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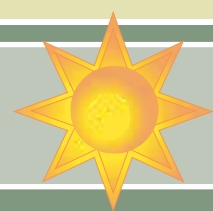
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SUMMER EDITION
EDITION 3



UNITED KINGDOM AND IRELAND MARCÉ SOCIETY (UKIMS) PERINATAL PERSPECTIVES

DEAR COLLEAGUES, WELCOME TO THE SUMMER EDITION

This has been another fruitful year for UKIMS. There have been two national meetings and a further three are in the planning stages. The wealth of experience and knowledge discussed during the meetings informs not only local clinicians, practitioners and researchers but allows the most recent research to benefit mothers, their babies and families. We all recognise the importance of acknowledging perinatal mental health and how the concerted efforts of so many can make a real difference not only to the mothers but the future well being of the infant.

The diligence and loyalty of the UKIMS Executive Committee has helped to move the Society forward enabling changes to happen more rapidly than they otherwise would. The news that there is now an up to date and almost complete list of UKIMS members will make it easier to locate and contact members. Each region has a co-ordinator – as featured in the first Newsletter – and this should make it easier to work together and share our good practice with a wider audience.

There have been significant changes on the international stage too as tremendous work has been done by the Executive Committee and Kathie Wisner (President) in particular, to generate a workable and sustainable website, which is so vital for informing and recruiting members.

From July 2009 all members should renew or join via the website with the two tier system: – **Gold membership** - £95 which includes the Journal 'Archives of Women's' Mental Health'

Silver membership - £25 without the journal, but all the other benefits.

Presently there is no automatic reminder that your membership has expired, so please remember to log on to www.marcesociety.com to ensure you are a current member!

If any of your contact details change, please would you inform our Secretary Dawn Kirby email dawn.kirby@nhs.net as we are not always informed of new or details of members.

We are seeking submissions for our 2009 Winter Newsletter, so please forward any articles, papers or examples of good practice to either myself or one of the editorial team.

Here's to that hot barbeque summer the weathermen promised us – and a peaceful, yet invigorating one too!

Kindest regards

Jane

Jane

UKIMS President
Secretary of the International
Marcé Society



THE FORUM - OUR LIFELINE

PNI.ORG.UK THE SUPPORT ENVIRONMENT

The knowledge, information and evidence to present these posters and draw conclusions have come from the self help and mutual support forum we run at <http://veritee.proboards7.com>. This is the third forum we have had on the web as unfortunately we do not have the means to host our own forum so have to use a third party forum provider

This means that when the provider goes out of business or has difficulties; our forum goes too and we lose most of what has ever been written on there. This is always a tragedy when it

happens as what women write is just so valuable in furthering understanding of the illness.

We regard everything women write on our forum is a legacy for women who suffer PNI after them – a resource for all sufferers and anyone else interested in PNI

We decided for this reason to keep the forum open to anyone who can access the web. So that apart from a few passworded areas anyone with internet access can read all the posts on the forum and while some areas are members only, it is possible to post as a guest. This carried some risk and difficulties but we feel it is important to have it this way as a public resource about PNI and as a record of many women's suffering

OUR PHILOSOPHY

Every page of our forum says the following:

Our Promise

We participate as equals, there are no experts, just people with experiences, knowledge and skills which we try to share

The Forum

This is your forum to write whatever you want and to use it in any way which will be helpful. You do not need to logon or register. You can use this forum as a guest without leaving your name, email or any other personal details.

To start just click 'Post Natal Depression' and either start a new thread or reply to an existing one.

However it would help me if users did register and gave a valid e mail address as I could then contact you if anything happened to this Forum

Who We Are & Who We Are Not

PNI ORG UK is run by sufferers and past sufferers of PNI (survivors) for sufferers and past sufferers of PNI.

We aim to support women with or who have suffered Post Natal Illness.

This is a Self and Mutual Help & Support Forum. The basic philosophy is; that no one understands what it feels like to have PNI as well as someone who has or has had PNI, but we understand that at times our advice and support can be subjective at times so we do not recommend that this forum is EVER used as someone's only support or help.

NO SUPPORT IN ISOLATION

Every sufferer needs input from a variety of sources such as husbands and partners, friends and relatives as well as professionals, their GP, Health Visitors and or other agencies. A Forum can only be an additional source of help and support , not the only one.

This forum is not run by health or other professionals but is a formally constituted charity:

Charity registration number 1113840

The forum came about as one volunteer for the Association for Post Natal Illness - Veritee's - personal solution to supporting more than one person at a time . Veritee is still also a volunteer for APNI.

We have no regular funding although we did have a one off grant from the NHS of £3000 in 2005 which we are still carefully using to run the forum.

While it is by no means required to use the forum, every little helps!

We Are All Part of the Team

At PNI ORG UK, every member and every woman who uses the support service is an important part of the team.

Some do take on specific roles but everyone is equally important. Many women are very unwell when they find us and use the service for her own support only, but all are by default helping others by sharing her situation.

The worth of PNI ORG UK is in our shared experience

DOES IT WORK? - IF SO WHY?

PNI ORG UK is a service that is incredibly successful given its tiny budget, in supporting thousands of women every year with Post Natal Illness, nationally and internationally. Yet it is a service where sufferers rarely meet face to face and much of the support is done online in the form of an information web site;

<http://www.pni.org.uk> a support forum;

<http://veritee.proboards7.com/>

a community web site; <http://pni-community.org.uk/> and by email support— we allocate women email support volunteers but only make contact occasionally by telephone or meet up.

Yet subjectively we know it works and works so well. Not all online forums and other online support works well, and some can be useless or even damaging. We wondered why PNI ORG UK does work so well and what factors could this effectiveness be due to?

We wanted an objective perspective

To find out, Wendy Garner — a published researcher, trustee of the charity and of course someone who is a member of PNI ORG UK and has used it for her own support - undertook some research and we all chipped in to help

RESEARCH BACKGROUND AND METHODOLOGY

The 'Ideal Virtual Support Environment Inventory' The 'Ideal Virtual Support Environment Inventory' (IVSEI) is an adaptation of the Ideal Self Inventory (ISI), a tool previously used within the context of psychotherapy (Norton, Morgan & Thomas, 1995) and then adapted for use within educational contexts (Tilley & Norton, 1998; Garner et al., 2002a, Garner 2007). The Inventory generates a number of responses relating to perceived 'ideal' and 'non ideal' (positive and negative) characteristics of an Ideal Virtual Support Environment (IVSE).

These responses were then analysed using the

process of content analysis so as to present a version of the IVSEI which represents the forum members' composite view.

The research process

The process of content analysis involved grouping similar responses and subsequently developing categories. Characteristics were repeatedly assigned to these approximate categories, which in turn were then honed, refined and merged appropriately. Characteristics could not be assigned to more than one category. The total number of characteristics (47), were reduced to 14 (7 'ideal' and 7 'non-ideal') on the basis of this process and ranking within categories.

Subsequent inter-rater reliability tests yielded a 'level of agreement' of 82%

MUTUAL, PEER AND ONLINE SUPPORT

THE RESEARCH

'The perceived value of mutual support of sufferers and survivors to recovery from Post Natal Illness'

Undertaken by Wendy Garner 2008. With input from members of PNI ORG UK

THE IDEAL VIRTUAL SUPPORT ENVIRONMENT (for women suffering Peri-Natal Illness)

Inventory (IVSEI) Introduction for Members

Thinking about your experience of using PNI ORG UK as a virtual support environment, please list 6

characteristics that would describe your ideal virtual support environment.

On each line list their opposites to describe your not ideal virtual support environment. These descriptions can be words or short phrases. Please note that the opposites do not have to be literal opposites, it is how you choose to describe them that is important.

Please then put these characteristics into rank order by deciding which characteristic is the most important in your judgement and assigning a 1 to it in the column headed 'Rank'. Continue until you reach the least important characteristic, and assign that a 6

The following example is not in any sense meant to be a 'gold standard' IVSEI- it is simply intended to make the process of completing your own IVSEI as clear as possible. There are no right or wrong characteristics - it is your view that is important.

Example IVSEI		
Rank	An Ideal Virtual Support	A Not Ideal Virtual Support
3	That members have personal experience of PNI and thus can empathise	The approach is top down and led by medical

THE IDEAL VIRTUAL SUPPORT ENVIRONMENT 2

(for women suffering Peri-Natal Illness) Inventory (IVSEI)

What the members filled in

The questionnaire below was compiled by Wendy Garner

Members of PNI ORG UK were sent this inventory by email and asked to fill it in over a 3 week period.

They were asked to be as honest and objective as possible and to reflect on what was helpful about online support and what was not helpful

There were a good proportion of members' responses

THE IDEAL VIRTUAL SUPPORT ENVIRONMENT 3 (for women suffering Peri-Natal Illness)

Inventory (IVSEI) Answers. The Ideal Virtual Support Environment Inventory (IVSEI) Members' answers

Rank	An ideal Virtual Support Environment	A Not Ideal Virtual Support Environment
1	Service providing mutual support and self help opportunities specific to PNI; members having personal experience as either sufferers or survivors	Service focusing on parenting in general, or run by medical professionals who may have no experience of PNI
2	Members can remain anonymous	Members have to provide personal information and identification details to access support
3	Speedy responses by members and staff around the clock (24/7) - as far as possible	Delayed responses to issues and queries
4	Ethos based on person-centred philosophy; non-judgmental and non-discriminatory	A climate where judgements are made and where diversity is not recognised or valued
5	Variety of support options available, including 1:1 support via personal messaging, e-mail or phone	Limited support options available; only participation on an Internet forum
6=	Forum topics and areas which meet wide ranging needs such as requirement for private areas, discussion of positive recovery, links to professional bodies and support for relatives and friends	Forum focused solely on crisis and support
6=	Presence of moderators and administrators who aim to maintain a safe virtual support environment	Lack of presence of experienced staff

The Ideal Virtual Support Environment Inventory (IVSEI) Members' version

Rank	An ideal Virtual Support	A Not Ideal Virtual Support Environment
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Conclusions and recommendations

Within this research project, several data gathering techniques, including triangulation, have been used within the context of exploring the notion of an 'Ideal Virtual Support Environment'. Methods used comprise analysis of forum posts using a key word search dating back to the year 2000 (not reported here), and the use of an the 'Ideal Virtual Support Environment Inventory'. Due to the constraints of this presentation, not all research outcomes can be explored fully within this context. However, many of the quotes cited on

the forum clearly relate to the IVSEI generated by surveying staff and very senior active members of the charity.

Implications of the study

To a greater extent

The importance and value of mutual support of survivors and sufferers; The significance of opportunities for anonymity.

To a lesser extent:

The degree to which early responses at all times of the day and night is valued as is the ethos based on

a person-centred philosophy where members do not feel judged or discriminated against;

The importance of a wide range of support options (particularly e-mail support) and opportunities to discuss a wide range of issues on the main forum;

The need for a presence of staff members to maintain a safe virtual support environment

Acknowledgements: All members of PNI ORG UK who contributed to this research

NATIONAL UKIMS MEETINGS IN 2009

The Second South West Regional Meeting- February 25th 2009

Another very successful southwest regional conference was held at the China Fleet club near Plymouth. About sixty delegates attended along with Speakers and organisers. This conference was organised jointly by the Marcé society and Plymouth NHS trust employees Dawn Kirby and Jayne Blood (Joint Regional Co-ordinators for the Marce Society). We would also like to thank at this point Sheelah Seeley (UKIMS Treasurer) for her support and expertise in helping us organise our first conference.



The delegates attended from as far afield as Cheltenham and Guernsey and from multi disciplinary backgrounds such as mental health and education ranging from specialist services to target and universal and voluntary agencies.

Dr Jane Hanley UKIMS President introduced and chaired the day for us.

Cate Simmons Assistant Director of Children's Services. Introduced the day on behalf of NHS Plymouth and discussed the importance of multi agency working within perinatal mental health and the important role fathers play in the well being of the family.

Dr Jane Hanley talked about the history and role of the Marcé Society and how the delegates could support the society and the benefits of joining.

Dr Angelika Wieck (Consultant Psychiatrist) PRAMMBSs North West gave a presentation, which highlighted the current research and recommendations regarding the use of both pharmacological and non- pharmacological treatments of depression and anxiety in pregnancy and lactation.

Professor Vivette Glover gave a powerful talk on the effects of antenatal stress, anxiety and depression on the foetus and child. This presentation illustrated how research enables to understand how a mother's emotional state in pregnancy can have a lasting effect on her child.

Following the morning break three workshops were held;



Jayne Blood &
Dawn Kirby

'*Safety in Numbers*' A therapeutic Postnatal depression group was presented by Dawn Kirby and Jayne Blood. Which outlined the legislation and evidenced base for the programme and discussing the course content and the journey to becoming commission and rolled out across the City of Plymouth.

Family Matters represented by Sue Clarke presented a workshop on the systematic approach to working with families and the dynamics that occur within familial relationship.

The third workshop was presented by Dr Whitaker (consultant psychiatrist) and Liz Collins (specialist midwife) who discussed setting up a antenatal clinic for women with identified mental health issues.

After a lovely lunch we were lucky enough to have a talk from Dr Ian Jones who presented an inspiring session focussing on understanding the link between mood disorders and childbirth. Dr Jones highlighted how mood disorders can be triggered by childbirth and implications for management during pregnancy and considered the role of genetic factors in triggering a mood disturbance during this time.

Palo Almond held an interactive discussion on the Whooley question contained within the Antenatal and postnatal guidance from the National Institute for Excellence (NICE2007). The delegates were also able to help gather further information by filling out feedback sheet on the Whooley questions within their delegate packs.

Following the afternoon break Dr Louise Brown Clinical Psychologist based at Derriford Hospital Plymouth, presented a thought provoking case study about the importance and impact of social relationships during pregnancy.

The closing remarks were made Jayne Blood who thanked all the speakers and delegates for a very successful and stimulating conference. The evaluations were very positive and many people commented on how delegates could take these ideas and knowledge forward into their work place.

Dawn Kirby

Reflections on the 5th annual Staffordshire Motherhood and Mental Health Day, co-hosted by the West Midlands Regional Marcé Society on May 12th, 2009.

This was an excellent meeting, held at the splendid venue of the Stafford Education Centre, which successfully brought together over one hundred delegates, including many Midlands-based Marcé members, several fellow travellers and many Staffordshire and Shropshire 'coalface' workers. The day was organised by Kristina Hofberg and her Stafford colleagues, with some assistance from myself as the Marcé West Midlands Regional Co-ordinator.



John Cox, Ian Brockington and Peter Nolan

Dr Jane Hanley, President of the Marcé Society, gave an upbeat account of international developments in the society, the plans for the meeting in Pittsburgh next year, and her confident expectation that the website, membership services and Newsletter would soon become more responsive and proactive.

Ian Brockington made a plenary presentation on the history of Menstrual Psychosis, and Ian Jones and Angelika Wieck reported on the latest developments in the management of Puerperal Psychosis. Three workshops followed after lunch. These were led by Carol Henshaw and Liz Boath on services for ethnic minorities; Caroline Carr and Paula Fairclough on challenging clinical vignettes; and Tracey Lynch on Perinatal Domestic Violence.

The day concluded with an account of the Staffordshire and Shropshire services, which, in their totality, are almost comprehensive. Maria Buxton, the Clinical Lead in North Staffordshire, recalled the history of the internationally renowned Charles Street Parent and Baby Day Unit in Stoke-on-Trent, and the contemporary seven-days-a-week Aspen Unit, with close links to the antenatal maternity services.

Kristina Hofberg followed with her account of the innovative Mother and Baby Unit in Stafford, which was utilising the Bio-psychosocial model as an approach to therapy, and which exemplified the strengths of the multi-professional team and the prescribing responsibilities of senior nurses.

At the conclusion of the day I outlined the opportunities for comparative research provided by these distinctive services, the relevance of the earlier publications based on their work, and whimsically reflected on the once vibrant collaboration between the NHS and the University. The separation of research from teaching, and a narrow preoccupation with national targets rather than local need, remained a major stumbling block to innovative services and satisfying staff morale. A narrow understanding of a Bio-psychosocial scientific model, which does not consider relationships and values, is inadequate in a multi-ethnic, multi-values society.

Whole person care, if a true *Medecine de la Personne* (to use Tournier's concept) is a useful framework for any national health service - and especially so for a perinatal service that considers resilience, family functioning and attachments, as well as psycho/spiritual and values-based understandings.

I just caught the train in time back to my home in Cheltenham, where a *de novo* perinatal service is about to be considered and where there is no Mother and Baby Unit within 40 miles. A three-bedded new-build Mother and Baby Unit in Stoke on Trent was opened in 2002 - but never fully used.

What was history teaching us, I have since wondered.

John Cox
Professor Emeritus, Keele University, Staffordshire
Marcé Society Regional Co-ordinator.



Ian Jones, Ian Brockington and Angelka Wieck

(My experience of) Psychiatry in Malawi! by Sue Smith

"What, without guardians?" This was the response of the senior nurse on Female B at Zomba Mental Hospital, Malawi when I told her that I looked after a psychiatric unit caring for mentally ill mothers with their babies. I pointed out that there are usually 3 staff on duty for 3 women, while she is the 1 trained nurse looking after 30-40 women, 2 or 3 of whom may have their baby with them. " I see" she said, then adding after some thought "Though sometimes we have them in without a guardian if we have just found them wandering aimlessly and don't know where they are from"

"Wandering aimlessly "is part of the 'Zomba triad'! The reasons for admission is frequently stated as 'Wandering aimlessly, talkativeness and beating people'. 'Being naked' is also seen as highly suspicious of mental illness.



Malawi is in the bottom 6 poorest countries in the world . So perhaps the fact it has a dedicated psychiatric facility is a cause for celebration and we should not be too critical about the limited care it can provide.

Zomba Mental Hospital (ZMH) is based in Zomba, a town in Southern Malawi which was once the capital of the country.

It currently has 7 wards including M1 the acute male ward which usually has 50+ patients – and 10 beds between them.

FA is the acute female ward with usually 30+ patients and 12 beds between them.

On a more positive note there are plans to build new wards for these acute patients which will have up to 64 beds in 8 separate rooms and much nicer dining and washing facilities. There are 3 wards already like this – the less acute male ward M2, a male rehab ward and FB a less acute female ward. It is the latter ward that

accommodates any mother admitted with her baby, and ideally with her guardian- a female relative, often her own mother.

There is usually one trained nurse on each ward. Numerous student nurses, in their bright white uniforms, populate the wards at any one time. But the training they get is limited by the lack of staff to teach them, and many of them have no interest in mental health as a career.

Felix Kauye is the one government psychiatrist in Malawi and is based at ZMH. I was there for the month of October 2008 and at that time they were comparatively well staffed! There was one Malawian doctor , Stuart Chippenda , a VSO doctor Gareth Nortje, and 2 VSO psychologists, Pennie Blackburn and Stephanie Common. There were also 8 trained clinical officers undertaking a BSC in Mental Health. Becoming a Clinical Officer involves 3 years of training – 1 theory and 2 practical – and then a year as an intern



under supervision prior to working more independently. My role was as tutor to the BSC students (see picture!) and I was most impressed with their knowledge and hard work. In the (usual) absence of all these bodies, Mr Phiri a Clinical Officer of many years standing basically ran the hospital.



Amongst the admissions I saw was a lady who appeared to have had puerperal psychoses following the birth of her 1st 2 babies. Her own mother was a traditional healer and had treated her daughter on these 2 occasions with traditional medicines. Following the birth of her 3rd baby, she stopped breastfeeding because she thought the baby was a snake. This time the traditional medicines did not work and she came to ZMH. She responded rapidly to 'modern medicines' (ie. chlorpromazine and amitriptyline!) and was discharged on these though we suspected she would revert to her traditional medicines fairly soon. She is clearly at risk of further episodes as she is likely to have more babies and I was

pessimistic about the possibility of doing any preventative work. However following a lecture I gave to the clinical officers about



perinatal mental health I was impressed with their enthusiasm for doing preventative work within the limited services available.

I could talk about the limited amount of medication available – most people arrived on and then continued with ‘CPZ’! Also about the amount of ECT given, the chaos that were notes and medicine charts, or the difficulty in establishing just exactly what had brought someone into hospital – and sometimes who they were! But after a while I started to realise that the issues were not dissimilar to those we face at home and that having many more resources does not necessarily solve all these problems!

Overall it was a far more challenging experience than I had anticipated - but an extremely enjoyable one, and at times just so funny!

I will finish with a picture of some of the enchanting children we met – even when they were shouting “Azungu” (white person) at you!

RESEARCH AND DEVELOPMENT

The Assessment of Women for Antenatal and Postnatal Depression

The identification of antenatal and postnatal depression is a key responsibility for health professionals coming into contact with postnatal women. If women are not assessed or screened, their health needs will not be known. If they do have depression it will go undetected and therefore likely to go untreated. To not assess women would be unethical as there are methods of assessment available, and there are effective treatments for postnatal depression. However academics, clinicians and policy makers are divided as to whether we do as yet have effective assessment methods.

The Edinburgh Postnatal Depression Scale (EPDS, Cox et al 1987) has been the screening tool of choice for two decades in the UK and increasingly across the globe. However, doubts about this tool were created by the National Screening Committee’s decision (2001) not to institute it as the preferred tool for universal screening of all postnatal mothers. More recently, the National Institute for Clinical Excellence’s Antenatal and Postnatal Mental Health Guidelines (2007) created further uncertainty by recommending a completely new approach to mental health assessment. The NICE Guidelines (April 2007: 1.2.1.3) recommend:

At a woman’s first contact with primary care, at her booking visit and postnatally (usually at 4 to 6 weeks and 3 to 4 months), healthcare professionals (including midwives, obstetricians, health visitors and GPs) should ask two questions to identify possible depression:

1. During the past month, have you often been bothered by feeling down, depressed or hopeless?
2. During the past month, have you often been bothered by having little interest or pleasure in doing things?

A third question should be considered if the woman answers ‘yes’ to either of the initial questions:

3. Is this something you feel you need or want help with?

The guidelines go on to add that the EPDS or other screening tools can be used for further assessment and for routine monitoring of health outcomes. This guidance is largely based on two studies, Whooley et al. (1997) and Arroll et al (2005) which indicated that these two focused questions that address mood and interest and a third question about help were likely to be as effective as more lengthy and elaborate methods for identifying depression. The questions have good sensitivity and specificities. The authors argue that this a more efficient assessment approach and is more compatible with routines in many primary and secondary care settings.

The NICE guidelines are the first national guidance on the assessment and treatment of antenatal and postnatal mental health in England and are welcomed. But the evidence base for recommending the Whooley questions for antenatal and postnatal mental health assessment is uncertain. Both the Whooley and Arroll studies did not involve pregnant or newly delivered women. Indeed the Whooley study only involved men from 21-89.

A small project is underway to determine reaction to and adoption of these guidelines. Information has been collected from two regional meetings of United Kingdom and Ireland Marce Society in collaboration with local agencies. If you would like to send us your own experience and views about implementing this guidance please contact:

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The Marcé Resource Pack

Until we establish a 'Consultation and Discussion Corner' on the website, perhaps Perinatal Perspectives may be a useful arena to share research interests?

The distance learning pack – 'Emotional effects of Childbirth' by Sandra Elliott and Carol Henshaw is currently being revised. There has been discussion on updating some of the Units, adding more information on mother/infant interactions, the role of fathers, the particular difficulties encountered by teenage mothers, asylum seekers and ethnic minorities.

A world wide call is being issued to ask for any recent successful programmes or pathways of care which may be considered for inclusion in the packs. If you have any suggestions Or models about accessing mothers who refuse, or are frightened, of any medical intervention, I would be grateful if you could email your ideas to: v.j.hanley@swan.ac.uk



The following information has been provided by the National Perinatal and infant mental health network (PIMH). If you would like to join the organization and receive more detailed information please log onto <http://www.jan-net.co.uk>

PUBLICATIONS

'Think child, think parent, think family: a guide to parental mental health and child welfare' (<http://www.scie.org.uk/publications/guides/guide30/index.asp>).

This guide is about working with parents who have mental health problems and their children. It provides guidance on policy and practice and makes recommendations for key areas of professional education, workforce development and research. It also provides links to useful resources and contact details of relevant organisations.

'Early Years'

<http://www.c4eo.org.uk> / <http://www.c4eo.org.uk/themes/earlyyears/default.aspx?themeid=1>

Children's early years are crucial to their long term development. C4EO's work on Early Years supports Directors of Children's Services and their Children's Trust partners by providing the knowledge, data and tailored support they may need to help improve outcomes for very young children and their families. Early Years is the first theme to be launched by the Centre. It will run from July 2008 to March 2010 and addresses the following priority areas:

- Narrowing the gap in outcomes for young children through effective practices in the early years.
- Improving children's attainment through a better quality of family-based support for early learning.
- Improving development outcomes for children through effective practice in integrating early years' services.

'Action On Health Visiting Programme'

The Action On Health Visiting Programme, launched in May, has developed a work plan to increase the numbers of health visitors, clarify their contribution to delivery of the new agenda for children and to improve their education and career opportunities. The programme is a joint initiative between DH and CPHVA/Unite. It is being led by a programme board comprising experts and stakeholders and will report its main achievements in October at the CPHVA conference

Cabinet reshuffle – child health

With the recent Cabinet reshuffle, Andy Burnham has returned to the Department of Health as Secretary of State. Gillian Merron is the new public health minister. Otherwise, the Department's leadership for child health remains unchanged, with Phil Hope and Ann Keen remaining in their respective positions. Ed Balls continues as the Secretary of State for Children, Schools and Families. Dawn Primarolo replaces Beverley Hughes as the Minister for Children, Young People and Families. Following Sarah McCarthy-Fry's move to Communities and Local Government, Diana Johnson will lead at DCSF on services for disabled children.

COURSES

'Watch Wait & Wonder' (admin@my-incite.co.uk)

INCITE training & Consultation is running training in using Watch Wait & Wonder this October on 19 & 20 October 2009 (to be held at RIBA, London) and 22 & 23 October 2009 (to be held at the BRLSI in Bath).

The training will be of use to all those working with parents and their infants, toddlers and young children, including psychiatrists, psychologists, health visitors, other CAMHS professionals and early years workers. The cost is £365 if full payment is received before 15 August 2009 and £390 if payment is received after this date. We are offering a discount of 5% for groups of 5 or more booking together.

The trainer is Mirek Lojkasek, who was one of the original developers of Watch Wait & Wonder. Mirek has done two previous trainings and the feedback we have received has been excellent.

Places are selling fast and to avoid disappointment we advise booking as soon as possible. We have up to 5 places left in London and 10 in Bath.

'Strange Situation Procedure training' (Wendy.Smith@annafreud.org)

The Anna Freud Centre will be running a Strange Situation Procedure training with Judith Solomon at on Sunday 6th – Saturday 19th September 2009. The cost is £1450, and bookings will only be taken via the website, where you can also find additional information (<http://www.annafreudcentre.org/shortcourses.php?id=122>)

'Society for Reproductive and Infant Psychology (SRIP) Conference' "Working with Inequality and Families at Risk". Copthorn Hotel, Newcastle upon Tyne, Wednesday 9th – Thursday 10th September 2009. SRIP provides a unique forum for the integration of issues in reproduction by individuals working in psychology, healthcare, midwifery, nursing, obstetrics and gynaecology, paediatrics, psychiatry, social work, sociology, anthropology, and epidemiology.

For more information click onto - <http://www.srip.ac.uk/news/>
<http://www.millenniumhotels.co.uk/copthornnewcastle/>

NATIONAL INFORMATION REQUIRED

1. Parent-Infant Mental Health Service

Dr Rosey Tattersall-Lindley Chartered Clinical Psychologist CAMHS (Rosey.tattersall@TEWV.nhs.uk) would like to gain an up to date picture of Infant mental Health Services in the country and to discuss issues around setting up/ budgets, placement within Children's Centres etc. Please contact Rosie directly to share information.

2. Restraint of pregnant and recently delivered women

Mark Allsopp (Mark.Allsopp@berkshire.nhs.uk) who is the Acting

Medical Director and Clinical Director Specialist Clinical Services from Berkshire Healthcare Foundation Trust is looking for any advice and guidance available on restraint for pregnant and recently delivered women to be included in the perinatal unit policy.

One response: You will find some guidance relating to the rapid tranquilisation and restraint of the pregnant woman on p197 of our recently published book:

Henshaw C, Cox J, Barton, J. (2009) Modern Management of Perinatal Psychiatric Disorders. London: RCPsych Publications.
Dr Carol Henshaw, (chenshaw@doctors.org.uk / C.A.Henshaw@staffs.ac.uk) Locum Consultant in Perinatal Mental Health, Liverpool Women's NHS Foundation Trust, Honorary Visiting Fellow, Staffordshire University

3. Assessment tools

Victoria Cole (victoriacole@nhs.net) would like to know of any tools to assess a mother's attachment to her unborn child?

4. Perinatal MH Specialist post

We are looking at the possibility to develop a Perinatal Mental Health Specialist post in Doncaster; therefore it would be helpful to get a service specification and job description to see how we can develop it in our area. Do you know any health authority in UK that employs Perinatal Mental Health Specialist? Would be

great to get the service specification or job description of it? The Perinatal Mental Health Specialist would be a qualified healthcare professional and their remit would include:

- Development and provision of the local training packages to the health care professionals
- Development and delivery of the local educational and awareness raising campaigns
- Provision of ongoing advice and consultation to health care professionals
- Contribution to the development of Perinatal mental health network in Doncaster
- Contribution to the service development and improvement processes
- Work in line with local referral and care pathways, the local Perinatal mental health needs, and other local and national policies and guidelines.

Ilona Vindule Commissioning Manager (Mental Health and Substance Misuse) ilona.vindule@doncasterpct.nhs.uk



'Modern Management of Perinatal Psychiatric Disorders' – by Carol Henshaw, John Cox and Joanne Barton

This is a comprehensive overview of mental health problems associated with pregnancy and the year following delivery. This book provides a comprehensive overview of mental health problems associated with pregnancy and the year after delivery. An essential text for all mental health professionals. (March 2009, ISBN: 978-1-904671-36-7, £25). Buy online at: <http://www.rcpsych.ac.uk/publications/books/rcpp/9781904671367.aspx>

New book from the Royal College of Psychiatrists

Modern Management of Perinatal Psychiatric Disorders

By Carol Henshaw, John Cox and Joanne Barton



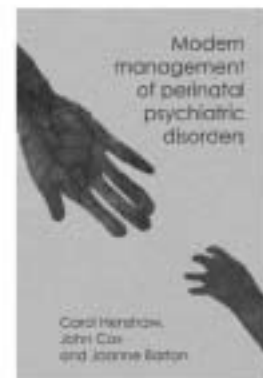
The management of mental health problems is a core component of maternity care. Pregnancy and childbirth may be accompanied by recurrence of pre-existing psychiatric problems, and conditions such as postnatal depression and puerperal psychosis may arise following delivery. Correct management of these problems is essential for both the mother and the developing infant.

This book provides a comprehensive overview of mental health problems associated with pregnancy and the year after delivery. Key topics covered include:

- Issues for children and families.
- Screening for and prevention of mental disorders in relation to childbirth.
- Prescribing in pregnancy and lactation.
- Transcultural issues.

An essential text for trainees in perinatal psychiatry, this book is also aimed at general adult psychiatrists with an interest in the field. It is also a useful resource for nurses, psychologists, obstetricians, midwives and health visitors.

April 2009, paperback, 294 pages, ISBN: 978-1-904671-36-7, price £25.00
(RCPsych members' price: £22.50)



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