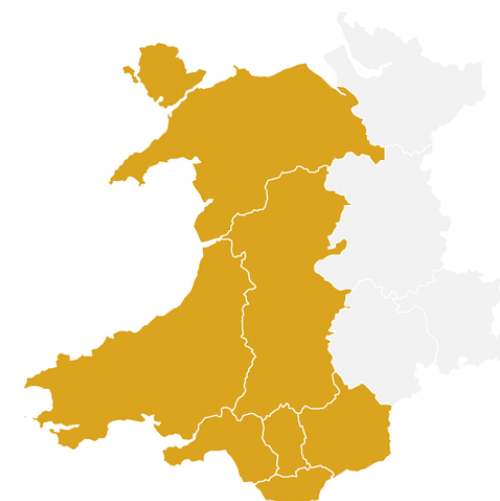
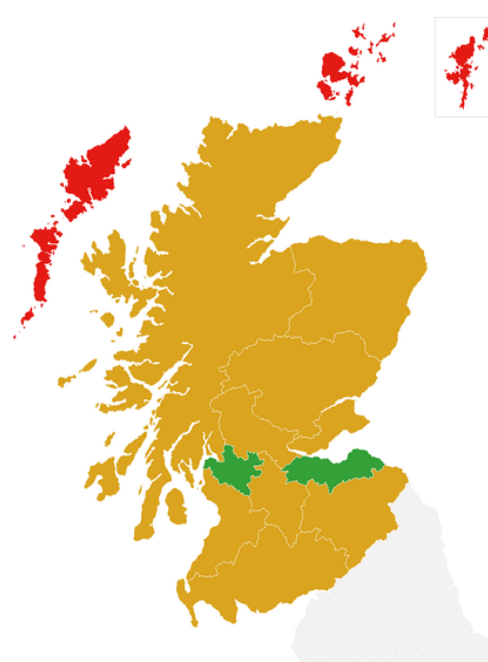
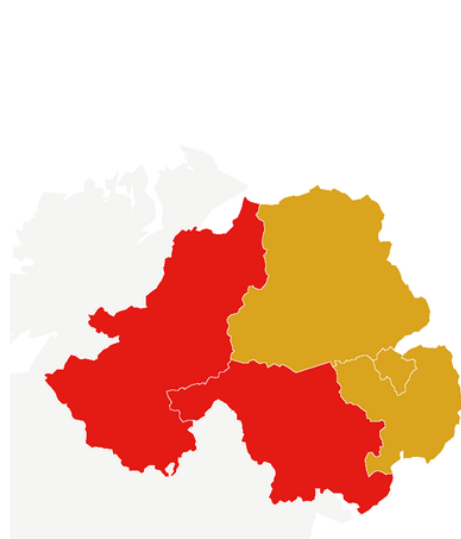
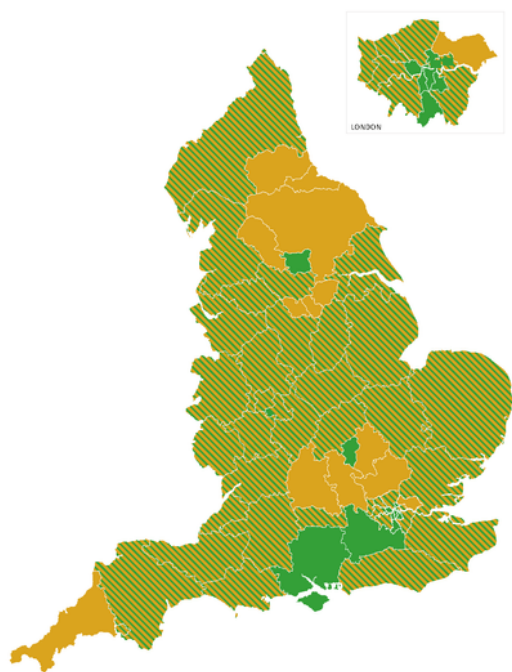


# Executive summary

## Specialist perinatal mental health care in the UK 2023



May 2023

## About this report

The Maternal Mental Health Alliance (MMHA) has been mapping the provision of specialist perinatal mental health (PMH) services across the UK since 2013. Using [quality standards](#) created by the Royal College of Psychiatrists' Perinatal Quality Network (PQN) to visualise levels of provision, these maps chart the postcode lottery women, babies, and families have faced in accessing essential, lifesaving care in their local area.

Alongside updating the maps, the MMHA conducted a Freedom of Information (FOI) request to examine budget allocation and spending on specialist PMH community services.

**Together, these offer a snapshot of the state of specialist PMH care across the UK in 2022/23. This is a summary of our findings, the full briefing, including maps, analysis, our method, and full references can be found [here](#).**

It is crucial that momentum is maintained and Government commitments to improving specialist PMH services are fulfilled. The MMHA remains dedicated to working closely with members, Lived Experience Champions, and national and local partners to promote continued progress.

**We won't stop until ALL women, babies, and families impacted by PMH problems have equitable access to compassionate care and services that meet national quality standards.**

Since the last set of maps were compiled there has continued to be fantastic progress and an expansion in specialist PMH services. While the pace of change varies across nations, the commitment to PMH and advances across the UK are extremely welcome and demonstrate that, when focused attention is given, more women, babies and families can access life-changing care.



In updating the maps and creating this briefing, the MMHA is not trying to name and shame specific services. Instead, it is to make sure that progress in specialist PMH provision is preserved and built upon, rather than risk going backwards. Despite the incredibly tough landscape, we continue to hear from professionals working on the front line, from women and families and from those working within the system, that these maps and the spotlight they bring is helpful.

National and local decision-makers in every nation must ensure that allocated resources reach clinical services, so that mothers, babies, and their families throughout the UK can access high-quality specialist PMH support and care wherever and whenever they need it.

**Dr Alain Gregoire, MMHA President**

## The current context

Since the MMHA last produced [maps of specialist PMH services in 2019/20](#), all four nations in the UK have achieved fantastic progress. Each nation has made commitments to address the undeniable gaps that exist in these essential services, leading to increased levels of funding. This investment has resulted in an expansion in specialist PMH services, which is transforming the lives of women, babies, and families.

**However, there are still significant challenges to be addressed.**

The health service and voluntary community sector are delivering care under unprecedented pressures, compounded by the ongoing [effects of the pandemic](#).

Currently, not all mothers, babies and families receive the care they need. This can be due to a lack of provision, as well as stigma and isolation. For some communities and groups, accessing quality care can be especially difficult. [Research](#) has shown that Black and minority ethnic women, young mothers, and those facing domestic abuse or multiple disadvantages, continue to experience poorer maternal mental health outcomes.

At a time when demands on mental health services are so high, it is vital that commitment to specialist PMH services remains, and progress is sustained.

## The funding landscape

All four nations have increased budget allocation for specialist PMH services at the national level. Of the 70 local areas that responded to our FOI, 89% had increased their specialist PMH budget from 2020/1 to 2022/3. However, a significant proportion of local areas indicated that there will be an underspend for 2022/3.

	% of areas forecasting underspend for 2022/3 <sup>5</sup>	% of respondents citing workforce-related issues as the primary reasons <sup>6</sup> for underspend
England	73%	55%
NI	60%	100%
Scotland	46%	46%
Wales	57%	71%
UK total	66%	58%

Although workforce challenges were cited as the main factor impacting spending, teams consistently told us that they had not received clarity about the money that was intended for their services or that funding was allocated too late in the financial year or with the uncertainty of continuation, all of which make recruitment difficult or impossible.

The extraordinary workforce challenges across the UK and throughout the health system are well known. However, without timely allocation and reasonable commitment of future monies, teams cannot plan their work effectively, the recruitment process is not able to go ahead and desperately needed roles remain vacant, all of which limits the support available to families and increases the pressure on an already-stretched workforce.

**“We are hoping that we will receive investment in April 2023 but at present we cannot make plans which would increase our access rate without knowing if we will receive investment.”**

Healthcare professional

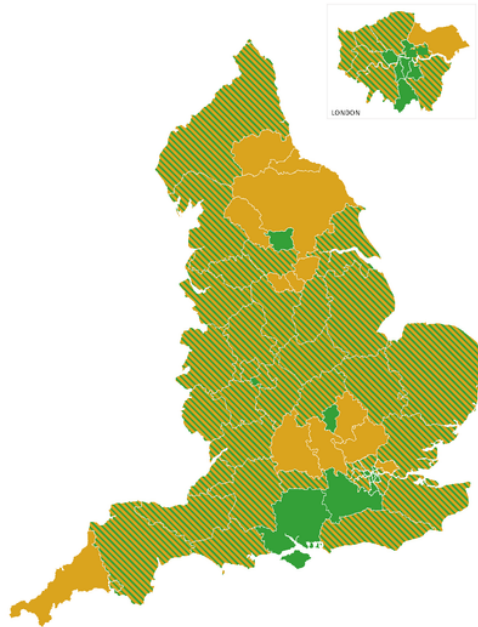
## Commitments, progress, and risks by nation

[See the main report](#) for detailed area breakdowns for each nation.

### England

#### Commitments and plans since 2019

All areas of England have been allocated money from NHS England specifically for specialist PMH services and to help deliver [Long Term Plan](#) ambitions. These ambitions will expand provision to support more women, babies, and families, provide specialist care from birth to 24 months and deliver additional support to dads and partners.



10 (16%) teams in England met [PQN Type 1 Standards](#) and have begun delivering on all four main ambitions of NHS England's Long Term Plan.

#### FOI findings

Our FOI found all 45 Trusts in England who responded to our request had increased their budget for specialist PMH services. Over £122m was allocated to be spent on these services in England in 2022/3 (an increase from just over £77m in 2020/1), however, projected spend is forecast to be lower due to recruitment issues.

Whilst significant progress and the ongoing commitment to improving PMH care in the Long Term Plan is welcome, we know more is needed to ensure real change for women and families.

#### Risks

##### ● Funding and local commitment

There is competition for funds locally. Some teams are struggling at the local level to access the money intended for specialist PMH care as some of the funds are being diverted away from mother and baby mental healthcare.

Comments received from a number of teams indicate uncertainty or insecurity of funding is negatively affecting their ability to recruit staff, meaning some specialist PMH teams are working under pressure to deliver on targets without sufficient resources.

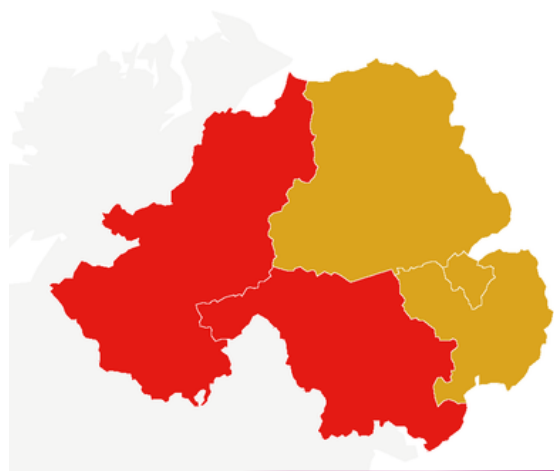
##### ● Inadequate space

Since the pandemic and with more services now being offered virtually, some teams do not have adequate clinic and office space, which is impacting the delivery of services and the morale of staff.

## Northern Ireland

### Commitments and plans since 2019

The Government has made it clear that they are dedicated to improving specialist PMH services, as evidenced by their [Mental Health Action Plan](#) and [Delivery Plan for 2022/23](#). Funds have been allocated at the national level for all Health and Social Care Boards to have community teams.



None of Northern Ireland's Health and Social Care Boards met [PQN Type 1 Standards](#).

### FOI findings

According to our FOI, all five of Northern Ireland's Health and Social Care Boards increased their budget for specialist perinatal mental health services from 2020/1 to 2022/3, with over £2.6 million allocated. It is encouraging to see some PMH community services starting to deliver care, but there is still a journey ahead.

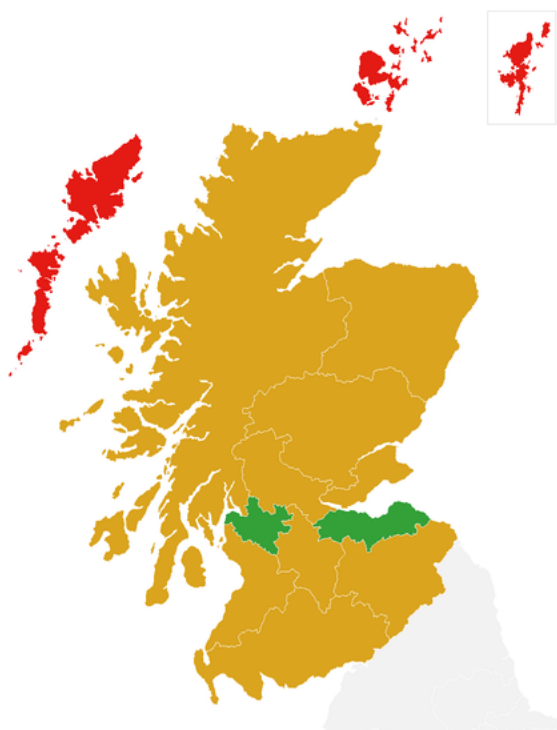
### Risks

- **Variation in specialist community teams' development**  
Based on lack of or substandard accommodation, recruitment barriers and different understanding across trusts about the financial commitment.
- **Funding and strategy implementation**  
Currently, there is no confirmation that funding will be available to implement the Mental Health Strategy in full and ensure key actions on PMH are taken.
- **Workforce**  
Specialist PMH services have experienced recruitment challenges. The Workforce Plan needs to be finalised urgently, and funding released to increase training places.
- **Still no Mother and Baby Unit (MBU)**  
Despite commitments, there is no clear timeframe, as well as concerns about location, available resourcing of the unit and workforce recruitment.
- **No Northern Ireland Executive**  
Executive level decisions are not being made, and funding is delayed. Women and families need action from a functioning Executive, working with Members of the Legislative Assembly, Ministers, and the Mental Health champion.

## Scotland

### Commitments and plans since 2019

To enhance perinatal and infant mental health care in Scotland, national funding has been provided, and a Programme Board formed to determine its allocation. [PMH care pathways](#) have been developed, to show the appropriate care that women and families should receive, regardless of where in the country they live.



Two out of 14 (14%) Scottish Health Boards met [PQN Type 1 Standards](#).

### FOI findings

According to our FOI, 11 of Scotland's Health Boards increased their budget for specialist PMH services to over £5.7 million in 2022/3. However, 46% predicted there would be an underspend against their allocated budget.

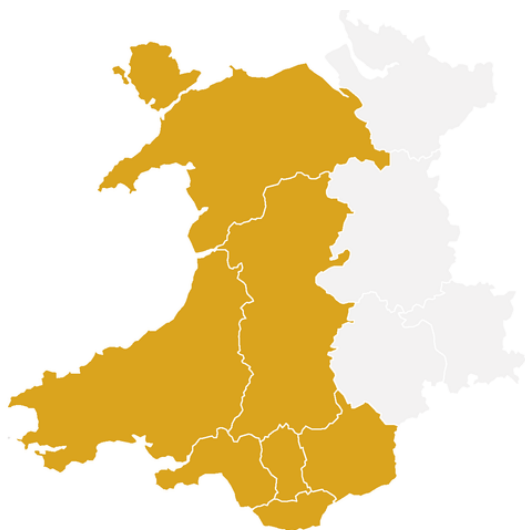
### Risks

- **Adequate funding**  
There are questions about whether funding will be enough to ensure that all women and families can access quality specialist PMH care.
- **Ongoing commitment and oversight**  
No clear plans have been confirmed for long-term monitoring and scrutiny after the Programme Board finishes in Spring 2023.
- **Lack of timeframes for establishing care pathways**  
Services in Scotland are currently working on meeting the PMH Network's [recommended levels of care](#) for each area. However, this is still a 'work in progress'. There is currently no established timeline for completion, much less for the expansion of services to meet the PQN Type 1 Standards.
- **Mother and Baby Unit (MBU) provision**  
A feasibility study is planned to ascertain whether there are sufficient beds available for women and families in Scotland and whether they are accessible, especially for women living in rural areas and on the islands.

## Wales

### Commitments and plans since 2019

The [Mental Health Delivery Plan](#) from the Welsh Government identified PMH as a key priority, and funding has been allocated to support the development of specialist PMH services in all Health Boards. [All Wales Pathways](#) have been developed to outline the care women and families should receive. An interim Mother and Baby Unit opened.



None of Wales' Health Boards met [PQN Type 1 Standards](#).

### FOI findings

According to our FOI, all seven Health Boards increased their budget for specialist PMH services to 2022/3 to just over £5 million, an increase from around £2.7 million in 2020/1.

However, 57% of Health Boards in Wales predict there will be an underspend in 2022/23, with five Health Boards reporting that recruitment and vacant posts are the biggest factor.

### Risks

- **Sustainable investment**  
Sufficient, sustainable funding needs to be in place to 'Turn the Map Green' in Wales and enable all Health Boards to deliver services that meet quality standards.
- **Milestones missed in the Mental Health Delivery Plan 2019-2022**  
Urgent commitment is required in the forthcoming Mental Health Strategy to address gaps, such as recognising the needs of fathers and partners, and community teams' uneven levels of compliance with the Royal College of Psychiatrists' PQN Quality Standards.
- **Mother and Baby Unit (MBU) provision**  
Still awaiting the outcome of the one-year evaluation of interim Uned Gobaith and the establishment of an accessible MBU option for women in North Wales.
- **Sufficient space for services to deliver support**  
Adequate clinic space is needed so teams can meet quality standards for the care delivered to women.

## Key recommendations to sustain progress

### 1. Ensure funding is more transparent

Make it easier to understand how much money is being spent on PMH services in each local area with more accessible data and transparent mechanisms.

### 2. Address short- and long-term workforce issues

Develop a robust and sustained workforce plan that is backed by adequate investment.

### 3. Prioritise equity

Improve understanding of those women whose needs are less well met by existing services and take action so care is equitable for all families.

### 4. Have ambitious quality standards

[The Royal College of Psychiatrists' quality standards](#) for community teams should be ambitious and relevant across the UK.

### 5. Enable women's experiences to create change

The voices of women and family members need to be heard to help services and the wider system better understand what quality care looks like.

**"I have no doubt that my recovery would have been quicker and my partner's experience less traumatic if I'd been under specialist perinatal mental health care."**

Jillian, expert by experience

**"I've seen first-hand the progress in my local area and the difference investment has made to the quality and breadth of [specialist PMH] care. However, as a peer supporter, I've also witnessed services struggle to meet the increasing needs of mums being referred in the wake of COVID-19 and in the midst of a cost of living crisis."**

Leanne, expert by experience

### 6. Continue commitment to specialist PMH care

At the national and local level, ongoing commitment is needed so there are sufficient funds and resources available to plan and deliver specialist PMH services across the UK.

### 7. Improve data collection and transparency

Develop effective processes to collect data, including monitoring across equality groups to identify inequalities. Make more data publicly available, so it is clearer where progress is being made and what gaps remain.

### 8. Join up the care women and families receive

Ensure women and families receive [comprehensive PMH care](#) across the clinical pathway, with clear communication between professionals and the integration of services.

### 9. Take a trauma-informed approach

All health services in contact with women during the perinatal period should have a trauma-informed approach, with care designed to meet the individual needs of women and their families.





**Maternal Mental Health Alliance**

International House  
12 Constance Street  
London E16 2DQ

[info@maternalmentalhealthalliance.org](mailto:info@maternalmentalhealthalliance.org)  
[www.maternalmentalhealthalliance.org](http://www.maternalmentalhealthalliance.org)  
[@MMHAlliance](https://twitter.com/MMHAlliance) #EveryonesBusiness

Maternal Mental Health Alliance is a Charitable Incorporated Organisation (CIO) registered in England and Wales (no. 1178152).