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## What a difference an hour can make – Training GPs in Perinatal Mental Health



By Dr Carrie Ladd, GP, Royal College of GPs (RCGP) Clinical Fellow in Perinatal Mental Health (@LaddCar)

*Following our Mums and Babies in Mind (MABIM) seminar for GPs on perinatal mental health in February, we asked Dr Carrie Ladd (far right) to reflect on the event and what was achieved.*

Guinea Pigs playing Ping Pong. Not an image I have used in my power point presentations before but it certainly caught people's attention. Let me explain...

Discussions have been happening for a while between the team at [MABIM](#) and Dr Judy Shakespeare (RCGP Perinatal Mental Health Clinical Champion) and towards the end of last year, things started to take shape. The idea was to develop a training package for GPs and other practice staff in perinatal mental health with a view to rolling out the package over the four locations in which MABIM works – Blackpool, Gloucestershire, Haringey and Southend.

Perinatal mental health has been a priority area for the RCGP for the last three years and so Judy and myself (RCGP Perinatal Mental Health Clinical Fellow) set about designing the session with the first location being Southend on 7<sup>th</sup> February. We realised quickly that there was a limit to what we could fit into one hour and deciding what to leave out was the tricky part. However, we both passionately believe that by learning a little more, asking questions slightly differently and being aware of the issues around perinatal mental illness, GPs can hugely



improve their practice. This will lead to picking up more cases earlier and prompt treatment sooner, meaning less women slip through the net. We know that most women prefer to disclose mental health symptoms to their GP therefore a GP education session really is a golden opportunity for us to encourage behaviour change leading to positive impact, even in just one hour.

The ten minute slots we had split the session into merged together well and we covered many aspects of perinatal mental illness including discussing three case histories (antenatal depression, postpartum psychosis and perinatal OCD). Barriers to diagnoses were suggested on post-it notes and collated to form a helpful discussion of those relevant to women and those to professionals.

It was interesting to see many of these matched the findings of the [Falling Through The Gaps report](#). We discussed the educational resources we have produced with the RCGP including the [RCGP PMH Toolkit](#). Also the [e-learning for health 5 module series](#) and the [NICE Top Tips summary document](#).

As many readers will know, I am fairly busy on Twitter in the mornings, mostly thanks to an early rising pre-schooler. I have met several of my twitter contacts in person and was excited when I saw that this first MABIM session was going to be in Southend as I knew Laura (Clark)



(@butterflymum83 and Sarah (Wood) (@LotusPetalPND) lived nearby. I was delighted when they agreed to come and talk to the group. I was also interested to hear more about how they had set up their own [peer support group](#) in conjunction with the local perinatal mental health services.. The voices of women with lived experience can be incredibly powerful in improving health services and today was no exception. Laura and Sarah brought to life the slides, case histories and theory we had been presenting by their honest and moving stories. To see two women who had been so unwell a few years ago now having the confidence, passion and motivation to use their experience to help others was truly inspiring and I am sure the audience will remember their words for a long time.

And so to the guinea pigs...We explained at the start of the session that this was a pilot session and so we were trialling several learning methods and tools to see what worked for the audience. Feedback was encouraged via feedback forms and through the usual channels used by Southend Clinical Commissioning Group – an online survey, I understand. Overall we think it went well with a good level of dialogue between speakers and audience, some great questions and a distinct lack of people leaving early/to go to the toilet/to fetch a drink. Perhaps a roving mic would have been helpful as the amp wire nearly caught me out a few times!

As many will know, GPs often have a healthy competitive streak and so a quiz was introduced on each table with only eight questions which had one word answers – the first table to complete won a box of chocolates which seemed to be go down well, as did the image of guinea pigs playing pingpong!

To read more of Carrie's writing visit: <https://drcarrieladd.wordpress.com>