

PNIMH-PB / PMHNS
Service Development Guides
Guide no. 1

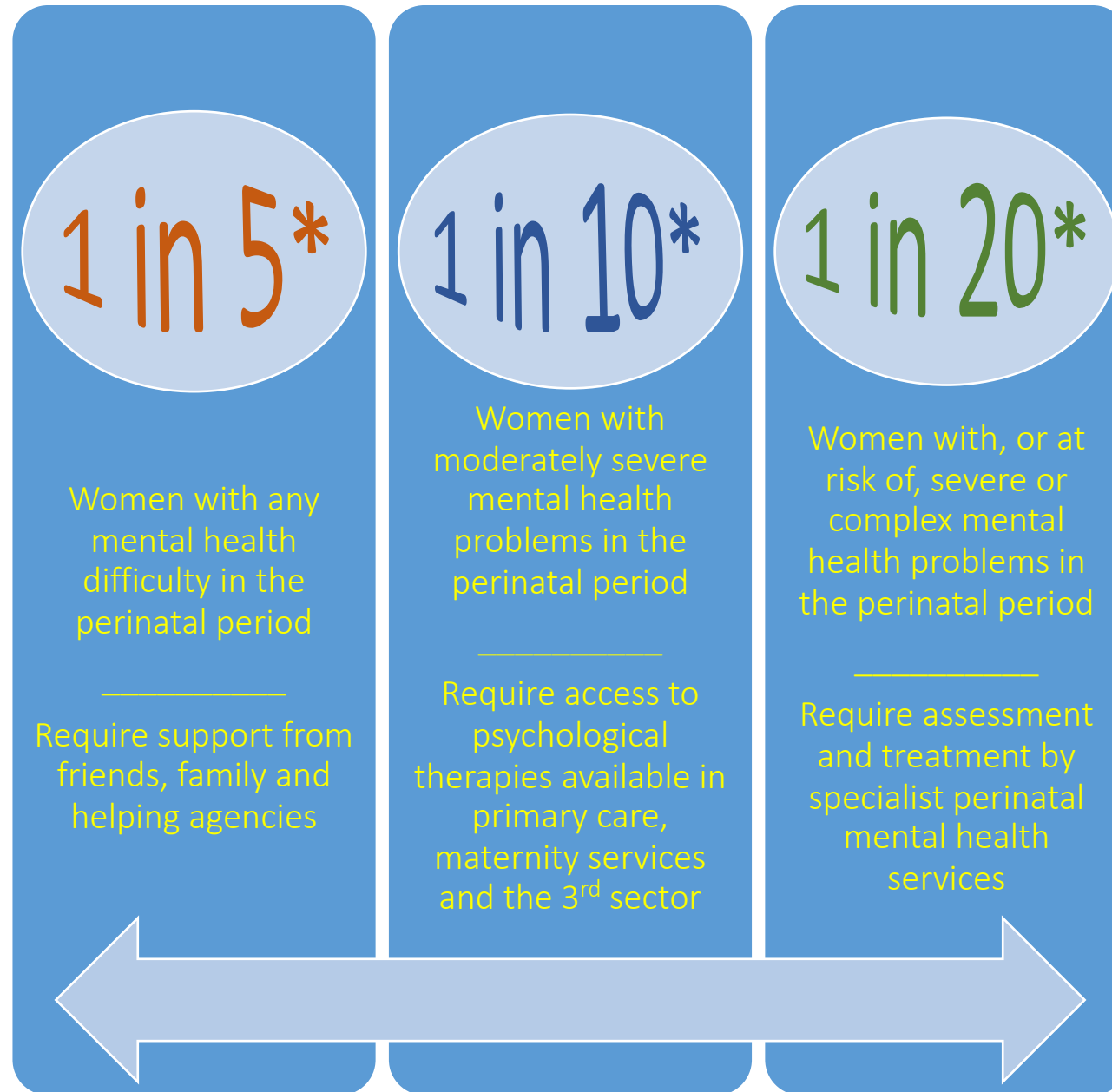


SPECIALIST COMMUNITY PERINATAL MENTAL HEALTH SERVICES

A guide to service development for NHS
boards, HSCPs and IJBs

Prevalence of perinatal mental health problems

PROBLEM	DELIVERIES PER YEAR
Postpartum psychosis	2/1000
Chronic serious mental illness	2/1000
Severe depressive disorders	30/1000
Mild to moderate depressive and anxiety disorders	100-150/1000
Post traumatic stress disorder	30/1000
Adjustment disorders and distress	150-300/1000



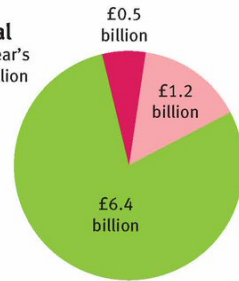
*Groups nested within each other

Costs and consequences of perinatal mental health problems

Key points from the report

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



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

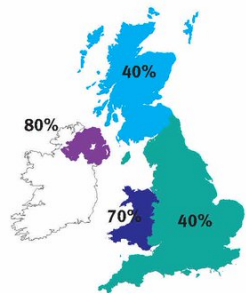


Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth



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

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



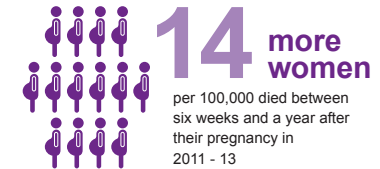
Costs v improvement
The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

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

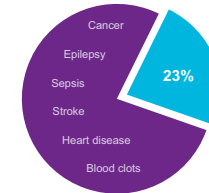
Key messages



from the report 2015



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 **25%** 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



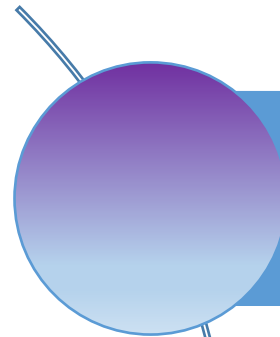
need urgent referral to a specialist perinatal mental health team

*Mapping data from the Maternal Mental Health Alliance (<http://everyonesbusiness.org.uk>)

Confidential Enquiries into Maternal Deaths
Knight et al (2015)

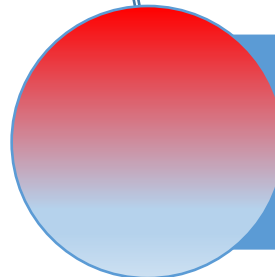
Need for distinctive service provision

Distinctive **illnesses**



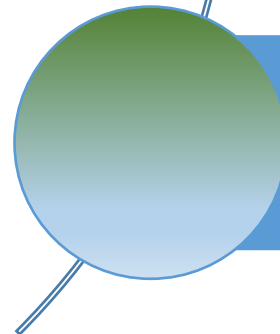
Maternal mental illness common but associated with significant morbidity and mortality
Presentation and course of illness affected by pregnancy and postnatal period

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**



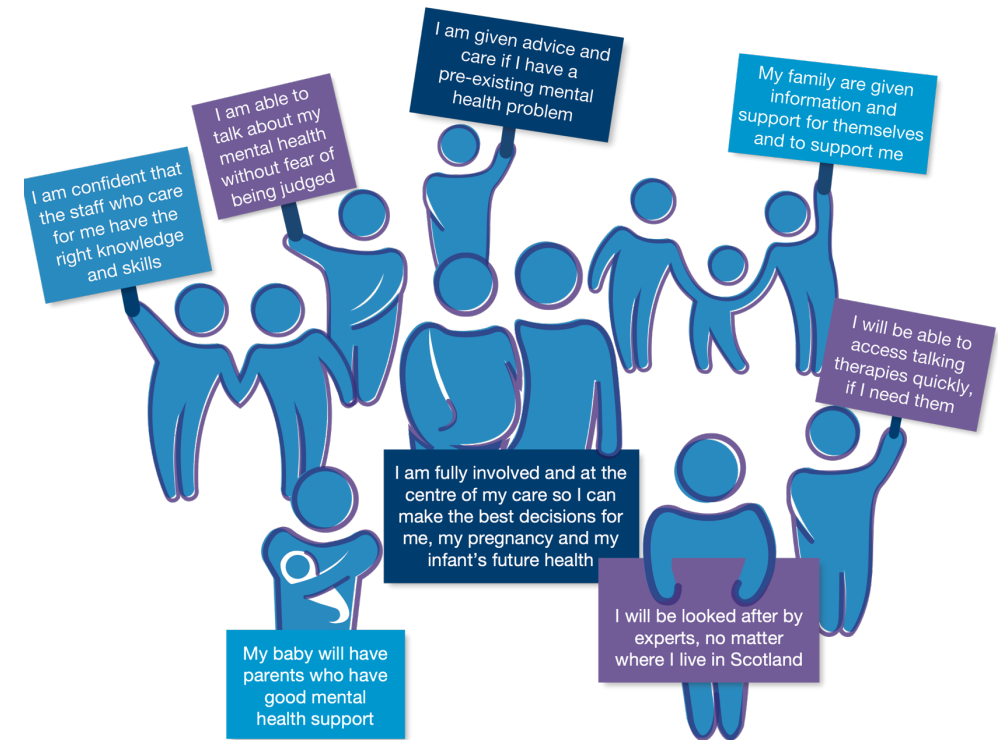
Different time frames for maternity care / infant development
Referral thresholds altered incl. need to see well but at risk women
Different professional relationships and care pathways

Women & Families Maternal Mental Health Pledge

More than 1 in 5 women will experience mental health difficulties in pregnancy or the first postnatal year.

Women who have experienced mental health problems in pregnancy or after childbirth have identified these expectations.

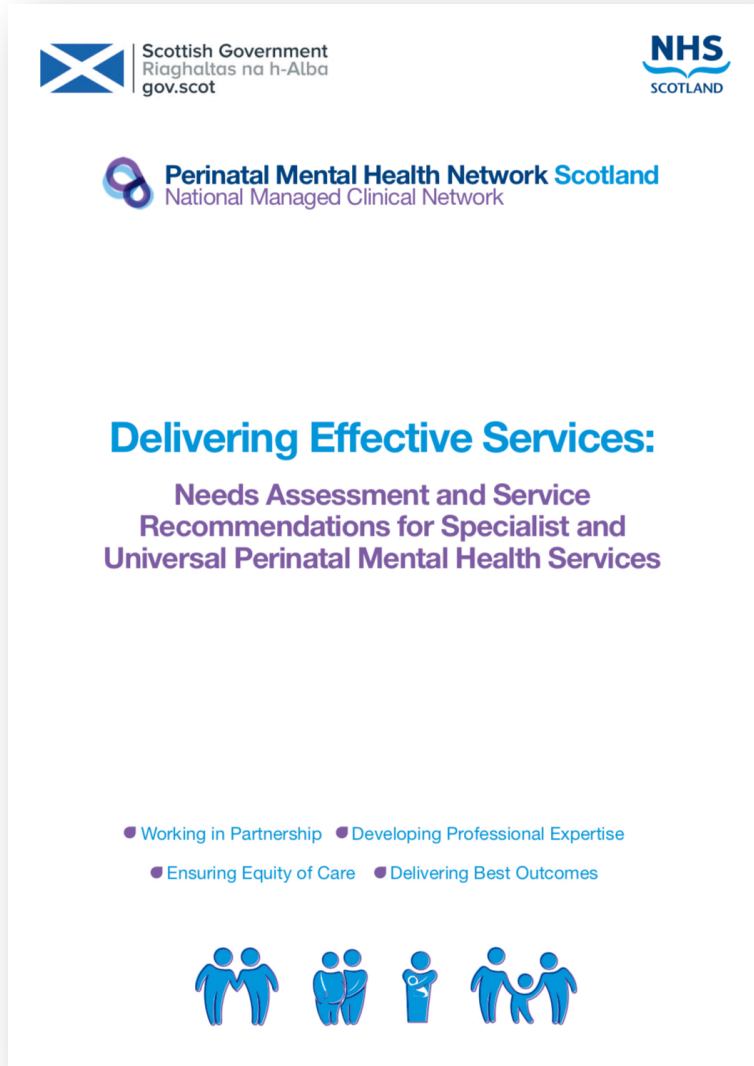
What do women with lived experience want?



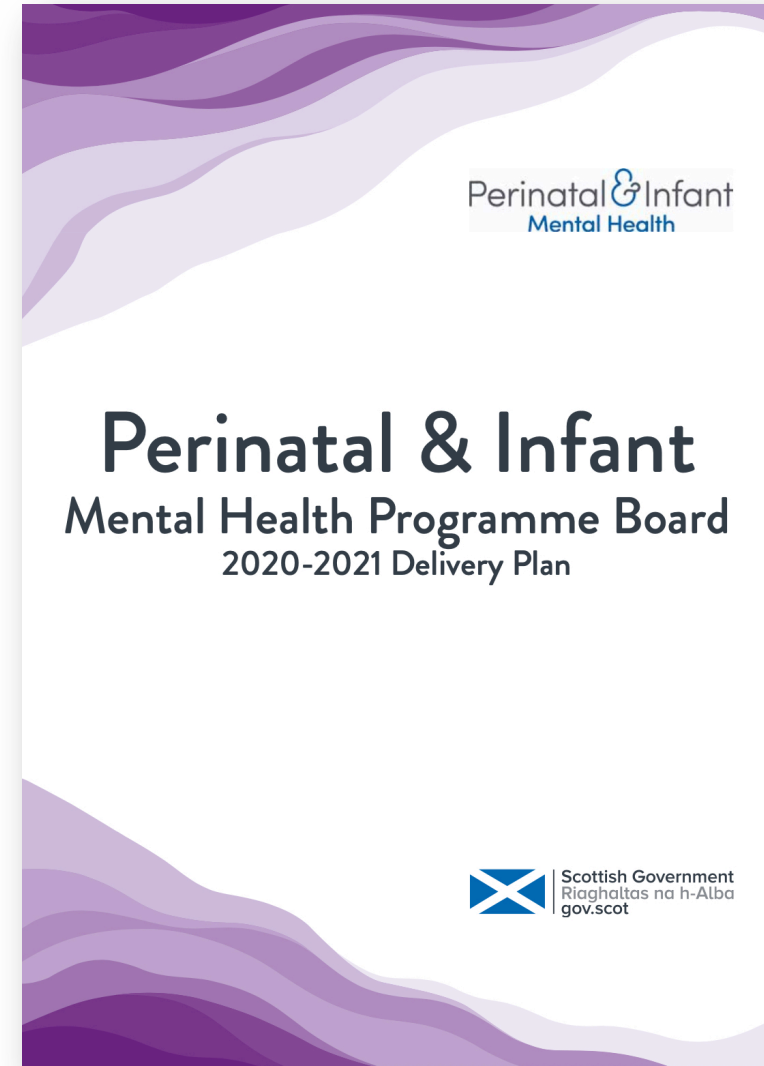
If you are experiencing mental health difficulties or need support speak to your GP, midwife, health visitor or NHS 24

For full details of the pledge visit - www.pmh.nhs.uk/pledge/

Core documents

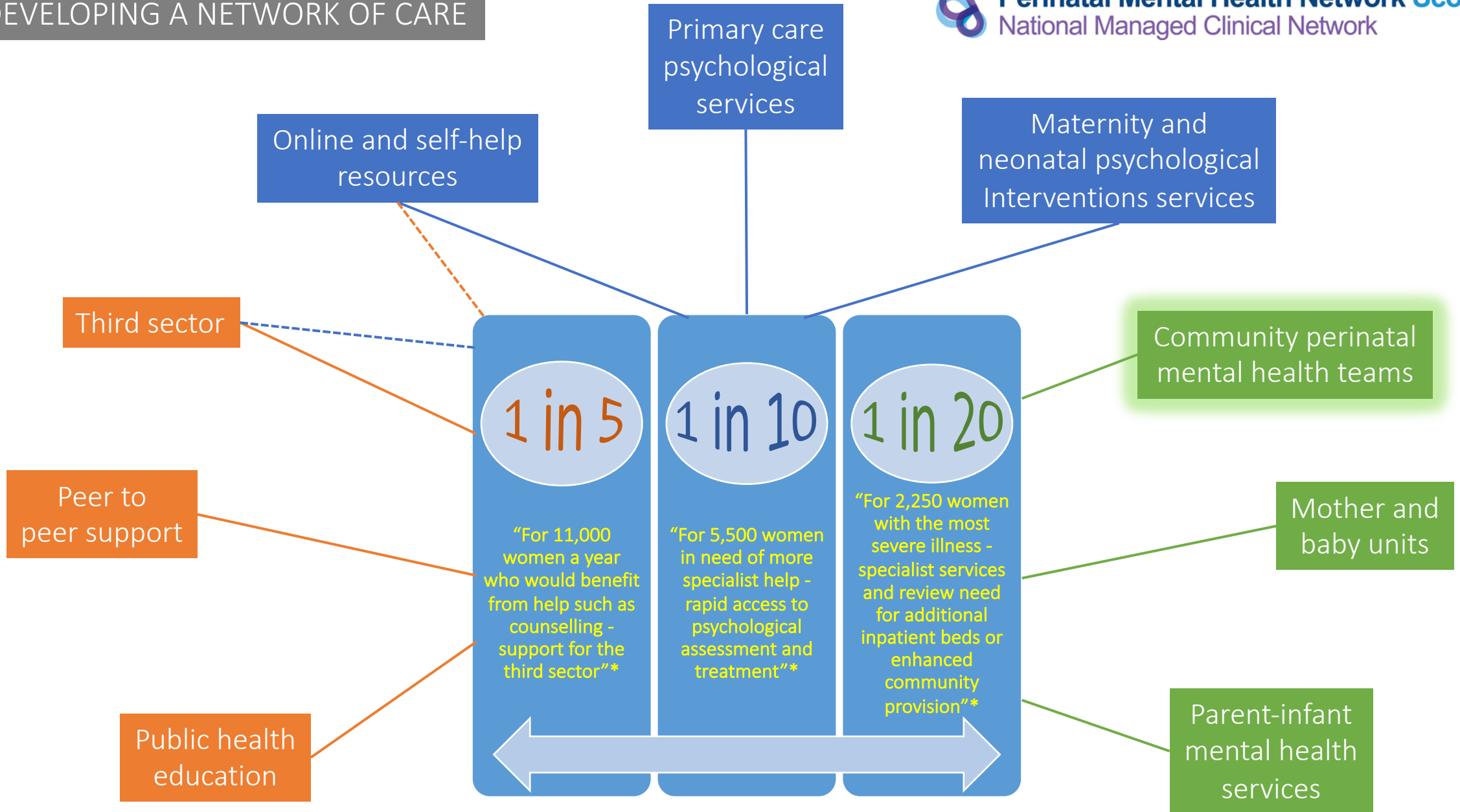


PERINATAL MENTAL HEALTH NETWORK SCOTLAND
(National Managed Clinical Network)



PERINATAL AND INFANT MENTAL HEALTH
PROGRAMME BOARD

DEVELOPING A NETWORK OF CARE



*SG Programme for Government 2018

DES recommendations

LEADERSHIP & CO-ORDINATION

Scottish Government
Riaghaltas na h-Alba
gov.scot

NHS
SCOTLAND

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

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

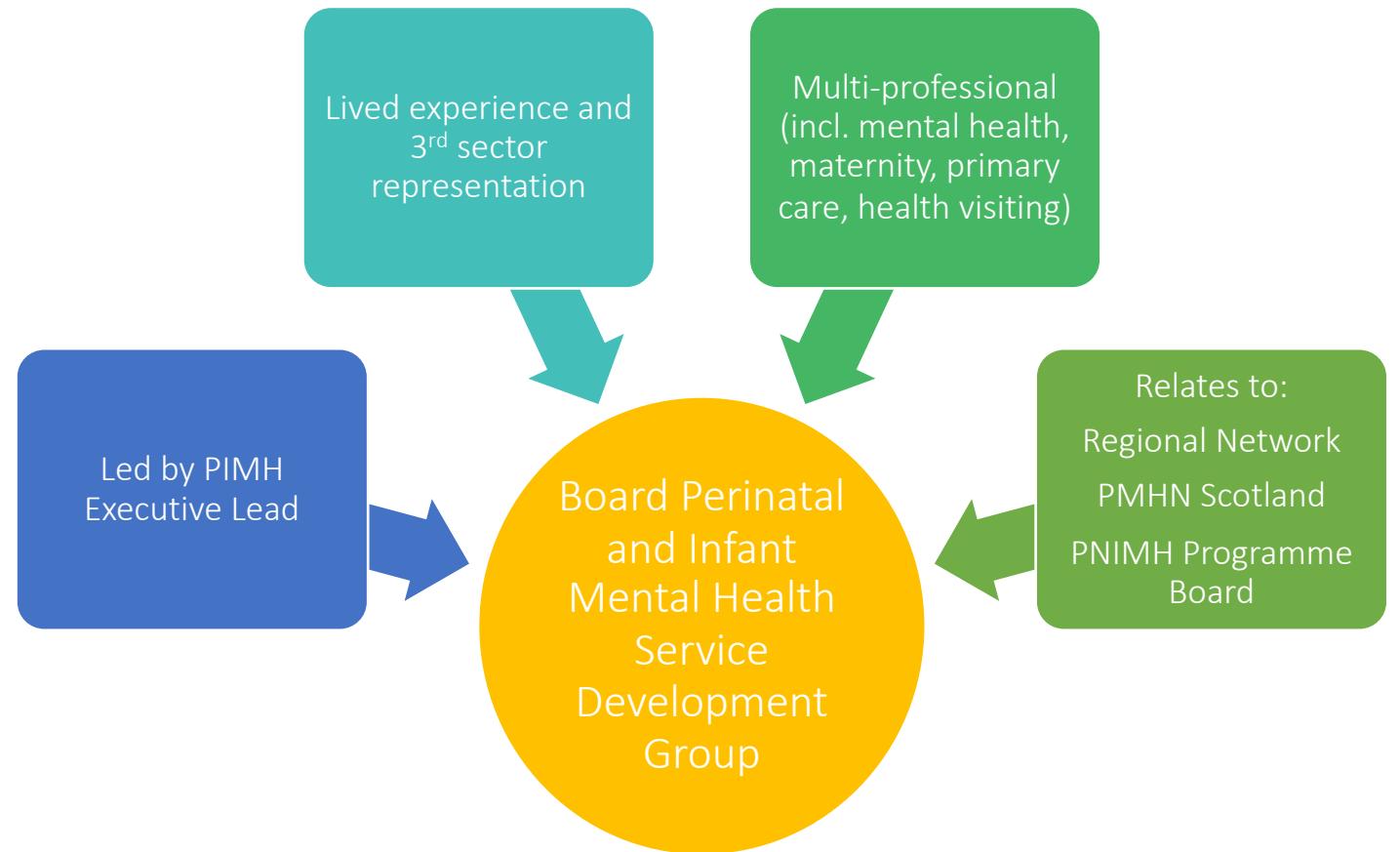
Scottish Government
Riaghaltas na h-Alba
gov.scot

NHS
SCOTLAND

Perinatal Mental Health Network Scotland
National Managed Clinical Network

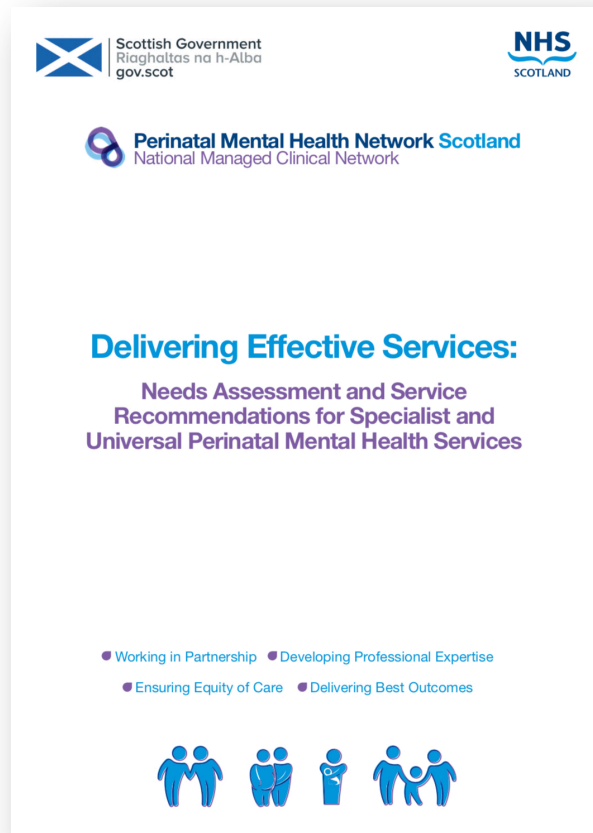
Delivering Effective Services:
Needs Assessment and Service
Recommendations for Specialist and
Universal Perinatal Mental Health Services

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



DES recommendations

COMMUNITY PERINATAL MENTAL HEALTH SERVICES (CPMHTs)



REC.6 All NHS boards should have community specialist perinatal mental health provision

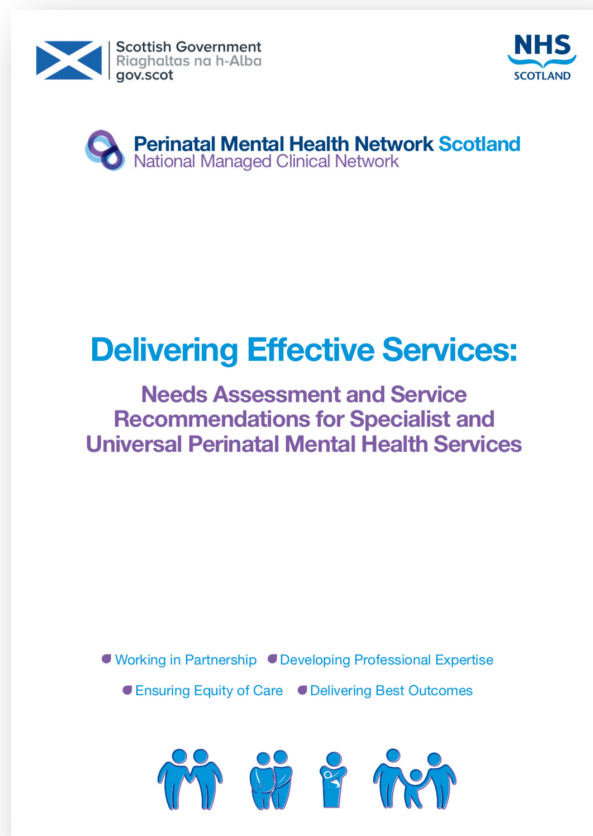
REC.6 The specific model will be dependent on birth numbers, socio-demographic and geographical needs and, for smaller boards, may be provided in part by boards collaborating together through regional structures

REC.6 Sessional time for some highly specialised staff may also be provided through regional collaboration

REC.2 Specialist perinatal mental health services should include peer support workers as part of their provision

DES recommendations

MODELS OF SPECIALIST COMMUNITY SERVICE DESIGN



REC.7 All NHS boards with birth numbers over 5,000/year should have a multidisciplinary community perinatal mental health team which has the skills and capacity to assess and care for pregnant and postnatal women (to 12 months) who require secondary care mental health services

STAND-ALONE MODEL

REC.8 All NHS boards with birth numbers under 5,000/year should have either a stand-alone or dispersed multidisciplinary community perinatal mental health team which has the skills and capacity to assess and care for, at a minimum, pregnant and postnatal women (to 12 months) who have more complex or high-risk presentations

DISPERSED MODEL

REC.9 NHS Boards with very low birth numbers should collaborate through regional structures with neighbouring boards to ensure sessional time from core specialist staff to provide advice and supervision for staff in adult community mental health teams

REGIONAL MODEL

Community Perinatal Mental Health Services

4 principles of service development

CPMHTs can be developed
in all board areas of
Scotland

Service model dependent
on birth numbers and
population density
(stand-alone/ dispersed/ regional)

CPMHTs should function as
secondary care services
(i.e., accepting referrals from primary
care, maternity services, health visiting
and mental health)

CPMHT development
involves regional
collaboration

Community Perinatal Mental Health Services

4 functions

Prevention, detection, care and treatment of new or pre-existing mental illness occurring in women during pregnancy or the first postnatal year

Pre-conception advice for women at high risk of severe postpartum mental illness

Assessment and facilitation of the mother-infant relationship and promotion of infant development in the context of maternal mental illness

Mental health liaison to maternity services

MODEL	DESCRIPTION	INDICATIVE BOARDS	TEAM DESIGN	REGIONAL ROLE
STAND-ALONE	High birth population boards	GGC Grampian Lanarkshire Lothian	Stand-alone multidisciplinary team Perinatal psychiatrists, nurses, nursery nurses, clinical psychologists, OTs, parent-infant therapists, peer workers, administrative staff Nurse consultant in 3 lead boards	Regional remit for consultant psychiatrist, clinical psychologist, parent-infant therapist and nurse consultant
DISPERSED	Medium birth population boards	All other boards* <i>*Some may be more suited to a stand-alone or regional model</i>	Core stand-alone team with sessional time from dispersed members in CMHTs Core perinatal psychiatrist, senior nurse, clinical psychologist Dispersed nursing staff in CMHTs Sessional AHP and administrative support	Education, training and clinical support from regional professionals
REGIONAL	Island and very low birth population boards	Orkney Shetland Western Isles^ <i>^May include other very low birth population boards</i>	Regional consultant perinatal psychiatrist and senior nurse with dedicated sessional time Enhanced training for CMHT staff Regional specialists provided advice, supervision and (some) direct clinical care	Education, training, clinical support and some direct clinical care from regional professionals

CORE CPMHT FUNCTIONS (DES, 2019)	STAND-ALONE	DISPERSED	REGIONAL
Assess and care for all pregnant and postnatal women (to 12 months) who require secondary care mental health services, adjusting referral thresholds for distinctive perinatal need	✓	✓ (all or most complex at minimum)	✓ (all or most complex at minimum)
Assess the mother-infant relationship and infant development in the context of maternal mental disorder	✓	✓	✓
Provide pre-pregnancy advice to women who are at high risk of early postpartum major mental illness	✓	✓	✓
Provide a liaison service to local maternity units	✓	✓	✓
Be able to respond in a timely manner which takes into account the maternity context, needs of the developing infant, and alterations in presentation brought about by the perinatal period	✓	✓	✓
Provide a range of biopsychosocial interventions to (i) treat maternal mental illness; (ii) prevent illness in high-risk women; (iii) promote the mother-infant relationship and infant development	✓	✓	✓
Provide advice, support and signposting to partners of women under the care of the service and promote the father/partner-infant relationship	✓	✓	✓
Provide leadership in perinatal mental health service development, education training and pathway development to other professionals in mental health, maternity, health visiting and primary care	✓	✓	✓
Collaborate within and across health and social care boundaries to ensure effective care pathways for perinatal mental illness care and prevention	✓	✓	✓

CORE CPMHT FUNCTIONS	DETAIL
Assess and care for all pregnant and postnatal women (to 12 months) who require secondary care mental health services, adjusting referral thresholds for distinctive perinatal need	<p>Thresholds need adjustment for:</p> <ul style="list-style-type: none"> • Modifying effects of pregnancy and the early postnatal period on course and presentation of illness • Potential effects of maternal mental illness on the mother-infant relationship and infant development <p>For more limited remit of some dispersed and regional teams, focus on women with:</p> <ul style="list-style-type: none"> • Severe and enduring mental illness • Current symptoms indicating risk (self/others/parent-infant relationship) • Significant early postnatal risk • Pre-conception advice
Assess the mother-infant relationship and infant development in the context of maternal mental disorder	<p>Clinical assessments altered to:</p> <ul style="list-style-type: none"> • Provide patient-rated and objective assessments of the mother-infant relationship
Provide pre-pregnancy advice to women who are at high risk of early postpartum major mental illness	<p>Accept referrals for pre-pregnancy advice for women with a history of:</p> <ul style="list-style-type: none"> • Bipolar affective disorder • Other psychosis or severe early postpartum illness • Complex psychotropic medication regimes
Provide a liaison service to local maternity units	<p>Be able to respond in a timely manner to:</p> <ul style="list-style-type: none"> • Requests for antenatal/postnatal ward assessments • Referrals for community assessment made by maternity staff

CORE CPMHT FUNCTIONS	DETAIL
Be able to respond in a timely manner which takes into account the maternity context, needs of the developing infant, and alterations in presentation brought about by the perinatal period	Response times must take into account: <ul style="list-style-type: none"> • Pregnancy timeframes • Rapid treatment to protect the mother-infant relationship
Provide a range of biopsychosocial interventions to (i) treat maternal mental illness; (ii) prevent illness in high-risk women; (iii) promote the mother-infant relationship and infant development	Treatments available need to include interventions for the mother, infant, and the mother-infant relationship
Provide advice, support and signposting to partners of women under the care of the service and promote the partner/father-infant relationship	Services have a duty to address the needs of partners/fathers to: <ul style="list-style-type: none"> • Support them in their care of the woman • Assist them in managing their own mental health • Promote the partner/father-infant relationship
Provide leadership in perinatal mental health service development, education training and pathway development to other professionals in mental health, maternity, health visiting and primary care	Specialist services are a locus of expertise for other professionals, incl. providing advice on prescribing in pregnancy and breastfeeding
Collaborate within and across health and social care boundaries to ensure effective care pathways for perinatal mental illness care and prevention	Specialist services have a leadership role in developing and monitoring perinatal mental health care pathways which include: <ul style="list-style-type: none"> • Maternity • Primary care & health visiting • Maternity and neonatal psychological interventions • General adult & other mental health services • Regional community & inpatient (MBU) provision • Parent-infant mental health

STAND-ALONE CPMHT model and relationships

CORE TEAM DISCIPLINES

- Psychiatrist
- Mental health nurse
- Clinical psychologist
- Parent-infant therapist
- Nursery nurse
- Occupational therapist
- Social worker
- Peer worker
- Administrative staff
- Nurse consultant (in 3 lead areas)

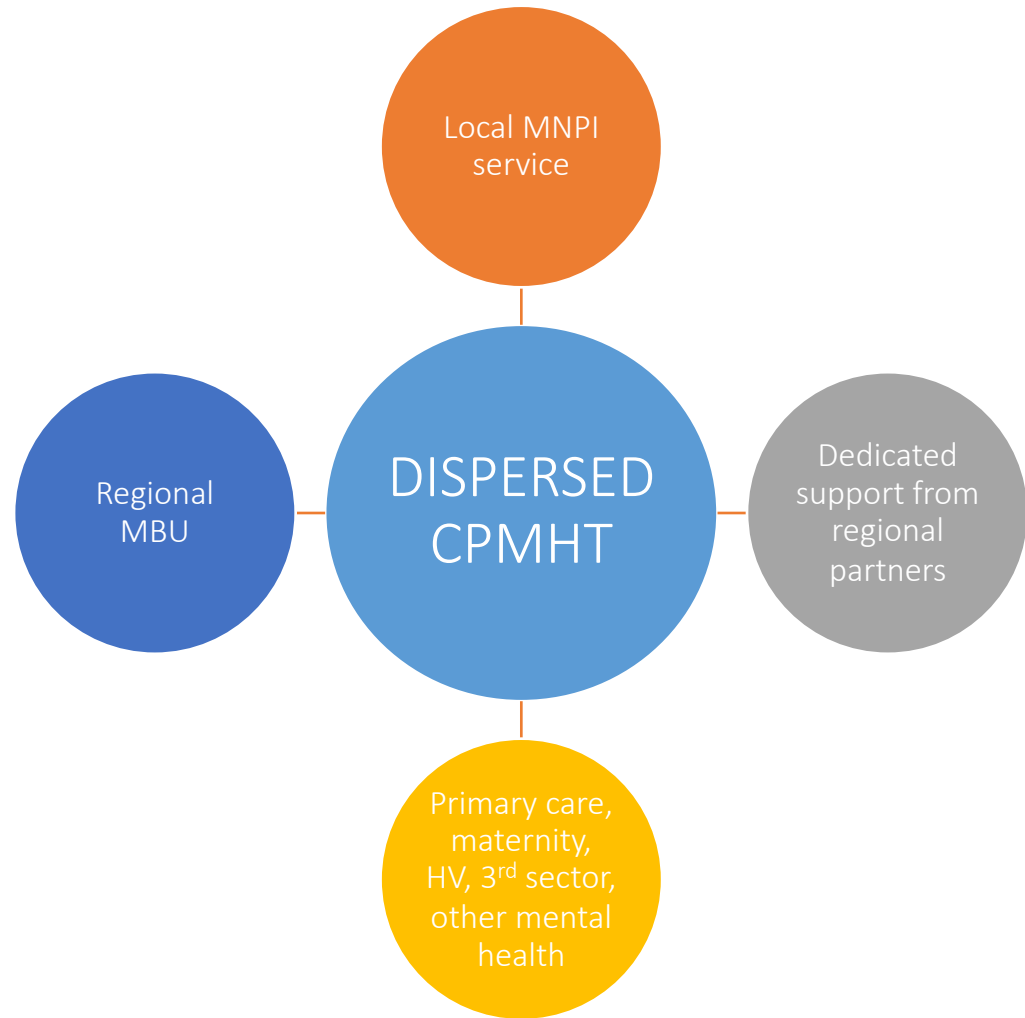


DISPERSED CPMHT model and relationships

CORE TEAM DISCIPLINES

- Psychiatrist
- Mental health nurse
- Clinical psychologist
- Administrative staff

- Sessional CPNs in local CMHTs with protected time for the CPMHT
- Additional sessions provided by OT and social work
- Educational and peer supervision arrangements with regional nurse consultant, consultant psychiatrist, clinical psychologist and parent-infant therapist



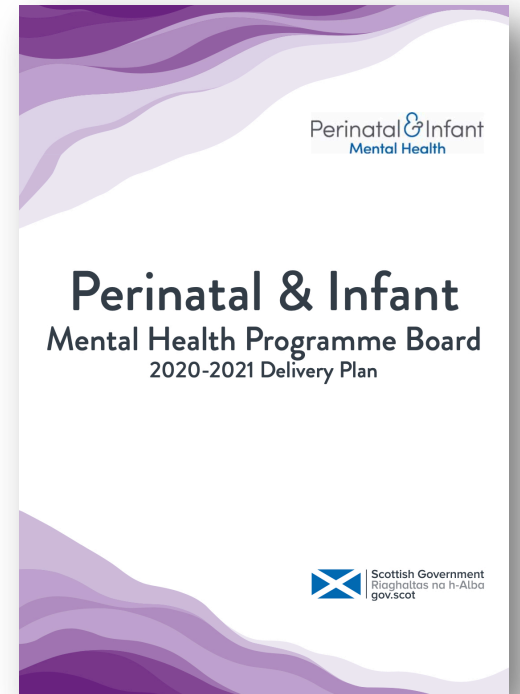
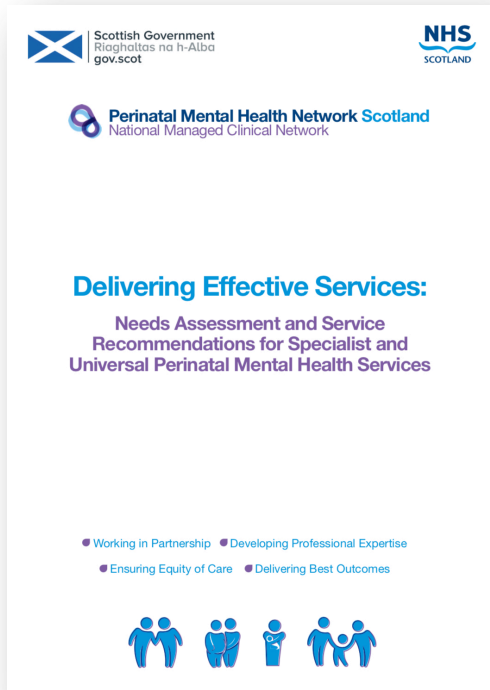
REGIONAL CPMHT model and relationships

CORE TEAM DISCIPLINES

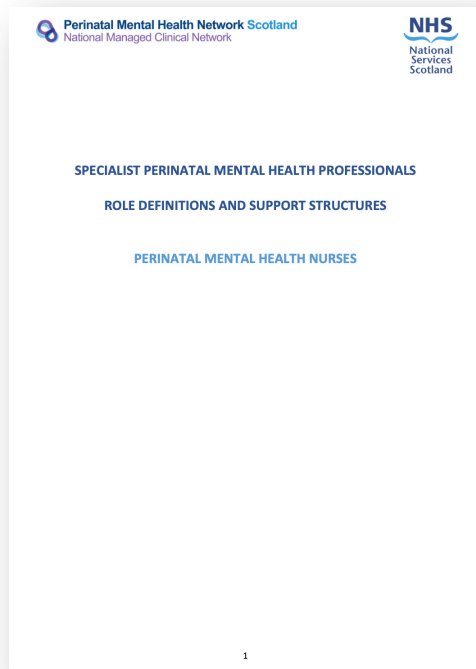
- Service provided via CMHT with additional training and access to regional expertise
- Regional consultant perinatal psychiatrist clinical sessions
- Educational and peer supervision arrangements with regional nurse consultant / consultant perinatal psychiatrist / clinical psychologist / parent-infant therapist



TOOLS FOR CPMHT DEVELOPMENT

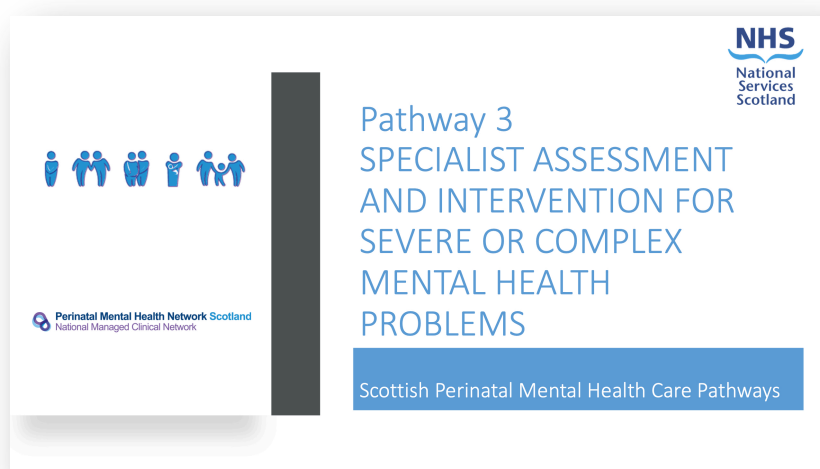


Perinatal Mental Health Specialist Role Definitions



- 1 Perinatal mental health nurses
- 2 Perinatal mental health midwives
- 3 Perinatal parent-infant therapists
- 4 Perinatal mental health nursery nurses
- 5 Perinatal clinical psychologists
- 6 Perinatal peer workers
- 7 Perinatal occupational therapists
- 8 Perinatal mental health social workers
- 9 Perinatal psychiatrists

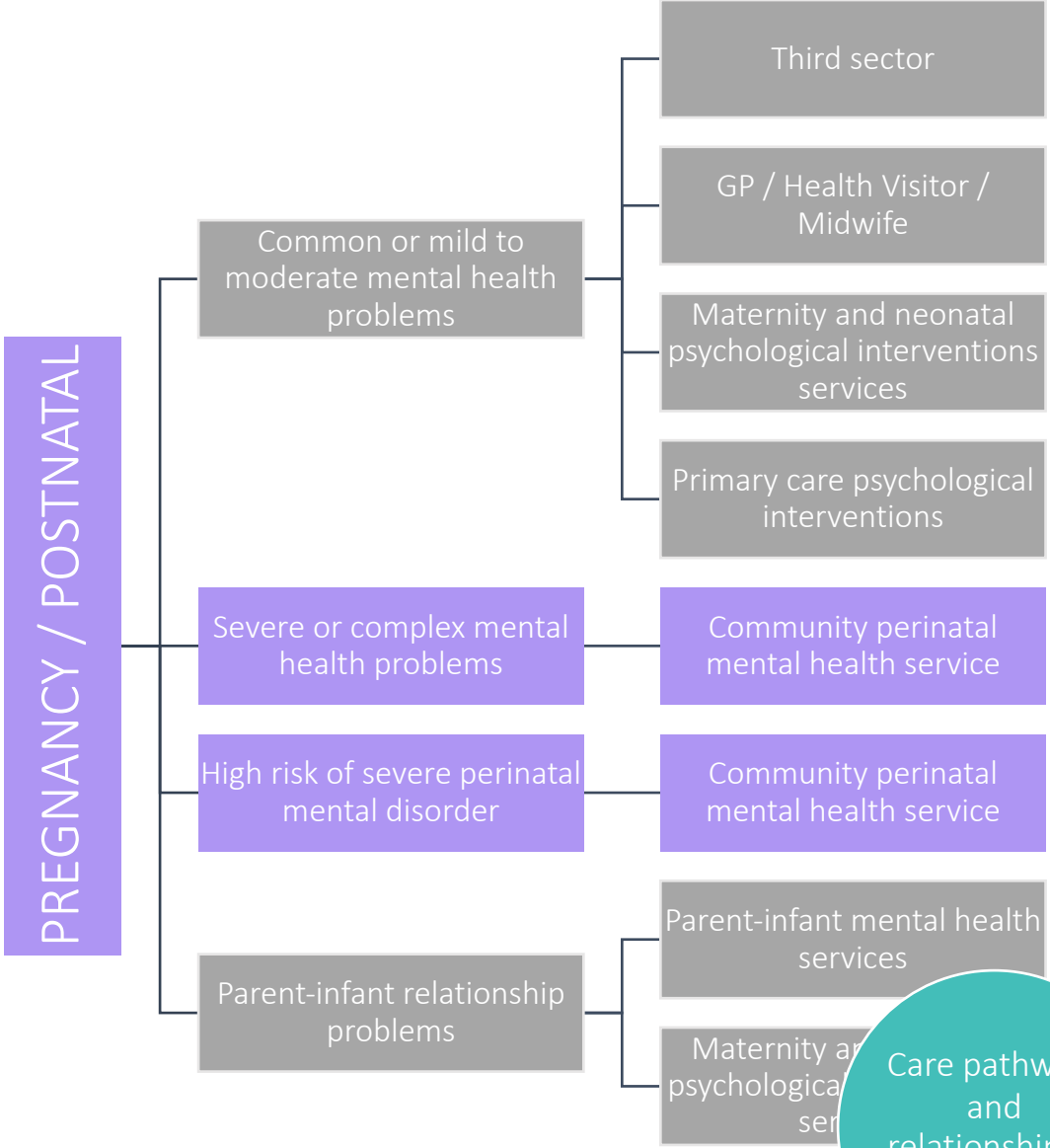
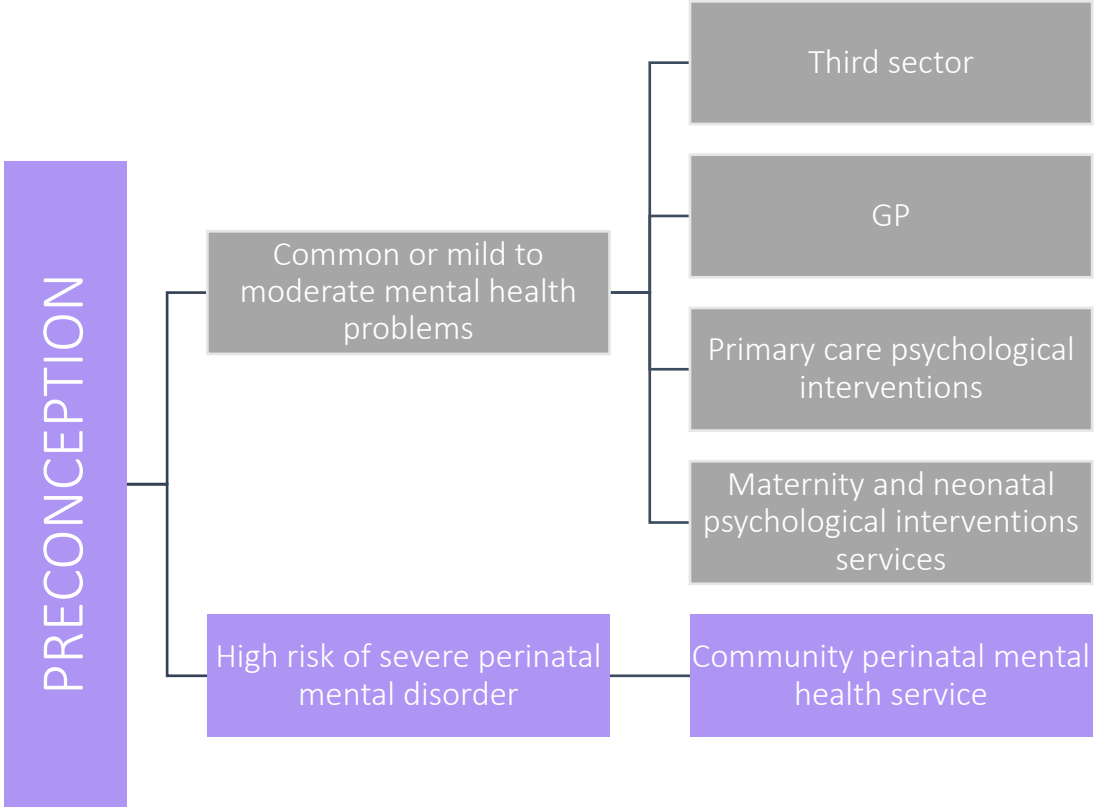
Perinatal Mental Health Care Pathways



- 1 Preconception advice for pre-existing severe or complex mental health problems
- 2 Psychological interventions for common or mild to moderate mental health problems
- 3 Specialist assessment and intervention for severe or complex mental health problems
- 4 Emergency or urgent assessment for acute risk
- 5 Admission to an MBU
- 6 Specialist assessment for mother-infant relationship difficulties

Care pathways and relationship to other services
24

Pathways into community perinatal mental health service response

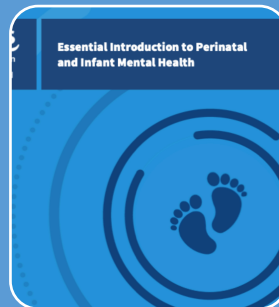


Care pathways and relationship to other services
25

Perinatal Mental Health CPMHT education and training

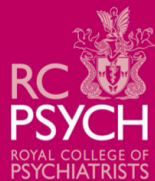


Perinatal Mental Health Curricular Framework (NES, 2019)



NES Essential Perinatal and Infant Mental Health (Turas Learn)

PERINATAL
QUALITY NETWORK FOR PERINATAL
MENTAL HEALTH SERVICES



**Standards for Community
Perinatal Mental Health Services**

4th Edition

Editor: Zara Schneider (Project Worker, Perinatal Quality Network)

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CR216

FROM-Perinatal

Framework for Routine Outcome Measures in
Perinatal Psychiatry

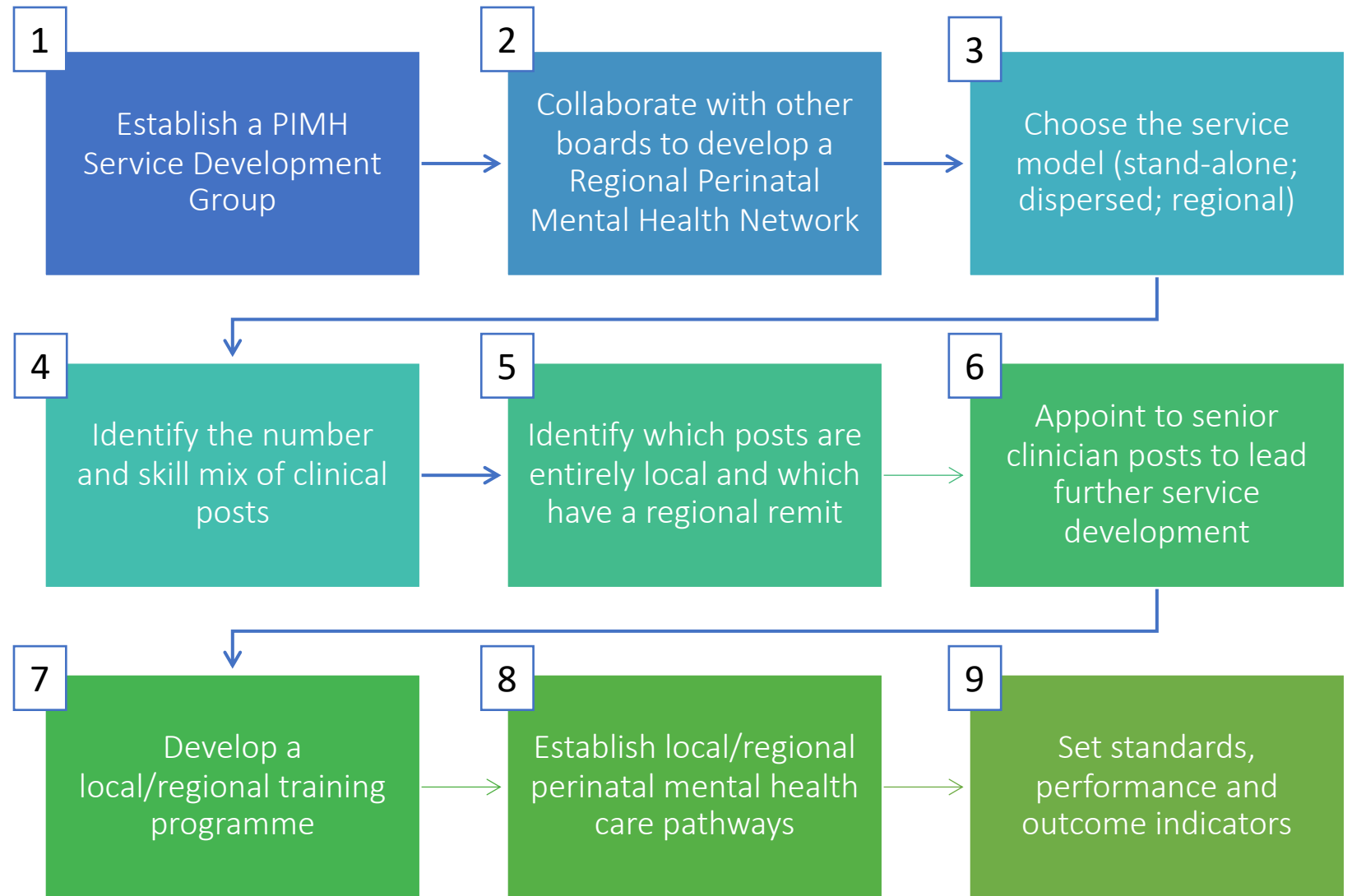
COLLEGE REPORT

Perinatal Mental Health Standards and outcomes

Standards and
outcomes

Community Perinatal Mental Health Services

9 tips for service development



Further information

- [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

- [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](#)
- [RCPsych Standards for Community Perinatal Mental Health Services](#)