Cheshire and Mersey Specialist Perinatal Service

Mental healthcare for women and families

Working relationally with babies and families in a Specialist Perinatal Service

Cheshire and Merseyside Specialist Perinatal Service
Dr Ruth O'Shaughnessy, Consultant Clinical Psychologist / Co-Clinical lead
Dr Helen Honor and Dr Anna Lovatt, Parent Infant Lead Clinical Psychologists with
Harjoat Bhella and James French (parents)
Dr Karen Seal and Elaine Farrer, Family Therapy Leads

ACP-UK conference 28th February 2024

Plan

Introduction and service overview - ROS 10m

- Perinatal NHS LTP, Who we are, what we do, what matters to us

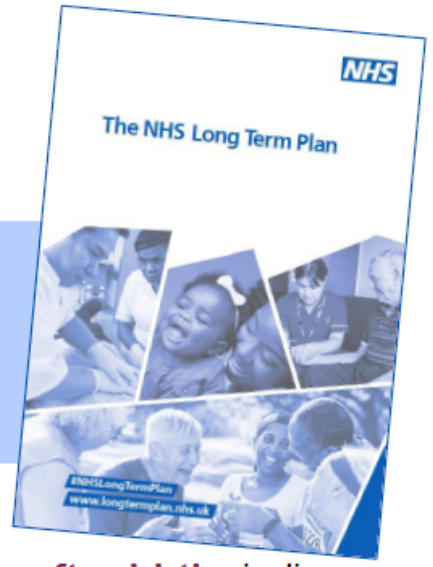
Focus on parent infant relationships – HH/Parent 20m

- PI pathway and approach, ethos
- NBO / parent voice

Focus on couple and family relationship – KS/other 25m

- Peri-ANT overview (theory, model, practice)
- Interactive with audience

NHS LTP perinatal mental health commitments



Overarching LTP Policy Ambition: ***Making sure that all women who would benefit from a specialist service can access it.***
Increasing access to evidence-based specialist care for women experiencing moderate/complex–severe mental health problems – **66,000 women p.a. able to access perinatal mental health (PMH) services by 2023/24**

- **Extending community services from preconception to 24 months after birth**, in line with the cross-government ambition for women and children focusing on the first 1,001 critical days of child's life.
- **Expanding access to an evidence-based psychological therapies** within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions.
- Ensuring **partners** of women accessing specialist PMH services and MMHS **receive evidence-based assessment** of their mental health and are signposted to support as required.
- **Implementing Maternal Mental Health Services**, that will integrate maternity, reproductive health and psychological therapy for women experiencing **mental health difficulties directly arising from, or related to, the maternity experience** – *for example severe fear of childbirth (tokophobia), birth trauma, loss*.

Psychological therapies ambition: setting the context

Rationale for the LTP ambition

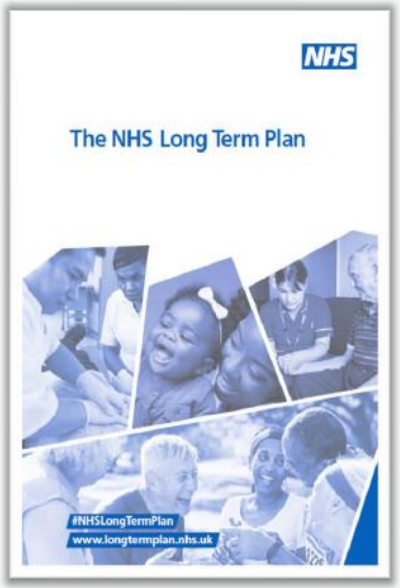
- Significant variation in accessibility to a range of evidence-based therapies (maternal mental health and parent-infant interventions) according to feedback from Community Service Development Wave 1 and Wave 2 sites
- Many women with perinatal mental health needs (particularly those with higher levels of personality difficulties) also experience difficulties in their parent-infant relationship, and this can be effectively treated with parent-infant therapy
- The couple relationship is one of the most significant modifiable risk factors for perinatal depression. Couple interventions such as Behavioural Couples Therapy have been shown to confer the highest recovery rates in treating depression and anxiety when delivered in IAPT

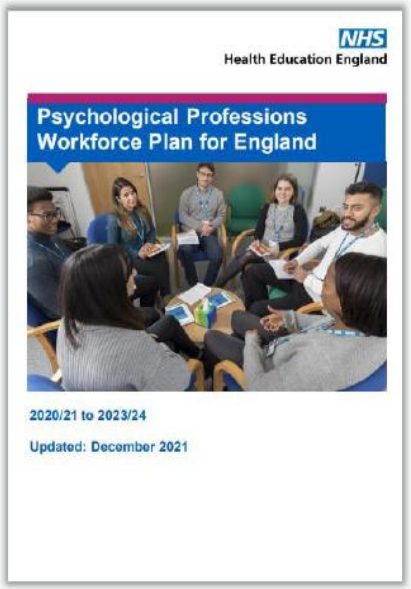
Principles

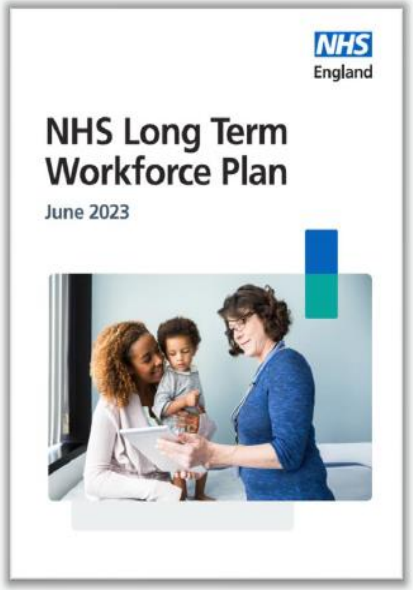
- **Expand access to evidence based psychological** parent-infant, couple, co-parenting and family interve
- Ensure there is **timely access** to therapies
- Have clearly identified **routes for training and ongo** senior roles within teams) to support development o

We need a more psychological NHS

Policy Context







Policy commitments to:

- Expand access to evidence-based psychological therapies across anxiety and depression, adult community mental health, children and young people's mental health, and perinatal mental health.
- Grow the multi-professional psychological professions workforce by over 150% to support this.

Implementing the LTP Ambitions for Perinatal Psychological Therapies in Cheshire and Merseyside

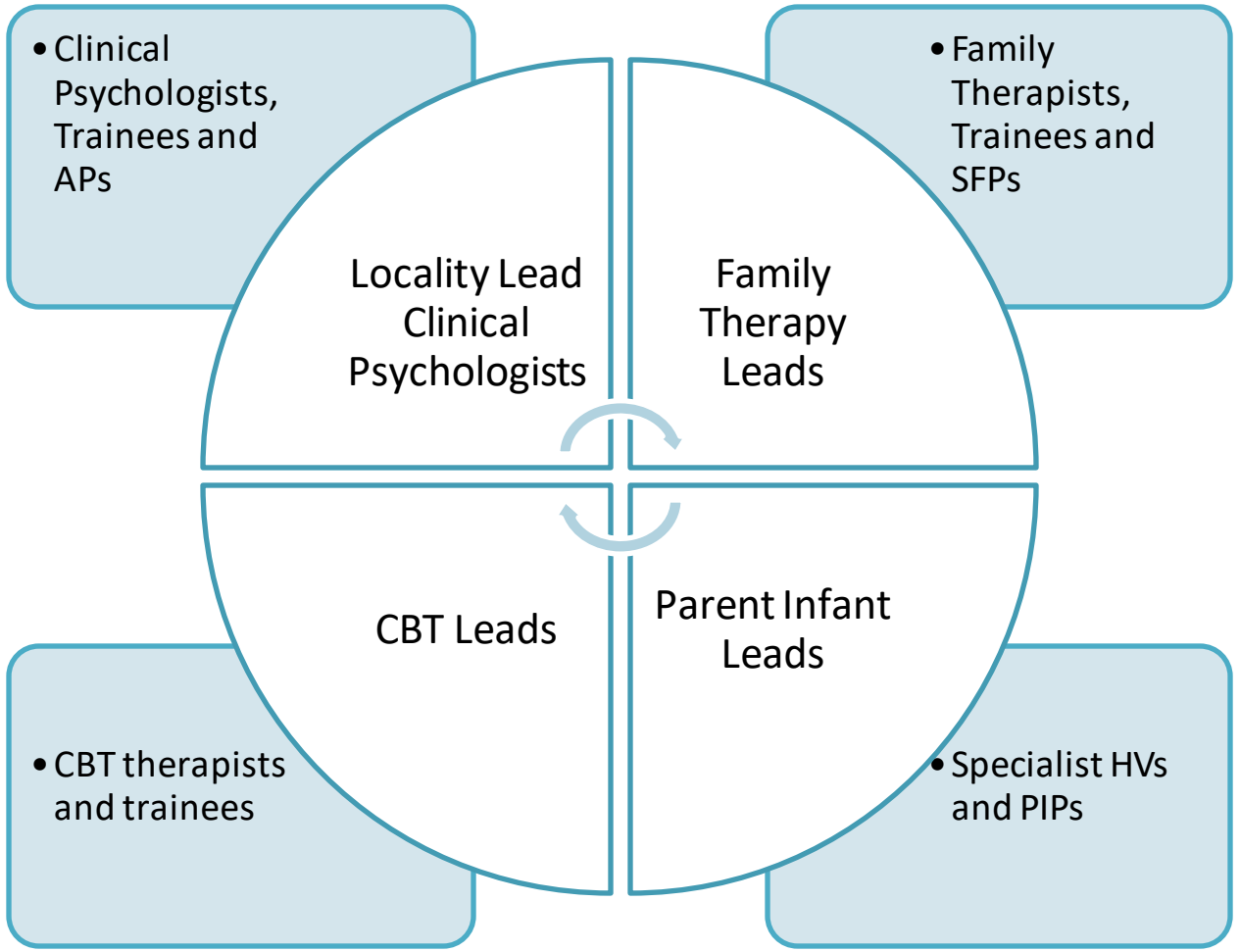
1 x ICS
9 x Places
Birth rate 27,395

Ethnically v diverse in areas
Urban and rural mix
Higher than average levels of deprivation

10 x IAPT providers
2 x Mental Health Trusts: Mersey Care and CWP
7 x maternity settings
1 x MMHS

Perinatal and Maternal Psychological Professions :
19/20 11.0 WTE ------ 23/24 52.0 WTE

Valuing difference - Leadership structure, relationships and capacity building

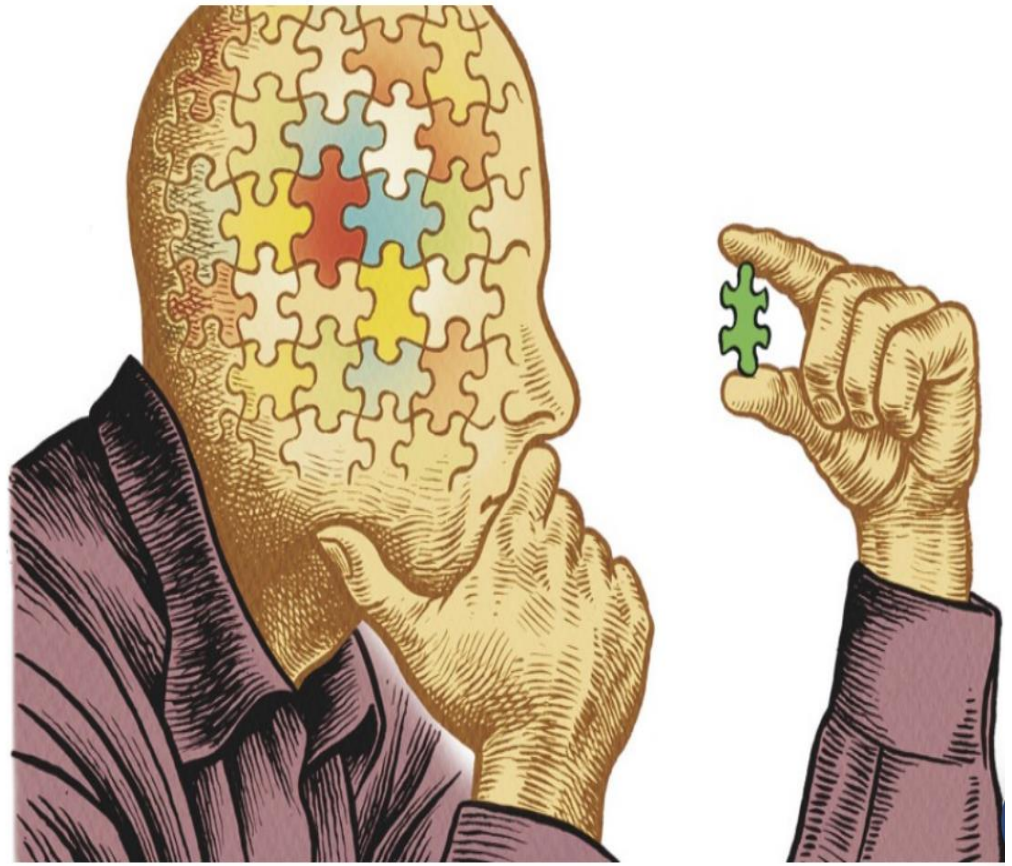


Curiosity, the evidence base and practice-based evidence

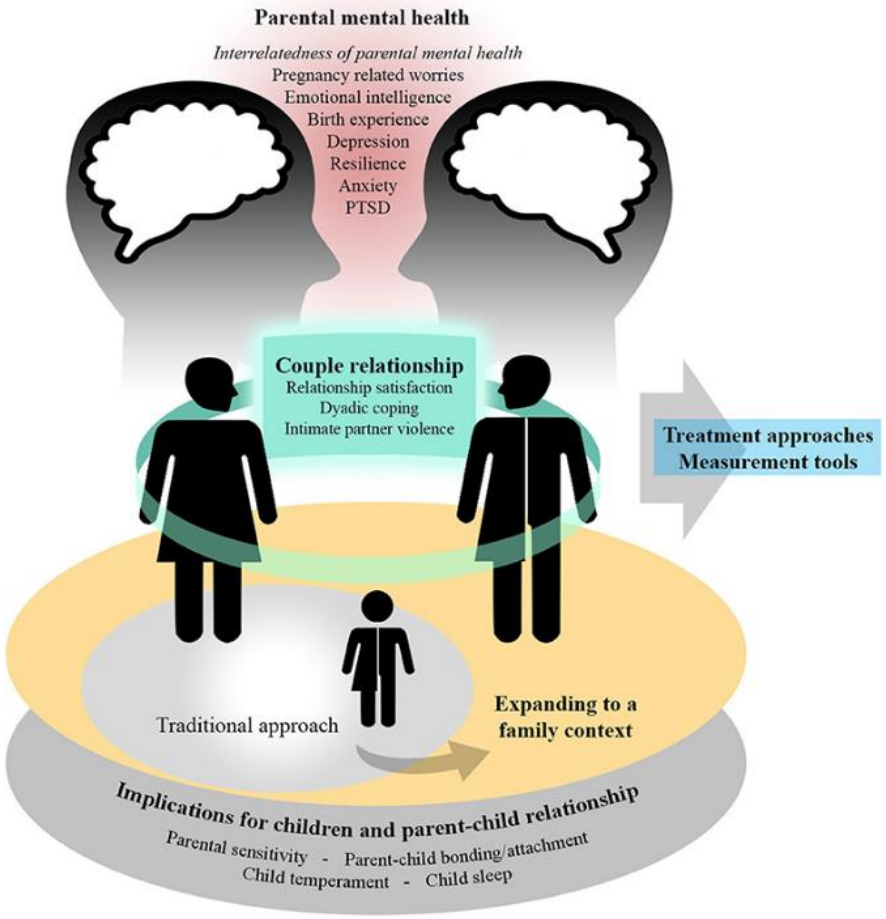
NHS England

Psychological Therapies for Perinatal Mental Health: Implementation Guidance

10 August 2022, Version 1



Expanding the focus to the family context



Focus on Parent-Infant Relationships

Dr Helen Honor & Dr Anna Lovatt, Parent Infant Lead Clinical Psychologists with Harjoat Bhella and James French (parents)

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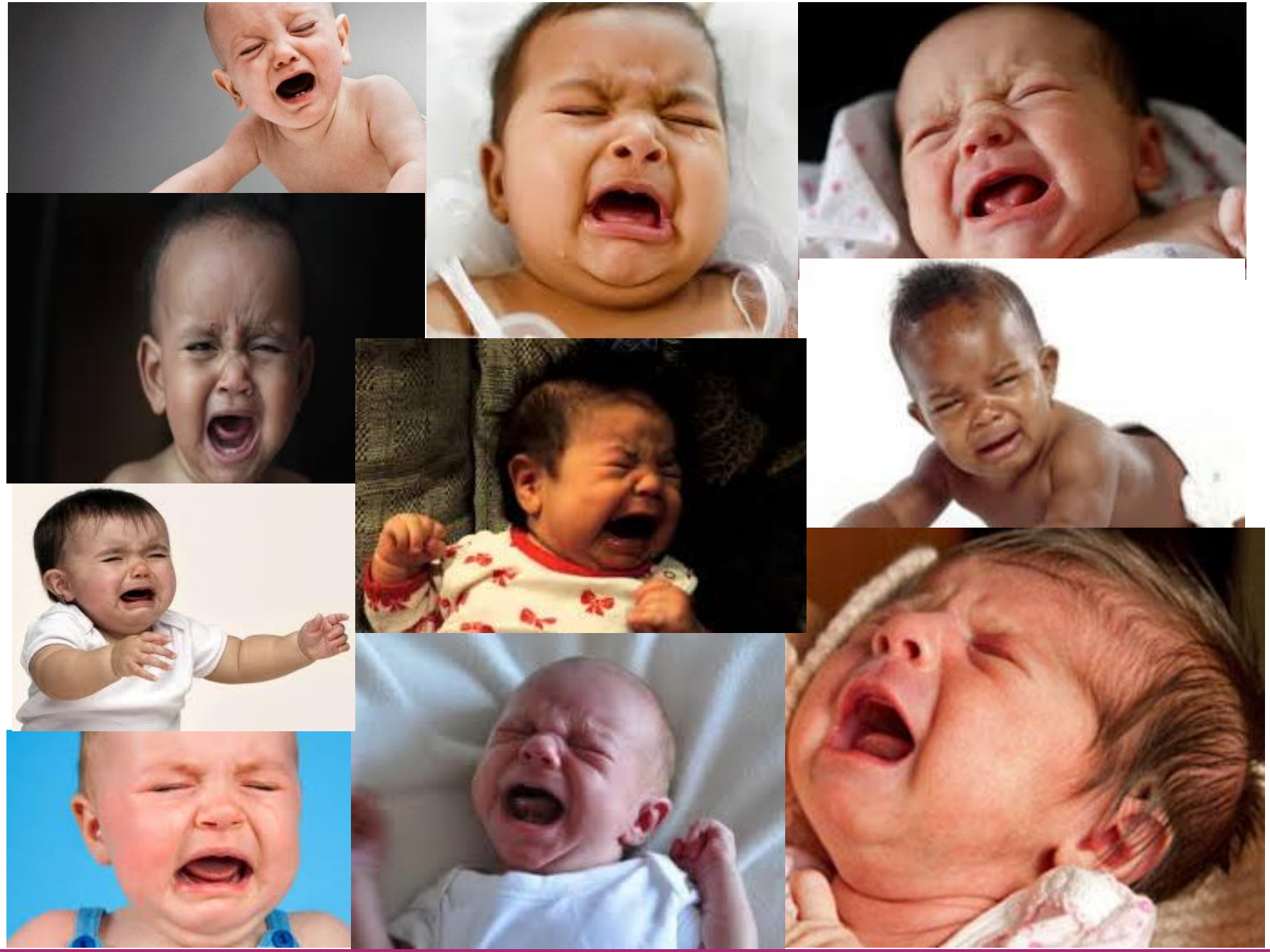
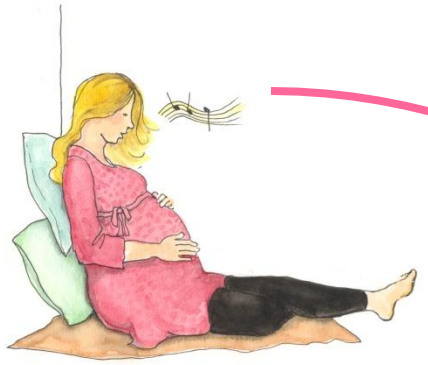


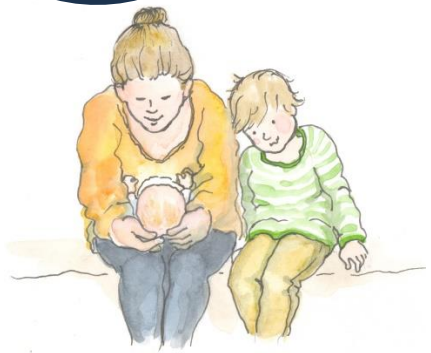
Strengthening the parent infant relationship in the first 1001 days



Bonding before birth

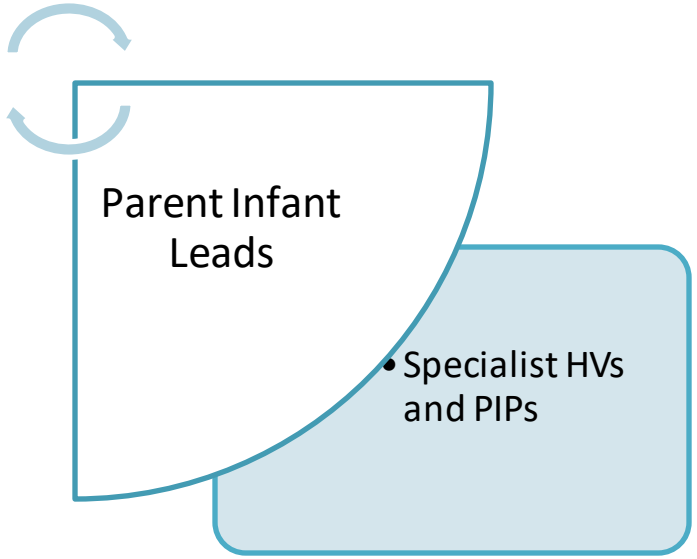
CHALLENGES
- Perinatal mental health
- Past and recent trauma
- Early experiences of attachment relationships
- Birth experience
- Social situation and poverty

FACILITATORS
- patterns of interaction that include responding sensitively, attunement between parent and baby, and mentalizing the baby



Postnatally – infancy to 2 years

Developing our Parent Infant offer



- Investment and recruitment to parent-infant specific roles

  alongside…

- Training and upskilling of Perinatal Psychological Therapist in parent-infant interventions (VIG, COS-P, ANT)

  alongside….

- Training and upskilling team members

- Creating Parent-Infant Pathway which sits alongside and intersects with Psychological Therapies Pathway

Guiding principles

- Accessible, routine offer to all to increase access and reduce barriers from stigma and fear
- Offer further interventions according to need and parent choice and goals
- Aim to strengthen sensitivity, attunement and mentalization
- Offer early intervention
- Relationship focused, at multiple levels
- Strengths focused
- Family inclusive
- Personalised, compassionate and trauma-informed

Parent Infant Relationships Pathway

Routine offer: Level 1
Newborn Behavioural Observation (NBO)
(Transition to Parenthood Antenatal Group)
Written guides for practitioners and families

Enter Service

Assessment and understanding of PIR needs (what is seen; what is said) Parent goals and choices

Level 2 interventions
Ready to Relate cue cards
Infant Massage
Watch Me Play
Video Interaction Guidance (VIG)
Newborn Behavioural Assessment Scale (NBAS)
PIP packages of care (preparing for baby, sleep, feeding, weaning, crying, development)

Level 3 interventions
Individual SHV input
VIG (Complex needs)
Circle of Security Parenting
Integrative psychological therapy
Peri Attachment Narrative Therapy
Family Therapy

Newborn Behavioural Observation

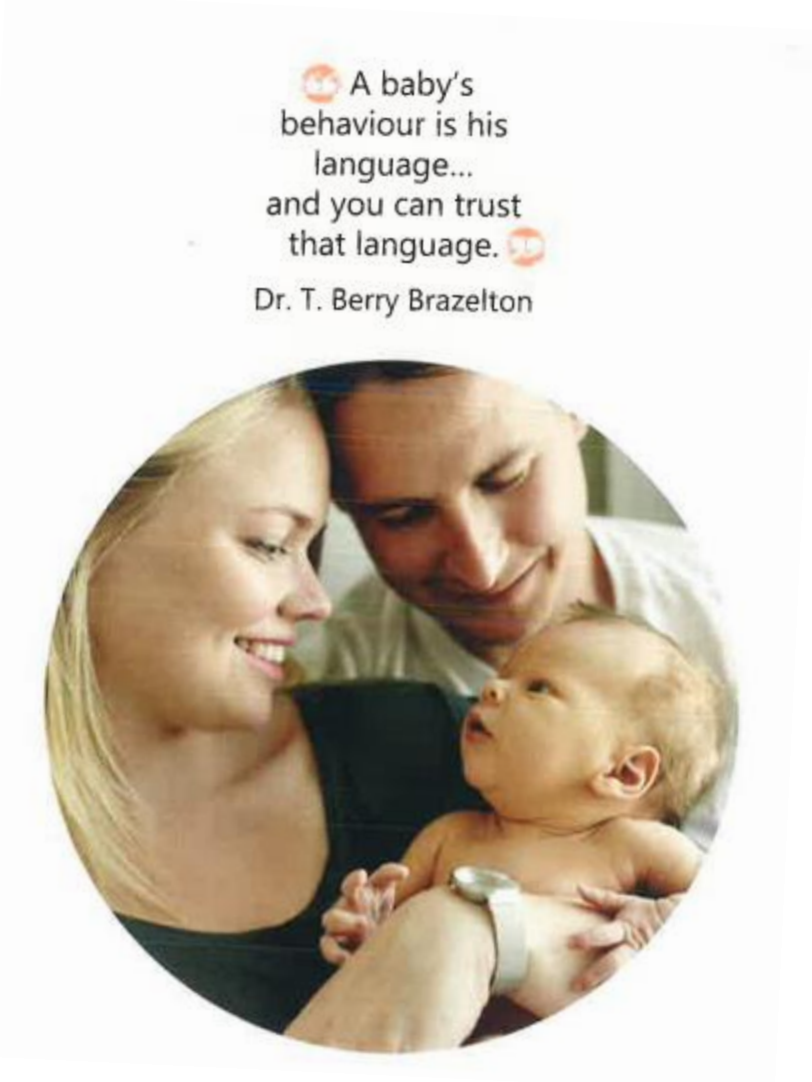
- An interactive tool designed to support parents in their relationship and interactions with their babies, by reading babies' cues
- For babies from a gestational age of 36 weeks to three months post-term
- Set of up to 18 neurobehavioural observations led by the baby and with parents, which helps parents:

  • See the unique individuality of their baby

  • Appreciate their baby's unique competencies and vulnerabilities
    - Social readiness
    - Organisation of baby states and regulation

  • Learn ways to understand and respond to their baby in a way that meets their baby's unique needs

- Flexibly tailored to each parent-infant family
- Recommended by NHS England (2014), Wave Trust (2013), Health Education England (2016)



Newborn Behavioural Observation: Getting to know your baby

1 - Deep sleep

- Regular breathing
- Eyes closed and no eye movements
- No spontaneous movements except startles

2- Light sleep

- Eyes closed
- Rapid eye movement often observed under closed lids
- Low activity level and sucking movements can occur
- Breathing may be irregular

3 - Drowsy

- Eyes may be open but dull and heavy lidded, dazed look, closed or fluttering eyelids
- Variable activity level, responses often delayed and motor activity at a minimum
- Can be waking up or may go back to a deeper sleep state

4 – Alert

- Bright-eyed look and their motor activity will be minimal
- Able to focus their attention on visual or auditory stimuli

5 - Active alert

- Eyes may be open or closed, considerable motor activity
- Brief fussing vocalisations

6 – Crying

- Intense crying which is difficult to break through
- High motor activity

Listening to the voice of our families

Bhella, James & Baby James

Working Relationally with Families in a Specialist Perinatal Service

Presented by: Karen Seal & Elaine Farrer
Date: 28 February 2024

Why work with families

- Difficulties have a ripple effect and can affect everyone in the family
- Family members experience a life cycle change as well, becoming a parent/ grandparent/ aunt
- This throws up own experiences of being parented/ parenting and scripts around that
- Families are an excellent resource, often relied upon by services to do the day-to-day looking after of women and babies in our care

Growing the Perinatal Offer

Culture

Politics

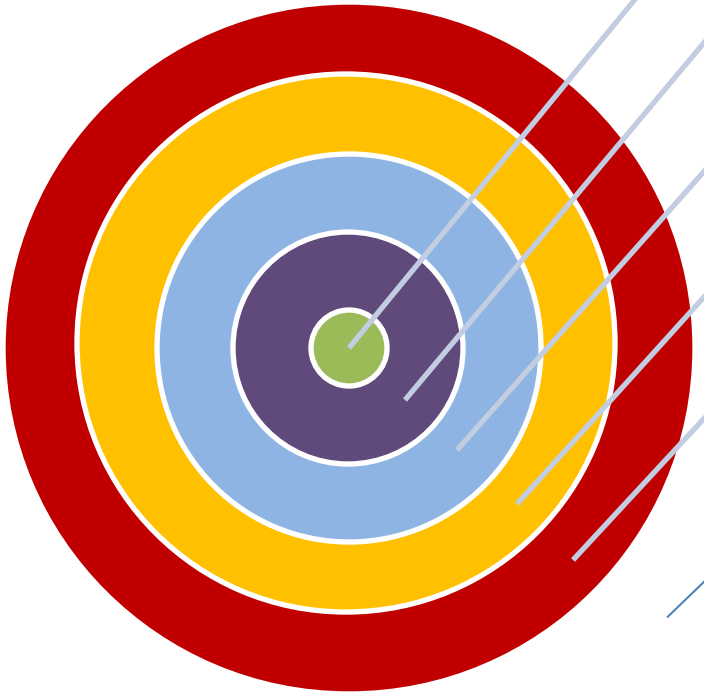
Religion

Gender

Race

Ability

Class



Mother

Mother and baby

Mother, baby and partner

Household

Wider Family

Community

Our Service Approach

Investment in systemic staff and leadership to support the "Think Family" agenda and long-term plan

Looking both ways:

- Focussing on the detail of developing service delivery
- Attending to how we can contribute to the field of perinatal mental health care.

Investing in systemic staff

Liverpool	Mid Mersey	Cheshire
• 1 x FT in training • 1 x SFP • Plus 1 x CP with SFP qualification	• 1 x FT • 1 x SFP • Plus 1 x CP with SFP qualification	• 1 x FT • 2 x SFP • Plus 1 x CP with SFP qualification

Regional leadership provided by a 4 day job share FT post

How We Deliver the Service

Referral to service

↓

Psychological Needs Assessment

↓

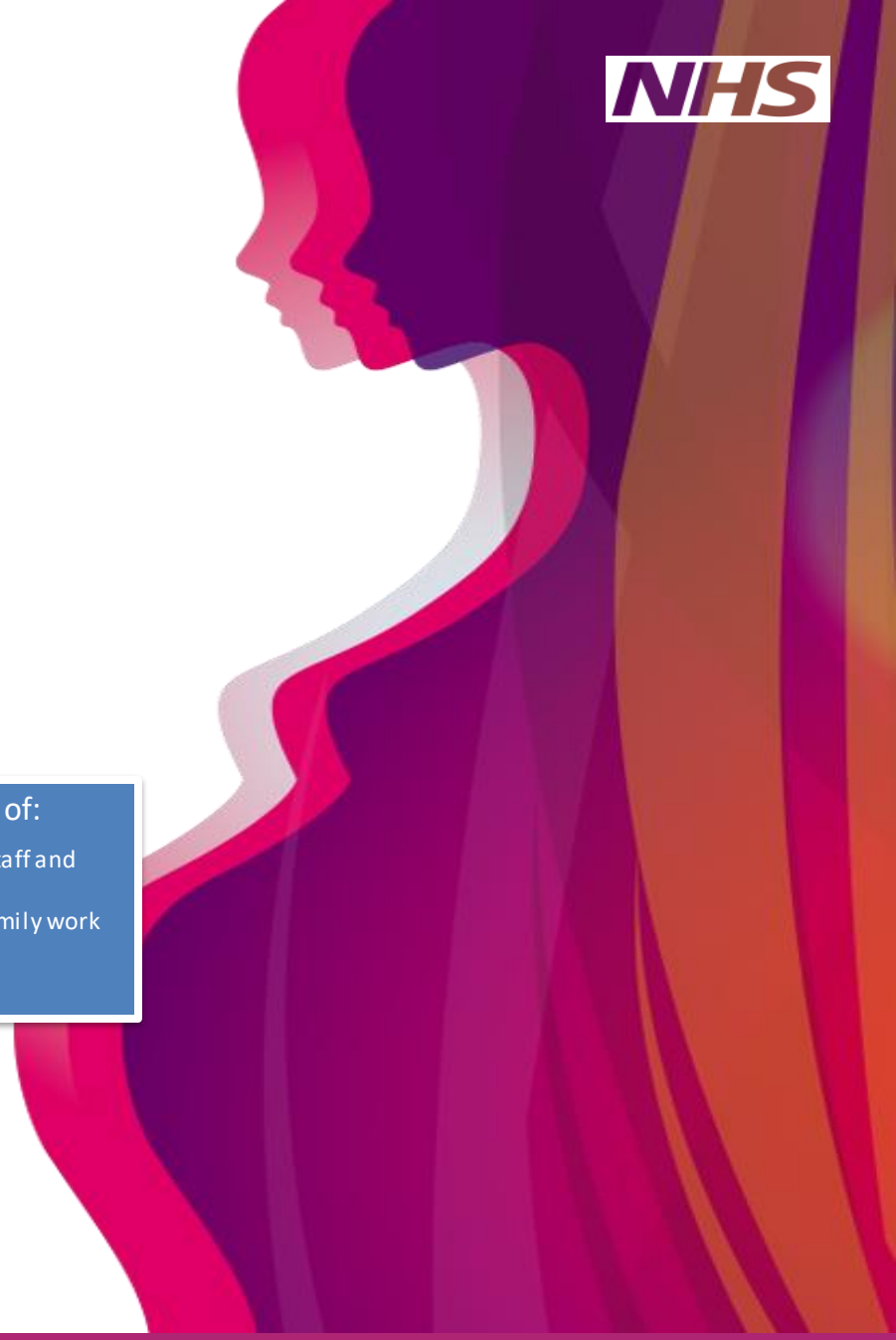
Systemic work

Network of clinical systemic supervision from 8b FT to 8a FT to SFP

Teaching and training to the team to share skills and develop a "think family" understanding in the teams

Delivery methods of:

- Consultation to SPS staff and teams
- Caseload singleton family work
- Co work
- Family therapy clinics



NHS

The landscape of systemic therapy in the perinatal period

- We felt that there was a need for a more tailored therapeutic option in perinatal work
- There were limitations to the current evidence base – BFT, couples therapy for depression – ignoring wider family relationships
- We wanted to think about what makes the perinatal period unique, therapies and theories we already apply and use
- Settled on Attachment Narrative Therapy as an option that encompasses systemic and attachment theories

Development of Peri-ANT

- Vision of Ruth O'Shaughnessy, Clinical lead
- Consultation with Prof. Rudi Dallos
- Development of a manual to support delivery
- Training - use of systemically trained staff plus additional ANT specific training.
- Supervision

Contributing to the perinatal field: Attachment Narrative Therapy

The perinatal stage of a family life cycle is a time of great change. It gives a unique window of opportunity to support positive change in a family and a child's life.

- Attachments are both formed for the future and drawn upon from the past.
- The stories parents hold of their own experiences shape how they are as parents.
- Peri-ANT uses these elements to support change

Peri-ANT: Summary

Phase 1: **Co-Creating a Secure Base**

Interventions focus on building the therapeutic relationship and therapeutic safety.

Engagement, Attachment Genograms, Tracking, PDI, Assessment etc.

SCORE, SRS

Phase 2: **Mapping Perinatal Stories**

Interventions focus on developing a systemic attachment formulation to determine the direction for change.

Building a formulation, sculpting, LUUUUT, mapping scripts, Tracking (the problem), PET etc.

SRS. SCORE at session 4 or multiples of.

Phase 3: **Contemplating and Attempting Change**

Interventions shift to focus on change.

Sculpting changes over time, LUUUUT, mapping script changes, Tracking change as it occurs etc

SCORE at session 4 or more. SRS

Phase 4: **Maintaining Changes and Endings**

Ending processes and relapse prevention

Relapse prevention, future planning, reflexive ending conversations, ending processes etc.

Final SCORE, SRS

ANT in practice

1

Tracking – discovering intentions behind what is going on when couples become tangled

2

Sculpting – mapping family positions in time

Vision for the Future: Next Steps

Being bold, being innovative, trying new models and therapies within the perinatal period

Developing the evidence base for these therapies through research, with the aim of contributing to NICE guidelines

Supporting and engaging with the wider perinatal network

Hoping to reach a position where teams and services don't need to be supported to hold babies and wider families in mind