

SPECIALIST PERINATAL MENTAL HEALTH PROFESSIONALS

ROLE DEFINITIONS AND SUPPORT STRUCTURES

PARENT-INFANT THERAPISTS WORKING IN PERINATAL MENTAL HEALTH SERVICES (THERAPISTS AND LEAD 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.

Note: The descriptors below are relevant to parent-infant therapists working within specialist inpatient and community perinatal mental health 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 parent-infant therapist care.

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/psychotherapist, or equivalent, level, i.e., 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, parent-infant psychotherapy and/or child 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