SPECIALIST PERINATAL MENTAL HEALTH PROFESSIONALS

ROLE DEFINITIONS AND SUPPORT STRUCTURES

PART 1

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INTRODUCTION

All clinical staff working within specialist perinatal mental health inpatient and community teams, and those in maternity and neonatal psychological interventions (MNPI) teams require the knowledge, skills and attitudes to assess, support and treat women experiencing mental ill health in the perinatal period, to recognise risk and put in place preventative interventions to reduce risk, and to assess and facilitate the mother-infant relationship and infant development.

Staff will have skills commensurate with the ENHANCED or SPECIALIST level of the Perinatal Mental Health Curricular Framework (NES, 2019)¹ in keeping with their professional responsibilities.

This suite of role definitions summarises the knowledge and skills which those working within specialist services should have, and the support which should be available to them in order to fulfil the requirements of their posts. They will be useful to NHS providers recruiting to new or expanding specialist services and can provide a benchmark for individuals who wish to work within perinatal mental health. They are not intended to replicate a full job description for individual posts, but should be seen as identifying the additional roles, responsibilities and supervisory requirements which are core to the delivery of specialist perinatal mental health care.

Part 1 includes the role definitions for perinatal mental health nurses, midwives, parent-infant therapists, nursery nurses and clinical psychologists. Part 2 will include role definitions for perinatal mental health peer workers, occupational therapists, social workers and psychiatrists. Each role definition will also be available as a stand-alone document on the Perinatal Mental Health Network Scotland website (www.pmhn.scot.nhs.uk).

¹ https://www.nes.scot.nhs.uk/media/269329/perinatal_mental_health_framework_feb19.pdf
PERINATAL MENTAL HEALTH NURSES

INTRODUCTION

Mental health nurses form the core of specialist mental health provision in inpatient and community settings. In addition to core nursing skills, perinatal mental health nurses have a distinctive role in assessing, collaborating and working with women who experience perinatal mental ill health in their emotional adjustment to pregnancy and infant care, promoting and enhancing the developing parent-infant relationship and optimising infant development. Perinatal mental health nurses need to work alongside, and have detailed understanding of, the roles of other professionals, such as midwives and health visitors, who work with women at this time.

All perinatal mental health nurses will have the knowledge, skills and attitudes commensurate with the ENHANCED or SPECIALIST level of the Perinatal Mental Health Curricular Framework (2019), depending on their seniority and training. Nurse Consultants will have knowledge, skills and attitudes commensurate with the SPECIALIST level of the Curriculum.

For perinatal mental health nurses working in community teams, their role within the specialist service may vary according to the model of service adopted in their area. Delivering Effective Services (2019) sets out three models of specialist community provision: (i) ‘stand-alone’ teams in large birth number areas, (ii) ‘dispersed’ teams in lower birth number or very rural areas, and (iii) ‘regional’ provision in very low birth number areas. The level of independent practice and supervisory arrangements need to reflect the model in which nurses practice. Nurses appointed to senior grades may also have additional regional responsibilities.

Community-based nurses working in a dispersed or regional model of provision may have a sessional commitment, spending the remainder of their working time in a general mental health setting. It is critically important for effective service provision that they are regarded as having specialist expertise when acting in their perinatal role, with associated training and supervisory structures put in place to support that role.

Nurse consultants in perinatal mental health have a specific leadership role across all nursing disciplines (including midwifery and health visiting) to promote and support excellence in education, training and clinical practice for nursing staff. They will have a regional role in supporting staff in specialist perinatal mental health services, which includes providing support and supervision to senior nursing staff in local teams. In their clinical role, they would be expected to have specialist skills in delivering enhanced care in a perinatal mental health setting (e.g., nurse prescribing, specific psychological therapies). They will be based within teams with additional regional responsibilities and will have a leadership role within those teams.
SUMMARY OF ROLE

The Perinatal Mental Health Nurse has a core role in providing expert nursing assessment, interventions, ongoing monitoring and risk assessment to women with perinatal mental ill health, as part of specialist multi-disciplinary perinatal mental health provision in MBU or community settings.

Clinical work will be primarily with mentally ill mothers and their infants but should also include the wider family when appropriate. Nurses will have a lead role in developing and co-ordinating care plans, providing psychological interventions where appropriate and working in collaboration with other members of the specialist team and professionals from other health and social care backgrounds to ensure that women receive seamless, high quality perinatal mental health care.

The Nurse Consultant in Perinatal Mental Health has core roles in strengthening clinical leadership, developing nursing practice and improving patient experience. They provide expert direct clinical care (amounting to 50% of their role), leadership for regional care pathway development and innovation in service delivery. The other domains of the Nurse Consultant role include education, research and audit.

EXPERT ROLES OF THE PERINATAL MENTAL HEALTH NURSE

A. Clinical
   a. Assess, advise and communicate effectively with women with, or at risk of perinatal mental illness, and their families, to support wellbeing, to help them recognise signs of ill health and to make informed decisions about their care
   b. Advocate for, and work in partnership with, women, their infants and families, who experience mental health difficulties in pregnancy or the postnatal period to ensure they receive the care they need at the right time and in the right place
   c. Using core and specialist nursing skills, plan, deliver and evaluate care which responds to the individual needs of women with perinatal mental ill health and those with complex disadvantage
   d. Assess, manage and advise on the distinctive patterns of risk for women and infants in the context of perinatal mental ill health
   e. Promote preventative interventions for those at risk of significant mental illness and early intervention for women who develop mental ill health
   f. Promote seamless care through the development of care plans which link across maternity, mental health, primary care and social services and which ensure effective information sharing between professionals involved in the woman’s care
   g. Ensure that child safeguarding and child protection are prioritised in all clinical and professional encounters
   h. Ensure effective discharge planning which takes into account relapse prevention, future pregnancy planning and seamless transfer of care
   i. Deliver psychosocial interventions and education for women and families as part of a psychological plan of care
j. Provide expert advice and support to other professionals involved in the care of women in pregnancy and the postnatal period

B. Leadership
   a. Act as an expert resource for other professionals involved in the care of women with perinatal mental ill health
   b. Lead care planning and co-ordination of professional involvement, where indicated, for women with, or at risk of, mental ill health in the perinatal period to ensure they experience seamless mental health care
   c. Contribute to the development and delivery of perinatal mental health education and training for nursing staff and professionals in midwifery, health visiting and social care
   d. Contribute to the development and implementation of local perinatal mental health care pathways, including assessment and ongoing monitoring of mental health, which are evidence-based and adhere to local, national and professional guidance (such as that from SIGN, NICE, Perinatal Mental Health Network Scotland and the Confidential Enquiries into Maternal Deaths)
   e. Work in partnership with local mental health services, maternity and neonatal psychological interventions teams (where they exist), primary care psychological interventions services, third sector providers and other professionals involved in the care of pregnant and postnatal women, their infants and families, acting as a link between services
   f. For nurses working at a senior level, provide a visible leadership role through participation in local and regional structures, such as board-wide and regional perinatal mental health networks
   g. For nurses working at a senior level, have a leadership role in the development and implementation of local quality improvement strategies for perinatal mental health

C. Person specific attributes
   a. Develop and maintain specialist knowledge and skills in maternal and infant mental health, including child and adult protection
   b. Demonstrate an enthusiasm and commitment to enhancing the care of women who experience perinatal mental ill health, their infants and families
   c. Demonstrate a track record of clinical excellence
   d. Demonstrate evidence of effective multi-agency and multi-professional working
   e. Demonstrate effective leadership and motivational skills
   f. For nurses working at a senior level, have additional training or qualification in perinatal mental health and/or psychological interventions, or a clear desire to pursue training
SUPPORT AND SUPERVISORY ARRANGEMENTS

A. Perinatal mental health nurses working in MBU and stand-alone specialist community team settings
   a. The PMH nurse should receive regular, structured support and clinical supervision from a nursing colleague who has the necessary skills and experience
   b. The PMH nurse should receive regular supervision by an accredited supervisor when delivering specific psychological interventions
   c. The PMH nurse should have the opportunity to engage in peer/multidisciplinary supervision and support through attendance at multidisciplinary meetings
   d. The PMH nurse should have continuing professional development of perinatal mental health skills and knowledge. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland.
   e. The Nurse Consultant will have regular peer support from senior PMHS colleagues and nursing colleagues working in similar roles nationally.
   f. The Nurse Consultant will have regular, structured support and supervision from the Chief Nurse for Mental Health in their board.

B. Perinatal mental health nurses working in dispersed or regional models of service provision
   a. In addition to A. above, multidisciplinary team clinical supervision and support should occur at least once weekly through attendance at a multidisciplinary team meeting either face-to-face or via video-conferencing facilities
   b. There should be explicit links to the regional nurse consultant for perinatal mental health or other senior perinatal mental health nurse for regular supervision
PERINATAL MENTAL HEALTH MIDWIVES

INTRODUCTION

Midwives are usually the lead professional and first point of contact for women in pregnancy and the early postnatal period. All midwives require skills in understanding perinatal mental health issues, promoting positive mental health, discussing mental health difficulties with women and helping women to access appropriate care and support when needed. They also require an understanding of their role in promoting and enhancing the developing mother-infant relationship and supporting other family members.

All midwives will have the knowledge, skills and attitudes commensurate with the SKILLED level of the Perinatal Mental Health Curricular Framework (2019).

Some midwives may have an enhanced perinatal mental health role and be appointed as specialist perinatal mental health midwives. Some will also be members of maternity and neonatal psychological interventions (MNPI) teams\(^2\). These midwives will have enhanced mental health clinical and leadership roles and may have additional educational responsibilities. In turn, they require clear lines of support and supervision in order to perform their specialist perinatal mental health role.

Midwives with an enhanced perinatal mental health role are not a substitute for good mental health care provided by all midwives or for specialist perinatal mental health services. They form part of the pathway of expert care which should be available to women and their families across Scotland.

Specialist perinatal mental health midwives will have the knowledge, skills and attitudes commensurate with the ENHANCED level of the Perinatal Mental Health Curricular Framework (2019). Some, such as those working within MNPI teams, may have a psychological interventions role which requires competency at the SPECIALIST level. The level required should reflect the degree of autonomous practice and therapeutic intervention skills of the post.

SUMMARY OF ROLE

The Specialist Perinatal Mental Health Midwife has a board-wide responsibility to ensure seamless care for women with additional mental health needs by linking maternity services with specialist perinatal mental health services and other care providers and by ensuring

\(^2\) Maternity and neonatal psychological interventions (MNPI) teams are multi-professional services based in maternity units, comprising clinical psychologists, with other staff from midwifery or mental health worker backgrounds. Their role is to provide psychological interventions, where indicated, for parents with (i) pregnancy and birth complications or loss, (ii) previous pregnancy complications, loss or birth trauma affecting mental health in the current pregnancy, (iii) infants whose health is significantly compromised and who require NICU or SCBU care, and (iv) mental disorders amenable to psychological therapies which directly affect maternity care e.g., needle phobia, tokophobia. They will also provide support for maternity and neonatal staff who care for parents with difficulties in adjustment to pregnancy and infant care.
that advocacy for women who experience mental health difficulties in pregnancy or the early postpartum period, and their families is a core component of maternity pathways. They are able to provide more specialist mental health assessment and care planning for women with additional mental health difficulties. They will demonstrate a leadership role in providing expert advice and support to colleagues, and by leading the development of local care pathways and quality improvement strategies. Where they are part of a maternity and neonatal psychological interventions service, they will deliver psychological therapies commensurate with their role.

EXPERT ROLES OF THE PERINATAL MENTAL HEALTH MIDWIFE

D. Clinical
   a. Support, advise and communicate effectively with women with, or at risk of perinatal mental illness, and their families, to help them recognise signs of ill health and to make informed decisions about their mental health care
   b. Advocate for, and work in partnership with, women with perinatal mental illness to ensure they receive the mental health care they need
   c. Provide additional mental health assessment, care planning and care delivery for women with mental health difficulties, those at risk of mental ill health and those with complex disadvantage
   d. Promote preventative interventions for those at risk of significant mental illness and early intervention for women who develop mental ill health
   e. Provide expert advice and support to midwives and other maternity professionals in the assessment and care planning for women with additional mental health needs
   f. Ensure seamless mental health care through the development of care plans which link across maternity, mental health, primary care and social services and through effective information sharing between professionals involved in the woman’s care
   g. Where part of a maternity and neonatal psychological interventions team, deliver psychological therapies commensurate with that role

E. Leadership
   a. Act as an expert resource for maternity and other staff involved in the care of women with perinatal mental health difficulties
   b. Work strategically and in partnership with local perinatal mental health services, maternity and neonatal psychological interventions teams (where they exist) and other professionals involved in the care of pregnant and postnatal women, their infants and families, acting as a link between services
   c. Lead the development and delivery of local care pathways for the maternity care of women with mental health difficulties, including early pregnancy screening and ongoing monitoring of mental health, which are evidence-based and adhere to local, national and professional guidance (such as that from SIGN, NICE, Perinatal Mental Health Network Scotland and the Confidential Enquiries into Maternal Deaths)
d. Ensure maternity staff are aware of local mental health care pathways and can deliver care appropriately

e. Provide a visible leadership role and lead quality improvement in their local service and through representation of midwifery staff on local and regional perinatal and infant mental health networks/forums

f. Have a leadership role in the development and implementation of local quality improvement strategies for perinatal mental health

g. Have a leadership role in the development and delivery of education and training for midwifery staff in perinatal mental health

F. Person specific attributes

a. Develop and maintain specialist knowledge and skills in maternal and infant mental health

b. Demonstrate an enthusiasm and commitment to enhancing the care of women who experience perinatal mental ill health, their infants and families

c. Demonstrate a track record of clinical excellence

d. Demonstrate evidence of effective multi-agency and multi-professional working

e. Demonstrate effective leadership and motivational skills

f. Have additional training or qualification in perinatal mental health and/or psychological interventions, or a clear desire to pursue training

SUPPORT AND SUPERVISORY ARRANGEMENTS

C. Boards with dedicated maternity and neonatal psychological interventions (MNPI) teams

a. The PMH midwife should be a member of the MNPI team and receive regular, structured support and clinical supervision from the clinical psychology lead

b. The PMH midwife should have close working relationships with members of the local specialist community perinatal mental health team (CPMHT), which may include attendance at the CPMHT multidisciplinary team meeting and/or joint meetings of the MNPI and CPMHT teams

c. The PMH midwife should have continuing professional development of perinatal mental health skills and knowledge. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland. For midwives working within MNPI teams, they should have the opportunity to access formal training and qualification in psychological therapies applicable to their clinical role.

D. Boards without dedicated maternity and neonatal psychological interventions teams

a. The PMH midwife should receive regular, structured support and clinical supervision from a senior member of the local CPMHT

b. The PMH midwife should have close working relationships with members of the local specialist community perinatal mental health team (CPMHT), which may include attendance at the CPMHT multidisciplinary team meeting

c. The PMH midwife should have continuing professional development of perinatal mental health skills and knowledge. Opportunities should include attendance at
local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland.

E. Boards without maternity and neonatal psychological interventions or community perinatal mental health teams
   a. The maternity and local adult mental health service should ensure that structured supervision is provided through regular meetings with a senior mental health professional. This should be a provisional arrangement while appropriate perinatal mental health services are being developed.
   b. For smaller boards, arrangements for supervision could be made on a regional basis, e.g., with a perinatal clinical psychologist or perinatal mental health nurse consultant who have a regional role.
PERINATAL PARENT-INFANT THERAPISTS

INTRODUCTION

All clinical staff working within specialist perinatal mental health inpatient and community teams require skills in understanding the importance of parent-infant relationships and the promotion of optimal infant development. All staff should be able to assess the parent-infant relationship, identify when difficulties occur, intervene to promote best parent-infant outcomes and infant development, and recognise when referral is required to address more complex need. They should understand the impact of maternal mental ill health on the parent-infant relationship.

All inpatient and community specialist perinatal mental health clinical staff will have the knowledge, skills and attitudes commensurate with the ENHANCED or SPECIALIST levels of the Perinatal Mental Health Curricular Framework (2019), depending on their professional background and seniority.

Parent-infant therapists have an expert role within specialist perinatal mental health inpatient and community teams. They may also have a within-team and regional leadership role in educating, supporting, advising and supervising other professionals. They will have a direct clinical role in the assessment and management of complex parent-infant relationship problems, with the skills to utilise a number of psychological approaches to parent-infant relationship difficulties in the context of maternal mental ill health.

Parent-infant therapists in specialist perinatal mental health teams are not a substitute for good mother-infant mental health care provided by all team members. They form part of a pathway of expert care which should be available to women, their infants and families, who are seen by the service. Parent-infant therapists in specialist perinatal mental health teams should also link closely with wider infant mental health services, not least to ensure continuity of care for children beyond the first postnatal year where required.

Parent-infant therapists will have the knowledge, skills and attitudes commensurate with the SPECIALIST level of the Perinatal Mental Health Curricular Framework (2019) in keeping with their professional responsibilities. Lead therapists will have the clinical skills to supervise and deliver parent-infant therapies across a number of modalities.

SUMMARY OF ROLE

The Perinatal Mental Health Parent-Infant Therapist has a lead role in delivering direct and indirect psychological interventions, providing high quality, responsive assessment, care and support, and working as part of the MBU or specialist community perinatal mental health team.

Clinical work will be primarily with mentally ill mothers and their infants but should also include the wider family when appropriate. This will include assessment of the relationship
and the delivery of effective therapeutic interventions in individual and group settings. Training in one or more of a range of evidence-based approaches such as (but not limited to) video-interactive guidance, Brazelton parent-infant therapy, parent-child psychotherapy, mentalisation interventions, psychoanalytic psychotherapy or systemic psychotherapy, will be relevant. Experience of working with parents and infants together is essential, as is a knowledge of maternal mental disorder.

Indirect work will include offering advice and consultation on parent-infant psychological care to non-psychological therapist colleagues (both within the team and beyond) and to other professionals working autonomously within professional guidelines and the overall framework of the team’s policies and procedures. In practice, consultation will most commonly be offered to health visitors, social workers and third sector workers.

The post holder will deliver or facilitate the delivery of appropriate training for workers across both statutory and non-statutory organisations. This will require close liaison with NHS Education Scotland staff.

The post holder will utilise research skills for audit, policy and service development and research within the area served by the team/service.

Governance for the role will lie within the clinical and organisational governance structures for the specialist perinatal mental health service, with arrangements for professional and clinical supervision as described in the support and supervisory arrangements section below.

GUIDANCE ON PROFESSIONAL BACKGROUND AND GRADING

Parent-infant therapists may come from a variety of professional backgrounds including clinical psychology or other health or social care clinical disciplines with relevant additional psychological therapies training and qualifications.

‘Delivering Effective Services’ suggests that MBU parent-infant therapists are appointed within the range Band 7-8C and perinatal mental health community team parent-infant therapists/leads are appointed within the range Band 8A-8C.

For those with a leadership and regional remit (most likely those within community teams), it is probable that the skills they require will be commensurate with appointment at consultant clinical psychologist, or equivalent, level – Band 8C. (Note that it is possible for this leadership role to be taken on by a medical psychotherapist, in which case the grading would need to reflect that of a consultant psychiatrist). It is envisaged that these roles will be taken on by individuals with training and qualification in clinical psychology and/or parent-infant psychotherapy.

For therapists working in MBU settings, where there is also a community team-based parent-infant lead who can provide support and supervision, the banding is broader to reflect the professional background and level of training. Where the MBU and community
roles are provided by one post holder, the overall grading should be commensurate with the leadership role.

EXPERT ROLES OF THE PERINATAL MENTAL HEALTH PARENT-INFANT THERAPIST

A. Clinical
   a. Support, advise and communicate effectively with women with, or at risk of difficulties in the parent-infant relationship, and their families, to help them recognise challenges and to make informed decisions about their care
   b. Advocate for, and work in partnership with women with perinatal mental illness and their infants to ensure that both receive the care they need
   c. Contribute directly and indirectly to a psychologically based framework of understanding and care which benefits women, their infants and families who are seen by the specialist perinatal mental health service
   d. Promote preventative interventions for those at risk of parent-infant relationship difficulties and early intervention where problems arise
   e. Provide expert assessment of complex mother-infant relationship difficulties in the context of maternal mental illness and deliver timely psychological interventions which are evidence-based and adhere to local, national and professional guidance
   f. Provide care planning and deliver psychological interventions which include the father/partner and other family members where indicated
   g. Support and provide expert guidance on the delivery of parent-infant interventions by other members of the specialist perinatal mental health team

B. Leadership
   a. Lead the co-ordination and delivery of psychological therapies for parent-infant relationship difficulties within specialist perinatal mental health services
   b. Lead the development and delivery of care pathways for referral, assessment and management of parent-infant relationship difficulties, in collaboration with maternity, primary care, paediatric, children & family social work and third sector colleagues
   c. Act as an expert resource for perinatal mental health and other professionals involved in assessing and promoting the parent-infant relationship
   d. Lead quality improvement in the specialist service in relation to parent-infant psychological need
   e. Have a leadership role in the development and delivery of education and training for specialist staff in parent-infant assessment and therapeutic interventions
   f. Provide the link between specialist perinatal mental health services and infant mental health services provided in other arenas such as the third sector and infant mental health hubs
   g. Provide a visible leadership role through participation in local and regional structures, such as perinatal mental health service leadership teams and board-wide/regional perinatal mental health networks
h. For posts with a regional leadership role, lead the co-ordination of care pathways and quality improvement strategies across service delivery boundaries to ensure continuity of effective care

C. Person specific attributes
   a. Develop and maintain specialist knowledge and skills in parent-infant mental health, particularly in the context of maternal mental illness
   b. Demonstrate an enthusiasm and commitment to enhancing the care of women who experience perinatal mental ill health, their infants and families
   c. Demonstrate a track record of clinical excellence
   d. Demonstrate evidence of effective multi-agency and multi-professional working
   e. Demonstrate effective leadership and motivational skills
   f. Have additional exposure to, training or qualification in perinatal mental health
   g. Have skills in delivering psychological interventions for parent-infant relationship difficulties in at least one modality (for parent-infant therapists) and in supervising and delivering therapies across a variety of modalities (for parent-infant lead therapists)
   h. Have suitable qualifications and registration with the appropriate professional body (e.g., UKCP / Health Professions Council or equivalent) as a clinical psychologist or psychological therapist

SUPPORT AND SUPERVISORY ARRANGEMENTS

A. Parent-infant therapists working in MBU settings
   a. The parent-infant therapist should be a member of the specialist perinatal mental health clinical team and receive regular, structured support and clinical supervision from the community team parent-infant mental health lead
   b. The parent-infant therapist should have close working relationships with colleagues providing other local and regional infant mental health services, receiving peer supervision and informal support through regular meetings
   c. The parent-infant therapist should have continuing professional development. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland.
   d. Therapists should have the opportunity to access formal training and qualification in additional psychological treatment modalities.

B. Parent-infant therapists working in specialist community perinatal mental health teams, with an additional regional leadership role (Lead parent-infant therapists)
   a. In addition to A. above, therapists in community posts may have a regional remit and a senior leadership position
   b. They should be a member of the specialist perinatal mental health service leadership team
   c. They should have the opportunity for regular support and supervision in a peer or individual setting, commensurate with their level of expertise
   d. They should have a senior role within regional infant mental health structures
PERINATAL MENTAL HEALTH NURSERY NURSES

INTRODUCTION

Nursery nurses form the core of specialist infant care provision in inpatient and community settings. In addition to core skills, nursery nurses have a distinctive role in assessing, collaborating and working with the woman in her adjustment to pregnancy and infant care, promoting and enhancing the developing parent-infant relationship and optimising infant development aligned to the National Practice Model. Nursery nurses need to work alongside and have detailed understanding of the roles of other professionals, such as midwives and health visitors, who work with women at this time.

All perinatal nursery nurses will have the knowledge, skills and attitudes commensurate with the ENHANCED or SPECIALIST level of the Perinatal Mental Health Curricular Framework (2019), depending on their seniority and training.

For perinatal nursery nurses working in community teams, their role within the specialist service may vary according to the model of service adopted in their area. Delivering Effective Services (2019) sets out three models of specialist community provision: (i) ‘stand-alone’ teams in large birth number areas, (ii) ‘dispersed’ teams in lower birth number or very rural areas, and (iii) ‘regional’ provision in very low birth number areas. The level of independent practice and supervisory arrangements need to reflect the model in which nursery nurses practice.

SUMMARY OF ROLE

The Perinatal Mental Health Nursery Nurse has a core role in providing expert nursery nursing assessment, intervention, ongoing monitoring and risk assessment to infants of mothers with perinatal mental ill health, as part of specialist multi-disciplinary perinatal mental health provision in MBU or community settings. All work will be in accordance with the GIRFEC national practice model of care and will recognise the distinctive challenges which present in a perinatal mental health setting.

Clinical work will be primarily with infants and their mentally ill mothers but should also include the wider family when appropriate. Nursery nurses will have a lead role, with the health visitor, in developing and co-ordinating the child’s plan, providing psychological and psychosocial interventions where appropriate and working in collaboration with other members of the specialist team and professionals from other health and social care backgrounds to ensure that infants receive seamless, high quality care which will optimise their emotional, cognitive and behavioural development.
EXPERT ROLES OF THE PERINATAL MENTAL HEALTH NURSERY NURSE

G. Clinical
   a. Advise, support and communicate effectively with women and their families on all aspects of infant care and development, working in partnership to help them promote positive infant wellbeing and development, and to make informed decisions about their infant’s care
   b. Use specialist nursery nursing skills and GIRFEC principles, to provide infant wellbeing assessments, contribution to care, and ongoing monitoring of infants’ developmental indicators
   c. Ensure effective information sharing and seamless care through contribution to the development of child plans which link across maternity, mental health, primary care and social services
   d. Contribute to the assessment of the mother-infant relationship and the woman’s ability to parent in context of mental illness
   e. Respect individual parenting choices and cultural differences regarding childcare, while at all times prioritising the safety and welfare of the infant
   f. Identify and act upon any risk to a child’s health, welfare or development, ensuring that child safeguarding is prioritised in all clinical and professional encounters
   g. Deliver psychological and psychosocial interventions, where appropriate, as part of a psychological plan of care

H. Leadership
   a. Act as an expert resource for other professionals involved in the care of infants whose mothers experience perinatal mental ill health
   b. Contribute to the development and delivery of perinatal mental health education and training for nursing staff and professionals in midwifery, health visiting and social care
   c. Work in partnership with local maternity and neonatal psychological interventions teams (where they exist), third sector providers and other professionals involved in the care of pregnant and postnatal women, their infants and families
   d. For nursery nurses working at a senior level, contribute to quality improvement in their local service and through representation of nursery nursing staff on local and regional perinatal and infant mental health networks/forums
   e. For nursery nurses working at a senior level, contribute to the support and supervision of other nursery nurses, ensuring that practice is evidence-based, up to date, and in line with the National Practice Model and local, national and professional guidance

I. Person specific attributes
   a. Develop and maintain specialist knowledge and skills in maternal and infant mental health, including child and adult protection
b. Demonstrate an enthusiasm and commitment to enhancing the care of women who experience perinatal mental ill health, their infants and families

c. Demonstrate a track record of clinical excellence

d. Demonstrate evidence of effective multi-agency and multi-professional working

e. For nursery nurses working at a senior level, have additional training or qualification in perinatal/infant mental health and/or psychological interventions, or a clear desire to pursue training

**SUPPORT AND SUPERVisory ARRANGEMENTS**

F. Perinatal mental health nursery nurses working in MBU and stand-alone specialist community team settings
   a. The PMH nursery nurse should receive regular, structured support and clinical supervision from a health visitor and from a mental health nursing colleague, both of whom have the necessary skills and experience
   b. The PMH nursery nurse should receive regular supervision by an accredited supervisor, such as the team parent-infant therapist, when delivering specific psychological interventions
   c. The PMH nursery nurse should have the opportunity to engage in peer/multidisciplinary supervision and support through attendance at multidisciplinary meetings
   d. The PMH nursery nurse should have continuing professional development of perinatal mental health skills and knowledge. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland.

G. Perinatal mental health nursery nurses working in dispersed or regional models of service provision
   a. In addition to A. above, multidisciplinary team clinical supervision and support should occur at least once weekly through attendance at a multidisciplinary team meeting either face-to-face or via video-conferencing facilities
PERINATAL CLINICAL PSYCHOLOGISTS

INTRODUCTION

Clinical psychologists have a leadership role in the development, supervision, delivery and evaluation of psychological informed interventions and evidence-based psychological therapies and are core to specialist perinatal mental health provision in inpatient, community, maternity and neonatal settings.

All clinical staff working within specialist perinatal mental health inpatient and community teams, and those in maternity and neonatal psychological interventions (MNPI) teams require skills in the assessment and formulation of psychological need and developing plans of care which include psychological interventions.

Clinical psychologists will have the knowledge, skills and attitudes commensurate with the SPECIALIST level of the Perinatal Mental Health Curricular Framework (2019) in keeping with their professional responsibilities. Psychologists at senior level will have the clinical skills to supervise other team members and deliver complex interventions across a number of modalities. They will have expertise in appraising and applying evidence-based approaches to treatment.

Clinical psychologists have an expert role within specialist perinatal mental health and MNPI teams which addresses the distinctive psychological therapies needs for women in pregnancy and the postnatal period and which recognises the particular importance of the mother-infant relationship. They may also have a role in pre-pregnancy assessment and intervention, particularly within MNPI settings. They will have a within-team and regional leadership role in educating, supporting, advising and supervising other professionals, depending on seniority. They have a direct clinical role in the development of psychological formulation, assessment for, and delivery of, complex psychological interventions, with the skills to utilise a number of psychological approaches in the context of maternal mental ill health.

Clinical psychologists in specialist perinatal mental health and MNPI teams are not a substitute for good psychological assessment and care provided by all team members. They form part of a pathway of expert assessment and care which should be available to women, their infants and families, who are seen by the service. Specialist clinical psychologists should also link closely with wider psychological therapies providers, not least to ensure continuity of care for women beyond the first postnatal year where required.

Note: Where practitioner psychologists with different training backgrounds work within specialist services, they should also meet these standards. These role definitions may also be helpful to psychologists working in a specialist perinatal role within primary care settings.
SUMMARY OF ROLE

The Perinatal Mental Health Clinical Psychologist has a lead role in delivering direct and indirect psychological interventions, providing high quality, responsive assessment, care and support, and working as part of the MBU, specialist community perinatal mental health team or MNPI team. They will have a leadership role in the development and delivery of psychologically informed service provision through team consultation, supervision, training and the delivery of high intensity psychological interventions.

Clinical work will be primarily with pregnant or postnatal women with, or at risk of, mental illness, and their infants, but should also include the wider family when appropriate. This will include assessment and formulation of complex psychological need, which takes into account the particular needs of pregnancy and the developing parent-infant relationship, and the delivery of systemic and high intensity psychological interventions in individual and group settings. Clinical psychologists will have knowledge and skills relating to a range of psychological interventions and the expertise to know when to refer on to other services where required. They will have the ability to work with mothers and infants together, and to include partners and other family members, where indicated.

In MNPI settings, clinical work is, in addition, often focussed on parents who have psychological difficulties associated with an abnormal pregnancy or birth, and those who have difficulty adjusting to pregnancy and childbirth.

Indirect work will include offering advice, supervision and consultation on psychological therapies to other team colleagues and, for those in senior roles, to psychologists working in more junior capacity. They may also provide consultation and supervision to other professionals working with pregnant and postnatal women and their infants. Perinatal mental health clinical psychologists will have expertise in appraising, applying and undertaking research in relation to psychological therapies, service provision and service evaluation.

Governance for the role will lie within the clinical and organisational governance structures for the specialist perinatal mental health service, with arrangements for professional and clinical supervision as described in the support and supervisory arrangements section below.

EXPERT ROLES OF THE PERINATAL MENTAL HEALTH CLINICAL PSYCHOLOGIST

D. Clinical
   a. Support, advise and communicate effectively with women with, or at risk of perinatal mental illness (and, in MNPI settings, those with psychological difficulties associated with abnormal pregnancy or delivery), and their families, to support wellbeing, to help them recognise signs of ill health and to assist them in making informed decisions about their care
b. Advocate for, and work in partnership with women with, or at risk of perinatal mental illness, their infants and families, to ensure they receive the psychological care they need in timescales appropriate to the maternity context

c. Contribute directly and indirectly to psychologically based formulation and care which benefits women, their infants and families who are seen by the specialist perinatal mental health or MNPI service

d. Promote preventative interventions for those at risk of significant mental illness and early intervention where problems arise

e. Provide expert assessment and formulation of complex psychological need in the perinatal period and deliver timely psychological interventions which are evidence-based and adhere to local, national and professional guidance

f. Facilitate interventions, where appropriate, for health staff delivering care in maternity and neonatal settings

g. Provide care planning and deliver psychological interventions which include the father/partner and other family members where indicated

h. Support and provide expert guidance on the delivery of psychological interventions by other members of the specialist perinatal mental health or MNPI team

E. Leadership

a. Lead the co-ordination and delivery of psychological interventions within specialist perinatal mental health and MNPI services

b. Contribute to the development and delivery of care pathways for referral, assessment and management regarding psychological interventions

c. Act as an expert resource for perinatal mental health and other professionals involved in delivering psychological interventions

d. Have a leadership role in quality improvement in relation to psychological therapies planning and delivery

e. Have a leadership role in the development and delivery of education, training and supervision for specialist staff in psychological therapies

f. Provide the link between specialist perinatal mental health/MNPI services and other psychological therapies services providers

g. Provide a visible leadership role through participation in local and regional structures, such as perinatal mental health/MNPI service leadership teams and board-wide/regional perinatal mental health networks

h. For posts with a regional leadership role, lead the co-ordination of care pathways and quality improvement strategies across service delivery boundaries to ensure continuity of effective psychological therapies planning and delivery

F. Person specific attributes

i. Develop and maintain specialist knowledge and skills in psychological therapies provision in the perinatal period and for parent-infant relationships

j. Demonstrate an enthusiasm and commitment to enhancing the care of women at risk of or who experience mental ill health/psychological difficulties in the perinatal period, their infants and families

k. Demonstrate a track record of clinical excellence
I. Demonstrate evidence of effective multi-agency and multi-professional working
m. Demonstrate effective leadership and motivational skills
n. Have additional exposure to, training or qualification in perinatal mental health or a desire to pursue this
o. Have skills in delivering psychological interventions at high intensity/complex levels and in supervising and delivering therapies across a variety of modalities

SUPPORT AND SUPERVISORY ARRANGEMENTS

C. Clinical psychologists working in MBU and specialist community team settings
   a. Clinical psychologists should receive regular, structured support and clinical supervision from a more senior clinical psychologist within the team or, for senior professionals, externally in keeping with local arrangements
   b. They should have close working relationships with colleagues providing other local, regional or national services, receiving peer supervision and informal support through regular meetings
   c. They should have continuing professional development. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland.
   d. They should have the opportunity to access formal training and qualification in additional psychological treatment modalities

D. Clinical psychologists working in MNPI teams
   a. In addition to A. above, clinical psychologists working within MNPI teams should have close working relationships with the local specialist perinatal mental health service and, in particular, regular contact with clinical psychologists working within that service