

## **SPECIALIST PERINATAL MENTAL HEALTH PROFESSIONALS**

### **ROLE DEFINITIONS AND SUPPORT 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.

Note: The descriptors below are relevant to nursery nurses working in specialist MBU or community perinatal mental health teams (whether stand-alone, dispersed or regional). 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 nursery nursing care.

## 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

### A. 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

### B. 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

### 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. 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**

- A. 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.
- B. 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