PNIMH-PB / PMHNS
Service Development Guides
Guide no. 2

MATERNITY AND NEONATAL
PSYCHOLOGICAL
INTERVENTIONS SERVICES

A guide to service development for NHS boards, HSCPs and IJBs
Prevalence of perinatal mental health problems

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>DELIVERIES PER YEAR</th>
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<tbody>
<tr>
<td>Postpartum psychosis</td>
<td>2/1000</td>
</tr>
<tr>
<td>Chronic serious mental illness</td>
<td>2/1000</td>
</tr>
<tr>
<td>Severe depressive disorders</td>
<td>30/1000</td>
</tr>
<tr>
<td>Mild to moderate depressive and anxiety disorders</td>
<td>100-150/1000</td>
</tr>
<tr>
<td>Post traumatic stress disorder</td>
<td>30/1000</td>
</tr>
<tr>
<td>Adjustment disorders and distress</td>
<td>150-300/1000</td>
</tr>
</tbody>
</table>
Women with any mental health difficulty in the perinatal period

__________
Require support from friends, family and helping agencies

1 in 5*

Women with moderately severe mental health problems in the perinatal period

__________
Require access to psychological therapies available in primary care, maternity services and the 3rd sector

1 in 10*

Women with, or at risk of, severe or complex mental health problems in the perinatal period

__________
Require assessment and treatment by specialist perinatal mental health services

1 in 20*

*Groups nested within each other
Key messages from the report 2015

- **9** women per 100,000 died up to six weeks after giving birth or the end of pregnancy in 2011-13
- **14** more women per 100,000 died between six weeks and a year after their pregnancy in 2011-13

**Mental health matters**
- Almost a quarter of women who died between six weeks and one year after pregnancy died from mental-health related causes
- 1 in 7 women died by Suicide

**Specialist perinatal mental health care matters**
- If the women who died by suicide became ill today:
  - 40% would not be able to get any specialist perinatal mental health care.
  - Only 20% would get the highest standard of care.

**It's OK to tell**
The mind changes as well as the body during and after pregnancy.

Women who report:
- New thoughts of violent self harm
- Sudden onset or rapidly worsening mental symptoms
- Persistent feelings of estrangement from their baby

need urgent referral to a specialist perinatal mental health team

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**Known costs of perinatal mental health problems per year’s births in the UK, total: £8.1 billion**

- Health and social care
- Other public sector
- Wider society

- **£0.5 billion**
- **£1.2 billion**
- **£6.4 billion**

**Of these costs**
- **28%** relate to the mother
- **72%** relate to the child

**Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth**

**Women in around half the UK have no access to specialist perinatal mental health services**

**Suicide**
- Is a leading cause of death for women during pregnancy and in the year after giving birth

**Costs vs improvement**
The cost to the public sector of perinatal mental health problems is 5 times the cost of improving services.

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**Confidential Enquiries into Maternal Deaths**
Knight et al (2015)

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**Key points from the report**

**Women in around half the UK have no access to specialist perinatal mental health services**

**Suicide**
- Is a leading cause of death for women during pregnancy and in the year after giving birth

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**Costs of Perinatal Mental Health Problems**
Bauer et al (2014)

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Need for distinctive service provision

Distinctive illnesses
- Maternal mental illness common but associated with significant morbidity and mortality
- Presentation and course of illness affected by pregnancy and postnatal period

Distinctive risks
- Risks to mother, pregnancy, infant and child growing up
- Ability to predict some of the most severe illnesses
- Ability to prevent or reduce risk for mother and infant

Distinctive service needs
- Different time frames for maternity care / infant development
- Referral thresholds altered incl. need to see well but at risk women
- Different professional relationships and care pathways
What do women with lived experience want?
Delivering Effective Services:
Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services

- Working in Partnership
- Developing Professional Expertise
- Ensuring Equity of Care
- Delivering Best Outcomes

Perinatal & Infant Mental Health Programme Board
2020-2021 Delivery Plan
DEVELOPING A NETWORK OF CARE

Online and self-help resources

Primary care psychological services

Maternity and neonatal psychological Interventions services

Third sector

Peer to peer support

Public health education

For 11,000 women a year who would benefit from help such as counselling - support for the third sector**

For 5,500 women in need of more specialist help - rapid access to psychological assessment and treatment**

For 2,250 women with the most severe illness - specialist services and review need for additional inpatient beds or enhanced community provision**

*SG Programme for Government 2018
DES recommendations

LEADERSHIP & CO-ORDINATION

REC.23 Each NHS board should establish a multi-professional group to co-ordinate and lead service development and ongoing monitoring and evaluation.

REC.23 Perinatal mental health regional networks should be established in the north, east and west of Scotland, under existing regional planning structures and governance.

REC.23 NHS boards should ensure that perinatal mental health service development is included in regional delivery plans.
DES recommendations

LEADERSHIP & CO-ORDINATION

Board Perinatal and Infant Mental Health Service Development Group

Led by PIMH Executive Lead

Lived experience and 3rd sector representation

Multi-professional (incl. mental health, maternity, primary care, health visiting)

Relates to:
- Regional Network PMHN Scotland
- PNIMH Programme Board

Perinatal Mental Health Network Scotland National Managed Clinical Network

Delivering Effective Services:
Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services

- Working in Partnership
- Developing Professional Expertise
- Ensuring Equity of Care
- Delivering Best Outcomes

Scottish Government Response to In Addi

NHS Scotland
DES recommendations

MATERNITY AND NEONATAL PSYCHOLOGICAL INTERVENTIONS (MNPI) SERVICES

REC.12 NHS boards should review models for multidisciplinary psychological interventions provision to maternity and neonatal services, beginning in larger maternity units. These should be led by clinical psychology, with additional staffing from psychological therapists or midwives with additional psychological training.

REC.13 NHS boards should ensure that maternity hospitals with fewer than 3,000 deliveries per year have access to psychological therapies in local primary care psychological therapies services, adult mental health psychological services or perinatal mental health clinical psychology. Services should have sufficient psychological therapist provision to meet this need.
Maternity and Neonatal Psychological Interventions

Services

4 principles of service development

- Psychological therapies services should be available to all women giving birth, if required
- Service model dependent size of maternity unit (MNPI teams or link to perinatal/ adult/ parent-infant psychological interventions)
- MNPI teams should be co-located with maternity and neonatal services
- MNPI teams should be multidisciplinary in design
Maternity and Neonatal Psychological Interventions Services

4 functions

Parents with complex need arising from pregnancy and birth complications or loss, or previous pregnancy complications, loss or birth trauma affecting mental health in the current pregnancy

Parents with significant difficulties amenable to psychological therapies, which directly affect maternity care (e.g., needle phobia, tokophobia) or complex problems of adjustment to pregnancy and childbirth

Parents whose infant’s health is significantly compromised requiring SCBU or NICU care

Support to maternity and neonatal staff who care for patients struggling to adjust to pregnancy and infant care
<table>
<thead>
<tr>
<th>MODEL</th>
<th>DESCRIPTION</th>
<th>INDICATIVE BOARDS</th>
<th>TEAM DESIGN</th>
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</thead>
<tbody>
<tr>
<td>MNPI MULTIDISCIPLINARY TEAM</td>
<td>MDT which includes clinical psychology* and mental health midwifery and/or other psychological therapist</td>
<td>Ayrshire &amp; Arran Fife Forth Valley Grampian Greater Glasgow &amp; Clyde Lanarkshire Lothian Tayside</td>
<td>Stand-alone multidisciplinary team</td>
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<tr>
<td></td>
<td>*Practitioner psychologists with appropriate training backgrounds may fulfill these roles</td>
<td></td>
<td>Clinical psychologists Perinatal mental health midwives Psychological therapists</td>
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<tr>
<td>PROVISION THROUGH PERINATAL/ ADULT/ PARENT-INFANT PSYCHOLOGY</td>
<td>Maternity units have direct access to clinical psychology services where required, locally or as part of regional provision</td>
<td>Borders Dumfries &amp; Galloway Highland Orkney Shetland Western Isles</td>
<td>Clear pathways of care into psychological therapies provision at primary care level and/or within adult mental health/ perinatal mental health/ parent-infant services</td>
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MNPI model and relationships
## Perinatal Mental Health Specialist Role Definitions

<table>
<thead>
<tr>
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<th>Role</th>
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<tbody>
<tr>
<td>1</td>
<td>Perinatal mental health nurses</td>
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<tr>
<td>2</td>
<td>Perinatal mental health midwives</td>
</tr>
<tr>
<td>3</td>
<td>Perinatal parent-infant therapists</td>
</tr>
<tr>
<td>4</td>
<td>Perinatal mental health nursery nurses</td>
</tr>
<tr>
<td>5</td>
<td>Perinatal clinical psychologists</td>
</tr>
<tr>
<td>6</td>
<td>Perinatal peer workers</td>
</tr>
<tr>
<td>7</td>
<td>Perinatal occupational therapists</td>
</tr>
<tr>
<td>8</td>
<td>Perinatal mental health social workers</td>
</tr>
<tr>
<td>9</td>
<td>Perinatal psychiatrists</td>
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<tr>
<td></td>
<td>Care Pathways</td>
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<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Preconception advice for pre-existing severe or complex mental health problems</td>
</tr>
<tr>
<td>2</td>
<td>Psychological interventions for common or mild to moderate mental health problems</td>
</tr>
<tr>
<td>3</td>
<td>Specialist assessment and intervention for severe or complex mental health problems</td>
</tr>
<tr>
<td>4</td>
<td>Emergency or urgent assessment for acute risk</td>
</tr>
<tr>
<td>5</td>
<td>Admission to an MBU</td>
</tr>
<tr>
<td>6</td>
<td>Specialist assessment for mother-infant relationship difficulties</td>
</tr>
</tbody>
</table>
Common or mild to moderate mental health problems

Third sector

GP

Primary care psychological interventions

Maternity and neonatal psychological interventions services

High risk of severe perinatal mental disorder

Community perinatal mental health service

Common or mild to moderate mental health problems

Severe or complex mental health problems

Maternity and neonatal psychological interventions services

Primary care psychological interventions

Community perinatal mental health service

High risk of severe perinatal mental disorder

Community perinatal mental health service

Parent-infant relationship problems

Parent-infant mental health services

Maternity and neonatal psychological interventions services

Third sector

GP / Health Visitor / Midwife

Community perinatal mental health service

Parent-infant mental health services

Care pathways and relationship to other services
Perinatal Mental Health
MNPI education and training

Perinatal Mental Health Curricular Framework (NES, 2019)

NES Essential Perinatal and Infant Mental Health (Turas Learn)
Maternity and Neonatal Psychological Interventions Services

8 tips for service development

1. Establish a PIMH Service Development Group
2. Collaborate with other boards to develop a Regional Perinatal Mental Health Network
3. Decide if an MNPI service can be established (>3,000 deliveries/year)
4. Identify the number and skill mix of clinical posts (clinical psychologists/midwives/psychological therapists)
5. Appoint to senior clinician posts to lead further service development
6. Develop a training programme
7. Establish local/regional MNPI care pathways
8. Set standards, performance and outcome indicators
• Perinatal Mental Health Network Scotland
  • nss.pmhn@nhs.net

• Perinatal and Infant Mental Health Programme Board
  • nss.pnimh@nhs.net

• PMHN Scotland Delivering Effective Services Report (2019)
• PNIMH-PB Delivery Plan 2019/20
• PNIMH-PB Delivery Plan 2020/21
• Programme for Government (2018)
Further information

- BPS Perinatal Service Provision: The role of Perinatal Clinical Psychology
- JCPMH Guidance for Commissioners of Perinatal Mental Health Services
- NES Curricular Framework for Perinatal Mental Health
- NES Essential Perinatal and Infant Mental Health (Login required)
- Perinatal Mental Health Care Pathways for Scotland (2020)
- Perinatal Mental Health Specialist Role Definitions (2020)
- Women and Families Maternal Mental Health Pledge
- RCPsych Framework for Routine Outcome Measures in Perinatal Psychiatry
- RCPsych Perinatal Mental Health Services: recommendations for the provision of services for childbearing women