

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY L.M.C. DOUBLET OF ST. SAVIOUR  
ANSWER TO BE TABLED ON TUESDAY 22nd OCTOBER 2019**

**Question**

Further to his responses during questions without notice on 8th October 2019, will the Minister list the maternal mental health disorders recognised by his department and state what percentage of mothers are diagnosed and treated locally with each of these; and will he state what specialist care is available for each disorder and what improvements, if any, to this service are being considered (including in respect of training provision and increased staff numbers)?

**Answer**

In the 13-month period to 30<sup>th</sup> September 2019, approximately 15% of mothers were seen by the mental health service. It is not possible to provide data in relation to individual diagnoses.

The Adult Mental Health Service has a full-time clinical nurse specialist and dedicated consultant psychiatrist sessions focusing on maternal health. Individuals booking into maternity services are provided with an information leaflet that outlines the service. The service is open to self-referrals or the individual can be referred by their GP, midwife or health visitor. Around 130 to 150 referrals are received each year by the Perinatal Mental Health Service. A number of these will involve an initial assessment and sign posting into appropriate services. Other assessments will indicate anxiety or depression that requires intervention. In rare instances, the service receives a referral or self-referral involving marked changes in mood, thoughts, perceptions and behaviours that may indicate puerperal psychosis. A first episode of psychosis is immediately prioritised as an emergency within Adult Mental Health Services' operational policy for management of referrals. Suicide is one of the leading causes of maternal death in the perinatal period, and a clear pathway has been developed between maternity and mental health services.

The clinical nurse specialist provides a weekly clinic with Maternity Services at the General Hospital. A preventative approach is taken by facilitating immediate access so that individuals receive timely assessment and appropriate intervention preventing deterioration. There is an increased risk of relapse of existing mental health conditions during the perinatal period and for these people a multi-disciplinary team meeting is held in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester, together with the service user and carers to plan care and identify potential triggers and develop a contingency plan. The current pathway and policy are due to go out to internal consultation shortly. There is also the intention to support developments under the children's strategic plan to support individuals who are experiencing post-natal depression.

There is no specific training provision offered locally and specialist training is currently accessed in the UK. E-learning modules available in the UK for maternity, mental health and general hospital staff are being reviewed with a view to being introduced in Jersey.