

SPECIALIST PERINATAL MENTAL HEALTH PROFESSIONALS

ROLE DEFINITIONS AND SUPPORT STRUCTURES

PERINATAL PSYCHIATRISTS

INTRODUCTION

Perinatal psychiatrists have a leadership role in the assessment, diagnosis, care co-ordination and management of perinatal mental illness. Psychiatrists form the core of specialist mental health provision in inpatient and community settings and have a leadership role within the multidisciplinary team. In addition to core medical and psychiatric skills, perinatal psychiatrists will work in collaboration with women who experience perinatal mental ill health in their emotional adjustment to pregnancy and infant care, promoting and enhancing the developing parent-infant relationship and optimising infant development.

Perinatal psychiatrists 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. Psychiatrists at senior level will have the clinical skills to supervise other team members and to co-ordinate and deliver complex biopsychosocial interventions.

In addition to providing medical leadership for the multidisciplinary team, psychiatrists in senior roles have particular responsibilities in providing clinical supervision in formal and informal settings, leading and delivering education and training for team members and other professionals, and service development at local and regional level.

Psychiatrists working in a dispersed or regional model of provision may have a sessional commitment, spending the remainder of their working time in a general mental health setting. It is critically important for effective service provision that they are regarded as having specialist expertise when acting in their perinatal role, with associated training and supervisory structures put in place to support that role.

Note: The descriptors below are relevant to psychiatrists 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 perinatal mental health medical care.

This guidance should be read in conjunction with the Royal College of Psychiatrists' Council Report 207: Safer patients and high-quality services; Job descriptions for consultant psychiatrists (<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2017-college-reports/safe-patients-and-high-quality-services-a-guide-to-job-descriptions-and-job-plans-for-consultant-psychiatrists-cr207-nov-2017>).

SUMMARY OF ROLE

The Perinatal Psychiatrist has a core role in leading and co-ordinating the care of women with perinatal mental ill health, as part of specialist multi-disciplinary perinatal mental health provision in MBU or community settings.

Clinical work will be primarily with mentally ill mothers and their infants but should also include the wider family when appropriate. Psychiatrists have a lead role in developing and co-ordinating care plans, providing biopsychosocial interventions and working in collaboration with other members of the specialist team and professionals from other health and social care backgrounds to ensure that women receive seamless, high quality perinatal mental health care.

Psychiatrists working in senior roles have core roles in providing clinical leadership, developing team education and practice and improving patient experience. They will provide leadership for regional care pathway development and innovations in service delivery. Psychiatrists also have leadership roles in education, research and audit, both within the team and with other colleagues at local, regional and national levels.

EXPERT ROLES OF THE PERINATAL PSYCHIATRIST

A. Clinical

- a. Assess, advise and communicate effectively with women with, or at risk of perinatal mental illness, and their families, to support wellbeing, to help them recognise signs of ill health and to make informed decisions about their care
- b. Advocate for, and work in partnership with, women, their infants and families, who experience mental health difficulties in pregnancy or the postnatal period to ensure they receive the care they need at the right time and in the right place
- c. Using core and specialist psychiatric and diagnostic skills, plan, deliver and evaluate care which responds to the individual needs of women with perinatal mental ill health and those with complex disadvantage
- d. Assess, manage and advise on the distinctive patterns of risk for women and infants in the context of perinatal mental ill health
- e. Promote preventative interventions for those at risk of significant mental illness and early intervention for women who develop mental ill health
- f. Using specialist medical skills, provide expert advice and care with regard to prescribing in pregnancy and breastfeeding
- g. Promote seamless care through the development of care plans which link across maternity, mental health, primary care and social services and which ensure effective information sharing between professionals involved in the woman's care
- h. Ensure that child safeguarding and child protection are prioritised in all clinical and professional encounters
- i. Ensure effective discharge planning which takes into account relapse prevention, future pregnancy planning and seamless transfer of care

- j. Deliver psychosocial interventions and education for women and families, as part of a psychological plan of care
- k. Provide expert advice and support to other professionals involved in the care of women in pregnancy and the postnatal period

B. Leadership

- a. Act as an expert resource for team members and other professionals involved in the care of women with perinatal mental ill health
- b. Lead care planning and co-ordination of professional involvement for women with, or at risk of, mental ill health in the perinatal period to ensure they experience seamless mental health care
- c. Lead the development and delivery of perinatal mental health education and training for medical staff, for other members of the multidisciplinary team and for the wider group of professionals involved in the care of women with perinatal mental ill health
- d. Lead the development and implementation of local perinatal mental health care pathways which are evidence-based and adhere to local, national and professional guidance (such as that from SIGN, NICE, Perinatal Mental Health Network Scotland and the Confidential Enquiries into Maternal Deaths)
- e. Work in partnership with other general and specialist mental health services, maternity and neonatal psychological interventions teams (where they exist), primary care psychological interventions services, third sector providers and other professionals involved in the care of pregnant and postnatal women, their infants and families, acting as a link between services
- f. For psychiatrists working at a senior level, provide a visible leadership role through participation in local and regional structures, such as board-wide and regional perinatal mental health networks
- g. For psychiatrists working at a senior level, have a leadership role in the development and implementation of local quality improvement strategies for perinatal mental health

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. Demonstrate effective leadership and motivational skills
- f. For psychiatrists working at a senior level, have additional training or qualification in perinatal mental health and/or psychological interventions, or a clear desire to pursue training

SUPPORT AND SUPERVISORY ARRANGEMENTS

- A. Perinatal psychiatrists working in MBU and specialist community team settings
 - a. Junior psychiatrists should receive regular, structured support and clinical supervision from a medical colleague who has the necessary skills and experience
 - b. Psychiatrists should receive regular supervision by an accredited supervisor when delivering specific psychological interventions
 - c. Psychiatrists should have the opportunity to engage in peer/multidisciplinary supervision and support through attendance at multidisciplinary meetings
 - d. Psychiatrists 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
 - e. Consultant psychiatrists should have regular peer support from senior colleagues working in similar roles nationally