



# mums and babies in mind

Supporting local leaders to improve perinatal mental health services

## Leaders' Top Tips 1

# Developing a Specialist Perinatal Mental Health Community Service

Mums and Babies in Mind (#MABIM) is a **Maternal Mental Health Alliance Project** supporting local leaders in four areas of England to improve services and care pathways for mums with perinatal mental health problems and their babies. We work in Blackpool, Gloucestershire, Haringey and Southend, but capture and share our work to inform and inspire other commissioners and providers across the UK. The project is hosted by **The Mental Health Foundation** and funded by the **Big Lottery Fund**.



Attendees at our first masterclass

Photo: Anna France-Williams

The MABIM Leaders' Programme brings together leaders from a wide range of different services and professional backgrounds to:

- Learn from leading experts in policy, research and practice,
- Be inspired by those who are making a real difference to women's lives,
- Talk to women with lived experience and hear their views,
- Meet and share experiences with peers from other areas, and
- Share learning and develop new solutions to difficult challenges.

There will be 7 masterclasses on different themes over the next two years, and after each one, we will produce a top tips document to share the insights and ideas with a wider audience. These will be available on our website to download at [www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools](http://www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools)

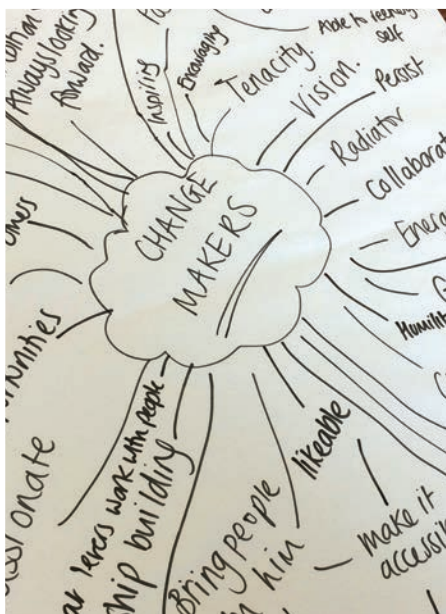


Photo: Anna France-Williams



LOTTERY FUNDED

# Our First Masterclass



Photo: Anna France-Williams

## What is a Specialist Perinatal Mental Health Community Service?

Perinatal mental health services provide prediction, prevention, detection and treatment of mental health problems affecting women in pregnancy and the postnatal year. This includes pre-conceptual advice and the care of women and their pregnancy/babies who are well but have had severe problems in the past, or women who become unwell during this critical time in their lives.

Community perinatal mental health teams provide multi-disciplinary care to women, including their relationships with their babies, across locations including maternity units and women's homes, in close collaboration with maternity, primary care, other mental health services, and the local mother and baby units.

For more detail see [Royal College of Psychiatrists College Report 197, Perinatal Mental Health Services](#).



Photo: Anna France-Williams

The first MABIM masterclass, on 12 October 2016, focussed on developing Specialist Perinatal Mental Health Community Services. We were joined by five fantastic speakers:

**Dr Jo Black:** Consultant Perinatal Psychiatrist with Devon Partnership NHS Trust and Associate National Clinical Director for Perinatal Mental Health for NHS England.

**Bryony Gibson:** Community Psychiatric Nurse and founder of the Berkshire Perinatal Mental Health Service.

**Dr Alain Gregoire:** Consultant Perinatal Psychiatrist in the Hampshire Perinatal Mental Health

Service, and founder and Chair of the UK Maternal Mental Health Alliance.

**Dr Amanda Jones:** Consultant Perinatal Psychotherapist and Strategic & Clinical Lead of NELFT NHS Foundation Trust's Perinatal Parent Infant Mental Health Service.

**Laura Wood:** a mum and passionate campaigner on perinatal mental health having experienced perinatal mental health problems herself.

This document captures the key messages from our speakers and the discussions at the Masterclass. It also includes links to useful documents and examples of resources which may be useful to anyone setting up a specialist service.

**“The UK has world leading perinatal mental health services. In developing your specialist perinatal mental health services, you are standing on the shoulders of giants” Alain Gregoire**



## The Current Context

Developing services for women with perinatal mental illness and their families has been identified as a national priority. The Government is investing £365million between 2015/16 and 2020/21 to build capacity and capability in specialist perinatal mental health services across England, with new ongoing funding then going into CCG baselines. The Five Year Forward View for Mental Health states that, by 2020/21, there will be increased access to specialist

perinatal mental health support in all areas in England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

From 2019/20 onwards, funding will be channelled through CCG baseline allocations to support the development of specialist perinatal mental health community services in all areas of England. NHS England have also launched a

Specialist Perinatal Mental Health Development Fund to enable earlier targeted investment to expand some existing community teams or resourcing new teams. Learning from these early projects will inform other areas as they prepare to develop their own Specialist Perinatal Mental Health Community Services. There will be two waves of early funding through the Development Fund, one starting in 2016/17, and one in 2018/19.

# The Postcode Lottery

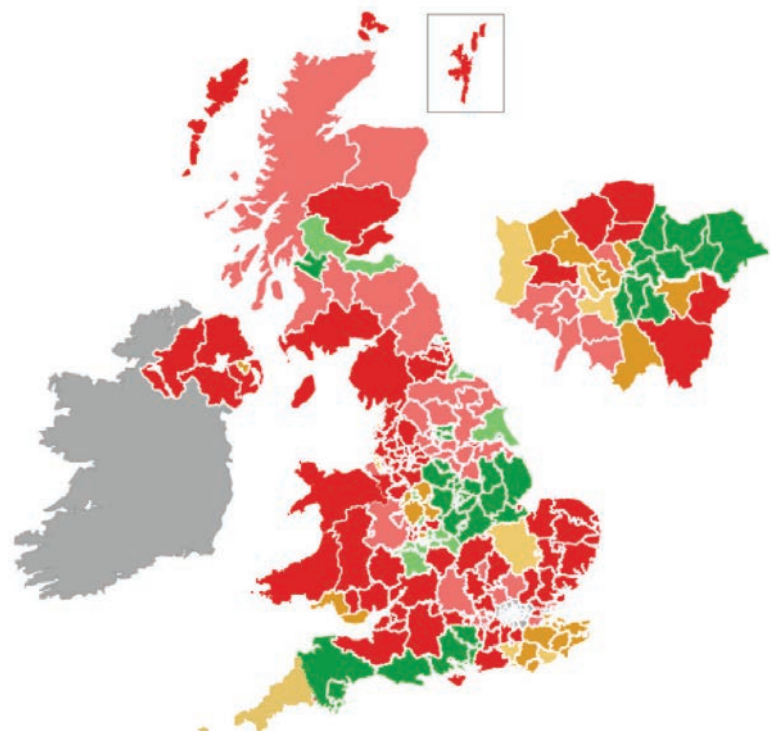
Currently fewer than half of all areas in the UK provide a specialist perinatal mental health team that is staffed by at least a consultant perinatal psychiatrist and Specialist Perinatal Mental Health Community Teams. The gaps in provision are shown in [these maps](#) from the Maternal Mental Health Alliance.

## Who are Perinatal Mental Health Community Services for?

It is estimated that between 3 and 5% of expectant and new mothers will require the services of a Specialist Perinatal Mental Health Community Team as described above.

To maintain a well-functioning and cost effective team, community services should serve an area where there are at least 6000 births a year, and up to approximately 12,000 births (the upper limit at which more smaller teams should be considered will depend on local geography).

UK Specialist Community Perinatal Mental Health Teams (Provision in 2015)



# Why do we need Specialist Perinatal Mental Health Community Services?

NICE guidance for antenatal and postnatal mental health specifies the need for Specialist Perinatal Mental Health Community Services. This is the only NICE guidance that specifies a particular service, rather than a treatment.

## The reasons for this include:

- Professionals working in general adult services are unlikely to see sufficient cases of perinatal mental illness to maintain the knowledge, experience and skills they need to provide high quality care.
- Specialist teams have the capacity to understand and work with the infant, and the parent-infant relationship as well as the mother, in order to help women and families to meet the emotional and physical needs of their infants.
- Specialist teams understand the risks and benefits of medication in pregnancy and during breastfeeding.
- Specialist teams understand the social, emotional and physical changes associated with pregnancy, birth and new parenthood.
- Specialist teams develop close relationships with maternity services, health visiting, children's social care and other relevant services, including in the third sector.
- Women who are mentally ill in the perinatal period need services that can respond very quickly to their needs, to fit in with the timescales of pregnancy and the infant, and the risks associated with conditions occurring at this time.
- Perinatal services offer expert pre-conceptual and preventative care to women, offering unique opportunities to prevent suffering and disability, and reduce fear and anxiety.



Photo: Anna France-Williams

---

**“Mental health care is coming of age: we now acknowledge that there are meaningful and valuable sub-specialities that provide higher standards and quality of care, just as has long been accepted in physical health care.”**

Alain Gregoire

## Why, why now?

- ☑ Clear evidence of individual needs
- ☑ Clear evidence of economic and social need
- ☑ Clear evidence of investment for NHS, public purse and society
- ☑ Clear and consistent national/NICE guidance and scientific evidence base
- ☑ Successful models for delivery of care
- ☑ Quality standards & assurance system
- ☑ Active and consistent support from all stakeholders

*Alain Gregoire's slide on the reasons for Specialist Perinatal Mental Health Community Teams*

# A whole system that meets families' needs

Specialist Perinatal Mental Health Community Teams do not operate in isolation. They should be linked into an integrated pathway of care, and will only work effectively if:

- There are clear and effective referral routes into the service, particularly from primary care (midwifery, health visiting and GP services).
- There are a range of other services available to provide appropriate, high quality support to women with mild or moderate conditions who may not require a specialist mental health service.
- There are strong relationships between community teams and specialist mother and baby units for women who need inpatient care.
- There are perinatal mental health champions/leads, with the right level of knowledge and skills, within other services and professional groups, such as midwives, obstetricians, health visitors, social workers, neonatologists and pharmacists. They support their colleagues to ensure effective care for women's mental health within their services, and work closely with the specialist team to provide an integrated package of care to women and their families. This requires the provision of posts, such as Specialist Mental Health Midwives and health visitors (see job descriptions and standards in the 'other reports' section below) and appropriate training.

Specialist Perinatal Mental Health Community Teams play an important role in developing and improving local pathways of care for all women with perinatal mental illness and supporting other services to work effectively. They should provide expert advice, training and support to other services across the system.

It is also important that community teams have relationships across geographical borders, as women may access maternity services in different areas, and/or may move house during the perinatal period.



Photo: Anna France-Williams



# Accessing Specialist Services

Most women (up to 75%) accessing Specialist Perinatal Mental Health Community Services should be referred to the service antenatally, often after their midwifery booking appointment. Identifying women who need this support can be a challenge - research shows us that 7 in 10 women with a perinatal mental health problem hide or underplay the severity of their illness. Therefore midwives must have the skills and confidence to talk to women about their mental health.

## “Women feel bad about feeling bad” Alain Gregoire

Referral and triage processes vary, but the principle must be to ensure that barriers to access are minimised and all women who need specialist services receive these rapidly. The level of assessment conducted by midwives or other referrers must be agreed as part of the local pathway development discussions. The time, knowledge and skills required must be defined and provided, as well as the environmental and process infrastructure (referral forms, clinic space, IT systems, information and communications).

The first contact that a woman will have with a service also varies between teams. Most services will carry out some form of initial triage, assessing urgency and need through a variety of processes including, in

most services, scrutiny of referrals as they come in and telephone calls to patients. Processes/pathways must be agreed to ensure rapid access to care in urgent and emergency situations, in and out of hours, with involvement of the specialist service at the earliest stage possible. Access time standards for England will soon be published for urgent and non-urgent situations.

Specialist Perinatal Mental Health Services often get many more referrals than they would be able to deal with directly, and so it is important that they can signpost women to other services, such as Improving Access to Psychological Therapies (IAPT). This is most effectively and efficiently done by direct discussion and communication with women themselves, usually by telephone, followed by written confirmation and copied to all professionals involved. This process should not be portrayed or perceived as ‘refusing’ referrals, but the service playing its role in ensuring each woman gets the most appropriate care.

Specialist services should work with other providers to develop their skills and knowledge about perinatal mental illness, and enhance their access. They should also advocate for women to ensure that they get access to services in a timely way.

### What do we do?

We will see any women who has significant pre-existing mental health problems for pre-pregnancy planning.

We support and train midwives to ask about mental health at booking and throughout pregnancy

We look at every positive mental health screening tool.

We write to every woman who has had a positive response.

We phone women for whom we need additional information

We assess women whose story or current symptom are cause for concern within a tight timeframe

We triage and signpost to the most appropriate service based on need

We write to women and copy correspondence to the wider health team

We chair multiagency care planning for the most complex women

- We work with partners, husbands and other supports

- We welcome enquiries or referrals from all professions, voluntary bodies and women themselves

- We are integrated in the governance and safeguarding processes of both the mental health and acute trusts

- We provide specialist advise on prescribing in pregnancy and breastfeeding

- We are supporting innovation and research in training, therapeutic approaches and equality of access- early days but very exciting.
- We provide mental health training to all maternity services staff across 3 acute trusts
- We are offering training opportunities to doctors, nurses and health visitors in training.
- We lecture in our local medical school and undergraduate mental health nurse university courses
- We train local GPs in perinatal mental health
- We run Maternal and Infant Mental health training to colleagues in Adult Mental Health- now attendance mandatory
- We welcome feedback – what are we doing well? What could we do better?

Jo Black's slides about how her service works in Devon

## Lived Experience

Good perinatal mental health services will involve women with lived experience and their families in every aspect of the team's work. This might include being on all interview panels; supporting the induction and training of staff and others; providing peer support; full involvement in team quality improvement and service development processes; public speaking or work with the media. It can be very rewarding for women to know that they are making the service better for other mothers, and providing essential insights for professionals and commissioners. It is important that women who are engaged with the service are offered regular information and contact, and can access support if they need it.

Many services now use the Perinatal Patient Rated Outcome and Experience Measure (Perinatal POEM), to capture satisfaction and experiences with the service. The POEM is themed around communication, care environment, information provision, and baby care and is completed by patients and family members when a patient is discharged from the service. It includes a question about whether women want to be involved with the service in the future.

**"Sometimes we must acknowledge how grim things can be in order to make them better."**

Laura Wood

# The people who make up a team

Specialist Perinatal Mental Health Community Teams are made up of professionals from a number of different disciplines. The Royal College of Psychiatrists report on perinatal mental health (CR197) makes recommendations about staffing levels for teams.

It is important that all clinicians on the team are experts in perinatal mental health. It may not be possible to recruit people with this expertise, but it should be developed through induction, internal and external training and continuing professional development. Mentoring, buddying with other members of the team or professionals in other specialist services and visiting/shadowing/secondment to mother and baby units can also be very useful. Health Education England are currently developing a competency framework for perinatal mental health.

**"Everyone in the team, including admin, is in a position to be therapeutic in their contact with parents"**

Amanda Jones

Whilst it may not always be possible to recruit people with specialist expertise, our speakers all agreed that it is important to recruit people on the basis of their values and passion about perinatal mental health. The recruitment and induction process should involve women with lived experience.

Everyone on a community team has an important role to play, and it is essential to understand and value the unique contribution of each member of the team.

**"You can provide experience and share knowledge but you can't buy passion"** Bryony Gibson

- Admin are critical to the team's functioning and quality, to ensure good communications within the team, with women and families and with others outside the team.
- Nurses provide most of the care to women and their families.
- Nursery nurses develop special expertise in preparing for, assessing and enhancing good parent-infant relationships
- Psychiatrists provide leadership for the team and maintain the focus on quality in the service and in its every day clinical practice. They will be involved directly in the care of particularly complex cases, including when women have both physical and mental health problems, and indirectly through advice and support to other team members.
- Psychologists provide appropriate psychological therapies for both the mother, and the mother-infant relationship and psychological advice, training and supervision to other team members.
- Occupational therapists help keep a focus on functioning as well as symptoms.
- Team managers empower staff to function to their full potential as autonomous and innovative, collaborative practitioners, and manage the relationships between the team and the rest of the system.

# Keeping the Baby in Mind

It can be very difficult for mothers with a severe mental illness to care for, be emotionally available to, and bond with their babies.

This can potentially have long term consequences for babies' emotional wellbeing and development. Therefore it is important that perinatal services attend to the developing mother-infant relationship, through routine assessment and evidence based interventions such as VIG (see recent NICE guidance, PH40). This requires staff to undergo training to develop the knowledge and skills required.

Some perinatal teams (such as the NELFT team) incorporate a wider parent-infant mental health service and see families where there are issues with the parent-infant relationship, including a broader group of clients than the women with severe conditions who make up the specialist perinatal service patient group.

**“If a perinatal service is not focusing on the infant and the mother-infant relationship as much as the mum’s mental health, it is not a perinatal service”** Alain Gregoire

**“Good perinatal care combines looking after a woman’s body, her mind and her relationship with her baby”** Amanda Jones



Photo: Anna France-Williams

## Psychological Therapies

**“Mental health services without psychological therapies are like surgical teams without operating theatres”**

Alain Gregoire

Psychological therapies are an essential element of a Specialist Perinatal Mental Health Community Service. At the Masterclass, Amanda Jones described the services available within NEFLT Perinatal Parent Infant Mental Health service, which include:

- Psychodynamic mentalisation based therapy for parents and baby
- Psychotherapy groups
- Video Interaction Guidance
- Family based systemic psychotherapy
- CBT
- Couple psychotherapy
- Art and drama therapy

This represents an exceptional level of psychological therapy access due to the integration of parent-infant and community perinatal mental health services. In other areas separate parent-infant services exist, with whom Specialist Perinatal Mental Health Community Services should develop a close working relationship.

Sadly in many areas, there is no parent-infant mental health service of any sort.





# Supporting the team

Our speakers acknowledged how painful it can be for clinicians to be with mothers and babies in the depth of their illness. Supporting and caring for staff members is key to ensuring a specialist team works effectively (we must always remember that it is even more painful for families who must be supported).

The speakers also recognised that this is hugely rewarding work that professionals are particularly passionate about. It is good for professionals, and for the women and families that they see, when staff feel empowered, effective, recognised and happy in their work.

## Hampshire Perinatal Service: our Values

- Be flexible, parent and child centred, needs led, evidence based and innovative
- Provide and support high quality care across the APMH pathway
- Reject rigidity, traditional approaches that cannot be justified, defensive attitudes and practices and activities which have no impact, directly or indirectly, on outcomes
- Work together collaboratively with high levels of mutual respect and trust for each other's skills, knowledge and work
- Support each other in enhancing the quality of what we do, our sense of empowerment, our enthusiasm, motivation and professional development



Alain Gregoire described the importance of teams developing and regularly reviewing their shared values. Annual awaydays are ideal and highly productive opportunities for doing this, for setting long and short-term team objectives, for reviewing progress and for agreeing annual action plans with leading roles for every member of the team.

**“It’s the humans who are the critical element of services”** Alain Gregoire



Photo: Anna France-Williams

# Building Allies

The speakers emphasised the need to build a network of allies around a specialist service, and to secure emotional and intellectual commitment of decision makers to the service. Tips for doing this included:

- Deliver excellence in patient and family care, and communication
- Measure and demonstrate this, using data and personal stories
- Build relationships by being useful to others
- Be clear about the unique role a perinatal service can play
- Value and respect roles, concerns and expertise of others
- Co-design services and pathways with others, especially patients and families, health visitors, midwives.
- Make comparisons with other areas to show the strengths of your team (for example using the MMHA maps or applying for awards.)

## Making the case-lesson 2

Berkshire Healthcare   
BHS Foundation Trust

- **Data, data, data** – present it in the way your commissioners prefer – table, chart, numbers.
- Show how it might save money but show how it might improve experience i.e. reduce duration of MBU admission
- Present detail and a summary document
- Commissioner-presentations/use high profile cases to demonstrate what happens if services aren't right (**persuasive**)
- Using your perinatal mums and dads with lived experience to share their stories in person and make the data come alive (**very very persuasive/influential**)

*Bryony Gibson's slide on making the case for specialist services*

## Essential personal qualities for all staff in a Community Perinatal Service

Authenticity    Kindness    Wisdom  
Warmth    Compassion  
Reliability    Experience  
Firmness    Specialist expertise  
Patience    Flexibility

## Top Tip

Alain Gregoire and Jo Black both recommended that letters from the community service should be written in plain English to the patient, copied in to all other professionals, not the other way around. Alain showed how this improves both accuracy and patient engagement.



# Final Words of Wisdom

The speakers told MABIM Leaders that even though there is a lot involved in developing a specialist service, it is achievable, particularly when using a phased, step by step approach.

**“This is a marathon, not a sprint”** Jo Black

The speakers welcomed the group into the “nurturing family” of specialist services. It was acknowledged that existing teams are all different, and it is valuable to visit and learn about a few different services before deciding what is best for your area. Services should also be prepared to learn, evolve and adapt.

**“No one has the final iteration of what good looks like”** Jo Black

## Our toolkit

The MABIM team have pulled together a range of sample documents and templates for specialist services, which are available on our website alongside slides from the masterclasses. These can all be found at: [www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools/](http://www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools/)



Photo: Anna France-Williams

## Quality

The Royal College of Psychiatrists Perinatal Quality Network provides quality standards, peer review, benchmarking, and accreditation.

It is a highly effective way to review and improve services and should be a requirement in all new CCG contracts.

## Other reports

For more information you can look at:

- Joint Commissioning Panel for Mental Health Guidance on Perinatal Mental Health
- NICE guidance on antenatal and postnatal mental health CG192
- Royal College of Psychiatrists report on perinatal mental health services CR197
- Royal College of Psychiatrists CCQI Perinatal quality network standards
- Specialist Mental Health Midwives: What they do and why they matter
- Standards and Competency Framework for Specialist Mental Health Midwives
- Specialist Health Visitors in Perinatal and Infant Mental Health





# mums and babies in mind

Supporting local leaders to improve  
perinatal mental health services



Photo: Anna France-Williams

To download copies of Leaders' Top Tips visit  
[www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools](http://www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools)

[www.maternalmentalhealthalliance.org/mumsandbabiesinmind](http://www.maternalmentalhealthalliance.org/mumsandbabiesinmind)  
[shogg@mentalhealth.org.uk](mailto:shogg@mentalhealth.org.uk)

020 7803 1112

@MMHAlliance

#MABIM



Mental Health  
Foundation

