NHS Education for Scotland

Nursing and Midwifery

Perinatal Mental Health Curricular Framework

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CONTENTS

INTRODUCTION

Mental health is an issue for us all. It is estimated that one in four people in Scotland experience mental health problems. Mental health problems are often associated with times of stress or change in our lives. Perinatal mental health is an area where health and social care workers can play significant roles in mental health promotion, the prevention of mental health problems and in the care, treatment and intervention for women and their families whose lives may be impacted by mental health problems.

Perinatal mental health has been recognised in recent years as a major public health concern. Researchers, policy makers, service users and health professionals have highlighted the huge impact of mental health problems during the perinatal period (that is during pregnancy, childbirth and the postnatal year) and the need for improved care in this area (CEMD 2001, CEMACH 2004, MIND 2006, SIGN 2002, Oates 2003).

Research has identified the high prevalence and wide societal effects of mental health problems during the perinatal period (Cooper and Murray 2005, Manning and Gregoire 2006, Meltzel et al 1995). It has been identified that between 20-30% of women experience a mental health problem during this time (Watson et al, 1984). The most common perinatal mental health problem is postnatal depression, with rates ranging between 13% in the first few weeks to 20% in the first year after the birth (Priest et al 2003). A number of studies have documented the profound effect untreated postnatal depression can have on relationships, families and children, linking it to depression in partners, higher rates of divorces, lower levels of emotional and cognitive development and higher levels of behavioural problems and psychological disorders among children (Boyce 1994, Cox et al 1993, Evans et al 2001, Hay et al 2001, Holden 1991, Murray and Cooper 2003, Murray 1992, Sharp 1994, Webster 2002).

The high human cost of perinatal mental illness has been starkly highlighted by the Confidential Enquiries into Maternal Deaths. Both the 1997-1999 and 2000-2002 Triennial reports found that suicide and psychiatric causes were the leading causes of indirect maternal death in the United Kingdom. The reports of the Enquiries highlighted a number of key areas where improvements in care may have prevented the deaths or reduced the risk. A number of key recommendations were made including:

- The provision of coordinated multidisciplinary and multi-agency care for all women with mental health problems;
- the availability of specialist perinatal mental health services for all women in need of them;
- the development of management protocols for all women at high risk of a relapse or recurrence of a serious mental illness following the birth of their baby;
- systematic and sensitive enquiries at booking to ascertain a detailed previous history of mental health problems;
- the important role of staff education and training in improving care.

The report stated:

It is apparent from the cases reviewed that some professionals involved in delivering maternal health services are unaware of the significance of recognised risk factors for mental illness. The pre- and post-registration curriculum for midwives, nurses and health visitors, practice nurses and community psychiatric nurses should include theses aspects. It is also important that general practitioners, obstetricians and psychiatrists have similar input into their undergraduate and postgraduate training psychiatrists (page 257, RcoG, 2004).

All health professionals should receive regular and updated training on the impact of...mental illness...on the lives of pregnant women, their babies and families. This should include the identification, management and local service provision for these women (page 23, RcoG, 2004).

POLICY CONTEXT

There has been much professional and political guidance on the improvement of perinatal mental health services in Scotland and the UK in recent years.

Delivering for Health, the new policy for NHSScotland, was published in October 2005. It sets out a new vision for delivering services including a concentration on preventing ill-health through anticipatory and preventative interventions and treating people faster and closer to home.

The National Programme for Mental Health and Well Being in Scotland, 2001, has placed an important focus on the public mental health agenda, with programmes of work aimed at:

- Raising awareness and promoting good mental health and well-being;
- eliminating stigma and discrimination;
- preventing suicide;
- promoting and supporting recovery from long-term mental health problems.

Both *Delivering for Health* and the cornerstones of the *National Programme* have informed the development of this framework, complimenting the Scottish policy emphasis on addressing health inequalities and supporting social inclusion.

The Framework for Mental Health Services in Scotland was published in 1997. It has subsequently been extended in response to the need for service development, with additional guidance issued on postnatal depression. Additionally, the Mental Health (Care and Treatment) (Scotland) Act 2003 set out a legal requirement that arrangements should be made by all health boards to provide accommodation for women and their baby where the woman is experiencing a severe perinatal mental illness requiring admission. Admission can be at any time until the baby is a year old.

The Scottish Intercollegiate Guidelines Network Clinical Guideline 60 for Postnatal Depression and Puerperal Psychosis (2002) made a number of recommendations based on their expert review of current research. These included that

- All women should be routinely assessed in the antenatal period for a history of depression, previous puerperal psychosis, a history of any other psychopathology and family history of affective psychosis;
- the Edinburgh postnatal depression scale should form part of a screening programme for postnatal depression along with clinical evaluation;
- women identified as being at high risk of puerperal psychosis should receive specialist psychiatric review;
- perinatal mental health problems should be treated;
- psychosocial interventions and interventions for more than one family member should be considered;
- the option to admit mother and baby together to a specialist unit should be available;
- clear local guidelines and protocols for the detection and management of perinatal mental health problems should be developed.

POLICY CONTEXT

The Council Report of the Royal College of Psychiatrists into perinatal mental health services stated:

Perinatal mental health care, at all levels, should be organised (including ensuring adequate training and skills) in a way that promotes the detection of those at risk and, where possible, the early detection of those who are ill, intervention, rapid access to the appropriate level of care and effective treatment to ensure minimisation of maternal morbidity and adverse effects on the infant (page 20, RcoPsych,2000). Those involved in caring for women with serious mental illnesses within psychiatric services need knowledge and skills not necessarily required in general psychiatry (page 14, RcoPsych, 2000).

Improvements in perinatal mental health care aim not only to provide mental health promotion but also anticipatory and appropriate care for women, and especially for those women who have factors in their lives that mean that they are at high risk of developing, or experiencing first or further episodes of serious mental illness. In this context, it is crucial to ensure that the social, spiritual, cultural and psychological needs of all women receiving maternity care are addressed. The *Framework for Maternity Services in Scotland*, 2001, recommended that women's psychological needs be identified and managed appropriately and that identification, screening, referral and support of women who have or are at risk of developing postnatal depression and other mental illness should be carried out in a non-stigmatising way.

The Maternity Standard of the National Service Framework for Children, Young People and Maternity Services recommended:

All those concerned with the care of women and their families at this stage need to be familiar with the normal emotional and psychological changes that take place during pregnancy and the postnatal period. They also need to be familiar with the signs and symptoms of common crises, and the states of distress that arise in relation to obstetric and other events (page 21, DoH, 2004).

The issue of maternal perinatal mental health is closely connected to that of infant mental health. Research in this area is increasingly identifying the need to focus care not solely on the mother but also on the relationship between mother and baby. Working with mothers and infants to improve their interaction and attachment may be seen as primary prevention of the development of mental health problems in children. The Scottish Executive's 2005 framework *The Mental Health of Children and Young People: A Framework for promotion, prevention and care* stated:

Interventions focused during pregnancy and at the time around the birth are likely to be the most effective in preventing mental health problems of a child. These include interventions which improve and enhance the wellbeing of the mother and of the baby and promote the mother-infant bond, and which take into consideration the psycho-social aspects of pregnancy, promote good early parent-child interaction, attachment, support problem-solving skills of the parents and underline the role of the fathers (page 26, SEHD, 2005).

POLICY CONTEXT

A recent study by MIND (*Out of the Blue? Motherhood and Depression, 2006*) identified a number of key areas in which maternal mental health care in England and Wales falls short of expected standards:

- Lack of provision, particularly specialist services including mother and baby units;
- failure to identify risk factors;
- inadequate treatment of severe disorders;
- lack of coordination between services.

The study stated that all health professionals caring for all women during the perinatal period should be expected to have the following skills:

- An understanding of the importance of identifying women at risk of developing serious mental health problems and the associated risk factors;
- an ability to understand and distinguish normal emotional changes and common difficulties from a mental health problem and being able to recognize the first signs of a problem;
- listening skills and the ability to be supportive, reassuring and understanding;
- knowledge of different types of disorders, their clinical features and an ability to distinguish between them;
- awareness of when and how to make referrals, and the range of different treatment options available (MIND, 2006).

BACKGROUND TO THE CURRICULAR FRAMEWORK

In order for these evidence-based recommendations to be fully implemented in Scotland, those providing care for families in the childbearing period need to have received adequate education and training.

Practitioners across Scotland with an interest in perinatal mental health formed the Scottish Perinatal Mental Health National Network in 2004. The network is a multi-disciplinary group including mental health nurses, public health nurses, midwives and clinical psychologists. This network identified some areas of concern. These included:

- A low level of confidence and knowledge in relation to perinatal mental health among midwives, health visitors and mental health nurses (Ross-Davie 2006);
- the lack of a coordinated national response to the need for post-registration education in this area;
- the lack of an educational programme in Scotland to provide practitioners (particularly public health nurses) with the skills to train others in perinatal mental health screening and provide clinical supervision for those providing support for women with mental health problems;
- the need to develop a skilled workforce to provide the new specialist perinatal mental health services.

The network approached NHS Education for Scotland in 2005 with these concerns. NES responded by funding a short-term project to review the current educational provision in Scotland in this area and to develop a curricular framework to inform the development of a flexible national programme of education in perinatal mental health.

The scoping exercise reviewing current educational provision took the form of a detailed questionnaire for educationalists providing pre-registration courses for mental health nurses, child health nurses and midwives, post-registration education for public health nurses and post-graduate education for doctors. The scoping exercise, carried out on behalf of NHS Education for Scotland in early 2006 by the NES appointed project officer, revealed some good practice but also identified some significant gaps in the provision of education to health professionals in this area. Pre-registration courses in child health and mental health nursing generally do not include specific teaching sessions on perinatal mental health or infant mental health. The courses preparing public health nurses (health visitors) vary considerably in their provision, with some only including a one hour lecture on perinatal mental health problems. Considerable work has been done in many areas to provide continuing professional development for health professionals involved in integrated care pathways for perinatal mental health. Post-graduate education for doctors in this subject is provided at a very local and individual level and therefore varies greatly.

Considerable enthusiasm to develop perinatal mental health aspects of education was voiced by several respondents along with an expressed need for further guidance about what this education should include. Copies of the scoping exercise have been distributed to participants and are available from NHS Education for Scotland on request.

THE CURRICULAR FRAMEWORK

The Curricular Framework which follows is the result of a multidisciplinary collaboration of practitioners and educationalists working in Scotland with expertise in perinatal mental health. The learning outcomes and indicators of achievement are based directly on the evidence based recommendations of recent policy documents, described in part above. It is hoped that the Framework will be used as a practical tool by educationalists to assist in the development of the perinatal mental health aspects of preregistration, undergraduate, post registration and postgraduate educational programmes.

The Framework aims to assist educationalists in preparing all members of the multi-disciplinary team involved in caring for women and families in the perinatal period to provide good quality mental health care. The Curricular Framework differentiates the breadth and depth of knowledge required into three broad levels. The level to which different practitioners will need to be educated will depend not only on their professional discipline but also upon the context in which they work. For example, mental health nurses and psychiatrists will need to be educated to level C if they work in a service that takes referrals for women in the childbearing period. However, a mental health nurse or psychiatrist working solely in elderly care may only require to be educated to level A. Similarly, some midwives working solely in the acute hospital setting may only require education to level A, while midwives working within the community and working in more specialist roles with vulnerable women will require education to level B or even C if working as part of a perinatal mental health service.

The Framework aims only to set out broad educational goals for the different levels and does not seek to undermine professional role differentiation or to turn all members of the multi-disciplinary team into generic “perinatal mental health workers”. The particular roles and responsibilities of medical, nursing and midwifery staff remain unchanged by the Framework, particularly in relation to the issues of diagnosis and prescribing.

The Framework aims to provide practitioners with a sound basis of knowledge in the prevention, detection and management of perinatal mental health problems, but does not equip all of these to personally provide all levels of care that a woman may require; for example a public health nurse may be aware of simple cognitive behavioural therapy techniques and use some of these in her supportive work with women, but could not provide a formalised intervention programme of cognitive behavioural therapy without undertaking a recognized course in cognitive behavioural therapy.

THE CURRICULAR FRAMEWORK

It is envisaged by the group responsible for developing the Curricular Framework that the Framework will be utilised to assist in the development of Managed Care Networks for perinatal mental health. All areas will need to provide local specialist perinatal mental health services whether or not they have a full specialist perinatal mental health team. It is recommended that a number of mental health practitioners in all areas should be identified to be educated to level C in order that they can provide a local specialist service which will be supported by Regional Specialist perinatal mental health teams with in-patient services.

This Curricular Framework has as its goal that the mental well-being of women and their families will be at the centre of a holistic approach to care during the childbearing period. The underlying principles of the document are that:

- Mental health is determined by many factors including biological, social and psychological factors;
- the safety and well-being of infants and children should always remain central;
- the promotion of mental health and the treatment of mental illness in women during the childbearing period should take into account the woman's individual context and should wherever possible include partners, children and the infant;
- women's rights in relation to privacy, advocacy and treatment should be respected.

LEVELS WITHIN CURRICULAR FRAMEWORK

Level A - Level on Registration/Graduation
These learning outcomes and indicators of achievement refer to the level it is anticipated that practitioners will have attained by the time they qualify from their basic education. That is, on registration as a nurse or midwife or upon graduation as a doctor.

It is hoped that these learning outcomes will be incorporated into the pre-registration and undergraduate programmes for mental health nurses, child health nurses, learning disabilities nurses, midwives, and doctors.

The learning outcomes set out represent the minimum level of knowledge and competence in perinatal mental health that it is considered that newly qualified health professionals should have attained.

As currently many undergraduate and pre-registration programmes do not provide health professionals with this minimum level of knowledge and competence in perinatal mental health, continuing professional development programmes provided by local health boards, training departments and higher educational establishments should be provided for all practitioners working with childbearing women and their families to achieve this level A.

Level B - Level on Qualification as, for example, public health nurse, GP, psychiatrist, obstetrician.
Level to be obtained in practice development by, for example, midwives, mental health nurses working in relevant area.
These learning outcomes set out the minimum level of knowledge and competence required for public health nurses (health visitors), General Practitioners, general psychiatrists, clinical psychologists and obstetricians in the area of perinatal mental health. Some midwives and generic mental health nurses should obtain level B from undertaking continuing professional development programmes, depending on their area of work (for example community mental health nurses, community midwives, midwives specialising in the care of teenage parents, substance misusing women, homeless women, bereaved women and women enduring domestic abuse and Sure Start midwives). In particular, non mental health professionals within this grouping will require appropriate clinical support and supervision.

Level C - Specialist Level.
Level to be obtained by those working in multi-disciplinary perinatal mental health services: psychiatrists and mental health nurses receiving referrals for women in the perinatal period, and public health nurses, midwives and social workers working with these services.
These learning outcomes set out the minimum level of knowledge and competence required by any professionals working in or linked closely to perinatal mental health services. Where an area does not have a complete defined perinatal mental health team, individuals should be identified who will work as local specialists and should obtain level C.

DIMENSIONS WITHIN CURRICULAR FRAMEWORK

Dimension 1 - Underpinning Knowledge
This domain sets out the underpinning knowledge required at the three different levels. Much of this knowledge base is shared across all three levels, with further emphasis on depth and breadth in the higher levels.

Dimension 2 - Prevention
This domain sets out the learning outcomes in the area of prevention of perinatal mental health problems including preconceptual care and health promotion.

Dimension 3 - Detection
This domain focuses on the skills required by practitioners in risk identification and risk assessment in relation to perinatal mental health.

Dimension 4 - Management
This domain indicates the expertise required at the different levels in developing robust management strategies for identified mental health problems in the perinatal period. It focuses on skills in offering appropriate treatments and working in a multi-disciplinary team.

Dimension 5 - Professional, Ethical and Legal Practice
This domain draws together the specific requirements at each level for the practitioner to act in an appropriately professional, ethical and legal manner in relation to perinatal mental health.

LEARNING OUTCOMES

Dimension 1 Underpinning Knowledge

1.1 Describe the physical and emotional changes pregnancy, childbirth and the postnatal period.
1.2 Discuss factors which may impact on mental well-being during the perinatal period.
1.3 Demonstrate knowledge of mental health and mental illness generally and during the perinatal period.
1.4 Demonstrate understanding of the parent-infant relationship, normal infant development and the possible impact of parental mental illness on the infant and the family.
1.5 Demonstrate knowledge of clients' rights and treatment options in perinatal mental illness.

Dimension 2 Prevention

2.1 Demonstrate ability to enable all women to optimise their mental health.
2.2 Provide preconceptual advice for women with a history of mental illness.

Dimension 3 Detection

3.1 Obtain a detailed mental health history through sensitive and systematic history taking.
3.2 Assess the level of risk associated with a woman's previous history.
3.3 Detect signs and symptoms of distress in the perinatal period.
3.4 Assess the level of current distress.
3.5 Identify psycho-social risk factors in pregnancy and their impact on individual mental health.
3.6 Recognise level of risk to self and others, including children.
3.7 Have knowledge of specialist services, referral routes and care pathways.

Dimension 4 Management

4.1 Work as part of the multi-disciplinary team and collaborate across agencies.
4.2 Offer appropriate level of support and intervention based on individual need.
4.3 Implement appropriate risk management strategies.

Dimension 5 Professional, Ethical and Legal Practice

5.1 Practice within the legal, professional and national and local policy frameworks.
5.2 Support colleagues and participate in clinical supervision.
5.3 Practice in an anti-discriminatory manner.

LEARNING OUTCOMES

1.1 Describe the physical and emotional changes of pregnancy, childbirth and the postnatal period.	**Level A** **1.1 Core Content** • Normal physical changes of perinatal period (pregnancy, birth and first postnatal year) • Normal psychological processes of perinatal period • Common physical complications and minor disorders of perinatal period ***1.1 Indicators of Achievement*** • *Discusses the normal physical changes and minor ailments of pregnancy, birth and the postnatal period* • *Assesses the possible impact of these physical factors on emotional well-being* • *Describes the normal psychological processes of childbearing*	**Level B** **1.1 Core Content** • Normal physical changes of perinatal period (pregnancy, birth and first postnatal year) • Normal psychological processes of perinatal period • Common physical complications and minor disorders of perinatal period ***1.1 Indicators of Achievement*** • *Discusses the normal physical changes and minor ailments of pregnancy birth and the postnatal period* • *Assesses the possible impact of these physical factors on emotional well-being* • *Describes the normal psychological processes of childbearing and differentiates deviations from these normal processes*	**Level C** **1.1 Core Content** • Evidence of effect of maternal medication on fetal development • Normal physical changes of perinatal period (pregnancy, birth and first postnatal year) • Normal psychological processes of perinatal period • Common physical complications and minor disorders of perinatal period ***1.1 Indicators of Achievement*** • *Identifies the key stages of fetal development and relates to impact of environmental factors such as maternal medication* • *Discusses the normal physical changes and minor ailments of pregnancy* • *Assesses the possible impact of these physical factors on emotional well-being* • *Describes the normal psychological processes of the childbearing period and differentiates deviations from these normal processes*

LEARNING OUTCOMES

1.2 Discuss factors which may impact on mental well-being during the perinatal period	**Level A** **1.2 Core Content** • Impact of psycho-social factors in a woman's life on her mental well-being • Impact of the woman's experience of maternity care on her mental well-being • Impact of obstetric and neonatal complications on a woman's mental well-being ***1.2 Indicators of Achievement*** • *Describes the psycho-social factors which can impact on mental well-being in pregnancy and early parenthood including domestic abuse, relationship problems, social isolation, poverty, housing problems, substance misuse* • *Recognises the importance of the health professional developing a supportive relationship with vulnerable women in pregnancy* • *Recognises the benefits of continuity of care and carer* • *Discusses the possible mental health implications of IVF, infertility, pregnancy loss, still birth, birth of a premature or sick baby, difficult birth, Caesarean section and other emergency procedures*	**Level B** **1.2 Core Content** • Impact of psycho-social factors in a woman's life on her mental well-being • Impact of the woman's experience of maternity care on her mental well-being • Impact of obstetric and neonatal complications on a woman's mental well-being ***1.2 Indicators of Achievement*** • *Discusses with reference to the appropriate literature the psycho-social factors which can impact on mental well-being in pregnancy and early parenthood including domestic abuse, relationship problems, social isolation, poverty, housing problems, substance misuse* • *Is familiar with the appropriate literature that underpins the importance of the health professional developing a supportive relationship with vulnerable women in pregnancy* • *Recognises the benefits of continuity of care and carer* • *Discusses the possible mental health implications of IVF, infertility, pregnancy loss, still birth, birth of a premature or sick baby, difficult birth, Caesarean section and other emergency procedures*	**Level C** **1.2 Core Content** • Impact of psycho-social factors in a woman's life on her mental well-being • Impact of the woman's experience of maternity care on her mental well-being • Impact of obstetric and neonatal complications on a woman's mental well-being ***1.2 Indicators of Achievement*** • *Critically evaluates women's needs holistically, taking into account psycho-social risk factors alongside medical factors* • *Critically evaluates research on interventions to reduce the impact of psycho-social risk factors* • *Discusses the possible mental health implications of IVF, infertility, pregnancy loss, still birth, birth of a premature or sick baby, difficult birth, Caesarean section and other emergency procedures*

LEARNING OUTCOMES

1.3 Demonstrates knowledge of mental health and illness generally and during the perinatal period	**Level A** **1.3 Core Content** • Definitions of mental health and well-being • Definitions of common mental disorders • Perinatal mental health problems (baby blues, postnatal depression and puerperal psychosis) • Risks factors for recurrence and relapse and development of new mental health problems • Possible influence of culture and ethnicity • Risk factors for self-harm and suicide during perinatal period • Psychosocial vulnerabilities • Influence of mental illness on normal pregnancy and the childbearing process • Impact of substance misuse on maternal mental state • Relevant mental health legislation, policies and guidance • Impact of learning disabilities	**Level B** **1.3 Core Content** • Definitions of mental health and well-being • Definitions of common mental disorders • Perinatal mental health problems (baby blues, postnatal depression and puerperal psychosis) • Risks factors for recurrence and relapse and development of new mental health problems • Possible influence of culture and ethnicity • Risk factors for self-harm and suicide during perinatal period • Psychosocial vulnerabilities • Influence of mental illness on normal pregnancy and the childbearing process • Impact of substance misuse on maternal mental state • Relevant mental health legislation, policies and guidance • Impact of learning disabilities	**Level C** **1.3 Core Content** • Definitions of mental health and well-being • The full range of mental disorders • Perinatal mental health problems (baby blues, postnatal depression and puerperal psychosis) • Risks factors for recurrence and relapse and development of new mental health problems • Possible influence of culture and ethnicity • Risks of self harm and harm to others • Risk factors for Suicide during pregnancy and postnatal period • Psychosocial vulnerabilities • Influence of mental illness on physical health, normal pregnancy and the childbearing process • Impact of substance misuse on mental state • Relevant mental health legislation, policies and guidance • Impact of Learning Disabilities • Impact of Personality Disorder • Specific vulnerabilities of women experiencing acute psychosis in relation to pregnancy, labour and child birth

LEARNING OUTCOMES

1.3 Demonstrates knowledge of mental health and illness generally and during the perinatal period	**Level A** ***1.3 Indicators of Achievement*** • *Describes the main features of common mental disorders such as depression, anxiety disorders, panic disorder, obsessive compulsive disorder, bipolar affective disorder, schizophrenia, personality disorder* • *Appreciates impact of these disorders on daily functioning* • *Describes the prevalence, signs and symptoms of perinatal mental health problems* • *Describes the risk factors for relapse, recurrence and development of mental health problems in the perinatal period including personal history, family history and psycho social risk factors* • *Demonstrates sensitivity to the possible impact culture and ethnicity may have on diagnosis and illness manifestations* • *Recognises the impact of mental illness on the childbearing process* • *Demonstrates awareness of the impact of substance misuse on the maternal mental state and on the fetus and neonate* • *Broadly discusses issues relating to the use of psychotropic medication in women of childbearing age* • *Able to discuss and access the relevant legislation, policies and guidance in this area*	**Level B** ***1.3 Indicators of Achievement*** *Using a range of appropriate literature explores:* • *the main features of common mental disorders such as depression, anxiety disorders, panic disorder, obsessive compulsive disorder, bipolar affective disorder, schizophrenia, personality disorder, posttraumatic stress disorder* • *the impact of these disorders on daily functioning* • *the prevalence, signs and symptoms of perinatal mental health problems* • *the risk factors for relapse, recurrence and development of mental health problems in the perinatal period including personal history, family history and psycho social risk factors* • *the possible impact culture and ethnicity may have on diagnosis and illness manifestations* • *the impact of mental illness on the childbearing process* • *the impact of substance misuse on the maternal mental state and on the fetus and neonate* • *the use of psychotropic medication in women of childbearing age* • *the relevant legislation, policies and guidance in this area*	**Level C** ***1.3 Indicators of Achievement*** *Critically evaluates and contributes to the evidence base in relation to:* • *mental illness and its impact on daily functioning and childbearing* • *all aspects of perinatal mental illness* • *the risk factors for relapse, recurrence and development of mental health problems in the perinatal period including personal history, family history and psycho social risk factors* • *the possible impact culture and ethnicity may have on diagnosis and illness manifestations* • *the impact of mental illness on the childbearing process* • *the impact of co-morbid substance misuse on the maternal mental state and on the fetus and neonate* • *the current research, to enable discussion and provision of advice upon issues relating to the use of psychotropic medication in women of childbearing age* • *the key recommendations of the relevant legislation, policies and guidance in this area*

1.4 Demonstrate knowledge of the parent-infant relationship, normal infant development and the possible impact of parental mental illness on the infant's development and the family	**Level A** **1.4 Core Content** • The stages of normal infant development • Overview of theories relating to the mother infant relationship and development of attachment • The concept of infant mental health • Potential impact of mental illness on the family, including the mental health of the partner • Basic child care practices ***1.4 Indicators of Achievement*** • *Describes the stages of normal infant development including sensory abilities at birth and social development* • *basic childcare skills including breastfeeding support* • *Shows awareness of the theory of attachment and the development of the mother infant relationship* • *Describes the concept of "infant mental health" and what may impact on this* • *Considers the possible impact of parental mental illness on the infant's cognitive, emotional and physical development* • *Considers the possible effects of maternal mental illness on partners and older children*	**Level B** **1.4 Core Content** • The stages of normal infant development • The mother-infant relationship and development of attachment • The concept of infant mental health • Potential impact of mental illness on the family, including the mental health of the partner • Basic child care practices • Additional needs of parents with mental illness in relation to parenting ***1.4 Indicators of Achievement*** *Using a range of appropriate literature explores:* • *the stages of normal infant development including sensory abilities at birth and social development* • *basic childcare skills including breastfeeding support* • *the theories of attachment and the development of the mother infant relationship* • *the concept of "infant mental health" and what may impacts on this* • *the possible impact of parental mental illness on the infant's cognitive, emotional and physical development, shows awareness of research findings in this area* • *the possible effects of maternal mental illness on partners and older children* • *the additional support and educational needs which parents with mental illness may have in relation to parenting* • *Enable women to access services to promote parent-infant attachment such as infant massage and/or parenting courses*	**Level C** **1.4 Core Content** • Early brain development of the infant • The stages of normal infant development • Basic child care practices • The mother infant relationship and attachment theory, attachment disorders • The concept of infant mental health • Impact of infant on maternal mental health • Impact of maternal mental illness on the family, including the mental health of the partner • Additional needs of parents with mental illness in relation to parenting ***1.4 Indicators of Achievement*** *Critically evaluates and contributes to the evidence base in relation to:* • *early infant brain development and the impact of early experiences* • *basic childcare skills including breastfeeding support* • *the stages of normal infant development including sensory abilities at birth and social development* • *a range of theories related to attachment and the development of the mother infant relationship* • *the concept of "infant mental health" and what impacts on this* • *the possible impact of parental mental illness on the infant's cognitive, emotional and physical development* • *the possible effects of maternal mental illness on partners and older children* • *the additional support and educational needs which parents with mental illness may have in relation to parenting*

1.5 Demonstrate knowledge of client's rights and treatment options	**Level A** **1.5 Core Content** • Treatment options and availability including pharmacological and talking therapies • Mental health legislation and rights of clients to refuse treatment ***1.5 Indicators of Achievement*** • *Discusses the dilemmas, risks and benefits relating to pharmacological treatments in the perinatal period* • *Discusses the key elements of common talking therapies including cognitive behavioural therapy, person centred counselling, humanistic therapeutic approaches* • *Identifies the central tenets of current mental health legislation*	**Level B** **1.5 Core Content** • Pharmacological treatments with particular reference to preconceptual prescribing, and the use and safety of psychotropic medications in pregnancy and breast feeding • Psychological treatments • Psychosocial interventions • ECT • Complimentary therapies • Prophylactic medication in high risk women • Effects of pregnancy on medication • Mental health legislation and Millan (Human Rights) Principles • Rights of clients to refuse treatment ***1.5 Indicators of Achievement*** • *Describes the main types of psychotropic medication used* • *Identifies those drugs which are contraindicated in pregnancy and breastfeeding and is able to explain the rationale* • *Describes the key elements of common talking therapies including cognitive behavioural therapy, person centred counselling and humanistic therapeutic approaches* • *Employs basic counselling and active listening skills, and when appropriately trained, employs guided self-help and cognitive behavioural techniques* • *Identifies the central tenets of current mental health legislation*	**Level C** **1.5 Core Content** • Pharmacological treatments with particular reference to preconceptual prescribing, and the use and safety of psychotropic medications in pregnancy and breast feeding • Psychological treatments • Psychosocial interventions • ECT • Complimentary therapies • Prophylactic medication in high risk women • Effects of pregnancy on medication • Mental health legislation and Millan (Human Rights) Principles • Rights of clients to refuse treatment • Programmes and approaches to treat attachment disorders ***1.5 Indicators of Achievement*** • *Demonstrates knowledge of current research in relation to the use of psychotropic medication in the perinatal period* • *Evaluates the risks and benefits of different therapeutic interventions in the perinatal period* • *Describes and employs the key elements of common talking therapies including cognitive behavioural therapy, person centred counselling and humanistic therapeutic approaches* • *Describes and applies the central tenets of current mental health and human rights legislation*

2.1 Demonstrate ability to enable all women to optimise their mental health	**Level A** **2.1 Core Content** • Impact of social context on mental health • Principles of mental health promotion • Tools for mental health promotion – literature, materials, techniques and skills • Needs of women with mental health problems within general service provision • Impact of cognitive processes and styles on mental well-being ***2.1 Indicators of Achievement*** • *Employs appropriate strategies in relation to mental health promotion techniques, materials and approaches*	**Level B** **2.1 Core Content** • Impact of social context on mental health • Principles of mental health promotion • Tools for mental health promotion – literature, materials, techniques and skills • Needs of women with mental health problems within general service provision • Concepts of self-care and self-monitoring skills for women with mental health problems • Impact of cognitive processes and styles on mental well-being ***2.1 Indicators of Achievement*** • *Selects and utilises appropriate methods to promote positive mental health and well-being with all clients including materials and literature* • *Enables women to maximise their mental health through techniques such as guided self-help, relaxation, simple CBT techniques* • *Influences service configuration to benefit mental health (eg promotes continuity of carer, flexibility of service provision based on individual needs, provision of adequate childcare, social support)* • *Enables women to optimise self-care and self-monitoring skills*	**Level C** **2.1 Core Content** • Principles of mental health promotion • Tools for mental health promotion – literature, materials, techniques and skills • Needs of women with mental health problems within general service provision • Concepts of self-care and self-monitoring skills for women with mental health problems • Impact of cognitive processes and styles on mental well-being • Relapse plans ***2.1 Indicators of Achievement*** • *Critically evaluates methods to promote positive mental health and well-being with all clients including materials and literature* • *Enables women to maximise their mental health through techniques such as guided self-help, relaxation, simple CBT techniques* • *Critically analyses or generates the data which influences the configuration of services to benefit mental health* • *Enables women to optimise self-care and self-monitoring skills* • *Develops relapse plans with all women known to mental health services and shares these with appropriate health colleagues and family members*

2.2 Demonstrate ability to provide appropriate preconceptual advice to women with a history of mental illness	**Level A** **2.2 Core Content** • Pharmacological treatments in early pregnancy – risks and benefits • Relapse and recurrence rate of mental illness in perinatal period • Pre-conception care for physical and mental health • Psycho education regarding concordance and compliance with treatment ***2.2 Indicators of Achievement*** • *Understands the importance of a coordinated multi-disciplinary approach* • *Discusses the possible risks and benefits of pharmacological treatments at all stages of pregnancy and refers to appropriate specialist as needed* • *Able to discuss with client and family as appropriate the impact of previous mental health history on risk of recurrence or relapse in perinatal period* • *Contributes to the development of a local strategy to encourage high risk clients to seek appropriate advice prior to embarking on a pregnancy*	**Level B** **2.2 Core Content** • Pharmacological treatments in early pregnancy – risks and benefits • Relapse and recurrence rate of mental illness in perinatal period • Pre-conception care for physical and mental health • Psycho education regarding concordance and compliance with treatment ***2.2 Indicators of Achievement*** • *Facilitates interagency collaboration* • *Advises on the risks and benefits of pharmacological treatments at all stages of pregnancy and refers to appropriate specialist as needed* • *Advises clients and their family as appropriate on the impact of previous mental health history on risk of recurrence or relapse in perinatal period* • *Liaises with appropriate specialists to enable clients to optimise their physical and mental health preconceptually* • *Contributes to the development of a local strategy to encourage high risk clients to seek appropriate advice prior to embarking on a pregnancy*	**Level C** **2.2 Core Content** • Pharmacological treatments in early pregnancy – risks and benefits • Relapse and recurrence rate of mental illness in perinatal period • Pre-conception care for physical and mental health • Psycho education regarding concordance and compliance with treatment ***2.2 Indicators of Achievement*** • *Facilitates inter agency collaboration* • *Critically evaluates the evidence and advises clients and colleagues on the risks and benefits of pharmacological treatments in pregnancy to assist the client and other professionals in the decision making process about treatment and fertility* • *Appraises the evidence to accurately advise clients and their families on the impact of previous mental health history on risk of recurrence or relapse in perinatal period* • *Enables clients to optimise physical and mental health preconceptually* • *Provides women with accurate risk assessments to assist them in their decision making on future family planning* • *Instigates and coordinates the development of a local strategy to encourage high risk clients to seek appropriate advice prior to embarking on a pregnancy*

LEARNING OUTCOMES

3.1 Obtain detailed mental health history through sensitive and systematic history taking	**Level A** **3.1 Core Content** • History taking skills • Active listening skills • Stigma and mental health • Findings and recommendations of CEMACH *Why Mothers Die* ***3.1 Indicators of Achievement*** • *Provides time, privacy and appropriate environment to obtain all aspects of a detailed history* • *Utilises a range of skills that enable a meaningful history to be assembled, including sensitive but effective open questioning strategies and active listening* • *Demonstrates awareness of stigma issues in relation to mental health during the course of the interview* • *Accurately records the history and risk factors, avoiding abbreviations such as PND as a "catch all"* • *Discusses the key findings and recommendations of CEMACH Why Mothers Die in relation to risk assessment* • *Demonstrates awareness of the need for information sharing between professions to assist accurate risk detection*	**Level B** **3.1 Core Content** • History taking skills • Active listening skills • Stigma and mental health • Findings and recommendations of CEMACH *Why Mothers Die* ***3.1 Indicators of Achievement*** • *Provides time, privacy and appropriate environment to obtain all aspects of a detailed history* • *Utilises a range of skills that enable a meaningful history to be assembled, including sensitive but effective open questioning strategies and active listening* • *Demonstrates awareness of stigma issues in relation to mental health during the course of the interview* • *Accurately records the history and risk factors, avoiding abbreviations such as PND as a "catch all"* • *Explains the key findings and recommendations of CEMACH Why Mothers Die in relation to risk assessment.* • *Facilitates information sharing between professions to assist accurate risk detection*	**Level C** **3.1 Core Content** • History taking skills • Active listening skills • Stigma and mental health • Findings and recommendations of CEMACH *Why Mothers Die* ***3.1 Indicators of Achievement*** • *Provides time, privacy and appropriate environment to obtain all aspects of a detailed history* • *Utilises a range of skills that enable a meaningful history to be assembled, including sensitive but effective open questioning strategies and active listening* • *Demonstrates awareness of stigma issues in relation to mental health during the course of the interview* • *Accurately records the history and risk factors, avoiding abbreviations such as PND as a "catch all"* • *Critically appraises the key findings and recommendations of CEMACH Why Mothers Die in relation to risk assessment* • *Develops systems to ensure effective information sharing between professions to enable accurate risk detection*

3.2 Assess level of risk associated with previous history	**Level A** **3.2 Core Content** • Research on prevalence of and risk factors for perinatal mental health problems • Significant factors leading to increased risk ***3.2 Indicators of Achievement*** • *Describes the prevalence of and risk factors for mental health problems in the perinatal period* • *Recognises the increased risks of puerperal psychosis for women with previous history of puerperal psychosis and bipolar affective disorder and other serious mental illness or a strong family history of these disorders*	**Level B** **3.2 Core Content** • Research on prevalence of and risk factors for perinatal mental health problems • Significant factors leading to increased risk ***3.2 Indicators of Achievement*** • *Describes the prevalence of and risk factors for mental health problems in the perinatal period* • *Recognises the increased risks of puerperal psychosis for women with previous history of puerperal psychosis and bipolar affective disorder and other serious mental illness or a strong family history of these disorders*	**Level C** **3.2 Core Content** • Research on prevalence and risk factors of perinatal mental health problems • Significant factors leading to increased risk ***3.2 Indicators of Achievement*** • *Describes the prevalence of and risk factors for mental health problems in the perinatal period* • *Recognises the increased risks of puerperal psychosis for women with previous history of puerperal psychosis and bipolar affective disorder and other serious mental illness or a strong family history of these disorders* • *Identifies individual factors which might indicate an increased risk of serious postpartum mental illness*

3.3 Detect Signs and Symptoms of Distress in perinatal period	**Level A** **3.3 Core Content** • Signs of distress • Verbal and non verbal communication skills • The development of supportive relationships ***3.3 Indicators of Achievement*** • *Effectively monitors both mental and physical health with equal care in the perinatal period* • *Recognises signs of distress in the perinatal period* • *Utilises skills in verbal and non verbal communication* • *Evaluates the impact of the care setting on the ability of the care giver to assess mental well-being – impact of continuity of carer, context of care, flexibility to suit individual needs*	**Level B** **3.3 Core Content** • Signs of distress • Verbal and non verbal communication skills • The development of supportive relationships ***3.3 Indicators of Achievement*** • *Effectively monitors both mental and physical health with equal care in the perinatal period* • *Recognises signs of distress in the perinatal period* • *Utilises skills in verbal and non verbal communication* • *Evaluates the client's environment in relation to the ability to perform an accurate assessment of mental well-being (eg the impact of continuity of carer, context of care, flexibility to suit individual needs)*	**Level C** **3.3 Core Content** • Signs of distress • Verbal and non verbal communication skills • The development of therapeutic relationships ***3.3 Indicators of Achievement*** • *Ensures that services provided recognise the importance of mental health as well as physical health in the perinatal period* • *Provides research based advice to clients and colleagues about the signs of distress in the perinatal period* • *Incorporates a range of communication skills into practice* • *Ensures that issues regarding the suitability of the care environment to identifying distress are considered (eg the impact of continuity of carer, context of care, flexibility to suit individual needs)*

3.4 Assess level of current distress	**Level A** **3.4 Core Content** • Appropriate use of assessment tools, including the Edinburgh Postnatal Depression Scale (EPDS) • Possible advantages and disadvantages of assessment tools, and the possibility of false positives and negatives • Approaches to discussing and assessing mental well-being • Differences between distress and mental illness ***3.4 Indicators of Achievement*** • *Discusses the range of assessment tools that might be employed in local practice including the Edinburgh Postnatal Depression Scale* • *Discuss mental well-being in an appropriate manner* • *Differentiates between distress and mental illness* • *Liaises with and refers on to appropriate colleagues and services as needed*	**Level B** **3.4 Core Content** • Appropriate use of assessment tools including the Edinburgh Postnatal Depression Scale (EPDS) • Possible advantages and disadvantages of assessment tools, and the possibility of false positives and negatives • Skills in carrying out systematic clinical assessment of mental well-being • Differences between distress and mental illness ***3.4 Indicators of Achievement*** • *Demonstrates ability to employ a range of assessment tools appropriate to the clinician's level of responsibility and expertise and appropriate to the woman* • *Effectively assesses mental well-being during clinical contact* • *Considers whether the level of distress indicates a mental illness and makes appropriate onward referral to specialist services*	**Level C** **3.4 Core Content** • Administration of a range of screening and assessment tools • Skills in carrying out systematic clinical assessment of mental well-being • Diagnosis of all perinatal mental illnesses ***3.4 Indicators of Achievement*** • *Provides consultancy and advice to colleagues and clients on the use of appropriate screening tools, based on the appraisal of recent evidence* • *Effectively selects and administers a range of screening and assessment tools* • *Utilises a range of diagnostic skills to assess mental well-being during a clinical interview* • *Diagnoses, or refers on for diagnosis as appropriate for professional role, a wide spectrum of mental illnesses that may occur in the perinatal period*

3.5 Identify psycho-social risk factors in pregnancy and their impact on mental health	**Level A** **3.5 Core Content** • Psycho-social risk factors for mental health problems in the perinatal period • Impact of personal and family history • Impact of social context including poverty, social support, cultural and environmental factors ***3.5 Indicators of Achievement*** • *Recognises the psycho-social risk factors which may impact on mental health in the perinatal period* • *Shows awareness of the impact of domestic violence, relationship breakdown, loss and bereavement, major life events, housing and financial problems*	**Level B** **3.5 Core Content** • Psycho-social risk factors for mental health problems in the perinatal period • Impact of personal and family history • Impact of social context including poverty, social support, cultural and environmental factors ***3.5 Indicators of Achievement*** • *Demonstrates ability to detect psycho-social risk factors and assess their impact in the perinatal period* • *Employs best practice in order to aid disclosure of psycho-social problems* • *Enables and empowers women to access services to improve their physical and social circumstances including housing and financial advice, childcare, parenting support, exercise programmes*	**Level C** **3.5 Core Content** • Psycho-social risk factors • Impact of personal and family history • Impact of social context including poverty, social support, cultural and environmental factors ***3.5 Indicators of Achievement*** • *Demonstrates ability to detect psycho-social risk factors and assess their impact in the perinatal period* • *Employs and reviews best practice in order to aid disclosure of psycho social problems*

3.6 Recognise level of risks of self harm and harm to others, including children and health professionals	**Level A** **3.6 Core Content** • Prevalence and risk factors for self-harm • Risk factors for suicide in perinatal period • Assessment of risk of neglect, emotional and physical abuse of children • Approaches to discussing self-harm issues • Awareness of possible risks to health professionals and approaches to reduce risk ***3.6 Indicators of Achievement*** • *Identifies the risk factors and prevalence for self-harm, suicide and risk to children through abuse or infanticide in the perinatal period* • *Discusses self-harm issues in a confident and sensitive manner* • *Employs a range of strategies to deal with the possibility of escalating violence within a clinical context*	**Level B** **3.6 Core Content** • Prevalence and risk factors for self-harm • Risk factors for suicide in perinatal period • Assessment of risk of neglect, emotional and physical abuse of children • Consideration of risk of infanticide • Approaches to discussing self-harm issues • Awareness of possible risks to health professionals and approaches to reduce risk ***3.6 Indicators of Achievement*** • *Assesses the client's the risk factors for self-harm, suicide and risk to children through abuse or infanticide in the perinatal period* • *Discusses self-harm issues in a confident and sensitive manner* • *Refers on to appropriate child protection agencies as appropriate* • *Employs a range of strategies to deal with the possibility of escalating violence within a clinical context* • *Ensures accurate documentation of information about potential risks and facilitates appropriate referral to other professionals and services*	**Level C** **3.6 Core Content** • Comprehensive risk assessment • Prevalence and risk factors for self-harm • Risk factors for suicide in perinatal period • Assessment of risk of neglect, emotional and physical abuse of children • Consideration of risk of infanticide • Approaches to discussing self-harm issues • Awareness of possible risks to health professionals and approaches to reduce risk ***3.6 Indicators of Achievement*** • *Provides guidance based on recent evidence to colleagues and clients in relation to the risk factors and prevalence for self-harm, suicide and risk to children through abuse or infanticide in the perinatal period* • *Discusses self-harm and harm to others in a confident and sensitive manner* • *Generates strategies for dealing with potential self-harm* • *Assesses the level of risk to others, including children and instigates strategies to reduce that risk* • *Refers on to appropriate child protection agencies as appropriate* • *Employs a range of strategies to deal with the possibility of escalating violence within a clinical context* • *Ensures accurate documentation and dissemination of information about potential risks*

3.7 Have knowledge of specialist services, referral routes and care pathways in local area	**Level A** **3.7 Core Content** • Professional roles in the multi-professional team • Consideration of the role of voluntary sector organisations and multi-agency working • Concepts of client choice, consent and involvement in care ***3.7 Indicators of Achievement*** • *Identifies their own role within the context of the multi-disciplinary team* • *Provides rapid and appropriate referral as required*	**Level B** **3.7 Core Content** • Professional roles in the multi-professional team • Consideration of the role of voluntary sector organisations and multi-agency working • Concepts of client choice, consent and involvement in care ***3.7 Indicators of Achievement*** • *Accesses and consults with a range of both statutory and voluntary services* • *Provides rapid and appropriate referral as required*	**Level C** **3.7 Core Content** • Evaluation and planning of local policies and guidelines in relation to detection of perinatal mental health problems • Design and implementation of local and national guidelines • Concepts of client choice, consent and involvement in care ***3.7 Indicators of Achievement*** • *Evaluates current systems for detection and management of perinatal mental health problems* • *Instigates modifications to improve service provision in the light of regular review*

4.1 Work as part of the multi-disciplinary team and collaborate across agencies	**Level A** **4.1 Core Content** • Appropriate information sharing • Individual professional responsibility to ensure that effective communication takes place • Nature and work practices of all services involved in providing perinatal mental health care • Consent, right to privacy and confidentiality ***4.1 Indicators of Achievement*** • *Disseminates information to colleagues as appropriate according to the local care pathway.* • *Respects client's rights to privacy, consent and confidentiality* • *Works collaboratively with colleagues and other agencies to support families, including working with voluntary sector organisations, family, social work, Sure Start and childcare providers*	**Level B** **4.1 Core Content** • Importance of providing other members of multi-disciplinary team with adequate information • Identification of lead professional to ensure communication takes place • Community based and voluntary sector resources • Nature and work practices of all services involved in providing perinatal mental health care • Consent, right to privacy and confidentiality ***4.1 Indicators of Achievement*** • *Disseminates information to colleagues as appropriate according to the local care pathway* • *Respects client's rights to privacy, consent and confidentiality* • *Works collaboratively with colleagues and other agencies to support families, including working with voluntary sector organisations, family, social work, Sure Start and childcare providers* • *Enables women to access services to improve their physical and social circumstances e.g. assistance with housing and financial needs, promotion of exercise programmes*	**Level C** **4.1 Core Content** • Importance of providing other members of multidisciplinary team with adequate information • Identification of lead professional to ensure communication takes place • Formulation of management plans in pregnancy for women at high risk of recurrence or relapse • Nature and working practices of maternity, health visiting, child and adolescent mental health services and child care social work services • Community based and voluntary sector resources • Educational and consultancy role for colleagues • Consent, right to privacy and confidentiality ***4.1 Indicators of Achievement*** • *Coordinates and monitors regular multi-disciplinary communication* • *Provides clinical leadership in the management of complex cases* • *Ensures confidentiality in the context of the multi-disciplinary team, carers and other staff involved in care* • *Works collaboratively with colleagues and other agencies to support families, including working with voluntary sector organisations, family, social work, Sure Start and childcare providers* • *Recognises when the need to protect a vulnerable person outweighs the need to preserve confidentiality* • *Recognises that the multi-disciplinary team may be wider than their own NHS board e.g. when referring to Mother and Baby unit outside health board*

4.2 Offer appropriate level of support and intervention based on individual needs	**Level A** **4.2 Core Content** • Counselling and listening skills • Debriefing - evidence base • Liaison and Referral • Psycho social interventions in the prevention and treatment of mental health problems in the perinatal period ***4.2 Indicators of Achievement*** • *Provides enhanced continuity of care for vulnerable women* • *Provides an individualised plan of care based on need* • *Provides a supportive environment for women to discuss any problems* • *Consults with colleagues and refers women on to appropriate services* • *Promotes a seamless transfer of care between health professionals*	**Level B** **4.2 Core Content** • *Counselling skills* • *Cognitive behavioural therapy techniques* • *Guided self-help* • *"Listening visits"* • *Liaison and Referral* • *Interventions for more than one family member* • *Debriefing - evidence base* • *Support groups* • *Psycho-social interventions in the prevention and treatment of mental health problems in the perinatal period* *4.2 Indicators of Achievement* • *Provides enhanced continuity of care for vulnerable women* • *Provides an individualised plan of care based on need* • *Provides, where appropriate, short-term interventions to women with mild to moderate mental health problems, such as "listening visits"* • *Refers women with moderate to severe mental health problems to appropriate specialist services* • *Promotes a seamless transfer of care between health professionals* • *Supports the development of support groups appropriate to local need* • *Recognises possible support needs of other family members including partners and children and seeks appropriate support for them*	**Level C** **4.2 Core Content** • Psycho-social interventions in the prevention and treatment of mental health problems in the perinatal period • Research in effective interventions • Relapse prevention • Liaison and Referral to other specialist services • Interventions for more than one family member • Implementation of mental health legislation • Prescribing and delivery of drug treatments, electro convulsive therapy and psychosocial interventions • Parenting intervention skills • Assessment of parenting capacity ***4.2 Indicators of Achievement*** • *Builds therapeutic and supportive relationships with both patients and carers* • *Provides short and longer term interventions to women with moderate to severe mental health problems* • *Refers women with specific mental disorders to appropriate specialist services for example post-traumatic stress, eating disorder, substance misuse services* • *Promotes a seamless transfer of care between health professionals* • *Supports the development of support groups appropriate to local need* • *Recognises possible support needs of other family members including partners and children and seeks appropriate support for them*

4.3 Implement appropriate risk management strategies	**Level A** **4.3 Core Content** • Identification and referral of high risk women to appropriate services • Antenatal management plans for high risk women • "Relapse signatures" • Risk assessment in relation to child protection • Observation of mother-infant interaction • Child protection legislation and guidelines ***4.3 Indicators of Achievement*** • *Identifies women at high risk of mental health problems in the perinatal period, explains these risks to women and their families and consults and refers on to appropriate services* • *Discusses infant mental health with women and families. Explains approaches to improve mother infant-interaction and the development of attachment* • *Participates in development of management plan*	**Level B** **4.3 Core Content** • Identification and referral of high risk women to appropriate services • Antenatal management plans for high risk women • "Relapse signatures" • Risk assessment in relation to child protection • Risk of infanticide link to suicide risk • Child protection legislation and guidelines • Assessment of and interventions for mother-infant interaction ***4.3 Indicators of Achievement*** • *Identifies women at high risk of mental health problems in the perinatal period, explains these risks to women and their families and consults and refers on to appropriate services* • *Discusses personal "relapse signatures" with women at high risk and their families and records appropriately* • *Participates in development of management plan* • *Discusses infant mental health with women and families. Explains approaches to improve mother infant-interaction and the development of attachment*	**Level C** **4.3 Core Content** • Assessment and development of care plans for high risk women in pregnancy • Prophylactic interventions • "Relapse signatures" • Assessment of and interventions for mother-infant interaction • Risk assessment in relation to child protection • Risk assessment and management in relation to suicide and infanticide in the postnatal period • Child protection legislation and guidelines • Assessment of incapacity • Assessment of parenting competence ***4.3 Indicators of Achievement*** • *Discusses personal "relapse signatures" with women at high risk and their families and records appropriately* • *Reacts appropriately to risk factors for maternal suicide and infanticide* • *Recognises that presentation of a serious mental disorder in late pregnancy is of particular concern and provides rapid response and appropriate intervention* • *Prioritises the safety and welfare of the child.* • *Instigates and coordinates the development of an antenatal management plan for high risk women* • *Discusses infant mental health with women and families. Explains approaches to improve mother infant-interaction and the development of attachment*

5.1 Practice within legal, professional and national and local policy frameworks	**Level A** **5.1 Core Content** • Policies and national guidelines relating to perinatal mental health including CEMACH, NICE, SIGN, NSFs etc • Mental health legislation • Own professional code of conduct and rules, statutory supervision requirements • Child protection legislation and local guidelines ***5.1 Indicators of Achievement*** • *Works according to local guidelines and protocols* • *Works within the boundaries of their professional role as prescribed by their professional body, professional rules and codes of conduct* • *Demonstrates an understanding of the rules relating to confidentiality in the context of the multi-disciplinary team, carers and other staff involved in care*	**Level B** **5.1 Core Content** • Policies and national guidelines relating to perinatal mental health including CEMACH, NICE, SIGN, NSFs etc • Mental health legislation • Own professional code of conduct and rules, statutory supervision requirements • Child protection legislation and local guidelines ***5.1 Indicators of Achievement*** • *Works according to local guidelines and protocols* • *Contributes to the development of appropriate local evidence-based guidelines* • *Works within the boundaries of their professional role as prescribed by their professional body, professional rules and codes of conduct* • *Demonstrates an understanding of the rules relating to confidentiality in the context of the multi-disciplinary team, carers and other staff involved in care*	**Level C** **5.1 Core Content** • Policies and national guidelines relating to perinatal mental health including CEMACH, NICE, SIGN, NSFs etc • Key legal and ethical guidelines to support their work particularly relating to consent to treatments and the right to refuse treatment • Mental health legislation • Own professional code of conduct and rules • Child protection legislation and local guidelines ***5.1 Indicators of Achievement*** • *Works according to local guidelines and protocols* • *Influences and contributes to the development of appropriate policies and protocols* • *Works within the boundaries of their professional role as prescribed by their professional body, professional rules and codes of conduct* • *Demonstrates an understanding of the rules relating to confidentiality in the context of the multi-disciplinary team, carers and other staff involved in care*

5.2 Support colleagues and participate in clinical supervision	**Level A** **5.2 Core Content** • Becoming a reflective practitioner • Clinical supervision models ***5.2 Indicators of Achievement*** • *Participates in regular clinical supervision* • *Employs a reflective approach to their practice, with an awareness of their level of expertise and limitations and their developmental needs*	**Level B** **5.2 Core Content** • Becoming a reflective practitioner • Clinical supervision models ***5.2 Indicators of Achievement*** • *Provides and participates in regular clinical supervision* • *Employs a reflective approach to their practice, with an awareness of their level of expertise and limitations and their developmental needs*	**Level C** **5.2 Core Content** • Becoming a reflective practitioner • Clinical supervision models ***5.2 Indicators of Achievement*** • *Ensures systems for individual and peer supervision and reflection on practice are available and maintained* • *Demonstrates a reflective approach to their practice, with an awareness of their level of expertise and limitations and their developmental needs*

5.3 Practice in an anti-discriminatory manner	**Level A** **5.3 Core Content** • Diversity awareness • Stigma in mental health • Social inclusion ***5.3 Indicators of Achievement*** • *Recognises issues of stigma and discrimination in relation to mental health* • *Recognises issues of discrimination in relation to culture, race, religion and sexuality* • *Recognises social inclusion issues and their impact on health*	**Level B** **5.3 Core Content** • Diversity awareness • Stigma in mental health • Social inclusion ***5.3 Indicators of Achievement*** • *Recognises and constructively tackles issues of stigma and discrimination in relation to mental health* • *Actively promotes anti-discriminatory practice in relation to race, culture, religion and sexuality* • *Actively promotes social inclusion*	**Level C** **5.3 Core Content** • Diversity awareness • Stigma in mental health • Social inclusion ***5.3 Indicators of Achievement*** • *Recognises and constructively tackles issues of stigma and discrimination in relation to mental health* • *Actively promotes anti-discriminatory practice in relation to race, culture, religion and sexuality* • *Actively promotes social inclusion*

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GLOSSARY OF TERMS

There is much debate about how difficulties with mental health should be defined with the terms 'mental health problems', 'mental distress', 'mental disorder' and 'mental illness' variously used, often associated with the views of different stakeholder groups and models they use to understand what helps people maintain their mental health and what causes this to be compromised. All of these terms have been employed in the Curricular Framework and so brief definitions have been given below to provide some clarity for readers.

Perinatal Period
In the context of this document the perinatal period here refers to the period of pregnancy, childbirth and the first year after the birth. This is the definition of "perinatal" commonly employed in the mental health field, but differs from the definition of perinatal used in the midwifery and obstetric fields where it is generally meant to refer to pregnancy, childbirth and the first six postnatal weeks.

Mental Health
The World Health Organisation defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2001, p1). There is therefore no health without mental health. It has proposed that mental health is "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001a, p1).

The 2004 WHO report on "Promoting Mental Health" stated that "...mental health and mental illness are determined by multiple and interacting social, psychological and biological factors, just as health and illness in general... Mental health implies fitness rather than freedom from illness" (WHO, 2004, p 13).

Mental Illness/Mental Disorder
Mental illnesses/disorders are conditions that are able to be categorised, defined and diagnosed in accordance with an internationally recognised classification system such as ICD and DSM. A mental illness is diagnosed where the symptoms experienced reach a level and present a picture reaching diagnostic criteria as described in these classification systems. It is increasingly recognised that mental illnesses may have a combination of causes and etiologies including biological, organic, genetic, psychological and social factors.

Mental Distress
Mental distress is commonly used to describe symptoms which fall below the threshold of diagnosis for mental illness. Mental distress may share many of the characteristics of a mental illness but will generally be less severe and enduring. However, people suffering from mental distress would not be considered to have full mental health and their daily functioning may be impaired.

Infant Mental Health
Infant mental health refers to the emotional and cognitive development of infants from birth. The emotional environment of infancy is primarily their relationship with their primary caregiver (generally the mother). The nature of this primary attachment relationship has very significant long-term implications for the mental health of the baby, and the child and adult they become. Early intervention to promote a positive attachment can help prevent later mental health problems and benefit the baby's emotional and cognitive development.

REFERENCES AND BIBLIOGRAPHY

Perinatal Mental Health

Appleby L, Gregoire A, Platz C, Martin P and Kumar R, 1994, Screening Women for high risk of postnatal depression, *Journal of Psychosomatic Research*, 38, 539-45.

Appleby L and Turnbull G, 1995, Parasuicide in the first postnatal year, *Psychological Medicine*, 25, 1087-90.

Appleby L, Warner R, Whitton et al, 1997, A controlled study of fluoxetine and cognitive-behavioural counseling in the treatment of postnatal depression. *BMJ*, 314, 932-6.

Boath E and Henshaw C, 2001, The treatment of postpartum depression: a comprehensive review. *Journal Reprod Infant Psychol*, 19, 215-48.

Boyce P, 1994, Personality dysfunction, marital problems and postnatal depression. In Cox J and Holden J (eds) *Perinatal Psychiatry: the use and misuse of the EPDS*. London: Gaskell.

Cantwell R and Smith S, 2006, Prediction and prevention of perinatal mental illness, *Psychiatry*, 5:1, 15-21.

Coghill S, Caplan H, Alexandra H, Mordecai Robson K and Kumar R ,1986, Impact of maternal postnatal depression on cognitive development of children. *British Medical Journal*, 292, 1165-67.

Confidential Enquiry into Maternal Deaths, 2001, *Why Mothers Die, Fifth report on Confidential Enquiries into Maternal Deaths in the United Kingdom, 1997-1999*, London: RCOG press.

Confidential Enquiry into Maternal and Child Health, 2004, *Why Mothers Die, Sixth Report on Confidential Enquiries into Maternal Deaths in the United Kingdom, 2000-2002*, London: RCOG Press.

Cooper PJ and Murray L, 1997, The impact of psychological treatments of postpartum depression on maternal mood and infant development. In L Murray and P J Cooper (eds) *Postpartum depression and child development*. New York: Guildford, 201-20.

Cooper PJ and Murray L, 2005, Prediction, detection and treatment of postnatal depression, *Archives of Disease in Childhood*, 77, 97-9.

Ccoper PJ and Murray L, 2005, Postnatal Depression, *BMJ*, 316, 1884-6.

Evans J, Heron J, Francomb H, Oke S and Golding J, 2001, Cohort study of depressed mood during pregnancy and after childbirth, *BMJ*, 3223, 257-60.

Hay D, Pawlby S, Sharp D at al, 2001, Intellectual problems shown by 11 year old children whose mothers had postnatal depression, *Journal of Child Psychology and Psychiatry*, 42, 871-89.

Henshaw C, 2006, Psychological and social approaches to treatment, *Psychiatry*, 5:1, 21-4.

Holden J, 1991, Postnatal depression:its nature, effects and identification using the Edinburgh Postnatal Depression Scale. *Birth*, 18, 211-221.

Manning C and Gregoire A, 2006, The effects of parental mental illness on children, *Psychiatry*, 5:1, 10-12.

Meltzer H, Gill B, Pettigrew et al, 1995, *The prevalence of psychiatric morbidity of adults living in private households*. Office for Population Censuses and Surveys: Surveys of Psychiatric Morbidity in Great Britain, report 1. London: HMSO.

Murray L, 1992, The impact of postnatal depression on infant development, *Journal of Child Psychology and Psychiatry*, 9, 6, 372-378. RCoG, 2004, *CEMACH Why Mothers Die, 2000-2002*, London:RCOG press.

REFERENCES AND BIBLIOGRAPHY

Murrray L, Sinclair D, Cooper PJ et al, 1999, The socio-emotional development of five year old children of postnatally depressed mothers. *Journal of child psychology and psychiatry*, 40, 8, 1259-72.

Murray L and Cooper PJ, 2003, The impact of postpartum depression on infant development. In I Goodyer (ed) *Aetiological Mechanisms in Developmental Psychopathology*, Oxford: Oxford University Press.

Oates M R, 2003, Perinatal psychiatric disorders: a leading cause of maternal morbidity and mortality. *British Medical Bulletin*, 67, 219-29.

Oates M R, 2006, Perinatal psychiatric syndromes: clinical features. *Psychiatry*, 5:1, 5-9.

O'Hara M, 1997, The nature of postpartum depressive disorders. In L Murray and PJ Cooper (eds) *Postpartum depression and child development.* New York: Guildford, 3-31.

Priest S R, Henderson J, Evans S F, Hagan R, 2003, Stress debriefing after childbirth: a randomized controlled trial. *Med J Aust*, 178, 542-5.

Royal College of Psychiatrists, April 2000, *Perinatal Mental Health Services - Royal College of Psychiatrists Council Report*, CR88, London:RC of Psych press.

Scottish Intercollegiate Guidelines Network (SIGN), 2002, *SIGN Guideline 60: Postnatal Depression and Puerperal Psychosis.* Edinburgh: SIGN.

Scottish Executive, 2004, *Framework for Mental Health Services in Scotland: Perinatal Mental Illness/Postnatal Depression, Hospital Admission and Support Services*, HDL 6 2004.

Sharp D, 1994, The effect of depression on the development of the child. Postnatal depression symposium. London: Royal Postgraduate Medical, School, Institute of Obstetrics and Gynaecology.

Slattery E, 2006, *Minding the gap: the unmet needs of mentally ill children*. London: Creative connections.

Watson J, Elliott S, Rugg A and Brough D,1984, Psychiatric Disorder and the first postnatal year. *British Journal of Psychiatry*, 144, 453-62.

Webster A, 2002, The forgotten father: the effect on men when partners have PND, *Community Practitioner*, 75, no 10, 390-3.

Wrate R, Zajicek E and Ghodsian M,1980, Continuities in Maternal Depression. *International Journal of Family Psychiatry*, 1, 167-82.

Infant Mental Health

Balbernie B, 2002, An infant in context: Multiple risks and a relationship, *Infant Mental health Journal*, 23, 3, 329-341.

Barnard K E, 1998, Developing implementing and documenting interventions with parents and young children, *Zero to Three*, 18, 4, 23-29.

Barrows P, 2000, Making the case for dedicated infant mental health services, *Psychoanalytic Psychotherapy*, 14,2, 111-128.

Carlson E A, 1998, A prospective longitudinal study of attachment disorganization/disorientation, *Child Development*, 69, 1107-1129.

Emde R N, 2001, Infant mental health challenges for Early Head Start: Understanding context and overcoming avoidance, *Zero to Three*, 22,1, 21-24.

Glaser D, 2000, Child Abuse and neglect and the brain - a review. *Journal of Child Psychology and Psychiatry.* 41,1, 97-116.

REFERENCES AND BIBLIOGRAPHY

Goldberg S, 2000, *Attachment and Development*. London: Arnold.
Osofsky J D and Fitzgerald H E (Eds), 2000, *World Association for Infant Mental Health Handbook of Infant Mental Health. Vol 4*. New York: John Wiley and Sons.

Schore A, 2001, Effects of a secure attachment relationship on right brain development, affect regulation and infant mental health. *Infant mental health journal*, 22, 1-2, 201-269.

Scottish Executive, 2005, *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*, Edinburgh: SEHD.

Scottish Executive, 2003, *Getting our priorities right: good practice guidance for working with children and families affected by substance misuse*, Edinburgh: SEHD.

Scottish Executive, 2005, *Getting it right for every child: proposals for action*, Edinburgh: SEHD.

The UK Advisory Council on the Misuse of Drugs, 2003, *Hidden Harm-Responding to the needs of children of problem drug users. Report on an Inquiry by the Advisory Council on the Misuse of Drugs*, London: UKACMD.

Mental Health

DoH, 2002, *Womens Mental Health - into the Mainstream*. Strategic Development of Mental Health care for women, London:DoH.

Scottish Executive, 2001, *The National Programme for Mental health and Well being in Scotland*, Edinburgh: SEHD.

Scottish Executive, 2003, *The Mental Health (Care and Treatment) (Scotland) Act 2003*, Edinburgh: SEHD.
Scottish Executive, 2003, *National Programme for Improving Mental Health and Well-being, Action Plan 2003-2006*, Edinburgh: SEHD.

Scottish Office, 1997, *The Framework for Mental health Services in Scotland*, Edinburgh: Scottish Office.

Maternity Services

CRAG and SCOTMEG Working Group on Maternity Services, 1995, *Antenatal Care*. Edinburgh: Scottish Office.

DoH, 2004, *National Service Framework for Children, Young People and Maternity Services*, London: DoH.

Expert Group on Maternity Services (EGAMS), 2002, *Expert Group on Acute Maternity Services Reference Report*. Edinburgh: SEHD.

NHS Quality Improvement Scotland, NHS QIS, 2005, *Maternity Services - Clinical Standards*, Edinburgh, NQIS.

NHS Quality Improvement Scotland, NHS QIS, 2004, *Maternal History Taking - Best Practice Statement*, Edinburgh: NQIS. RcoG, 2002, *Antenatal Care - Routine Care for Healthy Pregnant Women: Clinical Guideline*, National Collaborating Centre for Women and Childrens Health, London: NICE.

Ross-Davie M, Elliott S, Sarkar A and Green L, 2006, A Public Health Role in perinatal mental health: are midwives ready?, *British Journal of Midwifery*, 14,6, 330-334.

Scottish Executive, 2001, *A Framework for Maternity Services in Scotland*. Edinburgh: Scottish Executive.

REFERENCES AND BIBLIOGRAPHY

Health

Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). July 2001. (CNORIS) *Risk Management Standards - Clinical Risk Management Standards*. Edinburgh: Scottish Executive.

Scottish Executive, 2000, *Our National Health: A Plan for Action, A Plan for Change*. Edinburgh: Scottish Executive.

Scottish Executive, 2005, *Delivering for Health*, Edinburgh: Scottish Executive.

Scottish Executive, 2005 *Health for all Children 4: Guidance on Implementation in Scotland - Getting it right for children in Scotland*, Edinburgh: Scottish Executive.

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