NHS England

London Strategic Clinical Networks

London Perinatal Mental Health Service Specification

Introduction

The intention of this specification is to improve the commissioning of perinatal mental health services across London, reduce variation in service provision and ensure equity of access to high quality perinatal mental health care for women and their families.

This document sets out a perinatal mental health service specification for a full pathway of provision, based on national guidance and best practice, with input from local CCG commissioners, healthcare and social care professionals and service users. The exception is for specialist perinatal mental health services – only the requirements in relation to others in the pathway are included here. Detail of the provision of this service is well documented elsewhere, such as the Royal College of Psychiatrists' Perinatal Quality Network

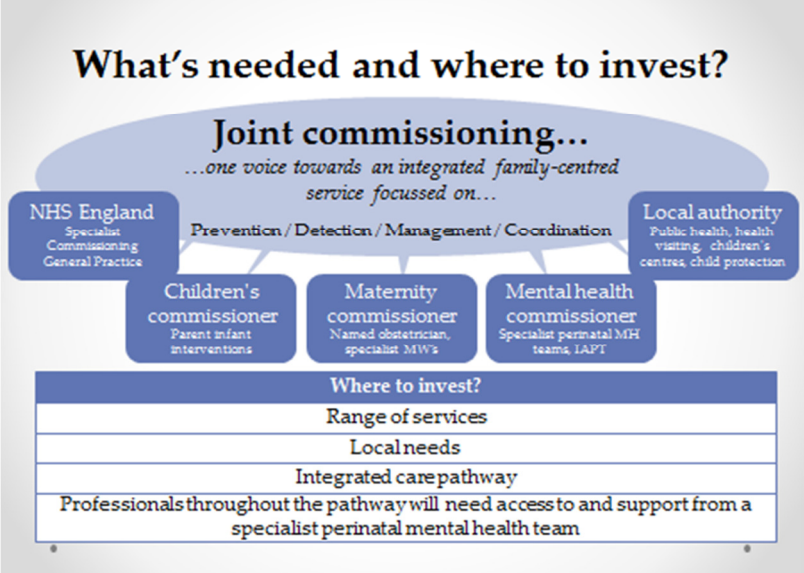
This specification is designed to help commissioners understand a complex area involving a variety of services commissioned in different ways. The intention is to:

1. Outline the essential components of the perinatal mental health pathway according to how they are commissioned.
2. Highlight key areas to consider when commissioning each component and
3. Sign post to related guidance.

When a woman and her family's care is provided by several different health and social care professionals, across different providers, this can result in the individual experiencing services as fragmented, difficult to access and not based around their needs. However, excellent integrated care can reduce:

- confusion
- repetition
- delay
- duplication and
- gaps in service delivery

In order to achieve this collaborative commissioning (where those responsible for commissioning different services across health, the local authority and third sector) work together, is essential.



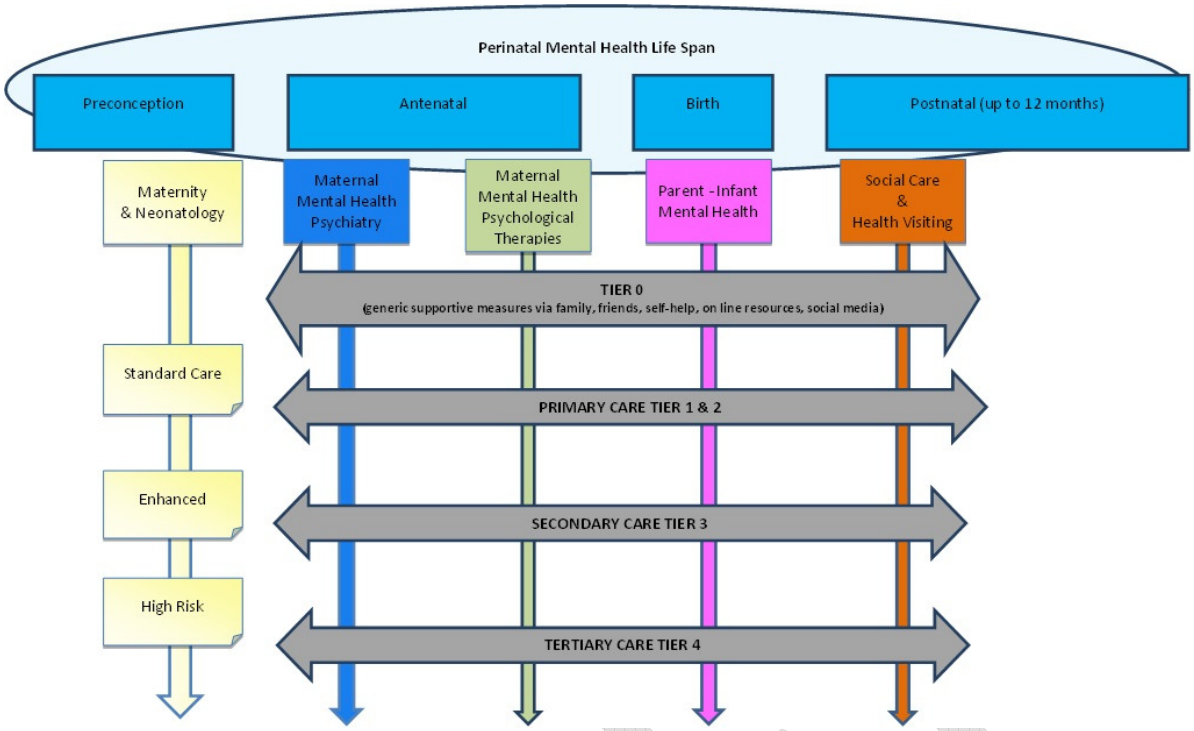
Each individual area will need to consider existing provision, the needs of their population and how they will work towards providing a comprehensive service across the spectrum of need.

In order to deliver safe, effective, person centred care it is essential that all CCG's demonstrate that:

- The needs of women and infants have been identified locally (Joint Strategic Needs Assessment) and there is a strategy for perinatal mental health to address these needs
- There is a collaborative commissioning group working with clinicians and service users to plan and deliver perinatal services. Links to an established local perinatal network can also assist to advise and develop integrated care pathways.
- There is a clear care pathway so that professionals and service users know where to get support, ensuring equitable access to the right treatment at the right time by the right service

The London Perinatal Care pathway outlines five major strands:

- Maternal mental health psychiatry
- Maternal mental health psychological therapies
- Parent-infant mental health
- Maternity and neonatology
- Social care



Population needs

The burden of disease relating to perinatal mental illness

- The perinatal period is defined as the time from conception until the baby is a year old.
- Perinatal mental health problems are common and affect up to 20% of women during the perinatal period.
- Research in to the epidemiology of perinatal mental health problems shows that 4% of women will experience severe and complex mental health needs during the perinatal period, 8% will require mental health support and/or appropriate onward referral and another 8% will require routine antenatal and postnatal care with additional psychosocial support. It is anticipated that approximately 26,000 women in London will require some degree of mental health intervention during the perinatal period, per year's birth cohort.
- Depression is the most common complication of maternity – above diabetes, hypertension and other physical health complications. Affecting 10-15% of woman, often with antenatal onset.
- The postnatal period poses the highest risk of psychosis than at any other time during the pregnancy pathway (or indeed a woman's life). Postpartum psychosis presents with a rapidly evolving picture and can be associated with significant risks to the mother and child. There is a markedly elevated risk of relapse (40-70%) for women with bipolar affective disorder.
- Suicide is a leading cause of maternal deaths. Enquiries into maternal deaths have consistently identified the following themes, poor communication between services, poor identification of risk in the perinatal population, problems with referral for assessment, lack of access to specialist perinatal mental health services, the rapidity of progression of postnatal mental illness and the need for continuity of care and co-ordinated case management. MBRRACE-UK Report 2015

- The National Child and Maternal Health Intelligence Network (ChiMat) have produced a number of tools including the Mental health in pregnancy, the postnatal period and babies and toddlers: needs assessment report. This needs assessment report brings together data and evidence on mental health in the antenatal and postnatal periods, and the social and emotional development and wellbeing of babies and toddlers. It can be used to inform local needs assessments by giving commissioners an indication of perinatal and infant mental health need in their area.
- NSPCCC's report Spotlight on Perinatal Mental Health 2013 highlighted that approximately half of all cases of perinatal anxiety and depression go undetected and, of those that are detected, a significant proportion do not receive evidence-based intervention. In over half of cases, untreated antenatal depression is likely to persist into the postnatal period and beyond, with an increased risk of adverse infant outcomes.

Short and long-term effects of perinatal mental illness

- As highlighted in the 1001 Critical Days Cross-Party Manifesto, the first 18 months of life are a crucial period for neurobehavioral and cognitive development. The mother-infant relationship and specifically the quality of emotional attachment between a mother and her infant are important mediating factors that influence outcomes. Early intervention can play a vital role in optimising the emotional and neurocognitive development for every child, preventing abuse and neglect.
  1001Critical Days Manifesto 2015
- Psychosocial stressors, depression and anxiety are known to impact on maternal wellbeing during the perinatal period. They are associated with adverse effects such as poorer cognitive, emotional and behavioural outcomes for children. Poor marital or partner relationships and depression in fathers is associated with poorer outcomes for mothers and their infants. Lack of social support is a well-recognised risk factor for the onset of mental disorder during the perinatal period.

Whilst the perinatal period is a time of significant adjustment and vulnerability for some families, it is also an opportunity for health education and health promotion as pregnancy and early motherhood are times of unparalleled contact with health services.

The case for intervention and economic benefits

Treatment of mental illness in pregnancy and following childbirth by co-ordinated health service and social care services results in improved mental health outcomes for women, their children and their wider family. These benefits are noted in the short, medium and long-term.

The economic cost to the public sector and society as a whole of failing to provide services to support women with perinatal mental illness is significant. The estimated costs of perinatal mental health problems per year in the UK total £8.1 billion The Costs of Perinatal Mental Health Problems LSE & Centre for Mental Health 2014 . Most of these costs are associated with the impacts of undertreated perinatal mental illness on the child. The case for investing to save is compelling.

Perinatal Services in London:

- Over 130,000 live births in London in 2014
- Across London there are 3 mother and baby units (MBU) with a total of 32 beds:
  - Coombe Wood MBU – covering NW London
  - Bethlem MBU – covering SE & SW London
  - Homerton MBU – covering NC London
- The provision of perinatal mental health across London is variable.
- In 12 of the 32 London boroughs women and their families have no access to specialist services.
- The NHS England Review of Maternal Deaths (2012-13) recorded 20 serious incidents, of which 5 were suicides and 1 the result of liver damage with associated mental health problems.
- Approximately 10% of women in London deliver their baby in one NHS trust but receive postnatal care in another area. Services provided by the local authority and community mental health services tend to be borough based, services provided by GP's and acute trusts cross borough boundaries.
- The Pan London Perinatal Mental Health Network was established in 2013. Perinatal mental health clinical networks are key in developing local services and pathways of care, to prevent care being fragmented and uncoordinated. Networks should always include specialist addictions services (MBRACE 2015).
- The London Perinatal Mental Health Care Pathway developed by the Pan London Perinatal Network was launched in October 2015.
- 'Building Better Perinatal Mental Services' an animation developed to support the commissioning of perinatal mental health services is also available on the above website.

National guidance and standards:

Perinatal mental health services are delivered within the context of national, regional and local policy, taking account of individual and population need. Timely access to NICE concordant care Antenatal and postnatal mental health: Clinical management and service guidance, NICE 2014 should be provided in all areas. For each area of service provision the key documents/resources have been referenced.

The recently published mental health taskforce report from NHS England Mental Health Taskforce 2016 is shaping the strategy for mental health across England and highlights the need for a strong focus on perinatal mental health. Recommendations include investment to develop perinatal mental health services to increase access to evidence based specialist care during the perinatal period, including access to specialist community and inpatient care.

Better postnatal and perinatal mental health care is also addressed in the newly published national maternity review, highlighting the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family. The report endorses the recommendation of the Mental Health Taskforce for a step change in the provision of perinatal mental health care across England.

Partnership working (working with and across agencies) will be an important part of developing perinatal services. NHS England's Five Year Forward View 2014 recognises the role of working with third sector services and engaging with local communities to improving health, well-being and care outcomes and the wider social, economic and environmental value in working collaboratively.

Integrated care pathway with multi-agency working

- Integrated care pathway that covers all levels of service provision and all severities of disorder Joint Commissioning Guidance for Perinatal Mental Health Services 2012
- Multi-agency working and information sharing Antenatal and postnatal mental health: Clinical management and service guidance, NICE 2014.It is essential that relevant mental health history is shared between primary care, maternity and mental health services so women receive appropriate care on the basis of an informed risk assessment of their mental health needs (MBRACE 2015).
- Partnership working with parents and agencies where intensive multi-agency packages are required Health Visiting National Service Specification 2014/15
- Smooth transition between care settings and organisations, including between primary and secondary care, mental and physical health services, children's and adult services and health and social care – thereby helping to reduce health inequalities. The mandate for NHS England.
- Healthcare professionals, public health professionals and social care practitioners should ensure women receiving care are treated with dignity, have opportunities to discuss their preferences, and are supported to understand their options and make fully informed decisions. Where appropriate, family members and carers should be involved in the decision-making process about investigations, treatment and care.

Specialist perinatal mental health service

- Access to specialist perinatal provision for all women during the perinatal period, regardless of area of residence: access to the right treatment, at the right time, by the right provider NICE Guidelines (2014), Joint Commissioning Guidelines (2012) NSPCC (2013))
- Pro-active planning and management of women with severe mental illness (NICE, 2014)
- The Perinatal Quality Network (The Royal College of Psychiatrists) sets national standards for perinatal community teams and operates a scheme for accreditation Service Standards: Perinatal community mental health services 2014

Early detection and prediction of risk of mental illness

- Universal care services should be able to identify women at risk and offer early support and intervention Maternal Mental Health Alliance , NSPCC and Royal College of Midwives (2012), NICE(2014)
- Training for primary care, midwives and health visitors on detection and prediction of mental illness (NICE (2014), Joint Commissioning Guidelines (2012))
- As part of the healthy child programme, health visitors should routinely visit all women at around 28 weeks of pregnancy, enquire and provide information on maternal mental health, bonding with their infant and local support services such as children's centres.

Rapid access to intervention

- Rapid access to psychological therapies for women during the perinatal period (NICE 2014), IAPT Perinatal Positive Practice Guide 2013
- Rapid response when parental mental health needs are identified (National Service Specification for Health Visiting 2014/15)

Parity of mental health and physical interventions in maternity care

- The cross government mental health strategy No health without mental health outlines the government's commitment to parity of esteem between mental and physical health care.
- Specialist Mental Health Midwives in every maternity service, promoting parity between physical and mental health in maternity care, improving midwife knowledge and skills, developing pathways, supporting colleagues, mothers and their families. (MMH Alliance, NSPCC and Royal College of Midwives (2012)).

Equality and diversity

Services should explicitly target inequalities in health and aim to meet the needs of vulnerable and socially disadvantaged groups. This includes ensuring information about treatment and care is culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. This should include easy reading information available in a range of formats and languages appropriate to the local community. The following report facilitates a broader understanding of how and to what extent current and planned perinatal provision is capable of meeting the needs of BME women; Perinatal Mental Health of Black and Minority Ethnic Women (NMHDU 2011).

It is also important that local areas actively engage with women with complex social factors who may be less likely to access or maintain contact with services which can affect outcomes for women and their families.

SCOPE

Aims and Objectives

Aims:

1. Every woman has access to services to support psychosocial wellbeing of herself, her infant and her family and to prevent mental illness during the perinatal period
2. Every woman is able to access quality perinatal mental health care and treatment at the right time, at the right level, and in the right location.
3. Every woman should have access to competent practitioners who have received perinatal mental health training appropriate to their role

Objectives:

Overarching objectives are for perinatal mental health services to:

1. Promote the psychosocial well-being of women, their infants and surrounding family.
2. Provide timely access to quality mental healthcare and treatment to women in pregnancy until the end of the first postpartum year.
3. Provide specialist medical, nursing, psychological and social care.

4. Support the developing relationship between mother and infant, with short to long term benefits for the infant's and mother's mental health.
5. Prevent avoidable relapse of mental illness and reduce crises and admissions in women at high risk of mental illness during the perinatal period.
6. Work in partnership to deliver community based multi-professional care across organisational and geographical boundaries to deliver seamless services and identify at risk women and their families.
7. Women and their families are able to access a full range of pre-conception advice, antenatal, intra-partum and postnatal care, taking account of individual choice and clinical need.

What service users tell us:

"I want information that explains what perinatal mental health is, what to look out for, where I can get help and what I can do for myself"

"I want to see the same professional over time, so that I can get to know them and they can get to know me, so when I'm struggling I can trust them to support me"

"I want a service that treats me as a whole person, so I don't have to go to different places for different thing and tell my story over and over again"

"I want to be seen in a place that is supportive and nurturing, where I can go with my baby and I don't feel stigmatised and separate"

2I want a service that treats us as a family"

Service Delivery

Service description:

General requirements

Each locality will be expected to have perinatal mental health strategy plans in place with a developed model of care proposed to include a clear integrated care pathway and package of care for each level of need. These will be expected to address the needs of each mother, her infant and surrounding partner or family.

- Work in partnership across multi-agency organisations with an expectation to share information and data as appropriate.
- A stepped model of care is recommended with a clear integrated care pathway and package of care for each level of need, which will address the needs of the mother, her infant, partner and surrounding family.
- Services delivered in both community and hospital based child friendly settings, be family focussed, and driven by service users' needs.
- Services staffed by perinatal competent professionals who have received training appropriate to their role and have the requisite knowledge, skills, experience and competencies to offer expert advice, treatment and care.

- Service provision tailored at each level of the care pathway. To include training and raise awareness and to improve detection and screening for mental disorders in the perinatal population.
- The specialist component of the perinatal mental health service supports inter-agency working along the care pathway, to ensure there is engagement with services that provide for vulnerable mothers, infants and families who are at risk of experiencing mental disorder during the perinatal period.
- A universal level of service available to all women to promote psychosocial wellbeing, and include collaborative service provision with the voluntary sector.
- Women and their infants' stepped-up or stepped-down in a seamless fashion across these care pathways, according to need. All services should be aware of each other's eligibility criteria and referral processes.
- Specialist perinatal mental health services are members of the Royal College of Psychiatrist Quality Network for Perinatal Services and subject to their accreditation process.
- Information needs to be available for women, partners/family and professionals at all stages about perinatal mental health services, mental disorders, treatments, voluntary sector services, other sources of information/support and advice.
- Providers and commissioners work in partnership with women and their families to design, develop and improve the delivery of services to meet local need.

Requirements in each strand of the care pathway:

The following section groups services according to the responsible commissioning organisation. It is expected however that these organisations work together in each locality across the pathway.

The CCG:

When commissioning adult mental health services ensure:

1. Women of childbearing potential with serious mental illness, in adult mental health services are given information at their annual review about how their mental health problem and how its treatment might affect them or their baby if they become pregnant (NICE Quality Standard).
2. Women of childbearing potential are not prescribed valproate to treat a mental health problem (NICE Quality Standard).
3. Services routinely collect data on which female patients are pregnant or in the first postpartum year.
4. Liaison and crisis/home treatment teams have access to specialist advice and training, so they understand the distinctive features and risks of perinatal mental illness (MBRACE 2015).
5. Adult mental health teams including crisis/home treatment teams and liaison services have a clear understanding of the mother and baby unit (MBU) admission protocol, the lower thresholds for admission to an MBU and the importance of not separating mother and baby wherever possible. So that all women 32 weeks pregnant and up to a year postnatal are admitted to an MBU and not to a general adult ward unless there are specific reasons for doing so.
6. Adult mental health teams have an identified perinatal and infant mental health champion.

7. Adult mental health teams to consider the impact of the perinatal mental illness on the infant and rest of the family, help families access support and involve them in care planning.
8. Provide timely access to psychological support for women in the perinatal period.
9. Have access to specialist advice when prescribing in pregnancy or lactation.
10. Have access to and are aware of parent-infant interventions for women presenting with bonding and attachment difficulties

Key documents/references……

NICE QS115 Feb 2016

When commissioning specialist perinatal mental health services ensure:

1. Specialist perinatal mental health teams', case manage severe and complex mental illness.
2. Provide services pre-conception up to a year postnatal.
3. All women 32 weeks pregnant up to a year postnatal who require an inpatient admission are admitted to an MBU and not to a general adult ward.
4. The service is multidisciplinary and meets the standards for accreditation set out by the Royal College of Psychiatrists' Perinatal Quality Network.
5. The team is multidisciplinary and able to provide psychiatric assessment and management of maternal mental illness, integrated with psychological interventions and parent infant psychotherapeutic interventions, an example of this is parent infant video interactive work.
6. The specialist team works in partnership with midwives, obstetricians, health visitors, social workers, IAPT, children's centres and GP's.
7. The service provides direct services, consultation and advice to maternity services and works jointly to manage severe and complex mental illness through joint obstetric psychiatric clinics and by ensuring these women have access to perinatal mental health care planning, involving all the professionals delivering in their care.
8. Involve services users and the third sector in service design and delivery.
9. Provides consultation, advice, education and training to other professionals in the pathway e.g. midwives, GPs, HVs, social care.
10.

Key documents/references……

When commissioning child and adolescent mental health services (CAMHS) ensure:

1. Those providing care and support from universal and targeted through to specialist settings (including "CAMHS") have the benefit of working to a comprehensive and clear parent-infant pathway from age 0 upwards which provides therapeutic support for vulnerable infants, toddlers and their families (1001 Critical Days Manifesto).
2. At secondary care level, CAMHS services providing parent-infant interventions are integrated with or work jointly with specialist perinatal mental health services.
3. CAMHS services work jointly with perinatal mental health teams to support teenage parents and that teenage parents also have clear pathways for family planning and sexual health advice.

4. Transitions between specialist perinatal teams, CAMHS and adult services are seamless.
5. CAMHS providers have an identified lead for perinatal mental health and links with specialist perinatal teams and community services.
6. Psycho-education is provided.
7.
8.
9.

Key documents/references……

When commissioning maternity services ensure:

1. Midwives and obstetricians are equipped with the skills to identify and assess women at risk of perinatal mental illness and have a good understanding of the types of services available for women and their families.
2. Midwives ask ***all*** women at early pregnancy assessment about: previous or current psychiatric history, previous or current treatment, and any severe perinatal mental illness in a first degree relative.
3. Pregnant women with a previous severe mental health problem or any current mental health problem are given information at their booking appointment about how their mental health problem and its treatment might affect them or their baby (NICE Quality Standard) and are referred for specialist management.
4. There is screening of all women using the Whooley and GAD-2 questionnaires.
5. Midwives and obstetricians enquire about emotional and psychological wellbeing at every contact (NICE Quality Standard).
6. There is a dedicated specialist mental health midwife for each maternity unit.
7. There is a lead obstetrician for mental health with dedicated time.
8. Midwives and obstetricians work in partnership with GP's and Health Visitors, share information and ensure that there is a good handover of care when women are discharged from maternity services.
9. Maternity services have access to perinatal mental health teams and work jointly e.g. multidisciplinary team meetings, birth planning meetings and joint obstetric psychiatric clinics.
10. Women presenting with maternity specific mental health problems such as fear of childbirth, traumatic birth and stillbirth should have access to timely psychological inventions.
11. There is a clear pathway for women with alcohol and substance misuse.
12. All women should be able to access antenatal parenting classes which address both physical and emotional aspects of parenthood and the baby's well-being and healthy social and emotional development (1001 Critical Days Manifesto)

Key documents/references……

When commissioning improving access to psychological therapies (IAPT) services ensure:

1. IAPT services take a flexible approach to meet the needs of women, their partners and families, enabling mothers to attend with their babies, providing services in child friendly settings such as children's centres and consider the need for child care provision.

2. Ensure pregnant and postpartum women are assessed within 2 weeks and access treatment within one month of referral (NICE).
3. There are a range of evidence based interventions to meet the needs of this population such as couples therapy, group therapy and interventions to support healthy bonding and attachment.
4. There is an identified lead for perinatal mental health within each local IAPT service.
5. IAPT services have a system for identifying women who are pregnant or within the first postnatal year.
6. Clear pathways exist between secondary and primary care enabling a step-up and step-down approach.
7. IAPT practitioners receive additional training in perinatal mental health which includes bonding and attachment. BPS guidelines to be referenced.
8. IAPT practitioners receive supervision from specialist perinatal psychologists.
9. There are a range of evidence based interventions to meet the needs of this population such as couples therapy, group therapy and interventions to support healthy bonding and attachment.
10. There is a link to maternity, children's centres and health visiting services and these services are aware of the psychological therapies that are offered via IAPT and how they can be accessed.
11. There are links with the voluntary sector and self-help groups. Local community groups should be encouraged to recommend IAPT services and IAPT can link women and families to these groups.

Add key documents/references:
http://www.iapt.nhs.uk/commissioning/positive-practice-guides/?keywords=perinatal

NHS England/CCGs:

When commissioning primary care services ensure:

1. GP's and other primary care staff (where appropriate) are competent in prescribing in pregnancy and lactation, and in providing pre-conception counselling to women at risk of perinatal mental health problems.
2. GPs and other primary care staff are familiar with their local perinatal mental health care pathway.
3. Each practice has a named, identified lead for perinatal mental health.
4. GP's offer all women a 6-8 week postnatal check, and enquiring about emotional and psychological wellbeing and the mother baby relationship is a core component of that check.
5. Women in the perinatal period experiencing mental health difficulties are offered priority booking.
6. GP's work closely with maternity services and health visitors to support women with mild to moderate illness.
7. GP's share information with maternity and other health and social care providers, that is relevant to for the safe and effective care of women and their families in the perinatal period.
8. Primary care staff participate in local reviews of serious incidents relating to perinatal mental health care.

Key documents/references……
Judy Shakespeare's RCGP GP Top 10 Tips

Falling through the gaps: perinatal mental health and general practice includes recommendations for policymakers and commissioners of maternal health services and healthcare professionals

Practical implications for primary care of the NICE guideline CG192 Antenatal and postnatal mental health

Local authority

When commissioning health visiting services ensure:

1. Health visitors enquire about maternal emotional and psychological wellbeing and the mother baby relationship at each contact.
2. Health visitors develop close links with GP and midwives to ensure good communication and sharing of information.
3. There are joint visits/clinics with midwives for women identified with a mental health need.
4. All health visitors have perinatal and infant mental health training and supervision from a local specialist health visitor in perinatal and infant mental health or other perinatal and infant mental health specialist
5. There is a specialist perinatal and infant mental health, health visitor in every health visiting service. Ideally aligned with a specialist perinatal mental health team due to the complexity of high risk cases.
6. There are identified leads for perinatal and infant mental health in each health visiting team.
7. Health visitors have a clear understanding of local care pathways and where to refer parents and infants requiring secondary care/specialist input.
8. Health visitors participate in multidisciplinary meetings and the development of care plans for women and families with severe and complex needs.
9.

Key documents/references……

New Framework: Specialist Health Visitor in Perinatal & Infant Mental Health

2015–16 National Heath Visiting Core Service Specification

When commissioning children's centres ensure:

1. Children's centres continue to provide universal services for all families, with a focus on those families with the highest level of need (1001 Critical Days Manifesto).
2. Child minders, nurseries and child care settings for under-twos must focus on attachment needs of babies and infants, with OFSTED providing guidance on how this can be measured effectively (1001 Critical Days Manifesto).
3. Provision of a unique environment to deliver safe, local and accessible access for the whole family, acting as a hub to provide access to a wide range of services across the perinatal care pathway.
4. They include antenatal clinics, health visiting clinics and birth registration
5. Provide space for IAPT appointments and perinatal mental health clinics as part of the safe environment and support with childcare.

6. Provision of parenting support groups, parenting programmes and parent-infant intervention
7. An environment that may be able to provide childcare support for parents during assessment or treatment appointments
8. Provision of virtual hub to disseminate information to reach a large number of families
9. Information about local services, raising awareness and social care advice on housing, finances and benefits support etc.

When commissioning children's social care ensure:

1. There are close links between children's social care and specialist perinatal mental health teams and these teams have dedicated sessions from a children's social worker.
2. There are identified leads for mental health in Early Help and Child Protection teams.
3. Where cases are known to perinatal mental health teams and social care there is joint working at an early stage and joint care planning.
4. Early help and parenting programmes are available to support vulnerable families experiencing perinatal mental illness.
5. That information about childcare options and family support is available to families experiencing moderate to severe perinatal illness.
6. Specific support should be in place for teenage parents.
7. Multi-agency working, which includes regular multi-professional meetings, sharing of information and all agencies contributing to a streamlined plan where appropriate.
8. Parenting assessments are distinct from admission to a MBU for assessment and treatment of perinatal mental illness. Parenting assessments are commissioned by the local authority to assess parenting capacity. Where mental illness is present this should be treated and/or stable before a parenting assessment takes place.
9. Where a decision is made to remove a child parents have access to psychological support.
10.

Key documents/references……

When commissioning public health ensure:

1. Public health teams contribute to the development of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy in each locality for perinatal mental health. These are key to informing service development and targeting areas of need, for CCG's to utilise when developing services.
2. A preventative approach is embedded across the local system which includes promoting the importance of parent and baby mental health/attachment. Giving every child the best start in life is crucial to reducing health inequalities across the life course.
3. Implementation of the healthy child 0-19 programme, particularly for 0-5s.
4. A role in the oversight of the local perinatal mental health care pathways and work with commissioners to evaluate the impact of services on the local population.
5. Wider strategies between health, social care and housing. There is a need for different portfolios in public health to be joined together e.g. children's, maternity and mental health.
6. Prevention and early intervention through health promotion, family planning, sexual health, reducing obesity, smoking cessation and breastfeeding.
7. Inclusion of perinatal mental health in work towards reducing stigma and promoting positive mental health, through education, campaigns and public information.

8.
9.

Key documents/references……

The third sector

When commissioning third sector ensure:

1. Recognition of services available locally and how they play an integral part of the perinatal pathway. Successfully using and working with these services will alleviate the burden on statutory services, enabling more support to be provided across the spectrum of perinatal illness.
2. Provision available for families experiencing mild to moderate problems.
3. Wide-ranging support across the perinatal care pathway e.g. peer support, recovery support groups, parenting classes and advice on areas that can increase stress in parenthood, e.g. managing money, housing etc.
4. Provision of easily accessible, up to date information and resources available within the local area.
5. Ensuring that awareness of perinatal mental health issues and the support services available is widely disseminated – i.e. not just within the mental health arena but across community groups
6. Communication planning for hard to reach groups, including those for whom English is not a first language or cultural groups where mental health may be more stigmatised
7. Clear referral pathways between statutory and third sector services.
8. Sharing of public sector resources with third sector groups, including: facilities, training, CPD, and events.

Workforce

Training and supervision should be available for all professionals and agencies involved in the care of pregnant and postnatal women with mental illness, so they are able to deliver high quality care that is NICE concordant. Practitioners with the relevant competencies and professional accreditations should deliver this training.

Health Education England's mandate "Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values" April 2013 to March 2015 outlines the government's commitment to developing effective and high quality education and training and ensuring that NHS staff are available in the right numbers with the right skills, values and competencies to deliver both excellent clinical outcomes together with patient-centred care. The mandate recognises the importance of maternal and infant mental health. HEE is working with the medical royal colleges, the Nursing and Midwifery Council and the Royal College of Midwives to develop educational frameworks for different professional groups focussing on perinatal mental health and ensuring there is a workforce in place to deliver high quality care.

Maternal mental health psychiatry:

- The Royal College of Psychiatrist's Perinatal Quality Network standards provides guidance on the required staffing for community perinatal mental health teams Perinatal Quality Network community standards
- The Royal College of Psychiatrists (Council Report CR197 –July 2015) suggests staffing levels for specialised perinatal community mental health teams.

Maternity and neonatology:

- Each maternity unit should have a dedicated (i.e. with clinical sessions additionally funded) obstetric consultant as the Obstetric Perinatal Mental Health lead and at least one WTE specialist perinatal mental health midwife who will work closely with the child safeguarding midwife and the specialist perinatal mental health team.

Maternal mental health psychological therapies:

- Staffing levels will depend on the scale and distribution of maternity services in the area and the configuration of related medical and mental health services. It is recommended that a maternity hospital with 3000 deliveries per annum should have access to a minimum 0.6 wte Consultant Perinatal Clinical Psychologist (minimum Band 8c) and one whole-time Specialist Clinical Perinatal Psychologist (Band 8a) to support the maternity service. Where neonatal intensive care is included or where services are provided within a specialist perinatal mental health team additional provision is required.

Perinatal Service Provision: The role of Perinatal Clinical Psychology, A British Psychological Society briefing paper for NHS Commissioners.

Parent-infant mental health:

Social care:

Applicable quality requirements and CQUIN goals

Outcomes

The provision of perinatal mental health care is relevant to the NHS Outcomes Framework 2015/16:

Domain 1	Preventing people from dying prematurely	Reducing the risk of avoidable mortality in women with serious mental illness, by ensuring high risk women are identified early, and engaged with services in a timely manner.
Domain 2	Enhancing quality of life for people with long-term conditions	Women with severe and enduring mental illness (such as bipolar affective disorder) deserve every opportunity to be the mums they may wish to be. Excellent perinatal services can facilitate this.
Domain3	Helping people to recover from episodes of ill-health or following injury	By commissioning a perinatal mental health pathway that will enable women to access the right treatment at the right time, they will recover more quickly, establish good relationships and parenting practices with their infant and resume their normal social functioning.
Domain 4	Ensuring people have a positive experience of care	Perinatal mental health services provide a specialist understanding of new motherhood and the impact of mental health problems on the woman and wider family at this time.
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Perinatal mental health services address the additional risks to both mother and infant associated with mental health problems in pregnancy and the postpartum period and will reduce both maternal and infant mortality and morbidity.

Locally defined outcomes

As such, the following locally defined outcomes have been identified:

- Deliver safe and effective care to mother, child and family.

- Continuously improve outcomes for mothers and babies by reducing the risk of morbidity and mortality relating to physical and mental health.
- Deliver care that is compliant with national reviews, standards and evidence based practice.
- Deliver care that is responsive to local need.
- Deliver care that engages women and their families in shaping the perinatal mental health service so that it best reflects their needs and priorities, leading to improved access and choice.
- Work with public health teams in local authorities to improve public health outcomes such as early access to services, healthy eating, and reducing smoking in pregnancy and pregnancy planning for women with pre-existing conditions.
- Embed safeguarding across the pathway in line with local safeguarding procedures.
- Ensure access to translation, interpreting and advocacy services based on an assessment of need.
- Bring equity between physical and mental health.
- Maintain strong communication links to relevant health professionals and the woman's GP throughout the perinatal lifespan.
- Encourage an open and transparent environment where staff are able to raise concerns and challenges and create an environment of learning from incidents and user feedback.

Tools for measuring outcomes:

	Clinician rated	Patient rated	Patient rated experience	Referrer rated	Process
Maternal mental health	HoNOS BPRS Patient Health Questionnaire (PHQ-9)	POEM VOICE Perinatal	POEM PEDIC VOICE Perinatal Friends and Family Test	Referrer satisfaction scale	FACE Perinatal
Psychological therapies	CORE EPNDS				
Parent infant interaction	Crittenden Care Index Baby alarm distress scale PIR-GAS				

NICE Quality Standards

NICE Antenatal and Postnatal Mental Health Quality Standards describe high-priority areas for quality improvement. Each standard consists of a prioritised set of specific, concise and measurable statements, associated quality measures are detailed in the guidance.

- **Statement 1**. Women of childbearing potential are not prescribed valproate to treat a mental health problem.
- **Statement 2**. Women of childbearing potential with a severe mental health problem are given information at their annual review about how their mental health problem and its treatment might affect them or their baby if they become pregnant.

- **Statement 3**. Pregnant women with a previous severe mental health problem or any current mental health problem are given information at their booking appointment about how their mental health problem and its treatment might affect them or their baby.
- **Statement 4**. Women are asked about their emotional wellbeing at each routine antenatal and postnatal contact.
- **Statement 5**. Women with a suspected mental health problem in pregnancy or the postnatal period receive a comprehensive mental health assessment.
- **Statement 6**. Women referred for psychological interventions in pregnancy or the postnatal period start treatment within 6 weeks of referral.
- **Statement 7** (developmental). Specialist multidisciplinary perinatal community services and inpatient psychiatric mother and baby units are available to support women with a mental health problem in pregnancy or the postnatal period.

CQUIN goals - To be completed locally

Location of provider premises - To be completed locally