

**ST3-AP-FELL-EPA16 – Postpartum mental illness 3**

<b>Area of practice</b>	Adult psychiatry (Perinatal)	<b>EPA identification</b>	ST3-AP-FEL-EPA16	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assessment and comprehensive management of a woman experiencing a major postpartum mental illness within 12 months of childbirth.</b>			
<b>Description</b> Maximum 150 words	The trainee will have advanced skills in assessing, developing and implementing a management plan for a woman presenting with an acute major mental illness, such as psychosis or mood disorder, within 12 months of childbirth. This includes diagnostic assessment and formulation of predisposing and precipitating factors to the development of this illness, especially those related to the perinatal period. The trainee will be able to assess the nature of family relationships and the quality of mother–infant attachment and make appropriate interventions to improve the mother–infant relationship. The management plan will be informed by this assessment and incorporate appropriate biological, psychological, social and systemic interventions. The trainee will be expected to deliver these interventions in a highly skilled manner.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Risk factors for development of postpartum mental illness.</li> <li>• Understanding of attachment theory and its application to mother–infant assessment and treatment.</li> <li>• The range of phenomenology in the presentation of postpartum mental illness.</li> <li>• The role of family and social factors in the development of postpartum mental illness and how to intervene to optimise these.</li> <li>• Risk assessment of mother and baby, including a clear understanding of mandatory reporting obligations.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Appropriate use of psychotropic medication in the postpartum period including safety of medications in breastfeeding.</li> <li>• Detailed knowledge of systemic and family interventions in women recovering from a postpartum mental illness.</li> <li>• Barriers to recovery for women with a postpartum mental illness and how to overcome these.</li> <li>• Awareness of the use of infant observation for assessing the impact of the mother’s mental health on the infant.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive biopsychosocial assessment.</li> <li>• Assessment of the quality of a mother’s attachment to, and bonding with, her infant.</li> <li>• The delivery of interventions aimed to address problems with mother–infant attachment.</li> <li>• Ability to consider the quality of the infant’s attachment to other family members.</li> <li>• Advanced assessment of the quality and nature of supportive family relationships around the mother and infant, including the capacity of the partner to support and their ability to provide care to the baby.</li> <li>• Provision of counselling to a mother about the decision to breastfeed including education about risks and benefits of psychotropic medication during breastfeeding.</li> <li>• Counselling for mother and partner about future risks of mental illness, including postpartum illness after a future pregnancy, and developing and implementing a management plan about how these risks may be minimised.</li> <li>• Ability to liaise with, and coordinate the involvement of, other agencies involved in supporting the mother and family, such as child welfare agencies, GPs, mother–baby nurses, etc.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional approach to the patient, her partner and family.</li> <li>• Placing the safety and welfare of the infant as the highest priority, but also ensuring the safety and welfare of the mother is paramount in management decisions.</li> <li>• Collaborating with the mother and her family in all aspects of care.</li> <li>• Being accepting, noncritical and nonjudgmental in communicating with the patient and her family.</li> <li>• Encouraging the patient and her family to develop a positive attitude to her recovery and to her role as a mother.</li> <li>• Promoting and advocating for the welfare of mothers and infants in the community in general.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b> <i>(These include, but are not limited to, WBAs)</i>	<p>At least one WBA should be with a mother with postpartum depression and one WBA with a woman with postpartum psychosis.</p> <ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise – observing a mother and infant together assessing the nature and quality of attachment between mother and infant.</li> </ul>

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|  | <ul style="list-style-type: none"><li>• Case-based discussion.</li><li>• Observed Clinical Activity (OCA).</li><li>• Direct Observation of Procedural Skills (DOPS) - providing assessment of, and/or counselling/education to, a mother together with her partner/family.</li><li>• Professional presentation – on prevention, advocacy and mental health promotion for mothers and infants.</li></ul> |
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**References**

Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R & Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. *Australian and New Zealand Journal of Psychiatry* 49(12): 1-185.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar