

SPECIALIST PERINATAL MENTAL HEALTH PROFESSIONALS

ROLE DEFINITIONS AND SUPPORT STRUCTURES

CLINICAL PSYCHOLOGISTS WORKING IN PERINATAL MENTAL HEALTH SERVICES OR IN MATERNITY AND NEONATAL PSYCHOLOGICAL INTERVENTIONS TEAMS

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: The descriptors below are relevant to clinical psychologists working within specialist inpatient and community perinatal mental health and MNPI teams. They are not intended to replicate a full job description for individual posts. They should be seen as identifying the additional roles, responsibilities and supervisory requirements which are core to the delivery of specialist perinatal mental health clinical psychologist care.

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

A. 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

B. 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

C. Person specific attributes

- a. Develop and maintain specialist knowledge and skills in psychological therapies provision in the perinatal period and for parent-infant relationships
- b. 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
- 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 or a desire to pursue this
- g. 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

- A. 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
- B. 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