



Maternal Mental  
Health Alliance



Parent & Infant  
Mental Health  
Scotland



Briefing

# Sustaining Specialist Perinatal Mental Health Services in Scotland

FEBRUARY 2024



## Background context

Perinatal mental health (PMH) problems affect at least 1 in 5 women. 1 in 20 will experience severe or complex issues requiring specialist care.<sup>1</sup>

Undetected and untreated, PMH problems can have a devastating effect on women, their babies, older children, partners and loved ones; and the damage can persist for generations.<sup>2</sup> Tragically, rates of maternal suicide are high, and it remains a leading cause of death during the perinatal period.<sup>3</sup> The financial cost is significant too: in 2014, untreated PMH problems were calculated to cost the UK up to £8.1 billion for each yearly group of births.<sup>4</sup>

**Identifying and treating PMH problems early and effectively leads to considerably better outcomes for women, babies, and families and makes economic sense.**

### Specialist perinatal mental health services

Specialist PMH services provide a high level of care to women and families impacted by severe or complex mental health problems before, during and after pregnancy. These services are delivered by Community Perinatal Mental Health Teams (CPMHTs) and inpatient Mother and Baby Units (MBUs).

Unprecedented Scottish Government investment in this area since 2019 has led to the expansion of existing specialist CPMHTs in three Health Boards and the creation of nine new services.<sup>5</sup> This means many more women, babies, and families in Scotland can access and benefit from this critical care.

**While there is much to be celebrated, there is still much more work to be done.**

### Gaps in access

Specialist PMH care provision varies across Scotland. Those living in the North, particularly in remote and rural areas, do not have access to the same level of care as those living in the Central Belt. The Maternal Mental Health Alliance's most recent mapping of specialist PMH services in the UK showed that only two of Scotland's 14 Health Boards currently meet the UK-wide standards for the basic care that community

PMH services need to provide.<sup>6</sup> The two Boards are Greater Glasgow and Clyde, and Lothian. In both Health Boards, there is a multi-disciplinary specialist CPMHT and an MBU – the only two MBUs in Scotland.

Across the other 12 Health Boards, there is significant variability in specialist PMH provision. For example, Grampian provides a community perinatal service but has no MBU. Meanwhile, the Health Boards in Orkney and Shetland have no standalone community service; instead, PMH advice is provided locally by general services with access to specialist support from other Health Boards, if required. However, at the time of writing this hybrid model is still not fully developed.

**Many women and families in Scotland who need access to specialist PMH services are still at a disadvantage because of where they live.** In cases where inpatient care is recommended, women and families living in the North, face the difficult decision of whether to travel long distances, leaving behind their loved ones, homes, and communities, to access care at one of the two MBUs in central Scotland. This is simply not a viable option for many.

Further, specialist PMH services in Scotland are generally only available to mothers until their child turns one, despite it being widely accepted that maternal mental health issues are not limited to the first 12 months after birth. An open petition in the Scottish Parliament is calling for the period that specialist PMH support is available to be extended beyond one year.<sup>7</sup> If this change was legally implemented, it would bring Scotland in line with practice in England, where the availability of specialist PMH services is being extended to 24 months after birth. However, progress towards this continues at a slow pace.

### **Additional barriers**

Mothers with certain circumstances and characteristics are known to be at a higher risk of suffering mental illness during the perinatal period, including mothers from Black and Minority Ethnic communities, young mothers, single mothers, and those experiencing domestic abuse, poverty and addiction. These circumstances and characteristics can also act as barriers to accessing the care these women need, because of discrimination, stigma and isolation. **Often, women who are in most need of specialist care are those who have the most difficulty accessing it.** This results in a marked difference in outcomes for mothers who experience PMH problems depending on their age, race, relationship status and socioeconomic background.

### **Workforce challenges**

The workforce continues to be under pressure, and many specialist PMH teams in Scotland are under-resourced. Recruitment issues persist due to a lack of suitably trained and experienced clinicians to fill open posts, and because of uncertainty around the timing and amount of funding allocated to specialist teams.

## Third sector

Voluntary and community organisations play a critical role in supporting women, babies and families experiencing PMH health issues. The demand for third-sector services is rising to levels that many charities cannot meet, and cases are becoming increasingly complex. The Scottish Government's Perinatal and Infant Mental Health Fund has supported some charities since launching in October 2020.<sup>8</sup> However, funds are being allocated on a short-term basis, which is contributing to problems with recruitment and retention and makes it difficult for organisations to plan and commit to long-term support projects.

### What now?

The Scottish Government's dedicated Perinatal and Infant Mental Health Programme Board ended last year and PMH has now been integrated into a much larger mental health portfolio spanning preconception, the perinatal period, parent-infant relationships, early years, children and young people, their families and carers. At a time when there is substantial demand for mental health services and a freeze on Government mental health funding, there is a real risk that the focus on PMH will weaken, and resources will be diverted to other services. **PMH in Scotland is in a potentially vulnerable position.**

**Sustained effort and investment in specialist PMH services is essential to ensure all women, babies and families receive this life-changing, and at times lifesaving, care wherever and whenever they need it.**





## A multi-stakeholder roundtable

On 22nd November 2023, the Maternal Mental Health Alliance (MMHA) and Parent and Infant Mental Health Scotland (PIMHS) hosted a roundtable discussion at the Scottish Parliament: 'Perinatal Mental Health is Everyone's Business'. In attendance were lived experience experts, clinicians, health professionals, third-sector organisations and MSPs, all with a vested interest in specialist PMH services in Scotland.

This event aimed to take stock of what position Scotland's specialist PMH services are currently in and to hear the different perspectives on what action is required to maintain momentum in this area. The roundtable was sponsored and chaired by Tess White MSP, a strong advocate for improving access to and standards of PMH services.

This roundtable demonstrated the passion and commitment of those involved in all areas of this work. **There is a collective *understanding* that significant progress has been made in this area, but the job is not done. There is a collective *commitment* to the continued improvement and investment in specialist PMH services.**

### Some key learning points emerged from the roundtable discussion:

- 1 Work must continue to address the inconsistency in provision across Scotland.
- 2 We must tackle the additional barriers to specialist care and the disparities in outcomes for women.
- 3 There is much more work to be done to address workforce challenges.
- 4 Stronger collaboration between statutory services and the third sector will lead to better quality care.
- 5 Scotland needs a long-term vision and strategy for specialist PMH services.

## 1

## Address variability in the provision of specialist care across Scotland

There was a consensus among the roundtable panellists and attendees that Scotland's varied geography and birth rates pose a challenge to providing equitable access to care across the length and breadth of the country. However, that does not mean a postcode lottery is inevitable. Work is still in progress to adequately address disparities in provision across Scotland. **Clear details and timeframe for this work must be confirmed to enable monitoring of progress.**

In many cases, access gaps are being filled by general adult mental health services; however, there are concerns that this approach is ineffective and potentially damaging. General services lack the expert nature of care that women with severe PMH issues, and their babies, require. Those with lived experience have shared the harmful impact being separated from their infants, partners, and wider family, has had on their recovery and relationships.

Digital delivery of care is also being used to help break down geographical access barriers, especially for those living in remote and rural areas. Generally, digital interventions are beneficial in allowing wider access to healthcare across Scotland, but again, there are questions about whether this service model can provide the particularly high level of care that women with severe or complex mental ill-health require.

While it is acknowledged that specialist service models may differ across Scotland, they must *all* **be responsive to local needs** and **reflect evidence of what works**, regardless of their location or caseload size. In configuring the most responsive and effective specialist PMH services throughout the country, it is important to engage with and understand local communities. It is vital to acknowledge the value of third sector and community support and ensure these sources are included in care pathways alongside clinical services. It is essential to routinely collect and publish data to understand how well the needs of women and families throughout Scotland are being met and adapt services where required.





## 2

## Tackle additional barriers to specialist care

Panellists and attendees at the roundtable spoke of the need for far more work to be done to address inequalities in PMH experiences and outcomes.

This work needs to target and break down the barriers that negatively impact women's experiences of mental health care during the perinatal period. Many of these barriers are well-known and have existed for too long. These include women's fear of being judged or misunderstood, as well as a lack of understanding and poor attitudes from healthcare professionals. For example, it is widely acknowledged that Ethnic Minority women are less likely to be asked about their mental health antenatally and postnatally than White women.<sup>9</sup> This means symptoms and the opportunity to offer vital care and support are being missed.

There is a call for specialist PMH services to be open to a more **holistic understanding of women's experiences**. Healthcare professionals should display professional curiosity and competency to better understand a woman and her family's experiences and respond to their needs. Enhanced training for practitioners that focuses on **delivering care that is sensitive and responsive to the social, religious, and cultural experiences of women and families** is needed.

The voices and experiences of women and families facing additional, and often multiple, barriers must be central to all efforts to design more culturally and socially sensitive services. The third sector plays an important role in supporting and amplifying the voices of women who often suffer in silence. The Government must work closely with these organisations on initiatives to hear and respond effectively to experiences of inequality in accessing specialist PMH services.

### 3

## Deal with workforce challenges

Representatives at the roundtable from the PMH workforce spoke of the “massive strides” taken to establish skilled and well-resourced specialist teams. However, it was acknowledged there were outstanding issues. Recruitment and retention are challenges for specialist teams throughout Scotland but are most profound the further North you go.

The following workforce priorities were identified to improve specialist PMH services:

- Adequate investment in education, training, and career development for the new and existing workforce.
- Better joining up of general services (GPs, health visitors, etc.) and specialist care.
- A change in approach that sees mental health issues treated with the same priority as physical health.
- A service model compatible with UK-wide standards and informed by the Scottish context.
- More effective use of workforces in remote and rural areas, i.e., a model of care that allows a limited workforce to deliver the best quality of care.
- Regular evaluation and development of specialist PMH services.

The Scottish Government’s recently published *Mental Health and Wellbeing: Workforce Action Plan 2023-2025*<sup>10</sup> recognises the need to address recruitment and retention challenges as well as the need to invest in training, upskilling and career progression. While this is a good start, the plan is lacking in detail. **We need to see clear, precise steps on how workforce improvements will be achieved, with specific details on how changes will be applied to specialist PMH teams.**







## 4

### **Establish stronger collaboration between statutory services and the third sector**

Panel members at the roundtable stressed that the responsibility and work to improve and sustain specialist PMH does not belong to any organisation alone – collaboration is key.

Organisations from the third sector are calling for a stronger relationship with statutory services. This needs to begin with an elevation in the perception of the third sector from poor relation to an integral source of support for women and families. A different model is required to strengthen public and third sector collaboration, based on **mutual trust, respect, and a commitment to communicate, engage and adapt**. There needs to be better coordination of statutory and third-sector services to ensure each is providing the best and most appropriate care.

Central to the third and public sector partnership are the voices of women and families with lived experience. The profile of PMH would not have existed without the courage of those who have shared their stories, and the organisations that supported them. Scotland has led the way in this area by embedding lived experience into the decision-making process, yet recent changes to the PMH governance structure have removed this model. Good practice like this should be preserved and improved upon, not removed. **It is essential that lived experience remains at the heart of all decision-making on PMH services.**

## 5

## Create a long-term vision and strategy

There was resounding support from panellists and attendees for a **long-term vision and commitment to improving specialist PMH care in Scotland**. A fragmented approach to addressing the ongoing issues in this area only creates hesitation and an inability to plan ahead for those working on the ground, ultimately leading to less critical support available to women and families.

**What is much needed are *specific details and timeframes for improvement supported by long-term, adequate investment.***

The following features were highlighted at the roundtable as being central to a long-term plan for PMH:

- Continuous statutory and third-sector funding (rather than renewed or project-based support).
- Ensure specialist PMH support is available to women and families earlier and for longer.
- Invest in specialist training for the workforce.
- Expand the work on trauma-informed care.
- Create flexible care pathways that provide clinical care as well as peer, third-sector and community support.
- Focus on prevention rather than crisis response.
- Reinstate lived experience at the centre of all PMH policy and practice.
- Address disparities in women's experiences of specialist care.
- Listen and respond to the experiences of Black and Minority Ethnic women and families.
- Understand and address the link between poverty and poor mental health.
- Enable greater transparency of decision-making so that progress can be monitored and scrutinised.



## Next steps

The high attendance and spirited discussion at the Parliamentary roundtable demonstrate that there is strong cross-party support and continued motivation across healthcare, third-sector and lived experience stakeholders for improving and sustaining specialist PMH services in Scotland.

The Government's most recent update on its work in all areas of PMH<sup>11</sup> does indicate a recognition of the need to continue improving services and address outstanding problems experienced by women and families, the workforce and the third sector. Yet, we are still waiting for specific details and timeframes in many crucial areas. We will continue to hold the Government to account and scrutinise the quality of its work in this area.

We are committed to coordinating the call for a long-term vision and strategy for specialist PMH services in Scotland. Working closely with our colleagues, we will continue to explore how best we can achieve this. We look forward to continuing this work in 2024.

## Acknowledgements

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**Linsey Singers** | Vice Chair and Peer Supporter, LATNEM Peer Support

**Gill Skene** | Chair and Peer Supporter, LATNEM Peer Support

**Joanne Smith** | Chair, Parent and Infant Mental Health Scotland and Policy and Public Affairs Manager, NSPCC Scotland

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If you have questions about anything you've read in this briefing, please email Toni:  
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## **Sustaining Specialist Perinatal Mental Health Services in Scotland**

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**The Maternal Mental Health Alliance (MMHA)** is a UK-wide charity and network of over 120 organisations, dedicated to ensuring all women and families impacted by perinatal mental health problems have access to high-quality, compassionate care and support: [maternalmentalhealthalliance.org](https://maternalmentalhealthalliance.org)  
Charity No. 1178152

**Parent and Infant Mental Health Scotland (PIMHS)** campaigns for the best mental health care for babies, parents and carers during pregnancy and the first three years of life: [pimhs.org.uk](https://pimhs.org.uk)  
Charity No. SC044891

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