

IMPRovE HIT  
(Improving mental health  
perinatally)

# Health system

HIT workstream priorities:

- Patient and public involvement – awareness and reducing stigma
- Early intervention and universal support
- Teaching and training for health professionals
- Using the evidence base to make the case for specialist community service

# Estimated prevalence

	BNSSG	Bristol
Psychotic illness 5 per 1000 births	55	33
Severe depressive illness 30 per 1000 births	330	195
Mild to moderate anxiety and depression	1124	650
Adjustment disorders and distress	1686	975

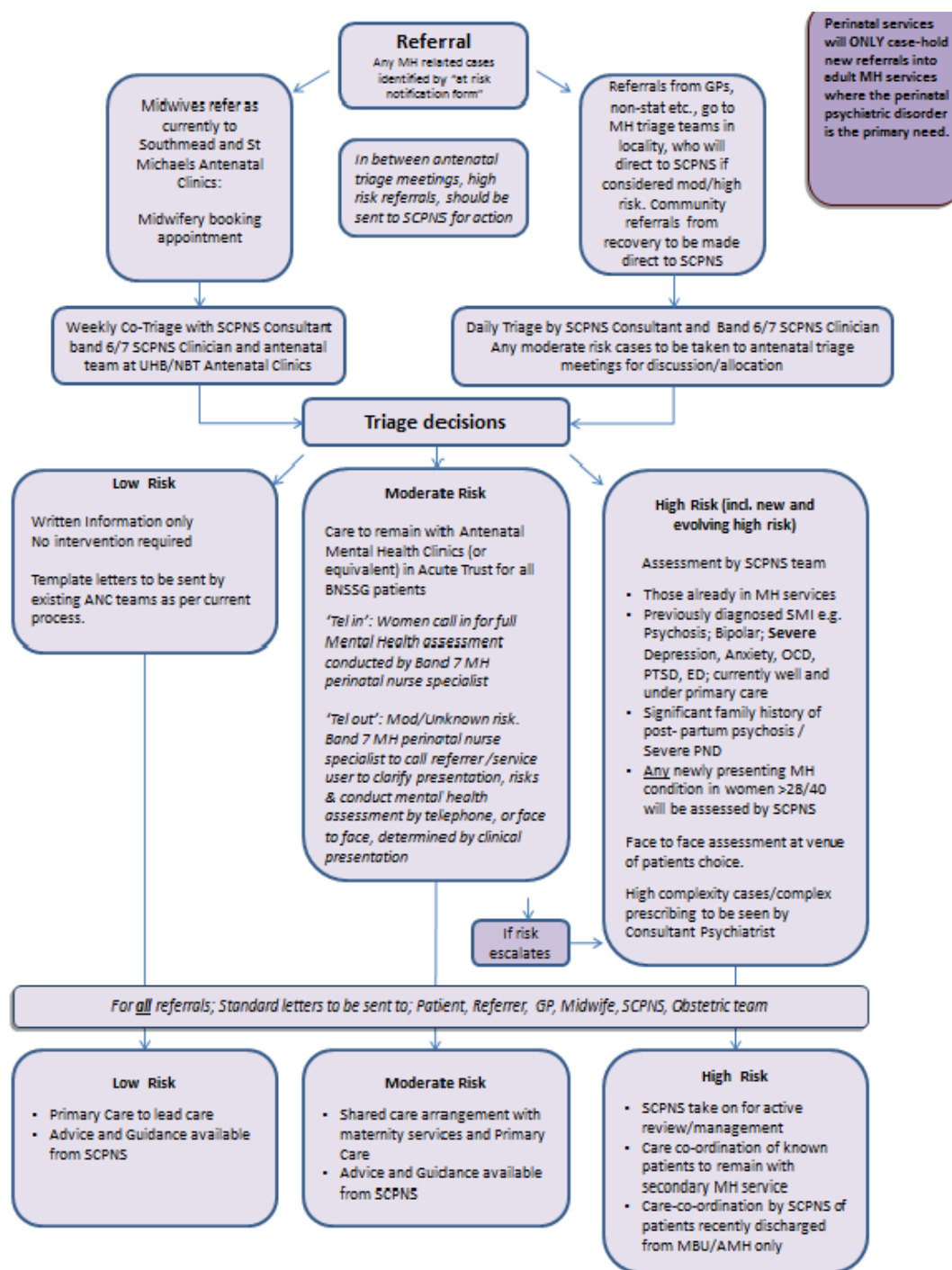
Estimated cost to BNSSG health and social care system for women experiencing psychosis or severe depression and their children is over £2.6m pa

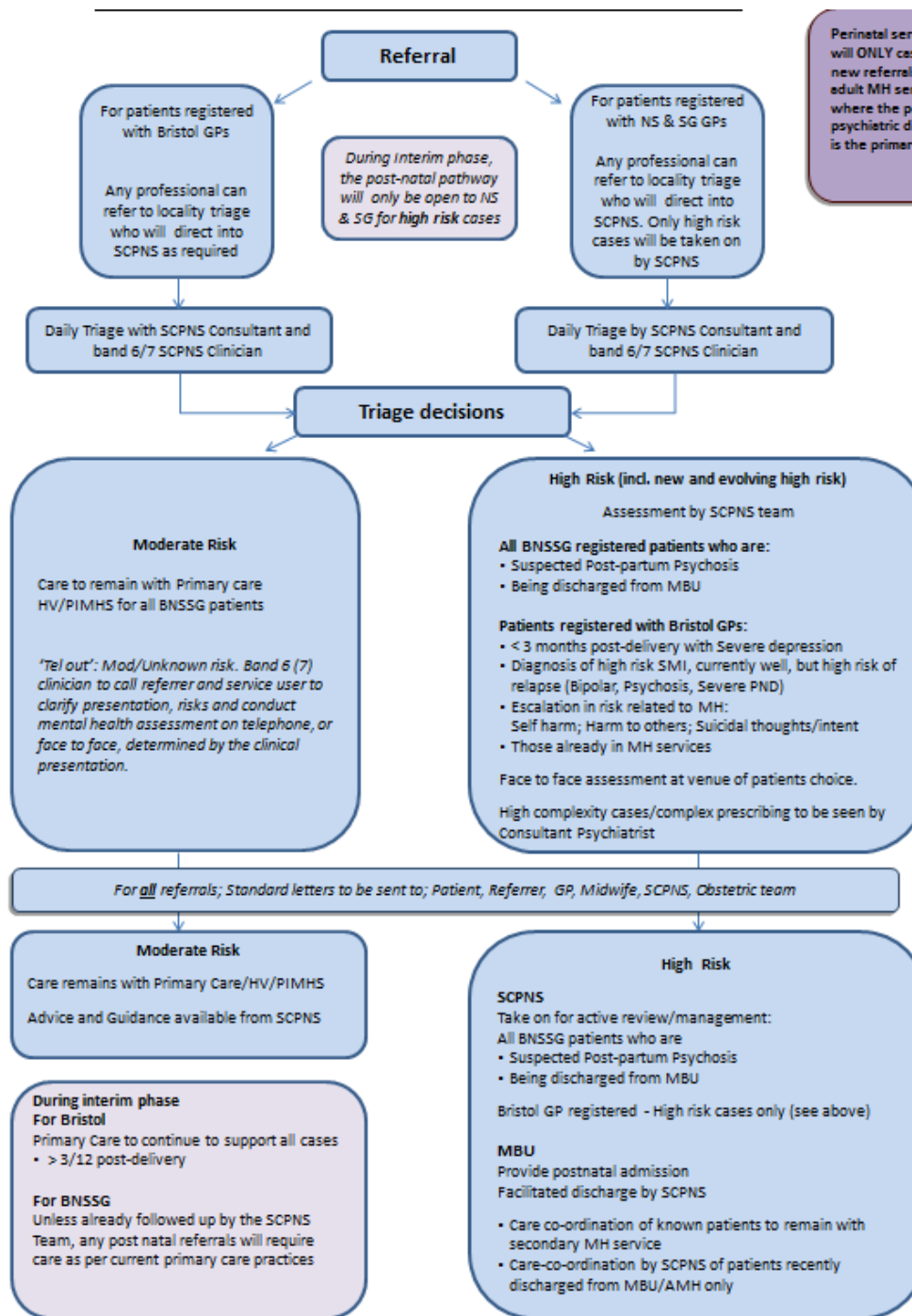
# Commissioning Priorities

- Everyone's business – awareness and pathways in mainstream services
- Need for additional investment in both community and inpatient specialist services highlighted in 'Future in Mind'.
- Evidence base for long term impact on child/adolescent/adult mental health
- Costs to health and social care and wider society

# Pathways with existing services

- Pre-pregnancy risk identification in primary care and adult mental health
- Midwifery screening at booking and during pregnancy – referral for triage
- Management during and after pregnancy dependant on level of risk
- AMH remain responsible where women require long-term interventions, where PMH is not primary need, and/or enhanced CPA is required – specialist team will provide advice and support





Perinatal services will ONLY case-hold new referrals into adult MH services where the perinatal psychiatric disorder is the primary need

