

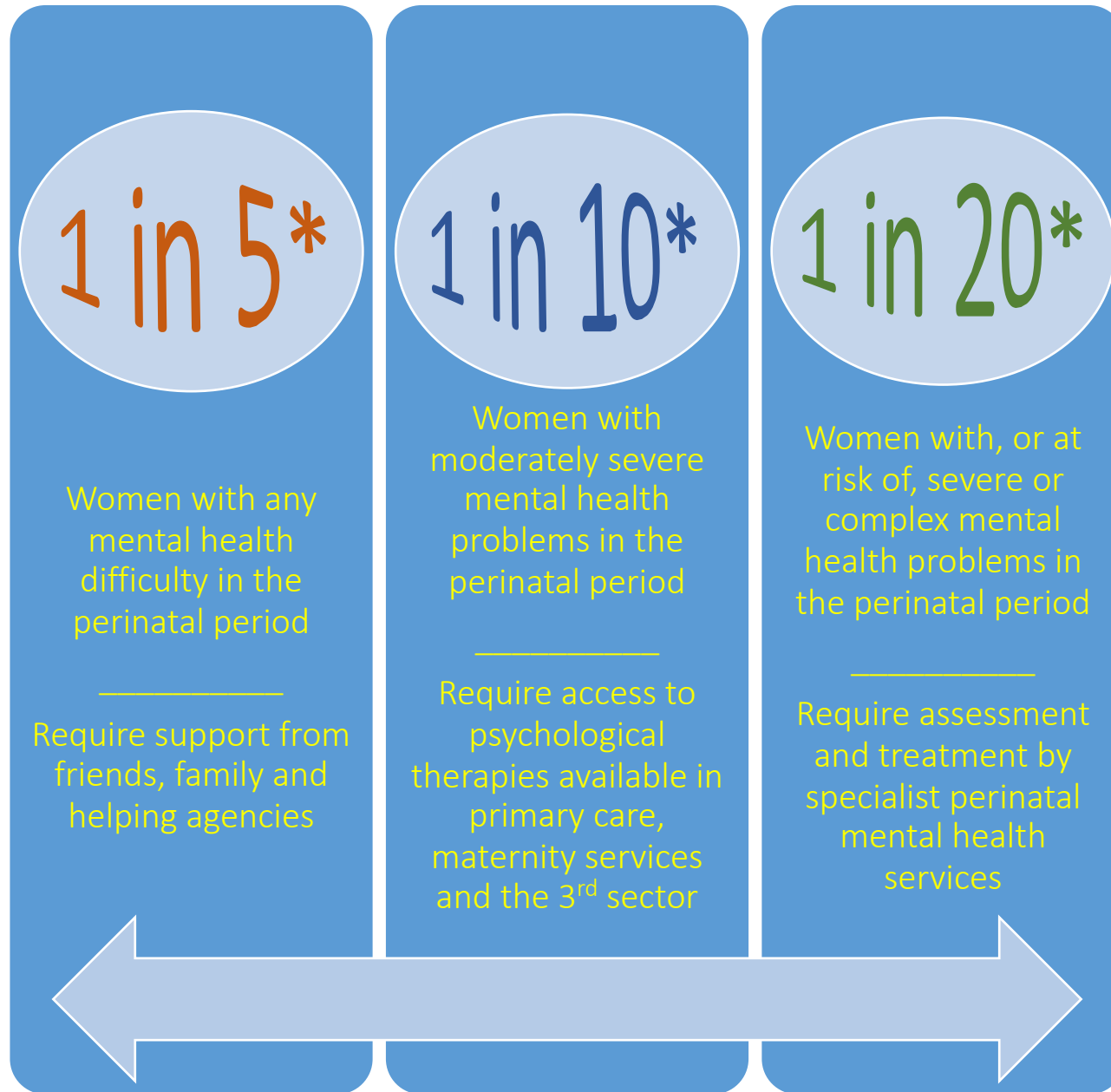
*PNIMH-PB / PMHNS  
Service Development Guides  
Guide no. 2*



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



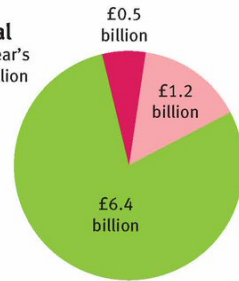
\*Groups nested within each other

# 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

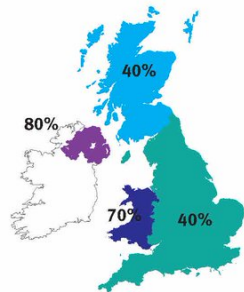


Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth



**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



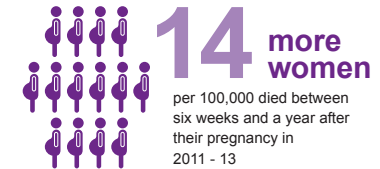
**Costs v improvement**  
The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

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

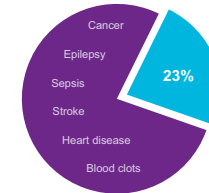
## Key messages



from the report 2015



### Mental health matters

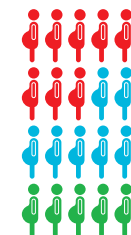


Almost a **quarter** of women who died between six weeks and one year after pregnancy died from **mental-health related causes**



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



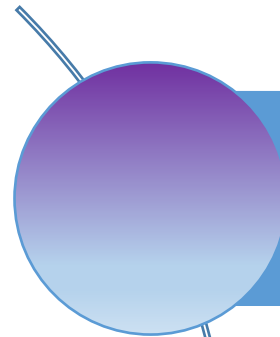
**need urgent referral to a specialist perinatal mental health team**

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

Confidential Enquiries into Maternal Deaths  
Knight et al (2015)

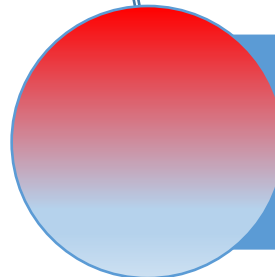
# Need for distinctive service provision

Distinctive **illnesses**



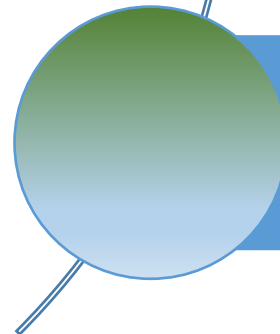
Maternal mental illness common but associated with significant morbidity and mortality  
Presentation and course of illness affected by pregnancy and postnatal period

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**



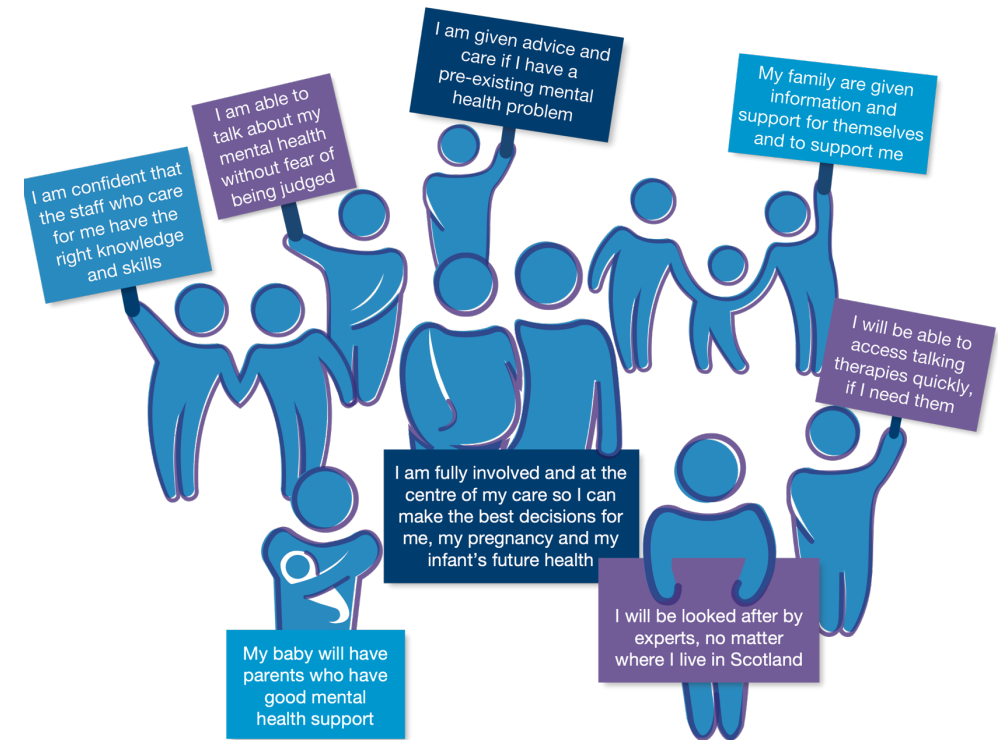
Different time frames for maternity care / infant development  
Referral thresholds altered incl. need to see well but at risk women  
Different professional relationships and care pathways

# 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.

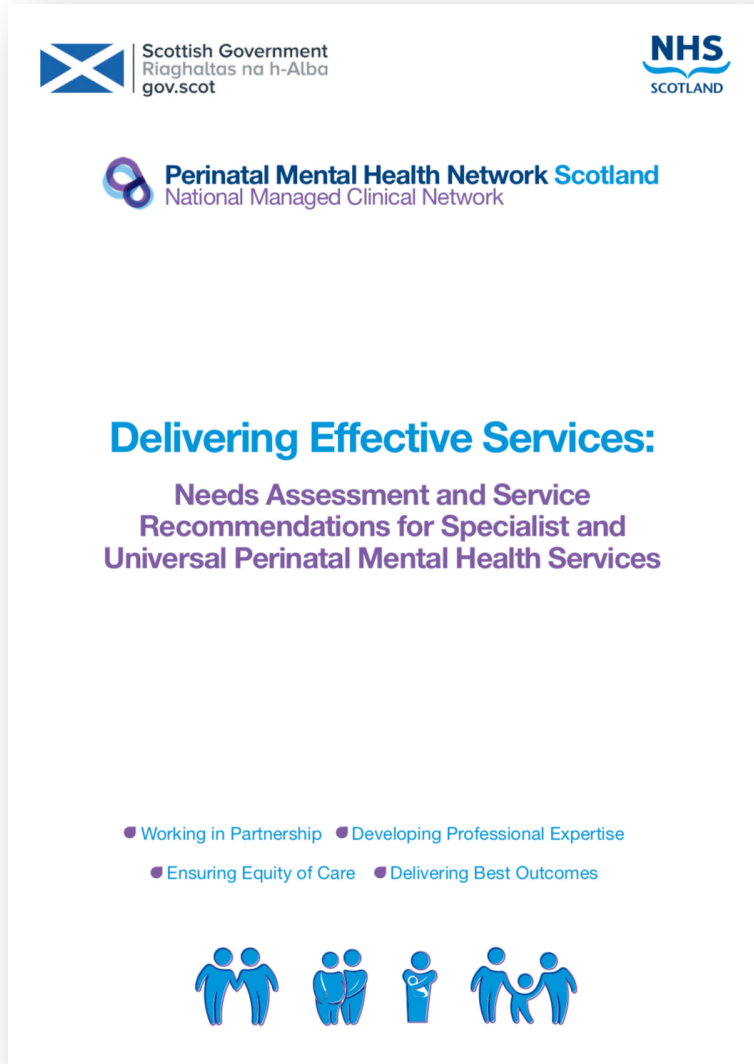
# What do women with lived experience want?



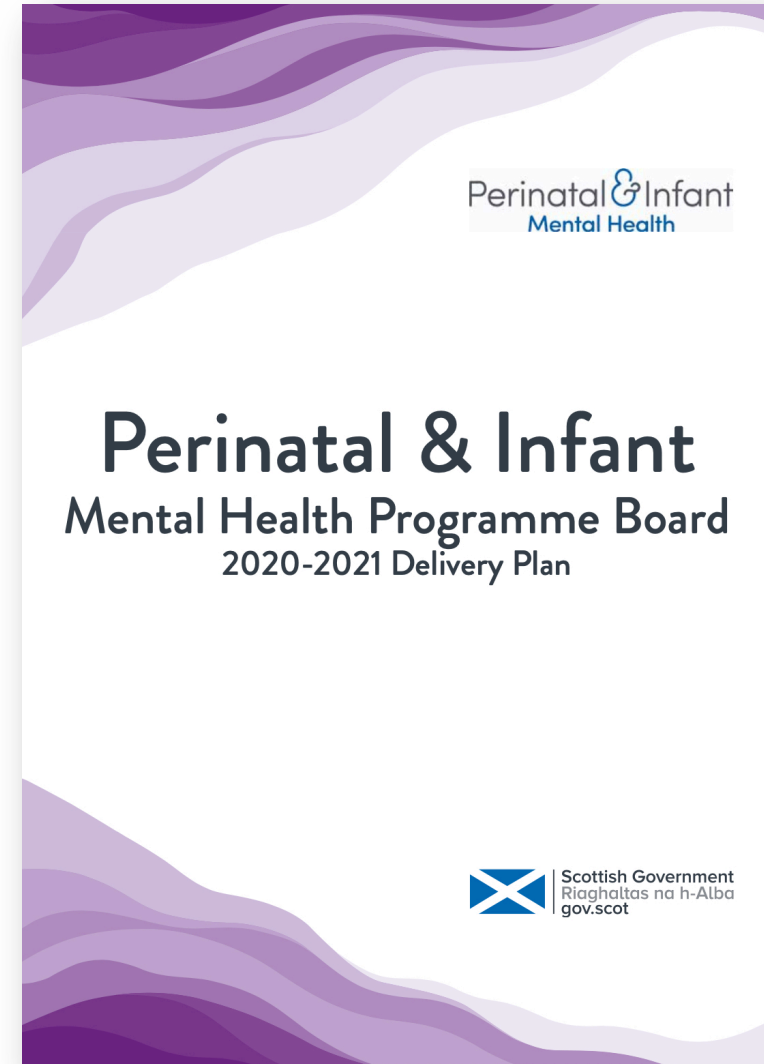
If you are experiencing mental health difficulties or need support speak to your GP, midwife, health visitor or NHS 24

For full details of the pledge visit - [www.pmh.nhs.uk/pledge/](http://www.pmh.nhs.uk/pledge/)

## Core documents

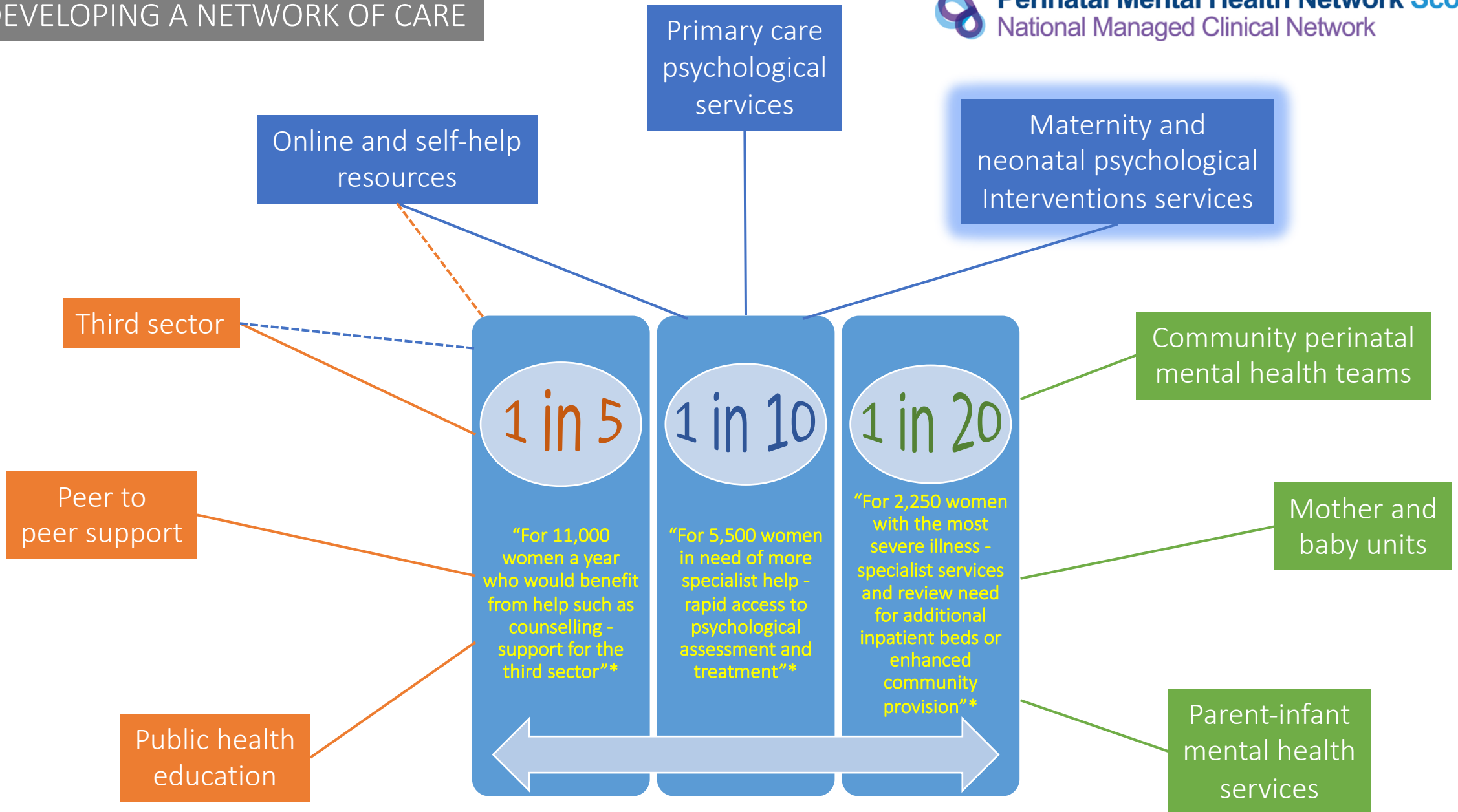


PERINATAL MENTAL HEALTH NETWORK SCOTLAND  
(National Managed Clinical Network)



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

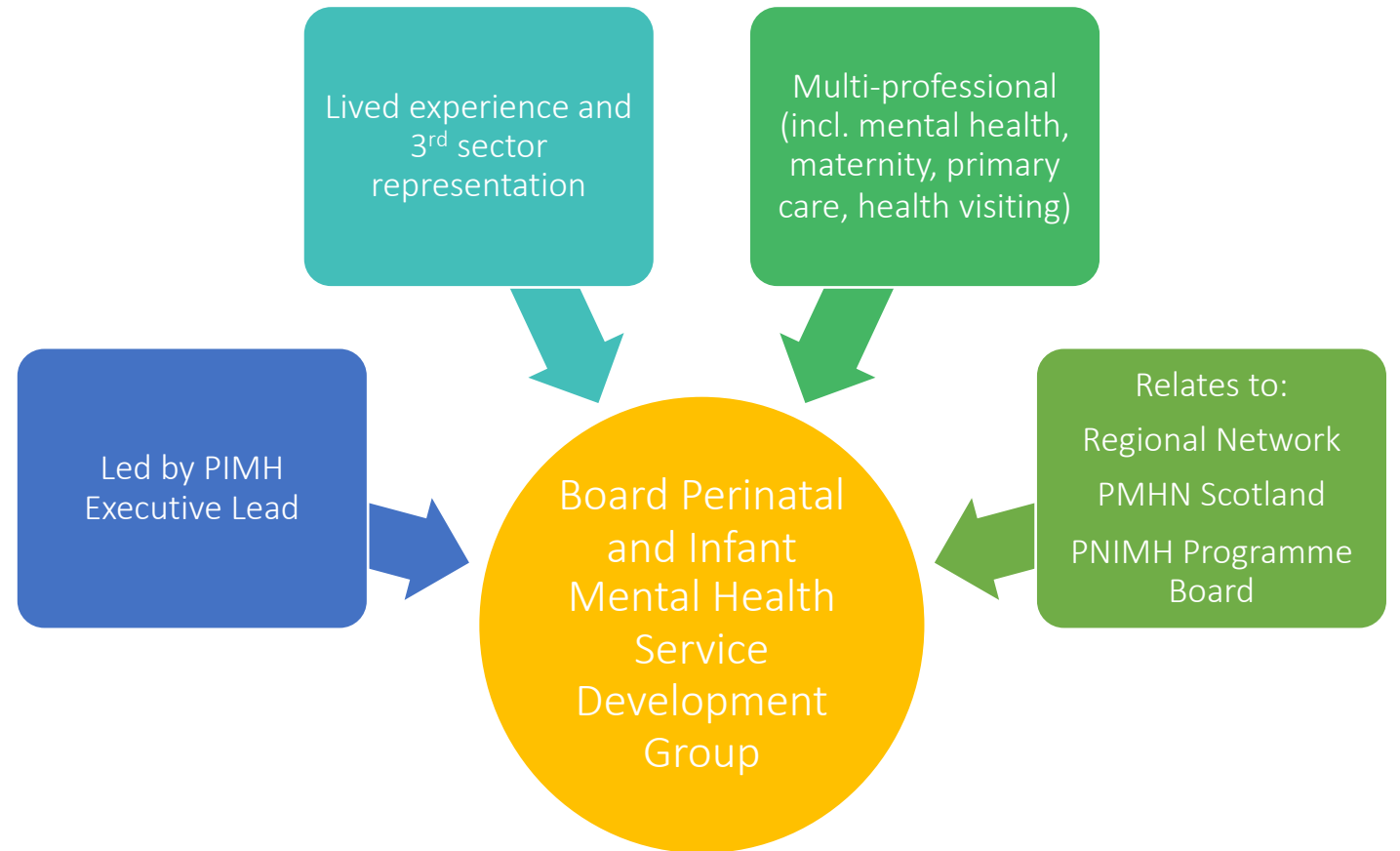
Scottish Government  
Riaghaltas na h-Alba  
gov.scot

NHS  
SCOTLAND

Perinatal Mental Health Network Scotland  
National Managed Clinical Network

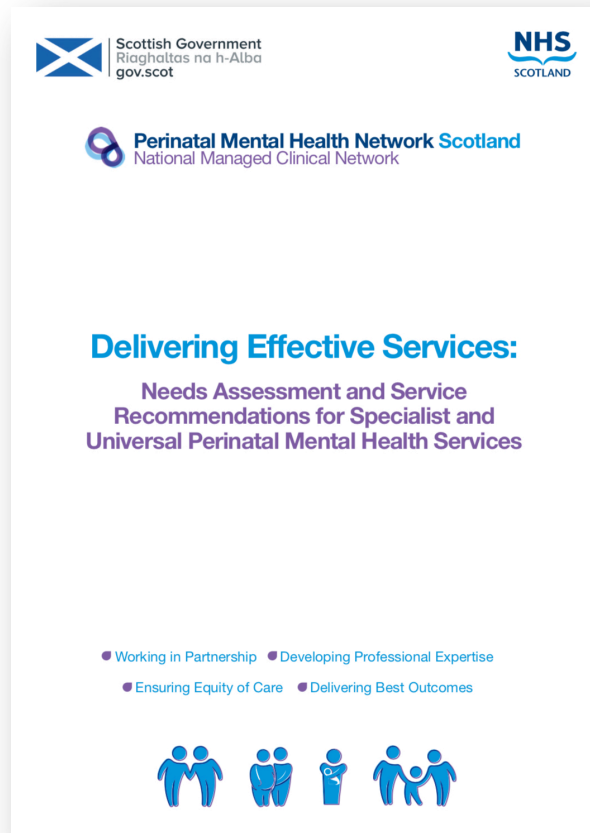
**Delivering Effective Services:**  
Needs Assessment and Service  
Recommendations for Specialist and  
Universal Perinatal Mental Health Services

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



# DES recommendations

## 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.

MNPI SERVICE

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

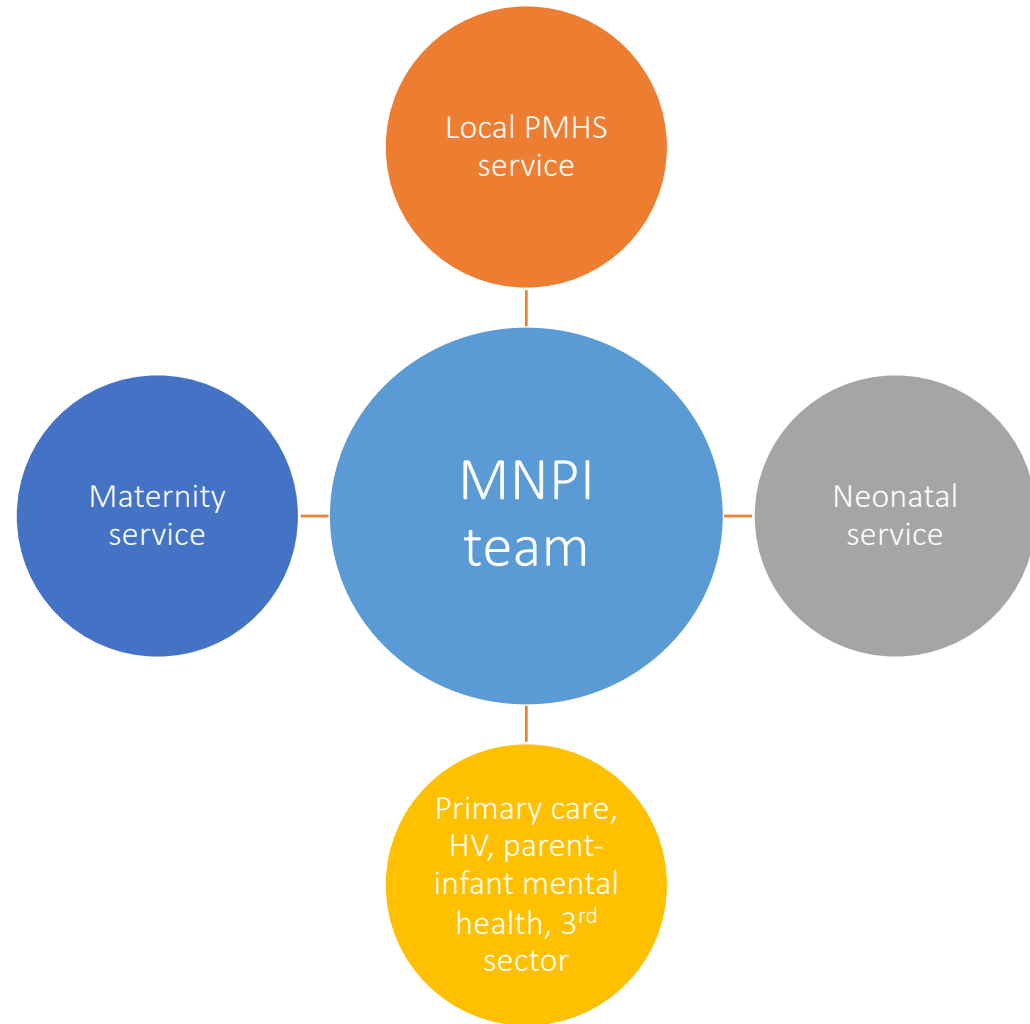
Parents with significant difficulties amenable to psychological therapies, which directly affect maternity care (e.g., needle phobia, tokophobia) or complex problems of adjustment to pregnancy and childbirth

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

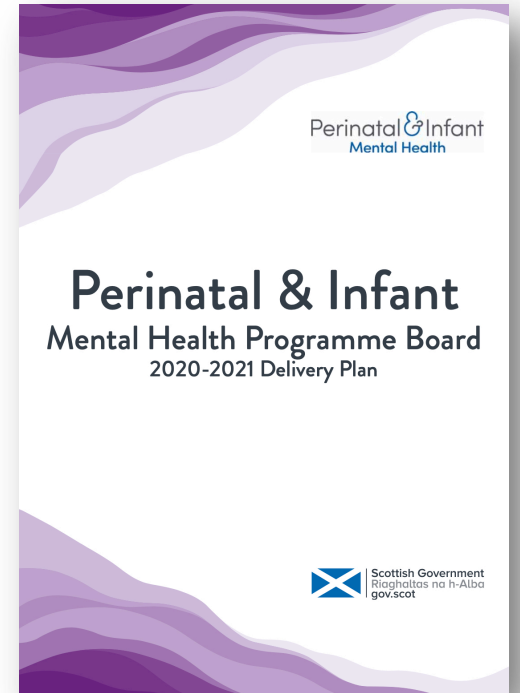
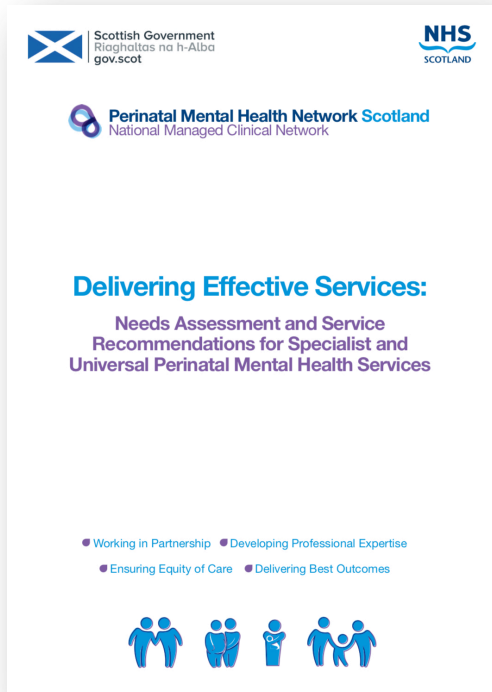
Support to maternity and neonatal staff who care for patients struggling to adjust to pregnancy and infant care

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

# MNPI model and relationships

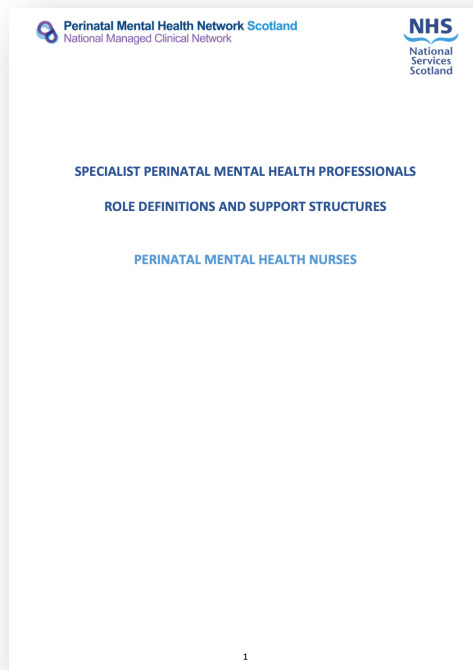


# TOOLS FOR MNPI DEVELOPMENT



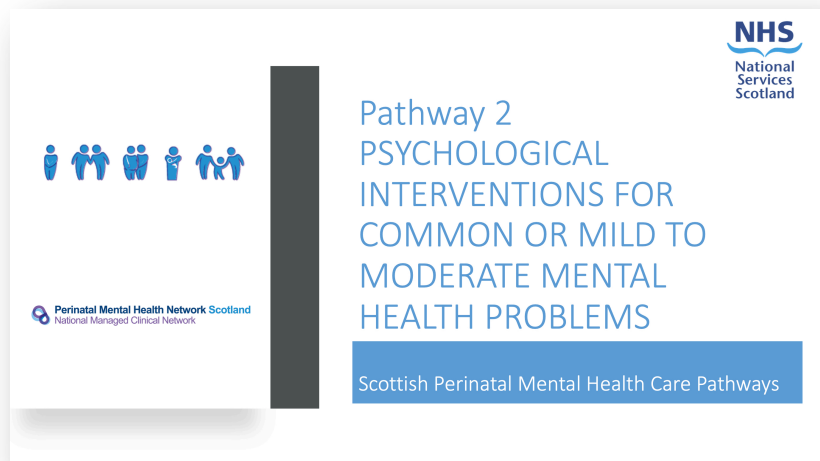


# Perinatal Mental Health Specialist Role Definitions



- 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

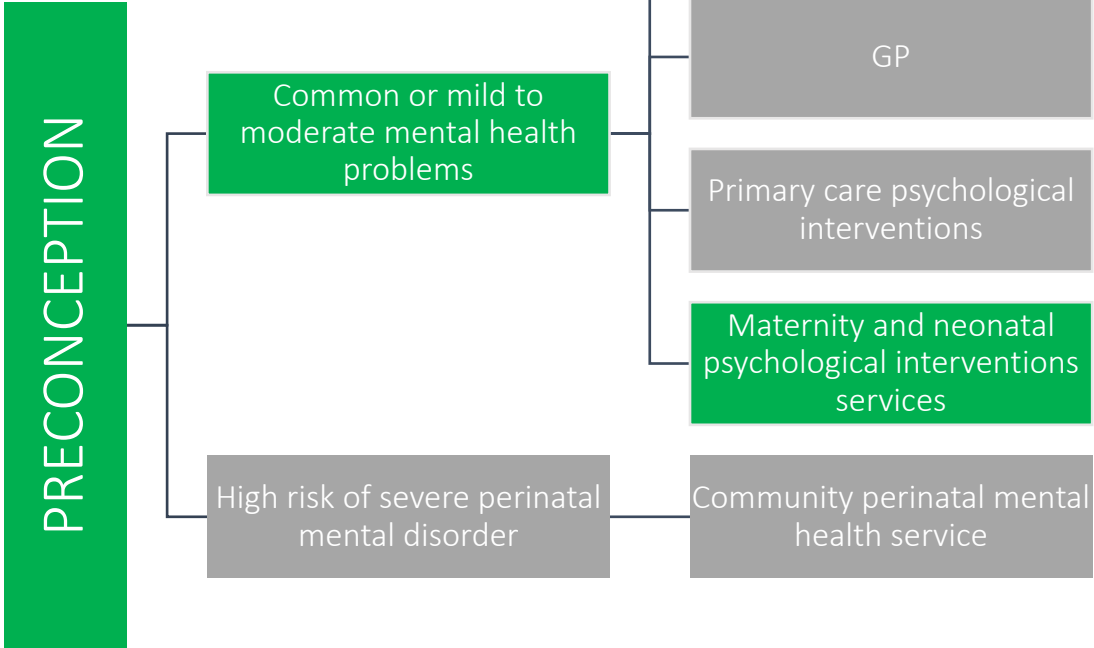
# Perinatal Mental Health Care Pathways



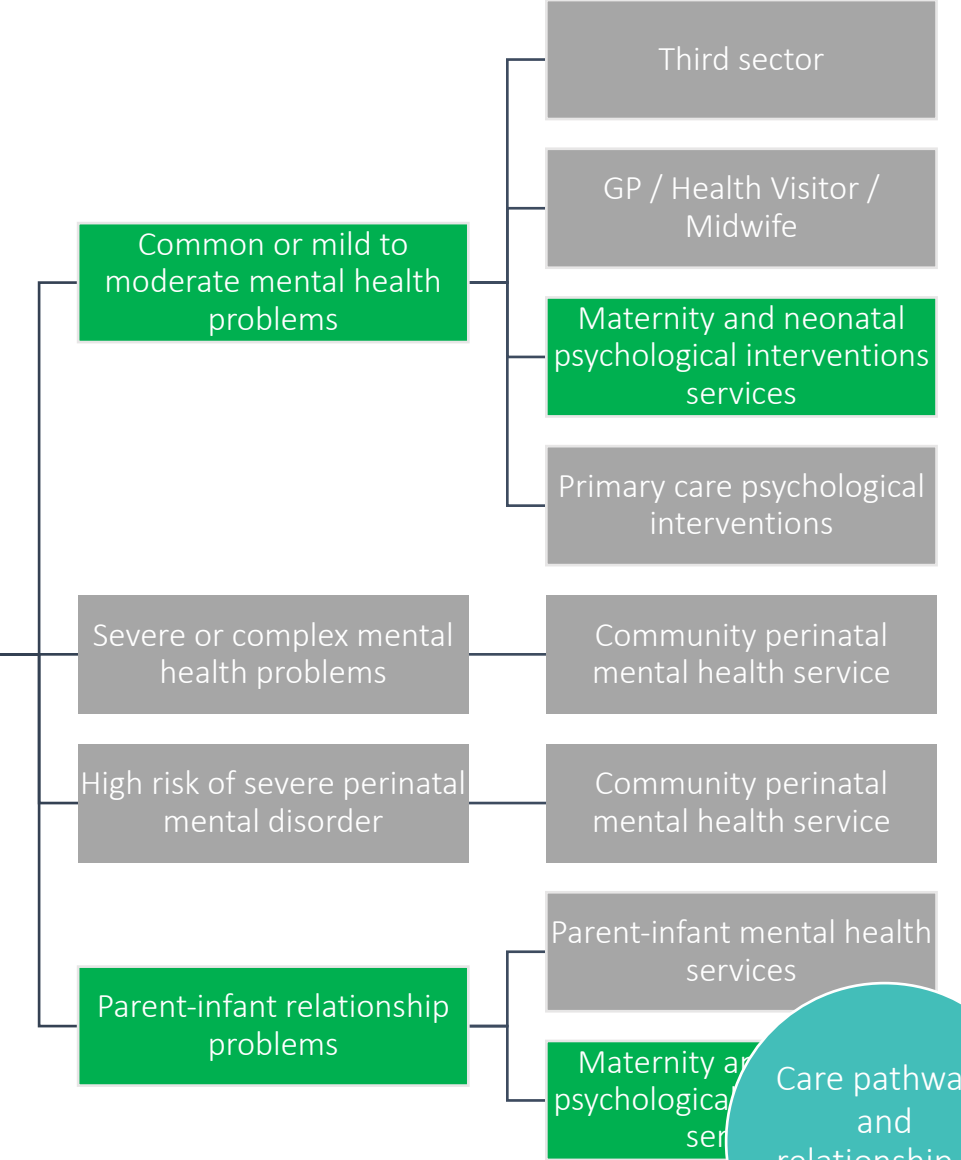
- 1 Preconception advice for pre-existing severe or complex mental health problems
- 2 Psychological interventions for common or mild to moderate mental health problems
- 3 Specialist assessment and intervention for severe or complex mental health problems
- 4 Emergency or urgent assessment for acute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

Care pathways and relationship to other services

# Pathways into MNPI service response



# PREGNANCY / POSTNATAL



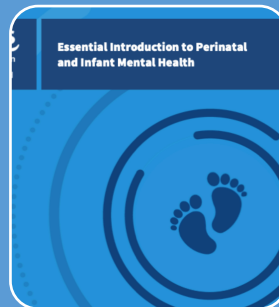
Care pathways and relationship to other services

# Perinatal Mental Health MNPI education and training

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Perinatal Mental Health Curricular Framework (NES, 2019)



NES Essential Perinatal and Infant Mental Health (Turas Learn)



The British Psychological Society  
Promoting excellence in psychology



Division of  
Clinical Psychology

Briefing Paper No. 8 Update, February 2016

## Perinatal Service Provision: The role of Perinatal Clinical Psychology

A British Psychological Society briefing paper for  
NHS Commissioners



CR216

## FROM-Perinatal

Framework for Routine Outcome Measures in  
Perinatal Psychiatry

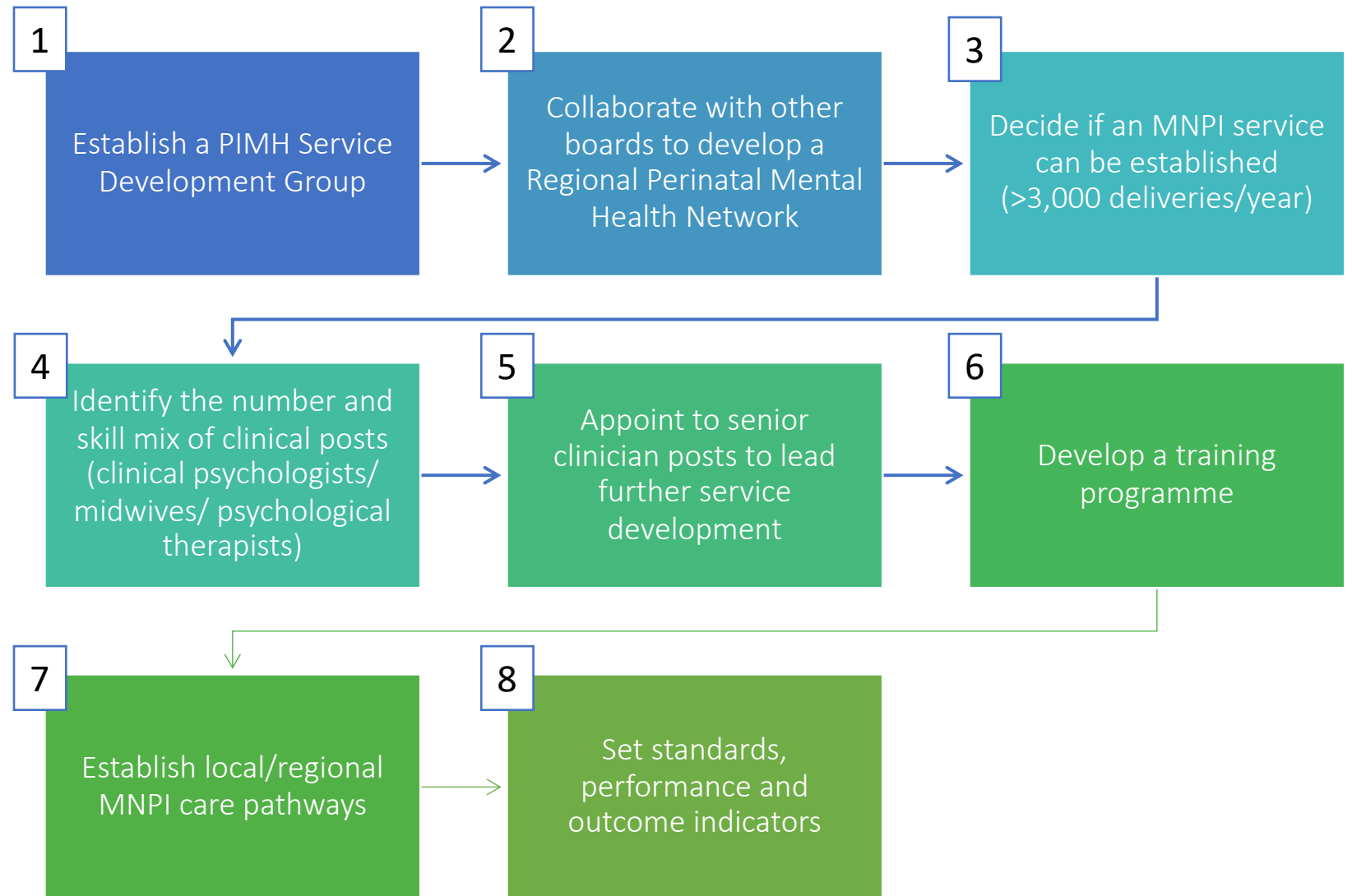
COLLEGE REPORT

# Maternity and Neonatal Mental Health Standards and outcomes

Standards and  
outcomes

# Maternity and Neonatal Psychological Interventions Services

## 8 tips for service development



# Further information

- [Perinatal Mental Health Network Scotland](#)
  - [nss.pmhn@nhs.net](mailto:nss.pmhn@nhs.net)
- Perinatal and Infant Mental Health Programme Board
  - [nss.pnimh@nhs.net](mailto: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](#)