PQN eNewsletter

Issue 4 Winter 2023

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | PQN PERINATAL QUALITY NETWORK

Welcome!

The PQN team has been very busy the past year with one additional community team and one mother and baby unit joining the network, the start of both the inpatient Cycle 15 and community Cycle 10, two Special Interest Days, the Annual Forum, standards revision and accreditation training. Following all of this we are very pleased to bring you the fourth issue of the PQN newsletter!

We provide you with some updates from the network, what we worked on in 2022, and what's coming up later in the year on **page 1**

Read all about perinatal health in the military family on **pages 2 & 3**

Find out more about access to perinatal services for ethnically minoritised communities on **pages 4 & 5**

See the winning entries from the PQN Art Competition on **page 6**

Read more about the art of kintsugi on **pages 7 & 8**

Discover more about our new PQN team members on **page 9**

Updates...

Return to in-person reviews

We are very pleased to be returning to in-person reviews after two years of virtual reviews due to the covid-19 pandemic. We have now started the inpatient cycle 15 and the community cycle 10. It's been so fantastic to meet so many of our colleagues face-to-face and feel the buzz of excitement. If you would like to get involved in our reviews, please contact us at perinatal-chat@rcpsych.ac.uk

Events

We held accreditation training in on 17 March, 28 April and 16 November which have been well received. Attending this training means we have more accreditation-trained reviewers to join our review teams. We are holding more accreditation training on 16 March. We will open the registration form soon.

On 4 February we held our Diverse Motherhood Special Interest Day. This was incredibly well received and included presentations on autism and perinatal mental health, supporting LGBT+ pathways, effective engagement with black mothers and many more!

On 21 June we repeated our Spotting the Sick Mother and Baby event, this event previously ran in 2019. This was a very popular event and featured a range of brilliant presentations which focused on spotting the signs of physical illness in mothers and babies.

If you missed any of our special interest days then you can catch-up on the sessions on Knowledge Hub!

On 31 October we held our Annual Forum. This was our first in-person event since before the pandemic and it was fantastic to see so many people join us. We had a range of presentations and workshops which focused on trauma-informed care in perinatal services.

Remember to save the date for the PQN 'Families' Special Interest Day on **Thursday 2 March**! We will be exploring the support and therapies that can be offered to families amongst other topics.

Standards

Last year we revised both the community and inpatient standards for perinatal services. In October we launched the Eighth Edition of our standards for inpatient services and will be using these to review teams in Cycle 15 and 16. Later this month we will be publishing our Sixth Edition of our community standards which will be used in Cycle 10 and 11. We revise our standards regularly to ensure that they are up to date and reflect the latest thinking in best practice. Later this year we will be updating our inpatient standards.

Perinatal Mental Health in the Military Family

By Emma Armstrong, Higher Assistant Psychologist, and Dr Mercedez Coleman, Highly Specialist Clinical Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

Background

Mental health in pregnancy can be exacerbated by biological, psychological and sociological factors (O'Hara & Wisner, 2014). The unique circumstances faced by military families may leave them particularly vulnerable to developing perinatal mental health difficulties. Non-negotiable relocations, deployments and separation are common for military families, and can result in a lack of social support and tensions in the family home (Dandeker, French, Birtles & Wessely, 2006), placing this group at higher risk of developing mental health difficulties (Goodwin *et al.,* 2015; De Burgh, White, Fear & Iversen, 2011). Although perinatal mental health in military families is being increasingly explored within the literature (e.g., Cazares *et al.,* 2021; Godier-McBard, Ibbitson, Hooks, & Fossey 2019; Klaman & Turner, 2016), little is known about the specific perinatal mental health needs of military families within the UK.

The PQN standards for diversity state that services should review and evaluate data annually to address inequality and improve access. Military personnel make up 2.3% of North Yorkshire and York population (ONS, 2016), with North Yorkshire being home to c.10,000 service children (FutureHY, 2022). To begin to explore the needs of military families, this article reports on a service evaluation carried out in the North Yorkshire and York Perinatal Mental Health Service (NYYPS) (TEWV), exploring the demographics of referrals for individuals with military status over the past 2 years (data collection period 01.02.2020 – 01.02.2022).

Demographics of service users referred into NYYPS

Military status

10% of service users did not have military status recorded. 5% of service users were asked and did not wish to provide a response and 0.8% did not know.

Referral sources - Secondary Care Perinatal Needs

Table 1 presents referral rates and sources. The majority (78.9%) of service users referred identified as not having military status. Service users without military status and currently serving/ex-service members were most likely to be referred through other clinical speciality teams. However, there was more variability in referral source for service users without military status. Of the 3.8% of service users identified to be dependent of a serving/ex-service members, majority were referred through other non-specified services (30.3%). Service users actively serving/ex-service members and those dependent of a serving/ex-service member had higher acceptance rates into the service than those without a military status.

Table 1.

Referral source, percentage of NYYPS referrals and percentage of NYYPS referral accepted, by military status

	% of NYYPS referrals	% of NYYPS referrals accepted	Primary referral source
No military status	78.9%	57%	Other clinical speciality services
Dependent of a serving/ ex-service member	3.8%	64%	Other non-specified services
Currently serving or ex-service members	1%	88%	Other clinical speciality services

Conclusions and Next Steps

4.8% of service users referred into the NYYPS identified as holding military status, and a large proportion reside in North Yorkshire. Given the unique circumstances faced by military families, the presenting data highlights the importance for further exploration of perinatal mental health needs of military families within this region. Live birth statistics are not accessible for military families in the UK. Focused statistics will be accessed (freedom of information request) to support effective planning and strategies to be commissioned and implemented.

Record of military status was missing for a large proportion (15%) of individuals using the service, 5% of which were asked and declined to provide a response. In line with the NHS Long Term Plan (LTP) (NHS, 2019) and Armed Forces Covenant (Ministry of Defence, 2016), recording military status will be a focus for the service, to ensure we are meeting the needs of military families. Data will be re-audited and evaluated within the access data annually, including exploration of the accuracy for the current disclosure rates.
The primary referral sources for military families were comparable to the civilian population group, however for military families there was less variability in referral sources. Military family's healthcare is split between the Ministry of Defence and the NHS, service charities also play a vital role in support (NHS, 2021). Further information is required exploring pathways for military families to receiving perinatal mental health support, including exploring data from local IAPT services.

Service users with military status had higher acceptance rates into NYYPS than those with no military status. This finding is novel and requires further exploration. Research is suggestive that the combination of stressors faced in military life may alter help seeking behaviour (Bernthal *et al.,* 2015), including favouring informal social networks (Dandeker *et al.,* 2006). Further research will be carried out engaging with local military families with the aim of providing qualitative data exploring their experiences of perinatal mental health difficulties and support.

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Acknowledgements
It is with grateful thanks to acknowledge the contribution of staff from the TEWV and service users with lived experience who were involved in the provision of data and discussions supporting this research project. It is only through this collaborative effort that it has been possible to research and disseminate these findings to improve care for women and birthing people, babies and their families in the future.

Reviewing access to a perinatal mental health service: ethnically minoritised communities

By Dr Mercedez Coleman, Highly Specialist Clinical Psychologist, and Emma Armstrong, Higher Assistant Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

Women and birthing people in the UK from ethnically minoritized backgrounds experience significant health inequalities during the perinatal period, culminating in the staggering statistic that people from ethnically minoritized backgrounds are up to five times more likely to die during childbirth (Knight *et al.,* 2021). To better understand these statistics, Birthrights (2022), concluded from their inquiry that these health inequalities are explained by systemic racism, which operates through: failure to recognise medical conditions in black and brown bodies, poor experiences of maternity care, lack of physical and psychological safety, lack of cultural competence and policies and frameworks. Furthermore, these experiences can contribute to and exacerbate mental health difficulties in the perinatal period. However, national studies have repeatedly shown that women and birthing people from ethnically minoritized backgrounds are less likely to receive support with their mental health during the perinatal period (Prady *et al.,* 2016; Watson *et al.,* 2019), have significantly lower access to community mental health services and higher involuntary admission rates to inpatient services (Jankovic *et al.,* 2020).

The PQN standards for diversity state that services should review and evaluate access data for protected characteristics. Using North Yorkshire and York Perinatal Service (NYYPS) as a case study, this article places a spotlight on some of the work being undertaken within perinatal services provided by TEWV, exploring systemic barriers to accessing perinatal mental health services for women and birthing people from ethnically minoritized backgrounds. NYYPS serves a broad geographical area covering 3500 square miles, comprising of very rural and urban areas, with a birth rate of c.6,500. People who identify as White British comprise 93.75% of the local population (ONS, 2011). However due to local migration patterns, it is expected that this figure will have changed upon publication of the 2022 Census. It is hoped that by sharing this article, other services with similar regional demographics will be encouraged to review their service with a view to enhancing access and support for ethnically minoritized communities in their region.

Access Rates

Access rates for NYYPS 2020-2021 were reviewed and compared with regional data. Given the regional demographics, NOMIS birth rate data was deemed to lack sensitivity as the dataset derives ethnicity from the child, not the mother. Therefore, NYYPS access rates were compared to maternity service data (accessed through Freedom of Information Act requests) of women and birthing people in the perinatal period accessing maternity services with a postcode in the area NYYPS serves.

Women and birthing people who identified as White British had the highest access rates to the service (76.21%), although this number falls below that of the regions birth rate. Asian, Black, Mixed, Other and White Other groups were under-represented within NYYPS. It is of note that Ethnicity recording was poor, with 19.81% of service users having no ethnicity recorded. However, a review of the 2018-2019 and 2020-2021 data showed a similar trend of access across ethnicities.

Table 1.

Percentage of births in the region compared with NYYPS access[1] rates by ethnicity[2](2020-2021)

	Ethnicity						
	Asian	Black	Mixed	Other	Not Stated	White British	White Other
Regional Birth Rate	3.61	1.18	1.10	3.41	1.57	83.41	5.38
NYYPS	0.61	0.30	0.61	0.61	19.8	76.21	1.82

[1]*For the purposes of this data, access refers to service users who have been assessed by the NYYPS and does not refer to all referrals to the service or those accepted after assessment*

[2]*Ethnicity has been grouped into five aggregated groups to maintain service user anonymity*

Locating the bottleneck

A common response from services in understanding poor access rates for ethnically minoritized communities is to locate the problem externally to the service, which fails to lead to systemic change. Therefore, NYYPS data was compared to data from local community services for women and birthing people with perinatal mental health difficulties. Despite continuing to have under-representation in

access for Asian, Black, Other and White Other groups, local IAPT services showed increased access for Asian, Mixed, Other and White Other groups, suggesting the presence of a bottleneck at NYYPS.

Action Plan
Some key actions identified for the next twelve months are shared below:

Improving data recording
Ethnicity data was missing for a large proportion of individuals and substantially exceeds the proportion of missing data held by local maternity services. Missing data can act as a barrier to services recognising and therefore responding to inequities. Ethnicity data recording will be re-audited annually.

Increasing cultural competence
Ethnically minoritized people living in rural Britain experience unique challenges (North Yorkshire Equality and Diversity Strategic Partnership, 2016) which require services to think creatively to support increased access rates. To increase cultural sensitivity and awareness within the workforce, the service will engage in an ongoing programme of reflection and engagement with local communities to continue to develop a culturally sensitive service.

Review of training and consultation
NYYPS regularly provides training to maternity and other mental health services. To support referrers to identify perinatal mental health difficulties, recognise risk and support conversations around referrals to NYYPS for women and birthing people from ethnically minoritized backgrounds, all training and consultation packages will be critically reviewed and decolonized.

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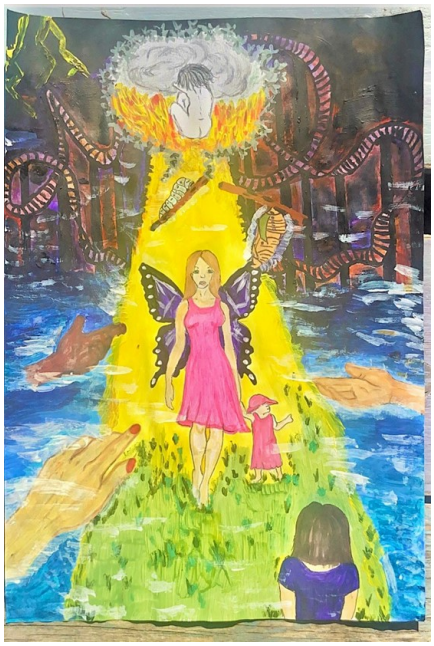
PQN Art Competition 2022

We were very pleased to repeat the PQN art competition. The competition was open to all patients, either currently admitted or recently discharged, from our member services. Submissions could be in the form of any visual art, such as paintings, drawings, photography, digital art etc. This years theme was 'Hope and Recovery' The standard of the entries was very high and we enjoyed seeing them all. This year we asked attendees at our PQN Annual Forum to vote for their winner.

We had first and second prize winners which you can see below.

Our runners up are:

'Metamorphosis', Charlotte, Hillingdon Perinatal Mental Health Service



Heroes, Hope and Recovery', Jo, Durham and Darlington Perinatal Service

Our winner is:

'Hope Within Recovery', Margaret Oates MBU

Piloting the Japanese art of Kintsugi at Ribblemere Mother and Baby Unit

By Dr Lisa Halpin, Clinical Psychologist, and Louise Sargeson, Occupational Therapy Assistant, Lancashire and South Cumbria NHS Foundation Trust (LSCFT)

Kintsugi literally translates as “golden joint”. It is an ancient Japanese art of honouring the broken. Instead of discarding things when cracks appear, or something is shattered, it is mindfully, and lovingly restored.

Kintsugi inspires patience, courage, reflection and hope. Intuitively, Kintsugi lends itself well to women/birthing people who are experiencing mental health difficulties in the perinatal period; a time already full of great change and adjustment.

At Ribblemere, we often hear women/birthing people referring to themselves as ‘broken’ and feeling as though nothing can be done to help them to move forward. Kintsugi offers a symbolic and creative way of representing this feeling but it also offers hope that despite feeling ‘broken’ they too can be ‘repaired’ and move forward in their life.

The workshops

The initial pilot workshops took place across three 30 minute-1 hour sessions in February-March 2022. Following this, we decided to offer a block of 5, 1 hour sessions taking place in the same week. This helped women/birthing people to create their objects, paint them, break them, and repair them without any delays. In the pilot cohort, babies were welcome to attend the session but we found that this did not allow individuals to fully focus on the activity.

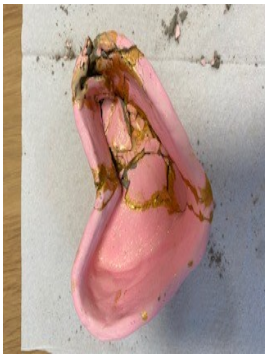
The scene for Kintsugi was set in the sessions using ideas and direct quotes from the book: *Kintsugi; finding strength in imperfection* by Celine Santini.

Women/birthing people were invited to reflect upon their life experiences, their emotional and physical journey to motherhood and subsequently the MBU. We encouraged reflection on their strengths and capacity for survival and endurance despite adversity. A quote which captured this well from Celine Santini’s book was:

“Up until now you have survived 100 percent of your worst experiences”

In the pilot session, small ceramic bowls were broken and repaired. In our subsequent Kintsugi sessions, air dry clay was used so that an object could be created and painted by the individual. Air dry clay was also much easier to repair than fine china.

Feedback & Next steps
Informal, qualitative feedback, was received from the individuals who took part in the workshops. Most women/birthing people reflected that breaking the item was satisfying, however the patience and concentration to then repair it, whilst reflecting on their own life experiences presented more challenges. Below details some feedback from the women/birthing people who took part:
"I have found the sessions very therapeutic"
"[I] enjoyed seeing the pieces come back together"
"It has been good to have an hour a day quiet, concentrating, relaxing, but not being alone"
"I feel a sense of achievement now I have finished putting it back together, when yesterday I thought I would never be able to complete it"



We want to hear from you!

Want to share your work or present your findings to a wide audience?

This newsletter is dedicated to network developments and areas of best practice to improve the quality of care for people using perinatal mental health service. If you would like more information regarding the contents of this newsletter, have any ideas for something you would like to see next time or would like to contribute an article, then please get in touch!

60 seconds with … Dora Goode, Project Officer, and Ruby Lucas, Deputy Programme Manager, PQN

What were you doing before you joined the team?

Dora: Before I joined the team, I worked as an Admissions & Bursaries Officer for a school in London. It was a really engaging role, but I have always been interested in working in the Mental Health Sector. So, this role came at the right time!
Ruby: Before I joined PQN I was working on the Quality Network for Community CAMHS (QNCC) having worked in the College for nearly 3 years. I've been working in the wider team with Arun, Thea and Dora for this time too, so have heard all about the amazing work going on in PQN and am excited to be a part of it!

Tell us a little bit about your role:

Dora: I am now working as a Project Officer for the PQN. It is an exciting role which involves arranging, attending, and providing reports for reviews across the network (amongst other things!). It was really exciting to attend my first in-person review at the end of last cycle, and I'm really looking forward to meeting everyone next cycle.
Ruby: As Deputy Programme Manager, my main role is in areas such as developing standards, organising events, attending review visits and representing the network at external events. I'm looking forward to lots more in person visits.

If you could learn anything new, what would it be?

Dora: I would love to learn another language. I have tried to learn French before, but without much success. It's definitely time to give it another try.
Ruby: If I could learn a new skill, it would be learning a language – I'm keen to learn Spanish.

What was the title of the last book you read?

Dora: The last book I read was called 'Open Water' by Caleb Azumah Nelson. It's the best book I have read in the last year. It's a book about young love, masculinity and race in the UK. It's such an interesting, insightful read – I would highly recommend it to anyone.
Ruby: Homegoing by Yaa Gyasi was the last book I read. It's about the intertwining of generations, and is beautifully written. I would highly recommend it.

How do you practice self-care?

Dora: One of the things I do to practice self-care is try different exercise classes. I have found that this type of exercise makes a really positive difference to my mental health and it has encouraged me to try new things. I never thought I would try a boxing class, but it's now happened!
Ruby: I love a bath and you can never go wrong with some candles.

What is the one thing you wish people knew more about?

Dora: While I was at University, I was particularly interested in Family Law. One particular issue which I studied was 'Common Law Marriage'. Ultimately, in England and Wales, there is no such thing as 'Common Law Marriage', nor are there the rights which people often believe are associated with long term cohabitation. I think it is a message which is particularly important to share with people, who can end up far less protected than they expected after leaving a long term relationship.
Ruby: I wish people knew more about the history of Psychiatry – I studied it as part of my degree and it is so interesting thinking about the different types of treatments used in the early 1900s and how the mind and brain was considered, compared to our current understanding.

Useful Links and Resources

College Centre for Quality Improvement
http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement.aspx

Quality Network for Perinatal Mental Health Service
http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/perinatal/perinatalqualitynetwork.aspx

National Collaborating Centre for Mental Health
http://www.nccmh.org.uk/

National Institute for Health and Clinical Excellence
www.nice.org.uk

Scottish Intercollegiate Guidelines Network
http://www.sign.ac.uk/

London Perinatal Mental Health Network
http://www.londonscn.nhs.uk/networks/mental-health-dementia-neuroscience/mental-health/perinatal-mental-health/

New Parent Support
https://www.nct.org.uk/

PANDAS Foundation
www.pandasfoundation.org.uk/

Perinatal-chat has moved!

We have moved our perinatal-chat discussion forum to a new home on Knowledge Hub. Knowledge Hub allows you to stay connected with other PQN members and post and respond to queries much quicker. To join Knowledge Hub, please take a few minutes to make your free account and then search for PQN. Once you have signed up, make sure you read over our user agreement under the 'Forum' tab.

On Knowledge Hub we will post information about events and resources as well as announcements, so don't miss out!

Meet the team

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