

Perinatal and Infant Mental Health Programme Board

Delivery Plan 2019/20

August 2019

Perinatal and Infant Mental Health Programme Board: Initial Delivery Plan

The Perinatal and Infant Mental Health Programme Board was established in April 2019 in order to implement the commitments to improving perinatal and infant mental health set out in the [2018/19 Programme for Government](#) and [Better Mental Health in Scotland](#).

Membership of the Programme Board was formed following an initial stakeholder meeting in March 2019. Three formal Board meetings were held in April, May and July. Membership and terms of reference have been agreed.

The Perinatal and Infant Mental Health Managed Clinical Network (PIMHMCN) published a Needs Assessment Report in March 2019 which sets out in detail a clear direction of travel for perinatal mental health services and support. This Perinatal and Infant Mental Health Programme Board Delivery Plan 2019/20 will use the recommendations in the Needs Assessment as it sets out initial actions for 2019. The Delivery Plan also addresses some areas that fell outside of the MCN report remit but have been identified as important by the Programme Board and through engagement in visits, events and meetings to date.

Preamble

Our vision for women, young children and families is for perinatal and infant mental health services that are responsive, timely and address the changing needs of women and families throughout pregnancy and the early years of life. It is crucial that these services are led by the needs of women, young children and families, building on good practice and learning from positive and negative experiences of current services.

The vision of the Programme Board is of a spectrum of services that address varying levels of mental health concern, whilst maintaining positive wellbeing through core preventative work, from peer support and third sector services such as counselling or befriending through to world leading acute specialist services to support women with the most serious illnesses. This will also include strengthening the role of universal services, such as midwifery, health visiting and family nurse partnership and social work, to develop skills, knowledge and competency as part of a continuum of support.

Our vision is also of a Scotland where women, young children and families do not face fear or stigma when experiencing mental health issues in the period during pregnancy or postnatally. One in 5 women will experience perinatal mental health issues. These needs should be properly recognised and supported without by services and wider society.

This delivery plan for 2019/20 will be supported by an initial wave of funding to sustain and develop: the voice of women with lived experience, sustaining access to Third sector support services, strengthening the staffing, access to and role of Mother and Baby Unit (MBUs), enhancing specialist community provision particularly in the North of Scotland, developing a focus on infant mental health and supporting a range of educational initiatives for the whole workforce and train more specialist staff. The Programme Board will work over the next 4 years to make this vision a reality in Scotland and this Delivery Plan sets out the first steps in this process.

Scope

Actions will be focused on perinatal and infant mental health support and treatment for women, their partners and babies who are experiencing poor mental health during pregnancy or postnatally. Wider family wellbeing and parenting initiatives will not be within scope. However, it will be crucial to not only develop a skilled specialist workforce but also to support universal services to be confident in recognising risk at an early stage and to have the knowledge to intervene appropriately. Whilst these measures will undoubtedly impact on perinatal and infant mental health, they are driven and led by other policies and services. Joined up work with these policies is essential to ensure that all family policy and services for families, including universal services, feature perinatal and infant mental health.

Infant mental health will have a clear focus in the programme. Whilst the needs of infants where there are perinatal mental health issues is central, specific evidence based interventions aimed at mental health of infants and young children who are most at risk of poor mental health outcomes will be explored. Recommendations on how to develop interventions and support services will be made based on current evidence and stakeholder engagement. The initial wave of funding for 2019/20 will include support for the development of infant mental health specialists within perinatal mental health teams and wider support for families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma.

Key Actions for 2019/20

Initial actions will be focused on 4 key areas:

1. More Capacity – building on the recommendation in the MCN Needs Assessment, we will:

- Support Third sector organisations focused on providing PNIMH services to sustain current provision and develop a national approach to non-clinical interventions for women, partners and families.
- Commission an options appraisal to look at the feasibility of additional mother and baby unit capacity in Scotland, including what specialist support is required in the North of Scotland.
- To support this we will work with NHS boards to establish regional networks and identify service leads.
- We will also develop a framework to support local perinatal and infant mental health “Champions” within Boards.
- A preferred national peer support model will be identified via an in-depth review of the evidence. Training and support needs will be set out.

2. More Staff – we will provide funding for:

- Mother and baby units (MBUs) to strengthen the specialist staffing levels. The MBUs will then become centres of expertise to improve pathways into care and discharge planning for women who require MBU care. We will also develop training to grow the number of staff able to provide specialist perinatal care.
- To support this work we will agree MBU staffing funding framework and process and ensure national role described and agreed.
- Education – Workforce training to support the growth in the specialist perinatal workforce will be developed as a priority. We will also support universal services, developing training so that health visitors, midwives and family nurse practitioners and other relevant workforce receive training and competency assessments in perinatal and infant mental health, appropriate to their role.
- We will train additional psychological workforce that will help to deliver community services.
- The role of specialists in perinatal mental health within the universal workforce, for example Social Work, Midwifery and Health Visiting to be explored and set out by December 2019.

3. More Voices – we will provide funding to:

- Ensure that the experience of women and families is the central driver of the PNIMH Board. This will include a participation officer to work alongside and support women with lived experience to have their voices heard in the Programme Board and in the wider development of services across Scotland.
- We will also set out a vision for perinatal and infant mental health care and support in Scotland, including steps required to reduce stigma.
- Conclude EQIA and evaluability assessment – set out evidence, inputs, outcomes and measures to demonstrate improvement.

4. Infant Mental Health

- As part of the increased staffing levels at the in specialist services, recruit parent-infant therapists to the two regional MBUs (West of Scotland and Lothian).
- Develop a model of infant mental health provision to meet the wider need across families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma.
- Recruit parent-infant therapists to specialist community perinatal mental health teams currently in existence and serving large birth population areas.

We will publish a further detailed delivery plan for 2020/21 in early 2020 following completion of the key actions set out in this initial delivery plan.

10 Key Actions for 2019/20

Overarching actions	What and who	When
1. Offer support to ensure that the experience of women and families is the central driver of the PNIMH board.	Funding for participation officer and other support arrangements agreed and in place. (SG/MMHA/MMHS)	September 2019
2. Set out a vision for perinatal and infant mental health care and support in Scotland, including steps required to reduce stigma.	Vision developed and published. Stigma work developed with See Me. (SG/See Me)	October 2019
3. Work with NHS boards to establish regional networks and identify service leads. Supporting PNIMH 'champions' framework developed.	Letter from Minister to boards instructing lead and regional networks to be established. (SG) PNIMH 'Champions' programme set out. (SG)	Letter August 2019 Leads Identified and regional networks initiated April 2020 Proposal for Champions December 2019
4. MBUs staffing funding framework and process agreed and national role described and agreed.	Framework and process agreed with NHS boards. (SG/NSD)	Funding dispersed from September 2020
5. North of Scotland/additional specialist capacity – options appraisal commissioned leading to a set of recommendations.	Options appraisal. (NSS)	Completed by December 2019

Overarching actions	What and who	When
<p>6. Infant mental health evidence appraisal and mapping of current interventions and evidence commissioned leading to a set of recommendations.</p> <p>Develop a model of infant mental health provision to meet the wider need across families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma.</p> <p>Recruit parent-infant therapists to specialist community perinatal mental health teams currently in existence and serving large birth population areas.</p>	<p>Evidence appraisal. (MCN)</p> <p>MCN</p> <p>Test site NHS boards identified and funding agreed.</p>	<p>Initial paper July 2019 (MCN) (completed)</p> <p>Model developed by February 2020.</p> <p>Identify Boards and recruit specialists from September 2019</p>
<p>7. A preferred national peer support model identified via an in-depth review of the evidence. Training and support needs identified.</p>	<p>Models appraisal. (SG)</p>	<p>October – December 2019</p> <p>Education/training/funding/implementation - April 2020</p>

Overarching actions	What and who	When
<p>8. Initial funding for Third sector organisations currently providing non-clinical support to women and families to be provided and mechanism for dispersing funding identified. Funding will be targeted on providing counselling, befriending and peer support, wider family support including fathers, childcare to make access to support easier, regional capacity, and funding for innovative projects particularly those focused on using emerging technology to support families in the perinatal period.</p> <p>Commission a Third sector needs assessment to identify the range of support currently available to the 11,000 women a year who would benefit from help such as counselling in Scotland at a local, regional, and national level to highlight gaps in service provision, to avoid duplication, identify potential partners in delivering these services and inform future funding decisions.</p>	<p>Third sector organisation to be commissioned to distribute funds and carry out needs assessment.</p>	<p>Commission organisation by October 2019</p> <p>Needs assessment complete March 2020.</p>

Overarching actions	What and who	When
<p>9. Commission 10 trainees for the Clinical Associates in Applied Psychology programme and 5 trainees for the Cognitive Behavioural Psychotherapy programme.</p> <p>Education – new to PNIMH workforce training developed as a priority to meet the needs of increase specialist workforce.</p> <p>Universal Services - health visitors, midwives and family nurse practitioners and other relevant workforce receive training and competency assessments in perinatal and infant mental health, appropriate to their role.</p> <p>Specialist roles with the universal workforce, for example SW, Midwifery and Health visiting to be explored and set out.</p>	<p>NES</p> <p>Education and Training developed NHS NES</p> <p>SG DCAF</p> <p>SG/MCN</p>	<p>Courses start January 2020</p> <p>Outline ‘Essential PNIMH’ agreed September 2019 Resource Procurement November 2019 Infant MH training offer Wave 1 September 2019</p> <p>Preparatory work underway September 2020. In partnership with NES Programme to improve knowledge and skills in PNIMH in wider workforce.</p> <p>Role definitions and recommendations set out December 2019</p>
<p>10. Conclude EQIA and evaluability assessment – set out evidence, inputs, outcomes and measures to demonstrate improvement.</p>	<p>EQIA (SG)</p> <p>Evaluability Assessment/Outcomes Mapping (NHS Health Scotland)</p>	<p>Complete by October 2019</p> <p>Complete by October 2019</p>



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