



PQN Newsletter

Sharing network updates, developments in our member services, and resources you may find useful

Welcome!

We are very pleased to bring you the first issue of the PQN newsletter.

We provide you with some updates from the network, what we have been working on in 2020, and what's coming up in 2021 (**page 2**).

We also share the results of our very first art competition as well as some of the stories behind the artwork we received (**pages 3-5**).

We hear from one of our member services about they navigated the challenges of the pandemic and the lessons they learnt from

working during the pandemic (**pages 6-8**).

Last year we welcomed to the team a new project officer, Thea Walker. Read Thea's 60 second interview on **page 9**.

Finally, you can find resources and contact details for the team on **page 10**.

If you would like to contribute to the next issue of the newsletter you can find out how on **page 9**.

Best wishes

The PQN team



Updates...

Working virtually

Along with all College teams (and most of the world!), from March we adapted our processes and ways of working to ensure we're still able to engage with members, and operate as normally as possible. This included moving to a virtual format for all accreditation and developmental peer reviews. We have nearly finished our inpatient cycle, all of which have been conducted virtually, and we think it has been a real success. While virtual reviews have significant differences to the in-person visits, we're confident about our ability as a project to continue to support standards of care and quality improvement initiatives, and work with our members to have the same ever-important conversations. Virtual reviews have also enabled us to organise review teams with reviewers from all over the country, without the barrier of arranging travel and accommodation, and taking extended time out of their own work.

Online events

Throughout the pandemic we have held a number of webinars which have focused on the challenges raised by covid-19 as well as new ways of working teams have developed. You can catch up with all of our webinars on our [website](#).

In November we held our Annual Forum virtually and were joined by 173 attendees from our member services. The Forum explored a range of topics, such as prescribing medication, the work of peer support workers, the impact of covid-19, and ended with a lively debate about the pros and cons of working virtually. You can find all of the slides on our [Knowledge Hub](#).

We held our first event of 2021 on 21st January which was our Nursery Nurses' Special Interest Day. After the success of the last Nursery Nurses' day in 2020, we were keen to hold another event. We were joined by 130 nursery nurses from community and inpatient teams. You can find all of the slides on our [Knowledge Hub](#).

We have a number of exciting events to look out for later in the year including accreditation training on 17th March, and Nurses' Specialist Interest Day on 18th May. We will also be holding our Annual Forum later this year on 8th November. To sign up for any of these events, please visit our [website](#).

Latest edition of our community standards

In July we launched the Fifth Edition of our standards for community services and will be using these to review teams in Cycle 8 and Cycle 9. 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.

Growth of the network

Our network is ever growing and in 2020 nine community teams became members of the PQN. We now have 64 community teams and 21 inpatient units who are members of the unit. If you want to sign up to any of our reviews, please keep an eye out for our weekly roundup emails which detail our upcoming reviews. To join the mailing list, please email perinatal-chat@rcpsych.ac.uk



PQN art competition

This year the PQN team held its first ever 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. There was no set theme but we suggested a few possible themes for inspiration: Motherhood, New Beginnings, Bonding, Nurturing, Playtime and Family. We had first and second prize winners as well as a piece we highly commended.

The first prize winner was Emma with 'Babies Do Well, With Well Mums'.

The second prize winner was Naomi with 'Voices of Recovery'.

The highly commended piece was 'Mother and Child', an artwork made by the patients and staff of Brockington MBU.

You can view all of the artworks entered into the competition on our [website](#).

Below and overleaf on pages 4 and 5 are some stories behind some of the artworks submitted to our art competition.

Inspiring Women—Resident mums and staff at The Beeches MBU

In the weeks up to and including International Women's Day 2020, we talked about the women who had inspired us in our lives. Everyone had a different suggestion and it was lovely to share our favourites and discover women we might never have heard of!

Many of us chose women who were mothers - women who inspired us and women we would want our children to know about – midwives, artists, writers, campaigners, scientists, mathematicians, politicians and the ordinary women who are our friends and families. We learnt a lot about a lot of amazing women! We then created a collage to include as many women as we could and made a booklet which had a page about each woman and her achievements. It made us feel proud and inspired.

The women include Ina May Gaskin, Marie Stopes, Florence Nightingale, Sojourner Truth, Emeline Pankhurst, Oprah, Rosa Parks, Marie Curie, Mary Shelley, Ada Lovelace, The Brontes, Greta Thunberg...and about 30 others!

The back of the book thanks:

All the women who made suggestions for this collage and booklet and all the mothers, daughters, sisters, aunts, grandmas, friends, neighbours, teachers, writers, artists, musicians, therapist, politicians, campaigners and ordinary women amazing women who continue to inspire us.



Holding the Baby—Lucy Caswell, Consultant Psychiatrist, Oxon Perinatal Service

Holding the Baby

Bag of clay on the work bench. Covid 19 requires the usually shared studio must be booked out for single use. I've chosen a gnarly clay. It suits my mood. Once dry it will stand its own weight unsupported but for now it is a just heavy solid lump, heavy to lift

The embryonic form

I cut the clay into two large pieces and roll out like pastry.

The baby forms easily enough, it's the person I find hard to get right. I put the pieces together as I imagine they will fit. There is a limited amount of time before the clay becomes too leathery and dry

The first firing

The dried form is fired in the kiln, heated up to 1000 degrees Celsius, transforming into a biscotti biscuit.

Once cooled to the touching point, I scan for defects

Baby is fine but I've noticed a small fracture line on the torso. I sigh.

A first sign all is not well.

The glaze

This stage can keep me awake at night. There is some much to go wrong.

Many failed attempts have made me cautious. I keep glazing simple.

The final firing

This time the kiln heated up to 1260degrees Celsius,

Atoms of Silica and Aluminum. Oxides of iron and copper, blaze like molten glass and interact. The kiln reaches temperature and slowly cools down

I'm not at the studio when the kiln door is opened.

I get a text, 'your sculpture is beautiful, but, it has a rather large crack you need to come and look'.

I make an inward groaning sound. This was not planned.

I go to the studio, a great chasm of destruction remains after the pain.

I look at the baby, so peaceful and unaware even as the fracture line extends between parent and baby

I feel detached. Should I 'bin' it? Is it even worth saving?

An internal voice whispers 'just make another one'.

Broken and dejected, it sits on my workbench for weeks, abandoned, unloved. I blame myself.

Repair

I accept this has to happen. Taking treatment makes me retch. Slowly layer upon layer the cracks are filled and

unseen. We are not made perfect, our fault lines are buried and come to the surface from time to time.



Lessons Learnt from COVID-19

Challenges of COVID-19 by *Anisha Raja, Assistant Psychologist, Supervised by Dr Jodi Pennington, Principal Clinical Psychologist : Herefordshire Perinatal Mental Health Team*

Due to the COVID-19 pandemic, pregnant and postpartum women are faced with challenging times. Pregnancy and motherhood itself poses potential psychological triggers in normal circumstances. Therefore, additional restrictions, issues of safety, and changes in usual patterns of life and services could result in more women experiencing difficulties impacting their mental health. As a small community team we anticipated an increase of referrals where mental health had been additionally affected by the uncertainty, disruption and anxiety around COVID-19. Factors such as lack of access to family support, to appointments and community resources, in addition to the challenges inherent in this time of transition.

As well as an increase of referrals, we considered how a number of these may present as experiencing moderate difficulties. These may be referrals usually taken up within Primary Mental Health (PMH) services or Improving Access to Psychological Therapies (IAPT), but due to the exacerbation of difficulties by COVID-19 (and bearing in mind changes to other services during this time), they would now meet a threshold for specialist PNMH. As a small community team managing changes in assessment and service delivery (moving significant amounts of work to telephone support and online), we wanted to form a plan around this. We also continued to liaise and direct appropriate referrals to our colleagues in IAPT and PMH. However, we were aware of changes to these other services as well during the last six months.

Managing an increase in referrals

Using NICE guidelines, PNMH resources, and relevant COVID-19 publications, we creatively structured an intervention plan that might be helpful for those women where difficulties were triggered or exacerbated by COVID-19.

We developed a time-limited, adapted CBT focussed intervention for low mood or anxiety that could be delivered individually by an Assistant Psychologist, with clinical supervision from the Clinical Psychologist within the team. Each referral was allocated to a Care-Coordinator following an assessment by the specialist PNMH team and discussion at the MDT.

The aim of this intervention was to provide a single practitioner intervention within the specialist PNMH MDT. The rationale was to mitigate against multiple members of the team working with an increased number of referrals. Specialist PNMH service development allows women to access a range of resources and professional involvement. With too many referrals active at one time, there was a risk of caseloads increasing and access to the full range of support being limited for those women presenting with moderate-severe difficulties who needed the full MDT approach. This stepped-care approach offered a way to prevent the team being overwhelmed, while offering women a good quality intervention. If further support was needed or the risk increased, we could quickly access further involvement from other members of the specialist PNMH team.

Interventions were tailored to manage symptoms of mental health, build strategies and support change for women, as well as holding relationships and systemic issues in

mind (mother-baby relationship, couple, wider family network). Interventions were derived from local IAPT workbooks and resources on anxiety and low mood, and other CBT short-term interventions. We also drew from COVID-19 specific adaptation and guidelines (e.g. psychological first aid). We identified primary themes, such as negative thoughts, behavioural impact and resiliency, efficacy and coping to set goals around developing strategies i.e. challenging thoughts, problem-solving skills, identifying practical/emotional support.

Expectation of types of referrals

Predication of change in mental state and emergence of new symptoms triggered or exacerbated by COVID-19.

- Impact of social isolation causing a reduction of support from a wider network at a time when ladies might rely more on human connection and closeness (support from family, community or peer groups)
- Potential of reduced household finances due to redundancy/furlough
- Changes in midwifery and health visiting NHS care (telephone/online; having to attend alone without partner; reduced visiting on ward once baby is born)
- Recognition around national data around increase in abuse, domestic violence, alcohol/substance abuse
- Anxiety related to cleanliness/germs, OCD symptoms relating to health advice, safety, unknown aspects of disease and related behaviour

What has worked well?

- Option of intervention– for the team this felt a helpful option in cases where the referral required more than IAPT involvement but could be held 'lightly' within an MDT without the sense of being overwhelmed when referral rate increased in June and July 2020
- Original Assistant Psychologist project work could not continue at time of COVID-19 so re-deploy this resource to support the team and offer time limited evidence-based psychological intervention
- Opportunity to combine existing CBT resources for perinatal population resources to take account of COVID-19 specific adaptation (e.g. psychological first aid resource)
- Developing resource pack useful for ladies where COVID-19 is an exacerbating factor which is available for team members to use
- Explicit use of pre and post outcome measures, and client feedback, to consider usefulness of this intervention (CORE-OM, Goal Based Outcomes, POEM) but also leading to positive case discussion and feedback about wider value of outcome measures used within MDT
- Access to wider MDT available if women required further specialist intervention
- This intervention option has been used for a relatively small number of women, however, this still represents a positive impact of the felt sense of the team faced with a higher number of referrals during this time as well as feeling some choice and control in a climate of uncertainty for ourselves as well as the women we are supporting



Case Example

Referral received from the GP of a lady with long term anxiety issues related to health which are having a profound effect on her during this current pregnancy. Currently 30 weeks pregnant. States impact of COVID-19 has been especially prominent. She currently lives at home with her husband and their 5 year old son. Due to COVID-19, she could no longer attend work which had helped her with the structure to cope with her severe anxiety as it provided distraction and social interaction. As well as the loss of this activity and income, she is distanced from her friends and family and lost her supportive social network. Her husband is currently working from home and this has resulted in increased arguments and distress. She is also home schooling her daughter which is challenging. She is experiencing fleeting thoughts of self-harm but never acted on this. Anxiety is manifested by thoughts of the baby dying during pregnancy. Previously received CBT and found this helpful around anxiety related intrusive thoughts. During current pregnancy, she is experiencing intrusive thoughts and images of her baby becoming unwell. She is experiencing consistent low mood and anxiety leading to daily panic attacks and feelings of dread. She is increasingly uncomfortable and tends to spend long periods lying still (in case she does anything to put the baby at risk). She has refused to leave the house due to fears of catching COVID-19. She feels a positive bond with her son and unborn baby, but feels guilt about the impact of her current functioning on her husband, son and baby.

Intervention discussed to offer contained adapted CBT intervention specific to COVID-19 over a 6 week period, focussing on low mood, anxiety and OCD checking behaviours. The Goal Based Outcome (GBO) measure was used during initial assessment to identify three goals to indicate what this lady wants to achieve, and scored based on how close she feels to achieving these goals. Goals identified were;

1. Understanding my anxiety in terms of early warning signs, physical symptoms, patterns and fluctuations.
2. Allow myself to be happy
3. Try to embed relaxation strategies within my daily life

These goals are then reviewed midway during intervention and post intervention as a measure of change. The Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) was also completed at initial assessment, this identifies level of distress. In this case level of distress was measured as Moderate and will be reviewed post intervention.

During the intervention, there was a clear focus on identifying, challenging and replacing negative thoughts and working together to understand this lady's anxiety and the early warning signs, triggers and coping strategies which worked well. Encouraging the use of relaxation techniques i.e. mindfulness and forming a "toolkit" of strategies to help boost mood and reduce anxiety. Thinking about graded exposure to alleviate worries of leaving the house and fear of contagion. Focussing on the mother and baby interaction and observing this throughout, and encouraging maintaining social interaction through other means e.g. allowing parents to come to the window.

Post intervention, CORE-OM pre and post data showed a significant decrease in levels of distress falling from moderate to low level. GBO showed a higher rating for how close this lady felt to achieving her goals. The Patient-rated Outcome and Experience Measure (POEM) was also used to gain feedback of how well supported this lady felt receiving input from PNMH.

Future Learning

- Understanding the importance and opportunity of reshaping aspects of our work and discussing ways to best utilise resources at times of challenge and change
- Continued development of resources for team, increasing access and use of psychological intervention and tools based blending evidence based resources
- Useful role of this intervention in embedding wider use of outcome measures for clinical and service development from assessment, articulating goals and measuring change



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!

The maximum length for articles is 500 words, comprising an introduction, main body and conclusion. Please include any relevant references and other materials you think might be useful for the article.

If you would like to submit an article or have any questions about this, please send to perinatal-chat@rcpsych.ac.uk.



60 seconds with...Thea Walker, project officer

What were you doing before you joined the team?

Before this I studied a Masters in Global Health at the University of Glasgow and then worked as a Research Administrator at the Duke of Edinburgh's International Award Foundation.

Tell us a little bit about your role:

I split my time 60:40 across PQN and QNIC (Quality Network for Inpatient CAMHS). Recently I have been busy emailing services to arrange C8 community review dates (please remember to set up your review!). I have also started going on virtual reviews, it's been so enjoyable meeting the teams and seeing the units. One of the best parts of the job is hearing patients and partners/family members experiences of services.

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

So many things! I'd like to learn another language. When we're allowed back to fitness studios I would love to take aerial hoop classes.

What was the title of the last book you read? □

I have a terrible habit of starting books and not finishing them, I normally have 3 / 4 books on the go at one time. The last book I finished was probably 'The Strange Case of Dr Jekyll and Mr Hyde' by Robert Louis Stevenson. I'm currently reading Akala's 'Native: Race and Class in the Ruins of Empire', Bill Bryson's 'Notes From a Small Island' and Oscar Wilde's 'The Picture of Dorian Gray'

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

I wish people knew more about the social inequalities and the social determinants of health and how policies that may not be directly health-related still impact upon a person's overall health.

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/ccqipprojects/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

Hannah Lucas, Programme Manager

Jessica Butler, Deputy Programme Manager

Hafiza Ali, Project Officer

Thea Walker, Project Officer

Email us at: perinatal-chat@rcpsych.ac.uk

Royal College of Psychiatrists' Centre for Quality Improvement

21 Prescott Street

London, E1 8BB

The Royal College of Psychiatrists is a registered charity in England and Wales (228636) and Scotland (SC038369)