

**PERINATAL AND INFANT MENTAL HEALTH PROGRAMME BOARD**  
**INFANT MENTAL HEALTH IMPLEMENTATION AND ADVISORY GROUP**  
**SPECIALIST INFANT MENTAL HEALTH PROFESSIONALS**  
**ROLE DEFINITIONS AND SUPPORT STRUCTURES FOR PARENT-INFANT**  
**THERAPISTS WORKING IN INFANT MENTAL HEALTH SERVICES**  
**(THERAPISTS AND LEAD THERAPISTS)**

**INTRODUCTION**

All clinical staff working in Infant Mental Health 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 needs. They should understand the impact of maternal mental ill health on the parent-infant relationship and be aware of the impact of paternal mental health on family dynamics and infant development

All specialist infant mental health clinical staff will have the knowledge, skills and attitudes commensurate with the **ENHANCED** or **SPECIALIST** levels of the Perinatal (Maternal and Infant) Mental Health Curricular Framework (2019), depending on their professional background and seniority.

Parent-infant therapists have an expert role in services working with families with significant challenges in relation to infant development and parenting. As part of an Infant Mental Health Service, they may also have a within-team and regional leadership role in service development, education, consultation, advice and supervision of other professionals. They will have a direct clinical role in the assessment and management of infants with developmental challenges and/or complex parent-infant relationship problems, with the skills to utilise a number of psychological approaches to parent-infant relationship difficulties.

Parent-infant therapists in specialist infant mental health teams should link closely with wider infant mental health services, not least to ensure continuity of care for children from those who have received input from perinatal mental health services up to the end of the first postnatal year. Parent-infant therapist should also have strong links with statutory agencies to promote infant mental health awareness, training and early interventions.

Parent-infant therapists will have the knowledge, skills and attitudes commensurate with the **SPECIALIST** level of the Perinatal (Maternal and Infant) 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 infant 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 infant mental health services.

## **SUMMARY OF ROLE**

The Infant Mental Health Parent-Infant Therapist has a lead role in delivering direct and indirect psychological interventions, providing high quality, responsive assessment, care and support, ideally working as part of an infant mental health team (which may be configured locally or regionally depending on population and need).

Clinical work will be primarily with parents and their infants but should also include the wider family (including kinship carers and foster carers) 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 parental mental disorder in and beyond the perinatal period, including maternal substance misuse and its impact on the developing foetus. Work will be informed by wider evidence about the impact of trauma on the infant and its developing relationships.

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 infant mental health service, with arrangements for professional and clinical supervision as described in the support a supervisory arrangements section below.

## **GUIDANCE ON PROFESSIONAL BACKGROUND AND GRADING**

Parent-infant therapists may come from a variety of professional backgrounds including clinical psychology, child psychotherapy and systemic therapy, child psychiatry\* or other health or social care clinical disciplines with relevant additional psychological therapies training and qualifications.

Parent-infant therapists should be appointed within the range Band 7-8C. It is envisaged that these roles will be taken on by individuals with a qualification in one of the parent-infant psychotherapy trainings.

For those with a leadership and regional remit, it is probable that the skills they require will be commensurate with appointment at consultant clinical psychologist, consultant child psychotherapist or consultant systemic psychotherapist, at Band 8C.

(\*Note: depending on local circumstances, a consultant child and adolescent psychiatrist with enhanced skills in infant psychiatry may fulfil this role and pay scale would be commensurate with an NHS consultant)

## **EXPERT ROLES OF THE MENTAL HEALTH PARENT-INFANT THERAPIST**

### **A. Clinical**

- a. Support, advise and communicate effectively with parents or prospective parents 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. Contribute directly and indirectly to a psychologically based framework of understanding and care which benefits parents, their infants and families
- c. Promote preventative interventions for those at risk of parent-infant relationship difficulties and early intervention where problems arise
- d. Provide expert assessment of complex mother-infant relationship difficulties in the context of maternal mental illness and other challenges, and deliver timely psychological interventions which are evidence-based and adhere to local, national and professional guidance
- e. Provide assessment and care planning, and deliver psychological interventions which include the wider system where indicated
- f. Support and provide expert guidance on the delivery of parent-infant interventions by other members of the specialist infant mental health team

### **B. Leadership**

- a. Lead the development of multiagency infant mental health service(s) which function as a coherent whole and have shared governance.
- b. Lead the development and delivery of care pathways for referral, assessment and management of parent-infant relationship difficulties, in collaboration with maternity, adult mental health, primary care, paediatric, children & family social work and third sector colleagues. This includes the coordination and delivery of psychological therapies for parent-infant relationship difficulties.
- c. Act as an expert resource for 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 NHS infant mental health services and infant mental health services provided in other arenas such as child health, perinatal mental health services, local authority children's services and the third sector.
- g. Provide a visible leadership role through participation in local and regional structures, including board-wide/regional infant 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 infant development and parent-infant mental health
- b. Demonstrate an enthusiasm and commitment to enhancing the care of parents, their infants and wider 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 infant 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**

Parent-infant therapists should be part of governance arrangements as part of the hosting service (for example NHS women and children's services)

Individual management arrangements should be in keeping with structural arrangements and be consistent with governance pathways

Supervision should be in line with their core profession's supervisory arrangements, or via the lead Parent-infant therapist if no leadership role.