

Careers in Greater Manchester mental health services

## 'I love this area of work': women's mental health services in Manchester

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Greater Manchester mental health trust is taking a new approach to its perinatal services and women's forensic psychiatry. Sue George asks the people who work there what excites them about the changes

**Sue George**

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Women's mental health and psychiatric needs, especially when they differ from those of men, are not always given the attention they deserve. The Greater Manchester Mental Health NHS Foundation Trust (GMMH), however, already

does critical work within women's mental health and other significant developments are under way.

One of the ways in which GMMH is prioritising women (and their children) is in the expansion of its perinatal mental health services. Mental health issues during pregnancy or in the first year after birth are experienced by up to 20% of mothers. As well as being a serious risk to the mother, these problems can have enduring effects on all aspects of the baby's development. NHS England's Five Year Forward View for Mental Health report set out its ambitions to tackle this, through increased access to specialist perinatal services.

Aaron McMeekin is one of three new consultant perinatal psychiatrists currently involved in setting up the specialist perinatal community mental health service across Greater Manchester. While there is a well-resourced 10-bed mother and baby unit offering specialist inpatient treatment, perinatal community services across the authority had varied quite widely. "There was a need to set up a comprehensive cohesive perinatal service that covered the whole of Greater Manchester," he says.

"It should be recognised that the perinatal period is a period of high need in mental health," McMeekin continues. This includes the needs of women who have already been diagnosed with conditions such as bipolar disorder, moderate to severe depression or anxiety, or have experienced previous birth trauma.

Pre-conception advice is a key part of the service, answering women's concerns about the medication they take and ensuring they can make timely and informed choices," says McMeekin.

The perinatal multidisciplinary teams will work across primary, secondary and maternity services. They aim to develop close links with other expanding areas such as parent-infant mental health, improving access to psychological therapies (IAPT) for women and the Greater Manchester drug and alcohol strategy that has a coordinated approach to reduce and eliminate the 1,200 babies born each year with foetal alcohol syndrome.

The expansion of perinatal psychiatry services across GMMH means that there are increased opportunities to work in the trust.

Laura Murphy is a new consultant perinatal psychiatrist, working in clinics and with community mental health teams in south and central Manchester, Trafford and Stockport. She took up the post, her first as a consultant, in September. "I love this area of work," she says. "Women in the perinatal period are uniquely motivated to engage with medication and [health] management, so it's a good time to see they get lots of services. Seeing someone get better and move on with their lives is a great reward."



Murphy was attracted to Greater Manchester by the reputation of the mother and baby unit, as well as the fact that there are perinatal psychiatrist colleagues working in the community – something that may not happen in other trusts. “That’s a huge benefit – we can all work with and learn from each other,” she says.



▲ Dr Victoria Sullivan is consultant forensic psychiatrist for the trust. Photograph: Mark Waugh for the Guardian

Another area of women’s services that GMMH does well is forensic psychiatry. Victoria Sullivan is consultant forensic psychiatrist for the trust and its clinical lead for women’s secure services. These include the six-bed Women’s Enhanced Medium Secure Service (WEMSS), one of only three such facilities in England.

In the past, women with mental health issues who presented with challenging risks to themselves or others may have been placed in a high-security hospital such as Rampton. Now, this is done more rarely, with some being sent to WEMSS instead. There, the staff-patient ratio is high, meaning clinicians can focus on

having close relationships with their patients, building trust in order to promote recovery.

"The very fact of being in hospital can be extremely traumatising for women in mental health services; being taken away from their families, often placed far from home, which affects them, their children and their role as mothers. We recognise the impact this has and are shaping the services we provide for women as trauma-informed to acknowledge, recognise and manage these complex issues." says Sullivan.



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"These are the most unwell women in the north-west," Sullivan adds. "Generally, they have been in hospital for many years, with very challenging behaviours, having had really chaotic and traumatic lives. It's a pivotal time to influence how services develop and really make a difference for the women in our care."

Sullivan also looks after women in 18 medium-secure, 12 low-secure, and 10 step-down beds, when a service-user needs less intensive care as they recover. In the acute services, there are psychiatric intensive care beds for women and various acute beds across the GMMH services. GMMH also provides mental health services to women in HMP Styal in

Cheshire.

The trust has links with community providers for accommodation – in particular Fielder Lodge, run by a charity called Imagine. "Many of the women living there still self-harm and have care needs in maintaining daily activities," says Sullivan. "They may have had haphazard care before, but we now provide a consistent service, where they have one psychiatrist and one nurse, and get seen regularly."

Sullivan points to the benefits of peer support in this area. "It's a challenging area to work in, but we have a secure network across the north-west, whereby all NHS and independent providers of secure beds for women meet to share best practice and problems."

She has also had two periods of maternity leave since she became a consultant in 2014 and is enthusiastic about the possibilities for flexible working. "I have been supported to work four days a week and arrange flexible working hours around my children's needs. The trust actively encourages a work-life balance."

There are also plenty of opportunities for professional development within the trust. "You have a degree of autonomy in shaping your job role," she says. "If you want to develop in a certain area, the trust can support you to do that."

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