New unit to provide specialist help close to home

New mothers with serious mental health problems will soon be able to receive specialist inpatient help closer to home when NSFT opens the region’s first dedicated mother and baby unit next spring.

Image of Jessica Bannister, read her story on page 6 >>

The eight-bed unit, which will ensure mothers and their newborns can stay together while the mother is receiving acute psychiatric care, will open at Hellesdon Hospital in Norwich. It will care for women with illnesses, such as postnatal depression and severe anxiety, as well as postpartum psychosis – a serious condition which can occur a few days after a woman has given birth and causes hallucinations and delusions while severely disrupting perception, thinking, emotions and behaviour.

The unit will cost around £3m to develop and is one of just four in the country commissioned by NHS England (NHSE) as part of their investment into improving access to specialist treatment for new mothers in regional areas with the most limited inpatient services. Although it will primarily receive admissions from Norfolk, Suffolk and Cambridgeshire, it will also be able to accept referrals from around the country.

GPs and health visitors, as well as mental health staff, will make referrals to the unit, which will be staffed by a perinatal psychiatrist, specialist mental health nurses, nursery nurses, occupational therapist and social worker.

A range of therapeutic services will be available including medication, cognitive behavioural therapy, family therapy, along with help with attachment. Trained peer support workers – people who have personal experience of perinatal mental illness – will also offer support and practical help.

The new unit will complement NSFT’s new Community Perinatal Mental Health Service, which launched in April and cares for pregnant women and new mothers with serious mental health difficulties, as well as providing support for the rest of the family.

NSFT Chief Executive Michael Scott said: “We are absolutely delighted that our bid to create a specialist mother and baby unit for our region has been successful. This is a vital and potentially life-changing service that, for the first time, we will be able to offer local families from across the region.”

The bid for funding was submitted by NSFT and supported by local clinical commissioning groups. The Trust also worked closely with Norfolk and Norwich University Hospitals NHS Trust, which runs midwifery services, and support group ‘Get Me Out These Four Walls’ to develop the model, which will ensure mothers and babies receive responsive and effective care in a family-friendly unit, which has been designed to meet the highest standards.

New mothers will soon be able to receive specialist inpatient help closer to home when NSFT opens the region’s first dedicated mother and baby unit next spring.

News of the unit has been welcomed by Jessica Bannister, who received crisis treatment with NSFT when she suffered postpartum psychosis following the birth of her son, Albert, but then had to travel to Hackney, in London, for specialist inpatient treatment as soon as it was safe to do so. (See page 6 for Jessica’s full story).

“The immediate care I received from NSFT when I went into crisis was literally life-saving, offering an urgent short-term safe haven, and for that I will always be grateful. But there were no local facilities to treat my condition in a specialised environment,” said Jessica, who lives in Norwich.

“The Hackney unit was a godsend for us – even with the distance involved. But if someone becomes ill, it’s much better if they don’t have to travel hundreds of miles for treatment as it’s essential that you’re near your family and friends, so you can keep some kind of life going outside of the illness.

“These units are incredible places – the humanity, love and support you receive is phenomenal. The dedication of the staff to your recovery and wellness, along with the love they give to your child, is fantastic.”

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“Mental illness happens indiscriminately. But our story shows that you can get through it”

A mother-of-two who was driven to the brink by a rare mental illness she felt was “trying to kill her” following the birth of her first child, has described her journey back to health, while praising the medical staff who gave her life-saving support.

Jessica Bannister first started noticing problems around three days after giving birth to her son Albert in February 2014 at the Norwich home she shares with husband Matthew. Lacking sleep and constantly on high alert as she watched over her newborn son, she began experiencing the first symptoms of postpartum psychosis – a rare and serious mental illness which causes high mood, paranoia, paranoia and delusions.

“I had an amazing birth at home, with Albert, with no medication, then suddenly everything just became a bit much,” said Jessica, who is now 33. “I wasn’t sleeping and noticed I was starting to get very distracted and finding it difficult to do basic functional things like eat and wash.

“I then became paranoid and would worry about what my husband was thinking as his face would distort when I looked at him. Four or five things ramped up simultaneously and everything got more scary – mypanic turned to terror and the paranoia made me very aggressive. Life became a huge battle ground and it felt like the psychosis was trying to kill me.”

A week later, Albert was admitted to the Norfolk and Norwich University Hospital NHS Trust with jaundice, and worried doctors quickly became concerned for Jessica’s wellbeing. She received a diagnosis following an assessment, and was referred to NSFT’s crisis team, who managed to find her a more appropriate specialist place on the Margaret Oates Mother and Baby Unit (MBU), in Hackney.

“By this time, Jess was in such a state that any kind of transition was hugely terrifying for her,” said Matthew. “Transport had been arranged to take us to London but she stalled and stalled and we ended up not quite getting out of the hospital door to the waiting ambulance.

“She was absolutely distraught and getting worse and worse, but Joe Stanton and Holly Brown from the crisis team were just amazing. They volunteered to work overtime to drive Jess, Albert and myself down to London. I was immensely grateful and found it hugely reassuring to be with two professionals.

“The journey would normally take two hours but took us around six as Jessica was so distressed. She tried anything to stall us and said we couldn’t leave until we’d all had a KFC, so Joe disappeared and came back 20 minutes later with a take away. He really did go above and beyond.”

“Holly and I had to try and persuade Jessica that agreeing admission to a MBU was the right thing to do. We had met her the night before and already had a reasonable rapport with her, which helped immensely in eventually getting Jessica to agree to allow us to transport her to the MBU in Hackney.

“The journey required frequent stops along the way due to Jessica’s need to be given ongoing reassurance about having made the right choice. Her mental state was such that her mood could change very quickly, but fortunately we were able to complete the journey safely.

“Holly and I found this night shift to be one of the most challenging, but also one of the most rewarding experiences in our time as mental health nurses.”

Once at the unit, Jessica began eight weeks of intensive treatment, which included medication to level out her extreme mood swings and bring hallucinations under control.

“Transport had been arranged to take us to London but she stalled and we ended up not quite getting out of the hospital door to the waiting ambulance. That ‘thing’ was my tormentor. It was really hard for Matthew to watch and at one stage he thought he had lost me.

“I would take staff hostage in my room for hours. I was aggressive and my throat was hoarse from speaking for four days solid. I developed a stutter and had physical Tourettes and couldn’t stop moving as I had so much energy. It was horrendous.

“All of this time I could feel the ominous presence of psychosis, which had manifested itself as what I thought was a physical presence outside the room. That ‘thing’ was my tormentor. It was really hard for Matthew to watch and at one stage he thought he had lost me.

“But I developed coping strategies and would split myself into several different people to help me try and distinguish what was real and what was a delusion. I was very aware of what was happening to me and knew I had to deal with it in each moment if I was going to survive.”

An important part of Jessica’s recovery was being able to remain with Albert while she received treatment at the specialist unit. She is now supporting calls for the creation of additional units across the country.

“Both of the staff from the crisis team were just saintly in their patience and we don’t know what we would’ve done without them.”

Joe, who is a Charge Nurse with our Trust, said: “There was no doubt that Jessica needed to be admitted to hospital for treatment, but deciding how to proceed was complicated by the need to find a course of action that would have the best possible outcome for both mother and baby.

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I’m living proof that recovery is possible

Keen to help raise awareness of the illness among other new mums and mums-to-be, Jessica wrote a blog called Mama Courage which has now been adapted into a drama documentary for BBC Radio 4.

“Being able to have a creative connection with a life experience was really amazing,” said Jessica, who features in the programme alongside fellow actor Matthew.

“It felt powerful and useful and like it needed to be said.

“People need to know that mental illnesses happen indiscriminately. But our story shows that you can get through it.”

Mama Courage aired at 2.15pm on Friday 12 May. You can listen again via the BBC’s iPlayer.

POSTPARTUM PSYCHOSIS FACT FILE

- Postpartum psychosis affects around one in every 1,000 women who give birth
- Women are more likely to develop the illness if they:
  - Have had postpartum psychosis before
  - Already have a serious mental health condition, such as bipolar disorder or schizophrenia
  - Have a relative who has experienced psychosis (even if the woman herself has no mental illness)
- Once a woman develops postpartum psychosis, there’s a high chance she will have another episode following future pregnancies
- Most women with postpartum psychosis will experience symptoms very soon after giving birth, usually within the first two weeks
- It causes people to perceive or interpret things differently from those around them. Its two main symptoms are hallucinations and delusions, which can severely disrupt the woman’s perception, thinking, emotions and behaviour
- Other symptoms include a high mood (mania), loss of inhibitions, paranoia, feeling suspicious or fearful, restlessness or agitation, severe confusion and low mood
- It is important to treat postpartum psychosis quickly

GET SUPPORT

If you are concerned you or someone close to you is showing signs of mental ill health either during pregnancy or after the birth, contact your health visitor or GP immediately for further support and advice. If you / they have a pre-existing mental health condition you can also speak to your mental health adviser. In both cases you can also get support from our Wellbeing services – see page 11 for more details on how to self-refer.

For further information on postpartum psychosis, go to the Action on Postpartum Psychosis website at www.app-network.org

A Norfolk man who overcame the depression which haunted him for 35 years has spoken of the enjoyment he gets from helping others in his role as a peer support worker with the Wellbeing Norfolk and Waveney service.

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