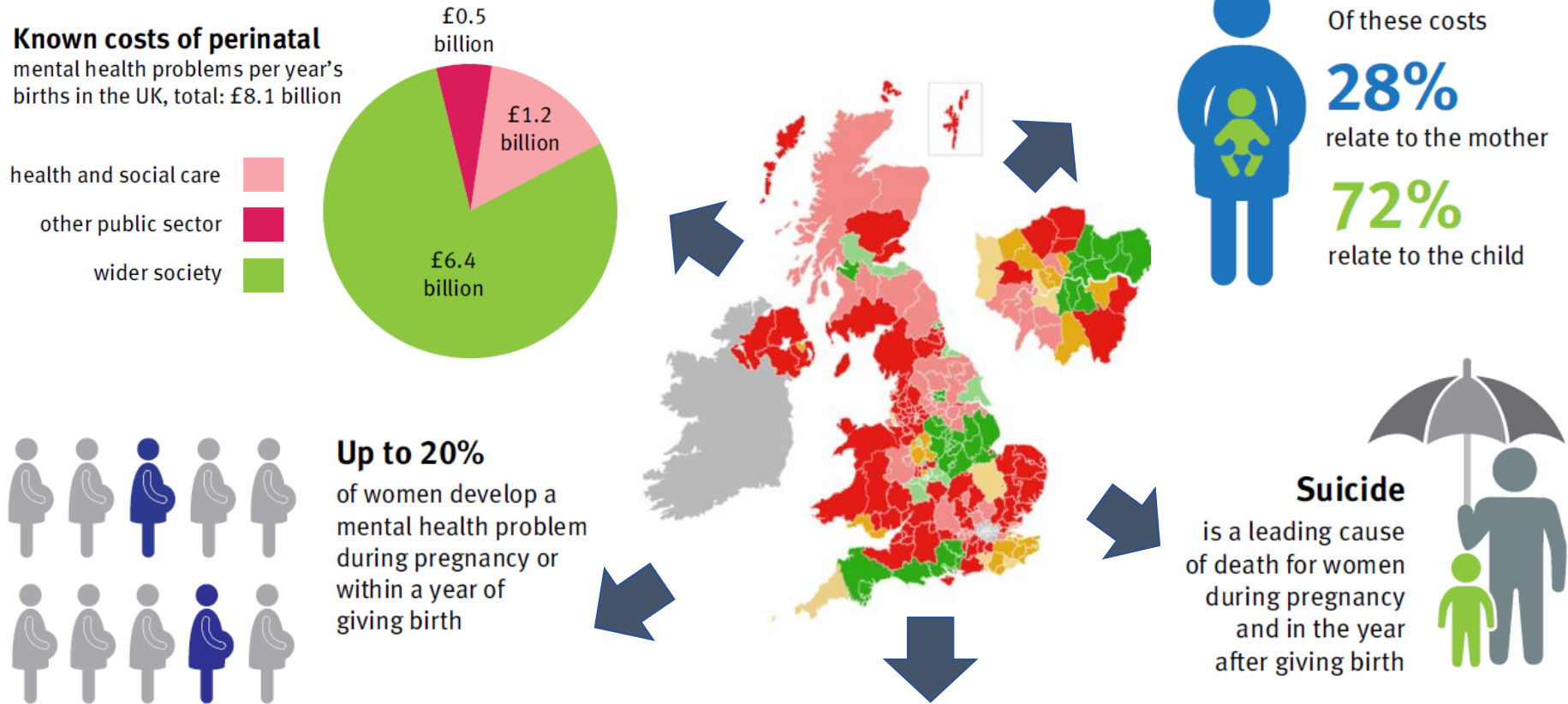
Expansion of Perinatal Mental Health Services For All Communities

Dr Giles Berrisford

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NHSE/I

Clinical Lead for Birmingham, Solihull and Black
Country Perinatal Mental Health Services BSMHFT

Clear case for transforming perinatal mental health services



Variation and inequality: in 2014 fewer than **15%** of localities provided specialist services for women with complex or severe conditions at the full level recommended in NICE guidance, and more than **40%** provided **no service at all**.

Source: LSE and Centre for Mental Health, *The cost of perinatal mental health problems* (2014) and Maternal Mental Health Alliance (map)

Whole system, long-term benefits from PMH services' role in prevention

PMH services offer a period of opportunity to support the whole family

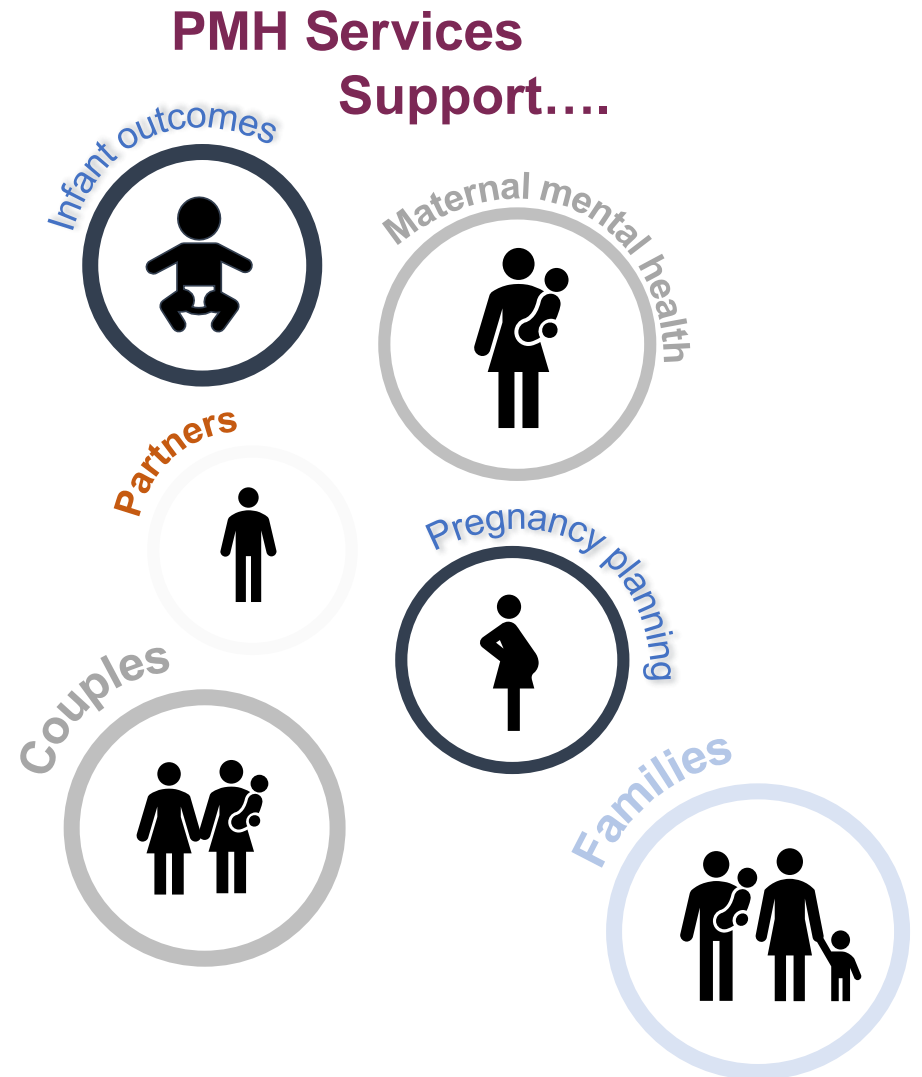
Support mother's wellbeing as well as contributing to emotional, cognitive and physical development of the child

There is strong evidence that untreated mental health difficulties during the perinatal period can have adverse impacts on the child.

Timely, specialist PMH care to reduce symptom severity, and support development of parent-infant bonding, **gives mothers and babies the support they need to thrive** and help prevent poor child health outcomes for years to come

Substantial benefits from investment in PMH expected in CYPMHs, adult mental health services, A&E and physical health care settings, but with whole system expected to benefit including education and social care.

Preconception care and advice to support pregnancy planning improves pregnancy and birth outcomes, maternal mental health, and longer term developmental, health and social outcomes for mothers, children and families



Great progress made already...



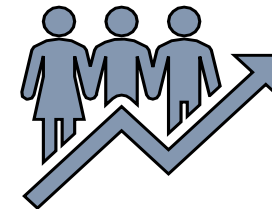
Service development

- Since April 2019, **there is a specialist PMH community service in every Sustainability and Transformation Partnership (STP) / Clinical Commissioning Group (CCG) area of England.**
- **Four new Mother and Baby Units** opened in areas of particular need (North West, South West, South East Coast and East of England). **Total of 19 units across England.**



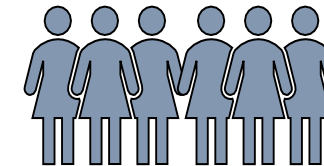
Staffing

- **700** new specialist staff recruited to community services between 2017 and 2019.



Increased access

- Over **13,000 additional women** seen in 18/19 (against expectation of 9,000). Well on the way to over **20,000 additional women** seen in 19/20



Investment

- Progress enabled by year-on-year increased investment as part of **overall £365m** commitment (16/17-20/20).



... but the job is not yet done!

FYFVMH & LTP

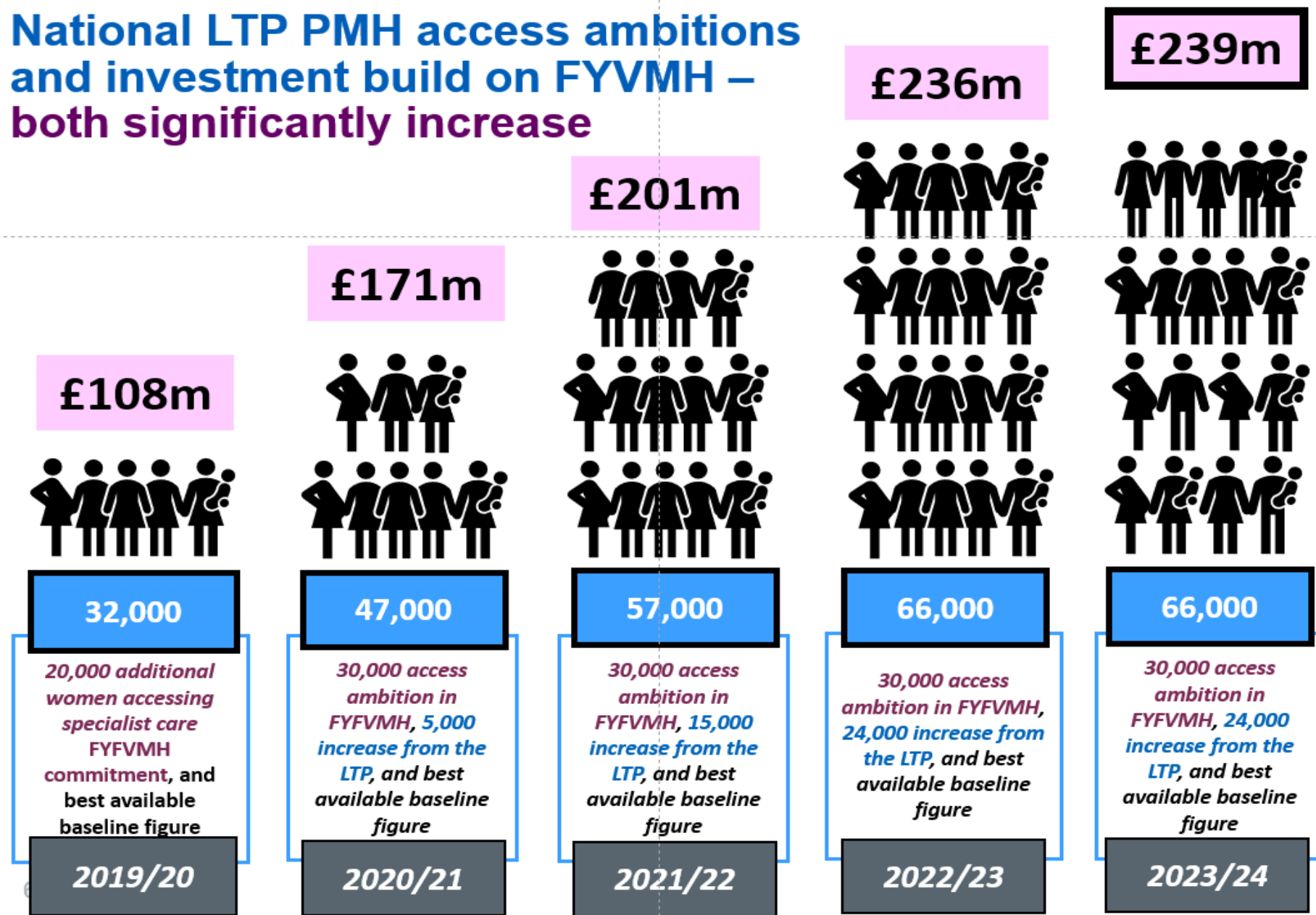
Women in all areas of England should be able to access **evidence-based specialist support**, in the community or through inpatient mother and baby services, closer to their home, when they need it.

- **Overarching ambition: By 2023/24 66,000 women p.a. accessing specialist PMH services**

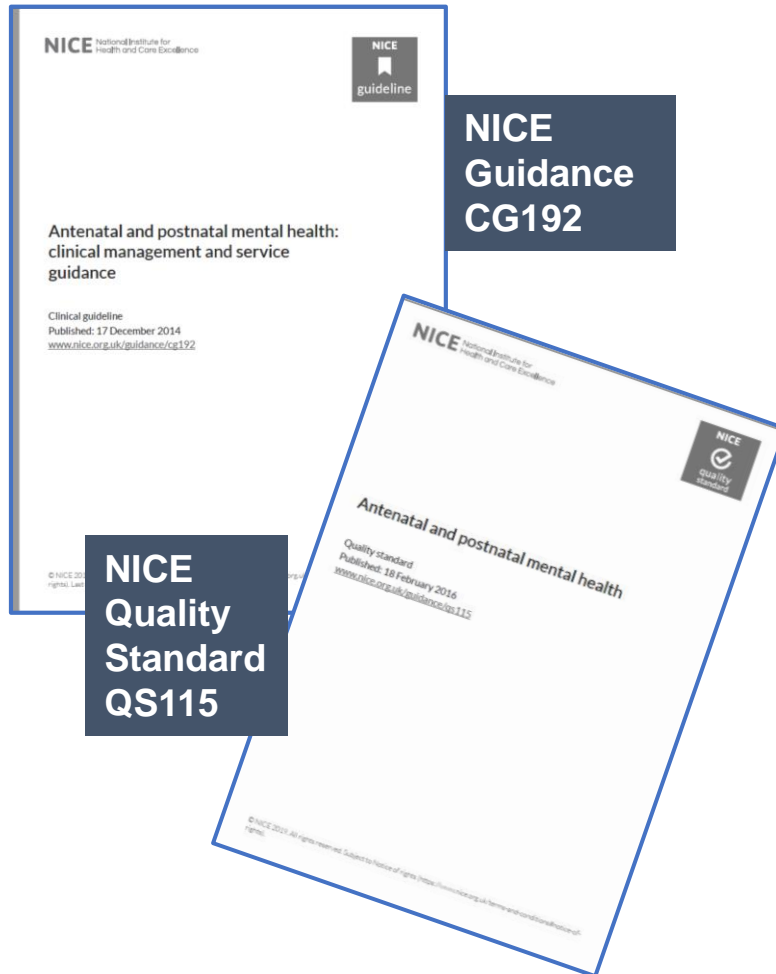
- In 2019/20, **access ambition** more than **DOUBLES** to 20,000 additional women nationally (at least 4.5% of local birth rate). At the same time, investment in CCG baseline is **over £100m** (compared to £60m for CSDf-funded services in 18/19).
- Also further work to ensure full delivery of FYFVMH commitment to increase capacity in inpatient Mother and Baby Units by **49%** by 20/21.
- **And** by 2023/24, that expectation has **DOUBLED AGAIN** to 54,000 additional women (10% of the local birth rate) – and with a corresponding increase in likely workforce requirements to meet that activity, and **£233m** p.a. CCG baseline investment available.
- While it is fantastic there are services in every area of the country, it is also clear that, for services to respond to these increased expectations and deliver ambitions fully, further development of capacity and competence in local, MDT services still required.






National LTP PMH access ambitions and investment build on FYVMH – both significantly increase

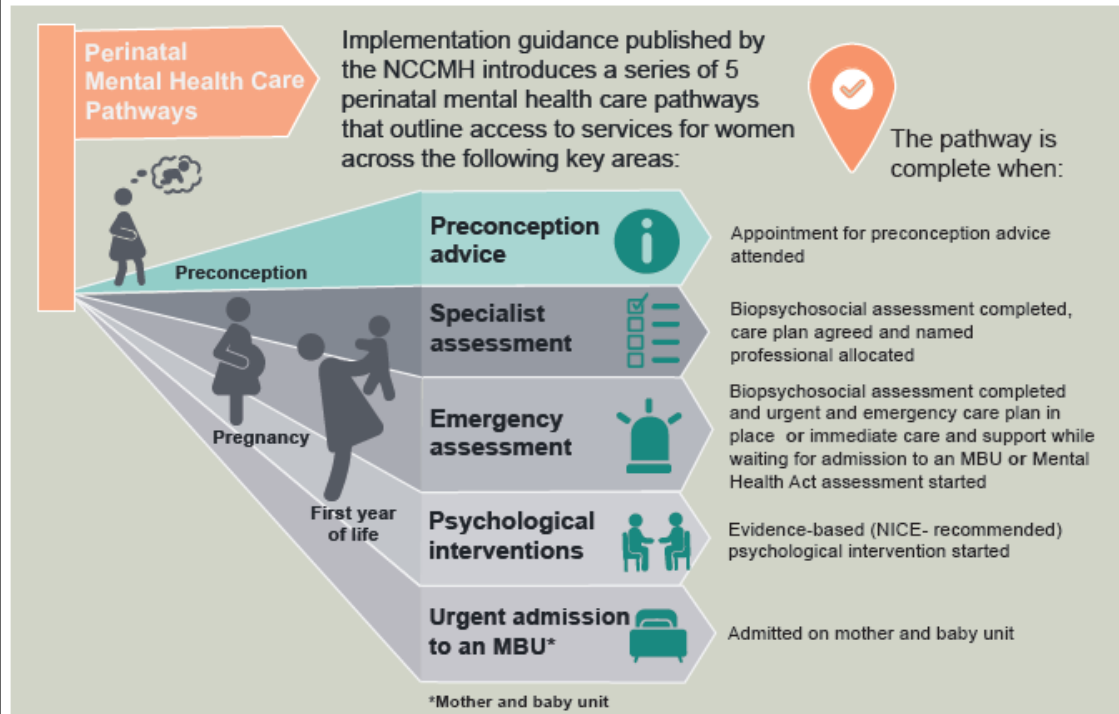


Quality of care: It's not just about increasing access & Equitable Access: High Quality Service for All Families



Perinatal Mental Health Care Pathways

<p>Perinatal mental health problems:</p> <p>The perinatal period refers to </p>	<p>Are just as common during the perinatal period as at any other time in a woman's life</p>	<p>Affect up to one in five</p> 	<p>Can have a negative impact on both mother and baby</p> 	<p>Per year cost:</p> <p>NHS and social services £ 1.2 billion</p> <p>Wide society £ ~8.1 billion</p>
<p>Require prompt access to care</p>				





Jelena Jankovic

Perinatal mental health care for women from ethnic minorities

Jelena Jankovic

Clinical Lead West Midlands Perinatal
Mental Health Network

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Mental Health Inequalities

- The World Health Organisation (WHO) defines health inequities or health inequalities as ‘avoidable inequalities in health between groups of people within countries and between countries.’
- Rate of compulsory detention under the MHA (Barnett et al. 2019) Black Caribbean, Black African, and to lesser extent South Asian and migrant groups had significantly increased odds of being compulsory admitted
- Adult Psychiatric Morbidity Survey 2014
- The percentage of people who experienced a common mental disorder (CMD) in the past week didn't vary by ethnic group for men - but it did for women
- 29% of Black/Black British women experienced a CMD in the past week, a higher rate than for White British women or Other White women
- CMDs were more prevalent in White British women than in Other White women, at 21% and 16% respectively

Mental Health Inequalities

- Adult Psychiatric Morbidity Survey 2014
- In 2014, 14.5% of White British people were being treated for mental or emotional problems at the time they were surveyed, Black people were least likely to be having treatment, with 6.5% doing so
- Possible contributory factors: social disadvantage; Mental health services may be ill equipped to deal with the diverse needs of BAME communities ; Lack of trust in public services ; Language barriers ; Previous negative experiences of those services ; Discrimination
- Protective factors
- Terminology - BME, BAME, Ethnic minorities
- My motivation – professional and personal

Perinatal Mental Health Services in Birmingham & Solihull

October 2018

Ethnicity

- White women are significantly more likely to access mental health services than all other ethnic groups.

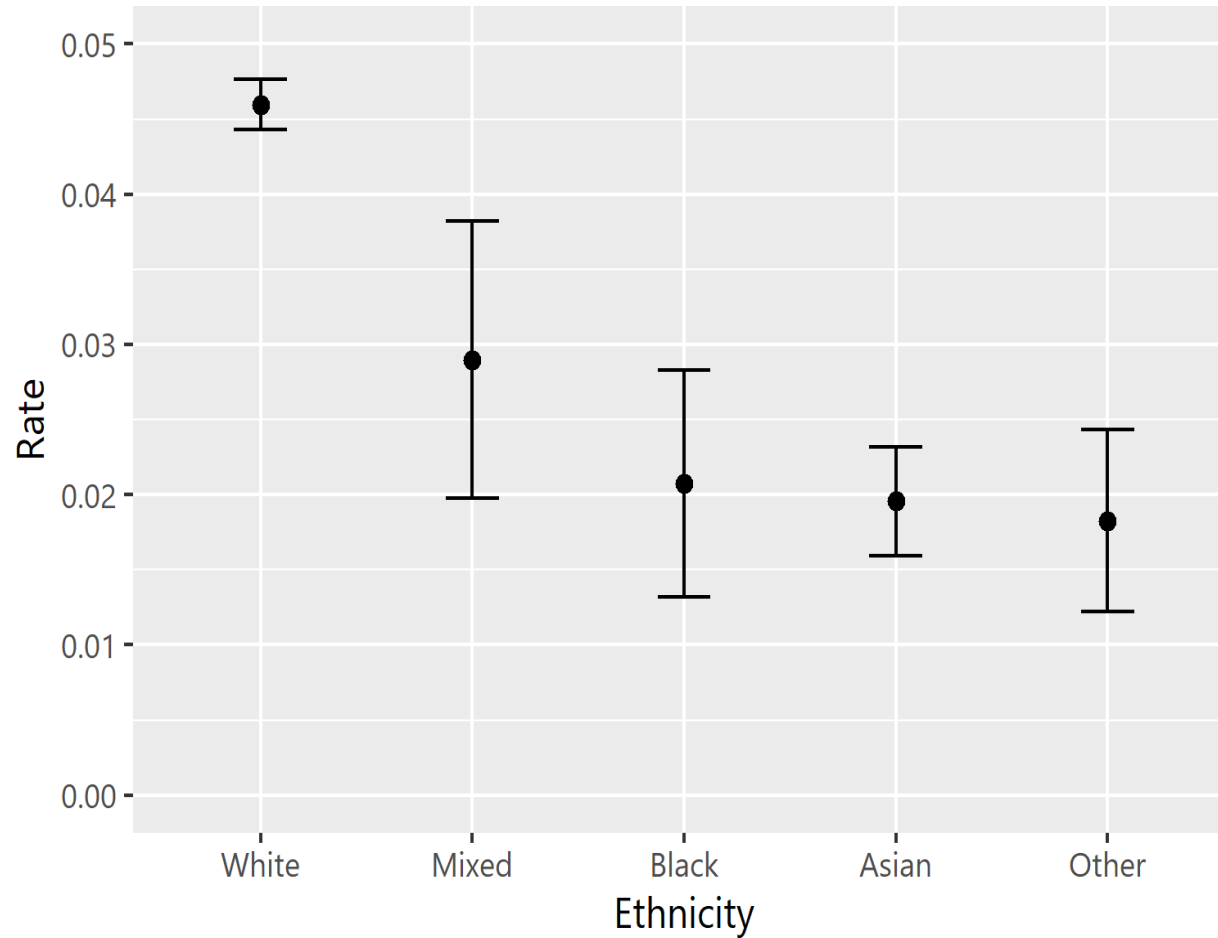
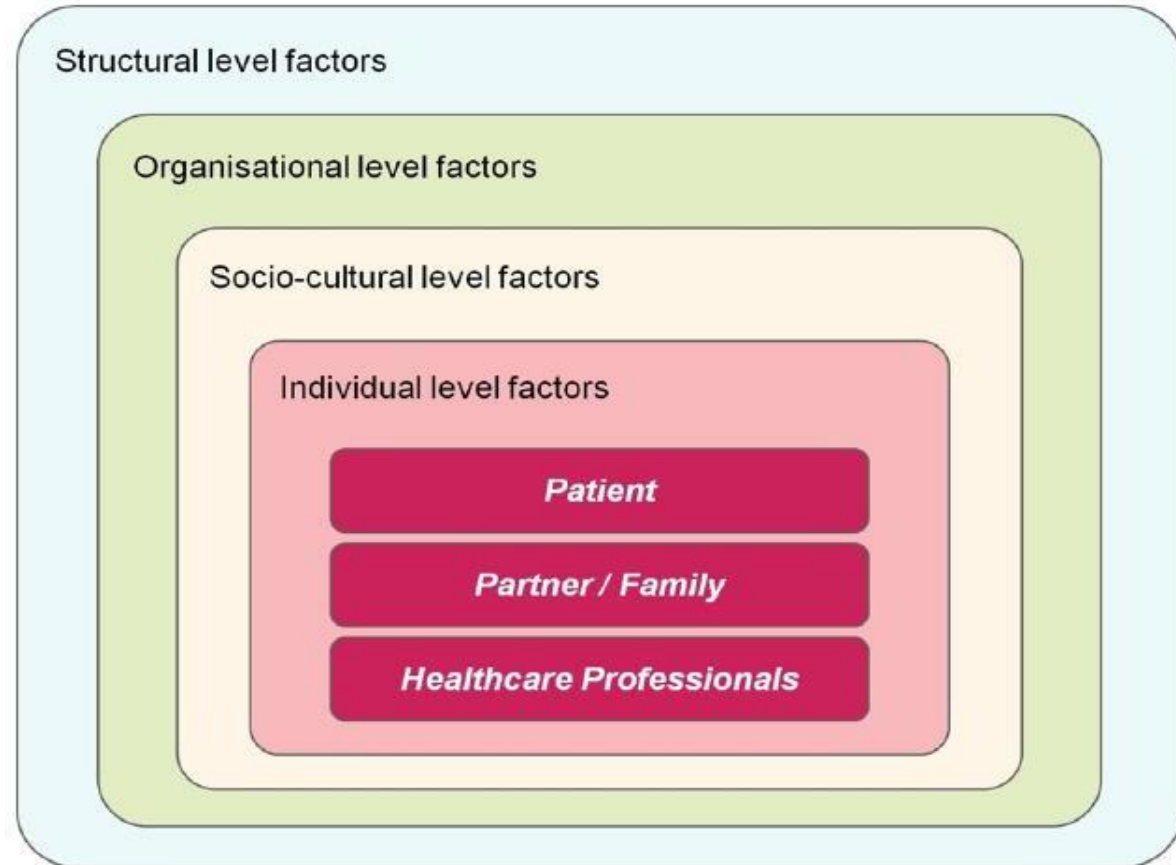


Fig 11. Utilisation rates of women accessing mental health services by ethnic group.

Barriers to accessing services for PMI

Awareness of PMI signs/symptoms
Stigma/shame/children's services concerns
Language barriers
Lack of culturally competent services

Structural
Organisational
Sociodemographic
Individual (patient/family/healthcare professionals)



References:

Sambrook Smith M, *et al.* Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ Open* 2019;9:e024803.

Barriers to accessing treatment and experiences of care for women from ethnic minorities

Seven overarching analytic themes were identified

- awareness and beliefs about mental health
- influence of culture
- symptoms and coping strategies
- isolation and seeking support
- accessing mental health services
- experiences of mental health services
- what women want

Reference Watson H, Harrop D, Walton E, Young A, Soltani H (2019) A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. PLoS ONE

Possible solutions

- Ethnically diverse workforce including bilingual workers and peer support workers
- Closer working relationship with 3rd sector organisations (improving access)
- Cultural awareness- needs individualised approach and exploration in discussions with women, partners and families

PAAM study

- Accessibility and acceptability of perinatal mental health services for women from Ethnic minority groups (PAAM) NIHR funded Award ID: 17/105/14
- WP1 analysis of NHS Digital database – variation of access per ethnicity
- WP2 detailed service evaluations
- WP3 qualitative analysis
- WP4 dissemination



Rob Ewers and Puja Chandegra



Our experience of supporting BAME parents affected by postnatal depression and anxiety for over 10 years or...



THE ROCKET SCIENCE OF BAME SERVICE DEVELOPMENT

A whistle stop tour (hold on to your seatbelts)



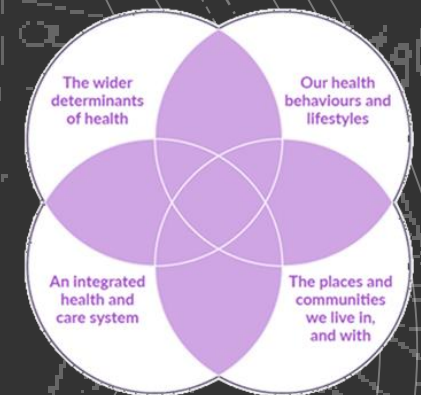
East Birmingham Service

- 2010 - Adderley Children's Centre
- Local population Over 75% SA/Pakistani, 9% W/British
- Safe and familiar environment
- Anonymity
- Relationships with other local providers (FSW's/GOAL)



Working with Maori

- Genuine engagement and listening
- Relationship building
- Aspirations
- Population Health Approach
- Champions



BME Community Engagement Project

West Midlands Perinatal Mental Health Development Funding



BME Community Engagement Project



BAME Community Awareness Raising Project

Puja Chandegra

Our first workshop

practical
barriers

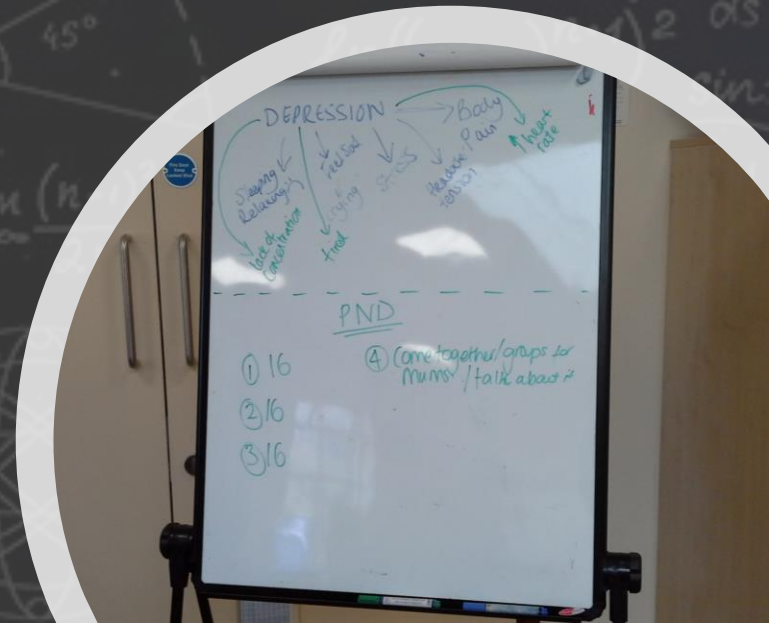
cultural
needs

different age groups,
different needs-
generational issues

language
barrier

more support
in native
countries

problems after
birth didn't exist
in my day



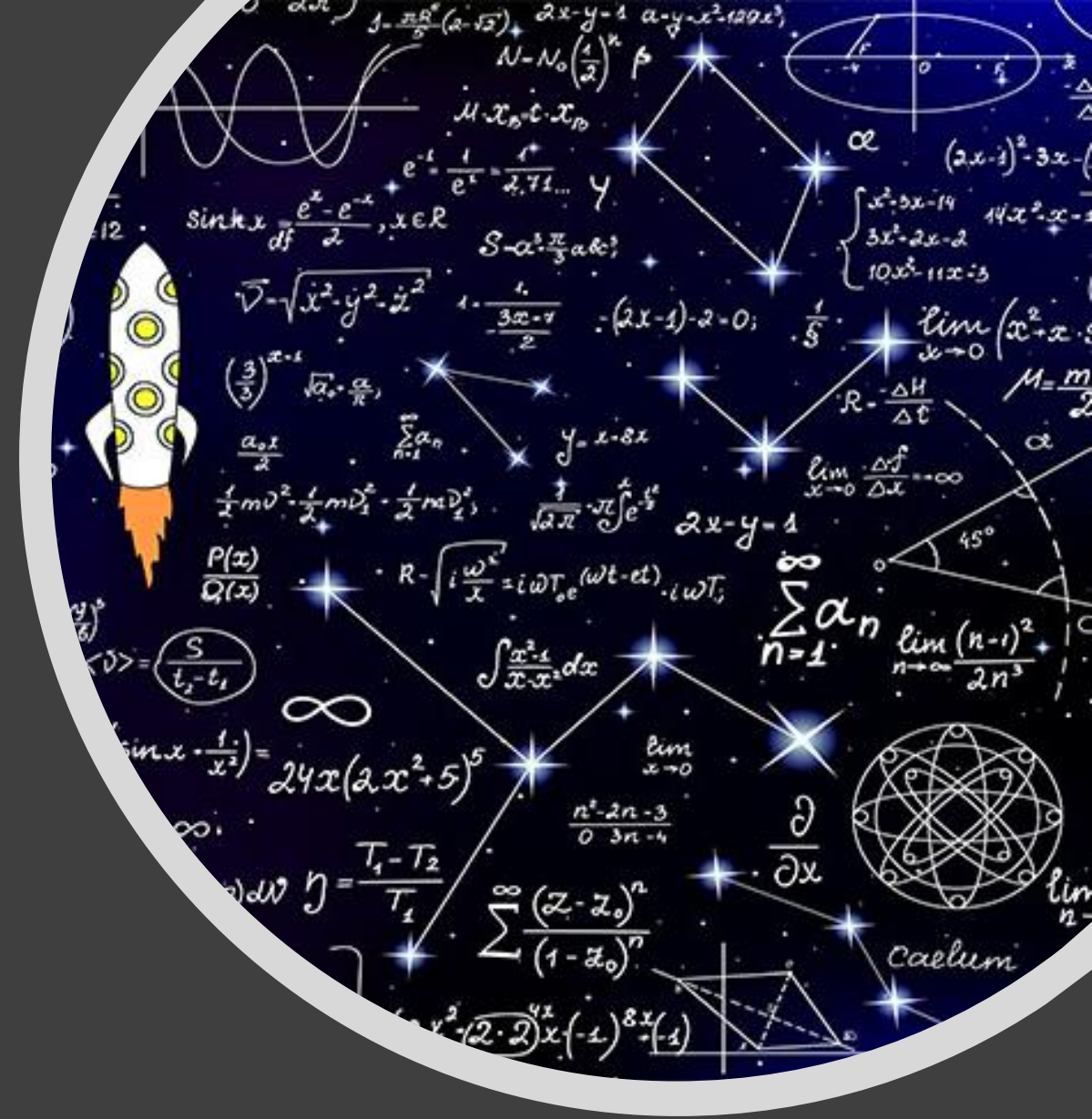
The complex identity of Mum

- She is not just a new mum, she is a wife, daughter, sister, daughter in-law or already a mum.
- Intergeneration issues have to be considered along with dual cultural identity.
- Some common barriers discussed:
 - They will take my children away from me- 80% of women thought this would happen.
 - Gender of baby- 1st generation.
 - Rights v's Duties of a wife- complex identity
 - Living with extended family- issues within the families
 - We cant discuss these issues with our family



We're not experts but...my lessons learnt & next steps

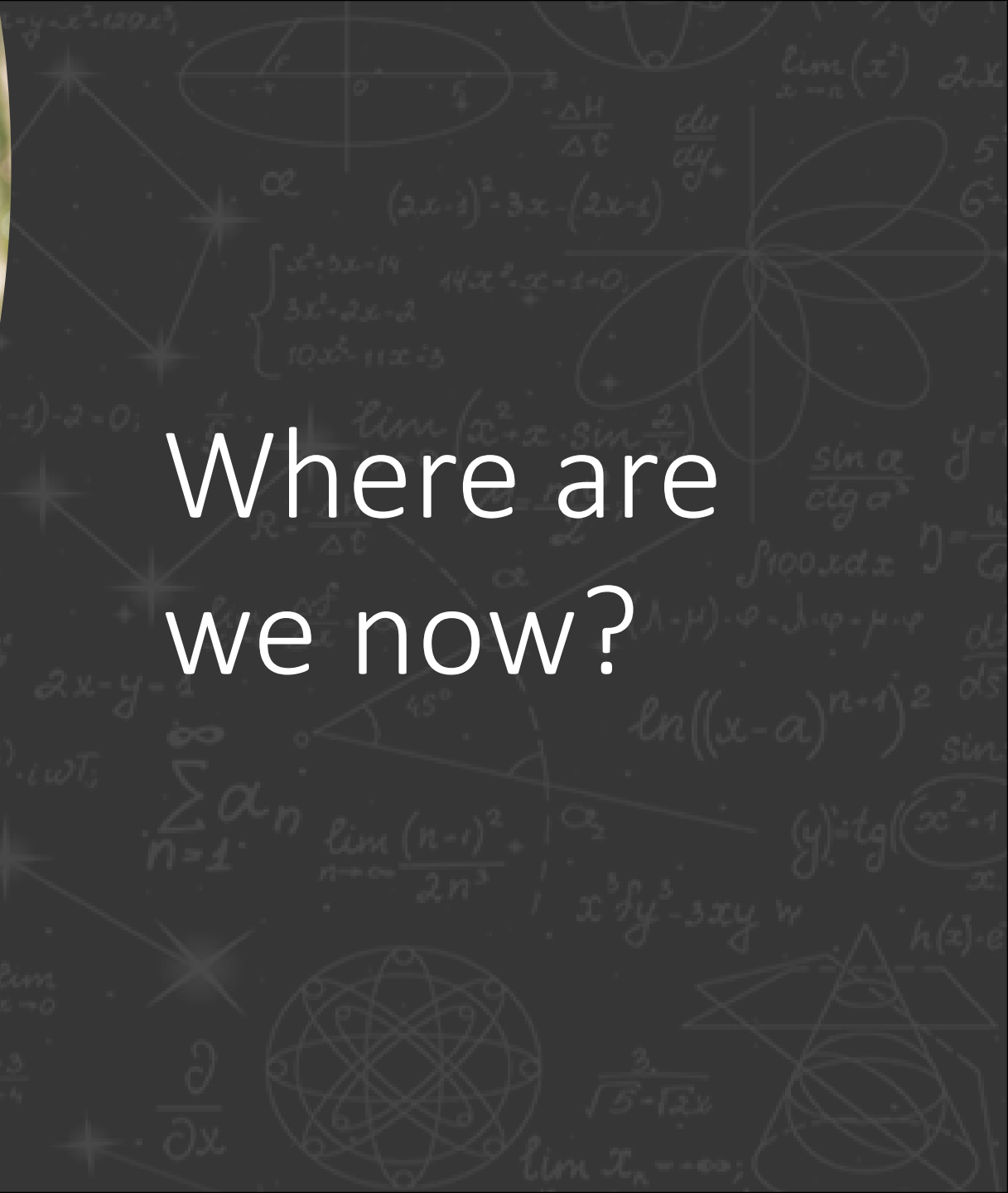
- My own preconceptions clouded good practices because cultural practices can act as a protective barrier.
- PND in the Western medical model- conflicting with meanings in other cultures.
- Our job to understand that there are inter-generational conflicts & we need to acknowledge them for good practice.
- Multiple identities of a SA mum- Explore what this means to them, and then work with them.
- Cultural or faith-based specific advice over generic advice.
- Empathise, don't react.
- One key thing: SA women know how to create safe spaces to discuss issues- encourage this more to normalise.



“If you want to go fast, go alone. If you want to go far, go together”- African Proverb



Where are
we now?





Nakesha Chambers





Sampad

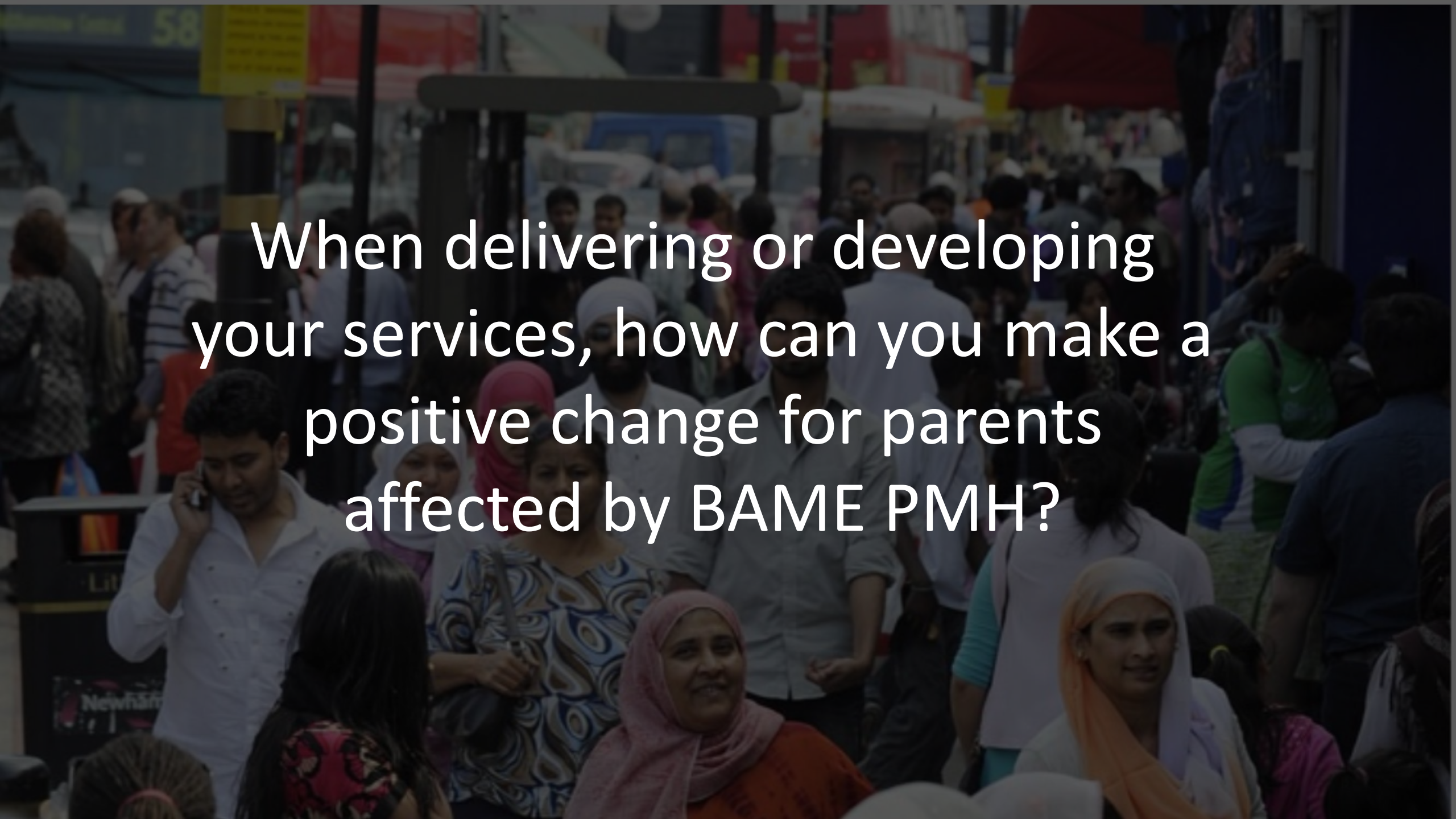
south asian arts & heritage





Workshops





When delivering or developing your services, how can you make a positive change for parents affected by BAME PMH?



Thankyou

www.acacia.org.uk

