

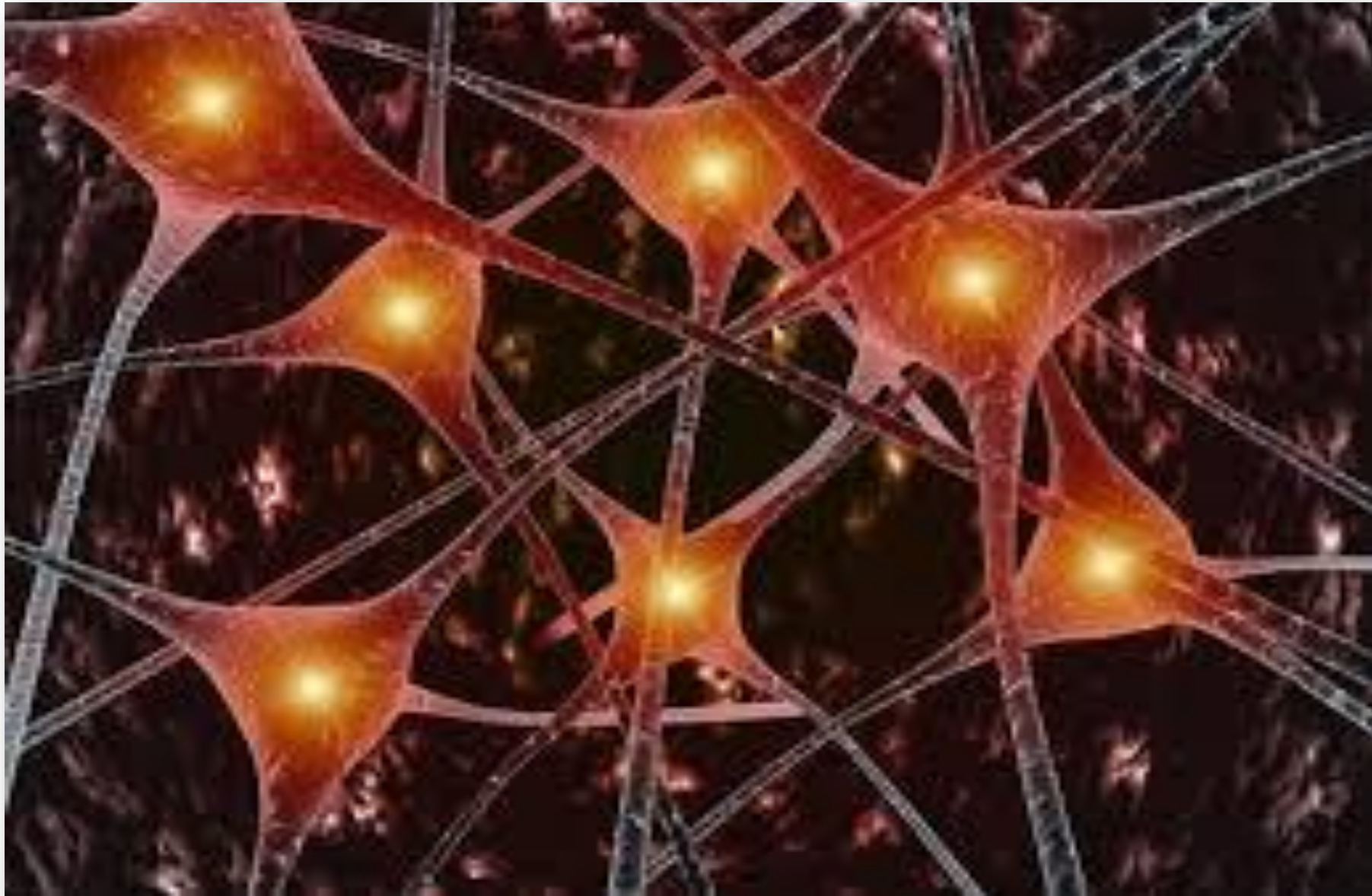
Infant Mental Health

The Journey in Scotland

Anne McFadyen

Infant Mental Health Lead, PMHN Scotland

PIF Conference, January 2020



Cells that fire together wire together

Baby brain

Development of empathy and capacity to self-regulate

Capacity to make and sustain relationships

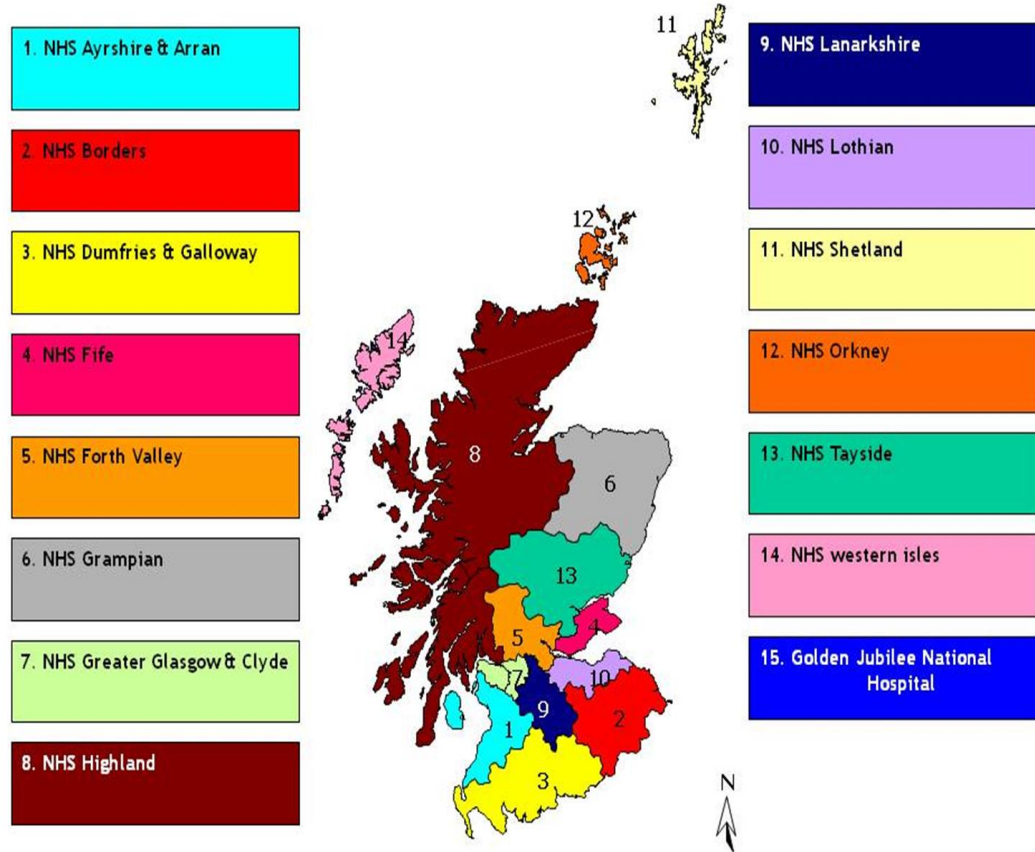
Intergenerational patterns

ACEs

Criminality

What's been happening in Scotland?

Scotland Health Boards



CMO CALL FOR ACTION ON IMH

GROWING UP IN SCOTLAND

EARLY YEARS COLLABORATIVE

RCPSYCHiS **Healthy Start Healthy Scotland**

UNIVERSAL HV PATHWAY & FNP

BEST START

MENTAL HEALTH STRATEGY

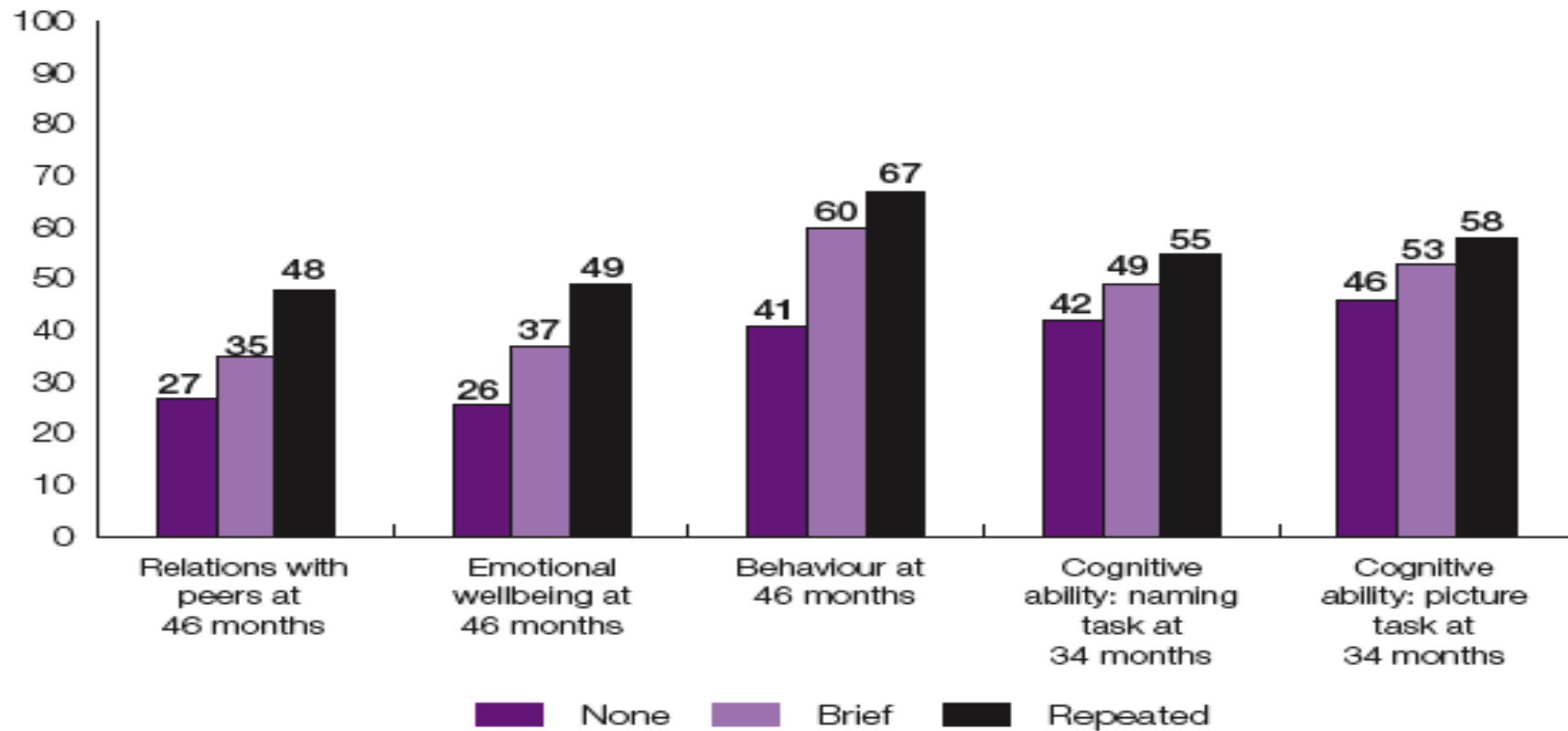
PERINATAL MENTAL HEALTH MCN

PERINATAL & INFANT MENTAL HEALTH
PROGRAMME BOARD

PROGRAMME FOR GOVERNMENT

Growing Up in Scotland

Maternal Mental Health and its Impact on Child Behaviour and Development



Base=All mothers who participated at sweep 4, $n = 3844$

Delivering Effective Services:

Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services

Working in Partnership
Ensuring Equity of Care

Developing Professional Expertise
Delivering Best Outcomes

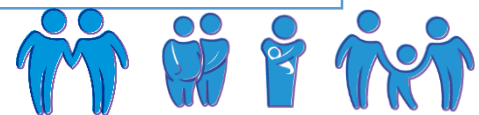
Delivering Effective Services Report, 2019

What should Scotland have in the future?



Infant mental
health

- **RECOMMENDATION 10** NHS boards should ensure that perinatal mental health services identify a parent-infant mental health lead who will co-ordinate evidence-based interventions and provide clinical expertise to the specialist team. This resource may be provided on a regional basis.
- MBU parent-infant therapist (7-8C) 0.5 WTE/6 beds
- CPMHT parent-infant therapist (8A-8C) 0.6-0.7 WTE/10,000 births
- Core IMH roles within teams
 - preparation for parenthood and promotion of best infant development in women with existing significant mental disorder
 - assessment and management of complex mother-infant relationship problems
 - support for the developing father/partner-infant relationship





Women & Families Maternal Mental Health Pledge

I should have the right to good care from
NHS Scotland for my baby, my family and me

The NHS Scotland Charter of Patient Rights and Responsibilities* gives patients the right to get services appropriate to their need, to be involved in decisions about their care, to expect confidentiality and to be treated with dignity and respect, to have safe, effective care and to be able have any complaints dealt with.

More than one in five women will experience mental health difficulties in pregnancy or the first postnatal year. A woman's need for care at this time is distinctly different from that at other times and good care benefits not only her, but also her baby growing up, her partner and other family members. **The Mental Health (Care and Treatment) Scotland Act 2003** gives a woman the right to be admitted to a specialist mother and baby unit, jointly with her infant, if she needs inpatient mental health care. In addition, women with lived experience of perinatal mental illness have identified the following expectations, which they believe would help improve care for women, their infants and families throughout Scotland.

I expect that:

1. I am fully involved, and at the centre of my care, so that I have the information I need to make the best decisions for me, my pregnancy and my infant's future health
2. I can be confident that staff who assess and care for me will have the appropriate level of knowledge and skills
3. I will receive preconception and pregnancy advice and care if I have a pre-existing mental health problem
4. I will receive expert advice and care about my maternal mental health when I require it, wherever I live in Scotland
5. I will have rapid access to talking therapies during my pregnancy and postnatal period
6. I can openly discuss my maternal mental health without fear of stigma or of being judged
7. My family are given the information and support they need to help me and to get help for themselves
8. I can be confident that my baby will have parents who are supported with their mental health

*You can find the NHS Scotland Patient Charter at: <https://www.nhsinform.scot/care-support-and-rights/health-rights/patients-charter/the-charter-of-patient-rights-and-responsibilities>

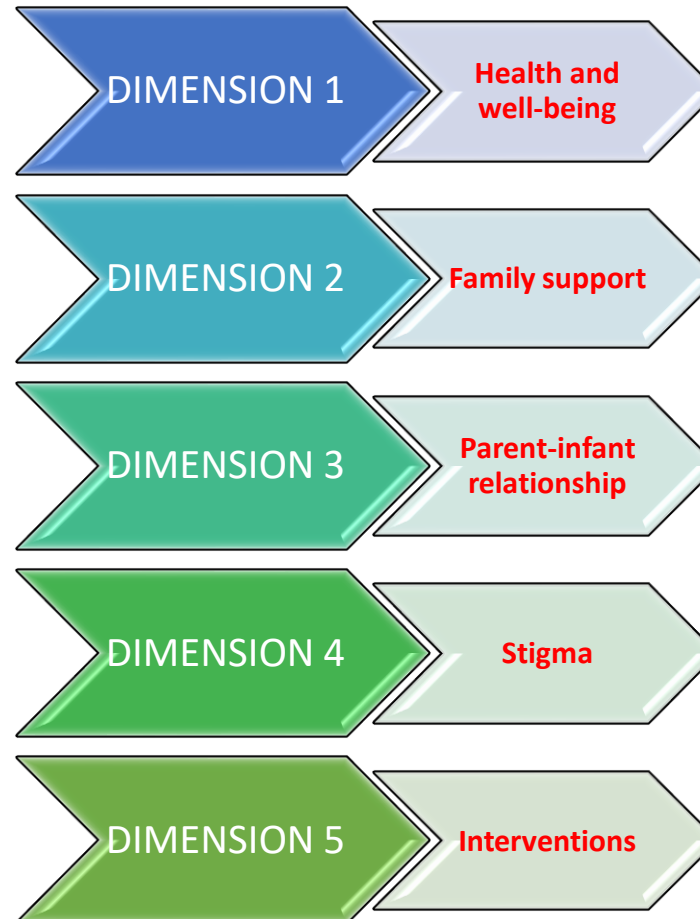
Published March 2019 For current version please contact: nss.pmhn@nhs.net



The Curricular Framework

INFORMED	Baseline knowledge and skills required by all staff working in health, social care and third sector settings. (All staff)
SKILLED	Knowledge and skills required by staff who have direct and/or substantial contact with women during pregnancy and the postnatal period, their infants, partners and families. (All maternity, health visiting, primary care, children & families social work, relevant third sector)
ENHANCED	Knowledge and skills required by staff who have more regular and intense contact with women who may be at risk of/affected by perinatal mental ill health, their infants, partners and families. (All mental health, incl. adult, CAMHS, addictions etc. as well as maternity, primary care, health visiting and third sector staff who work in an enhanced role)
SPECIALIST	Knowledge and skills required by staff who, by virtue of their role and practice setting, provide an expert specialist role in the assessment, care, treatment and support of women who may be at risk of/affected by perinatal mental ill health, their infants, partners and families. They will often have leadership roles in education, training and service co-ordination and development. (Staff working within specialist perinatal and infant mental health services)

The Curricular Framework



Wellbeing for Wee Ones

Mapping of parent-infant intervention and support services in Scotland

January 2020

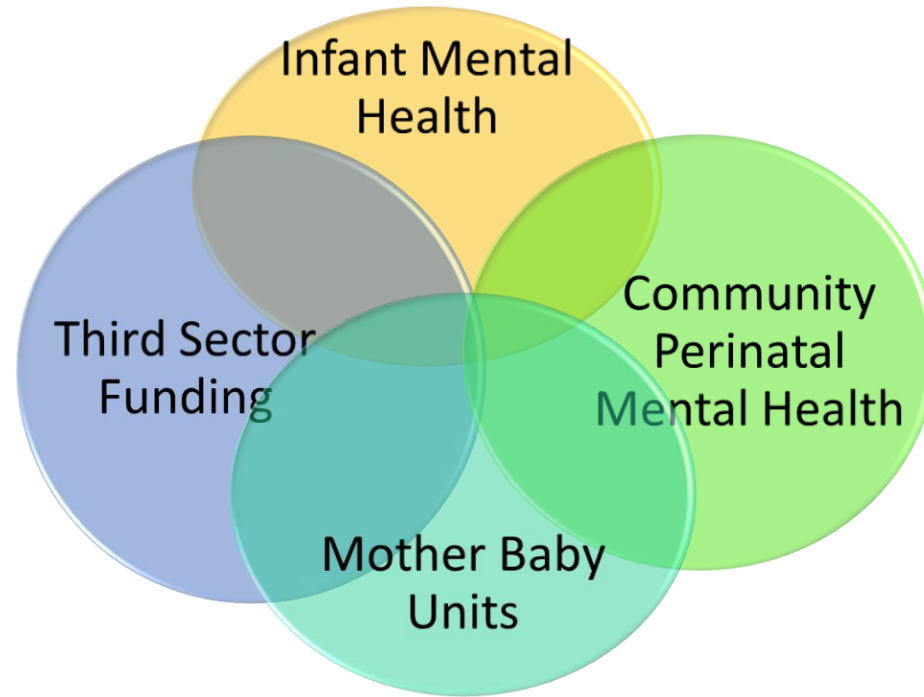


Programme for Government 2019-20

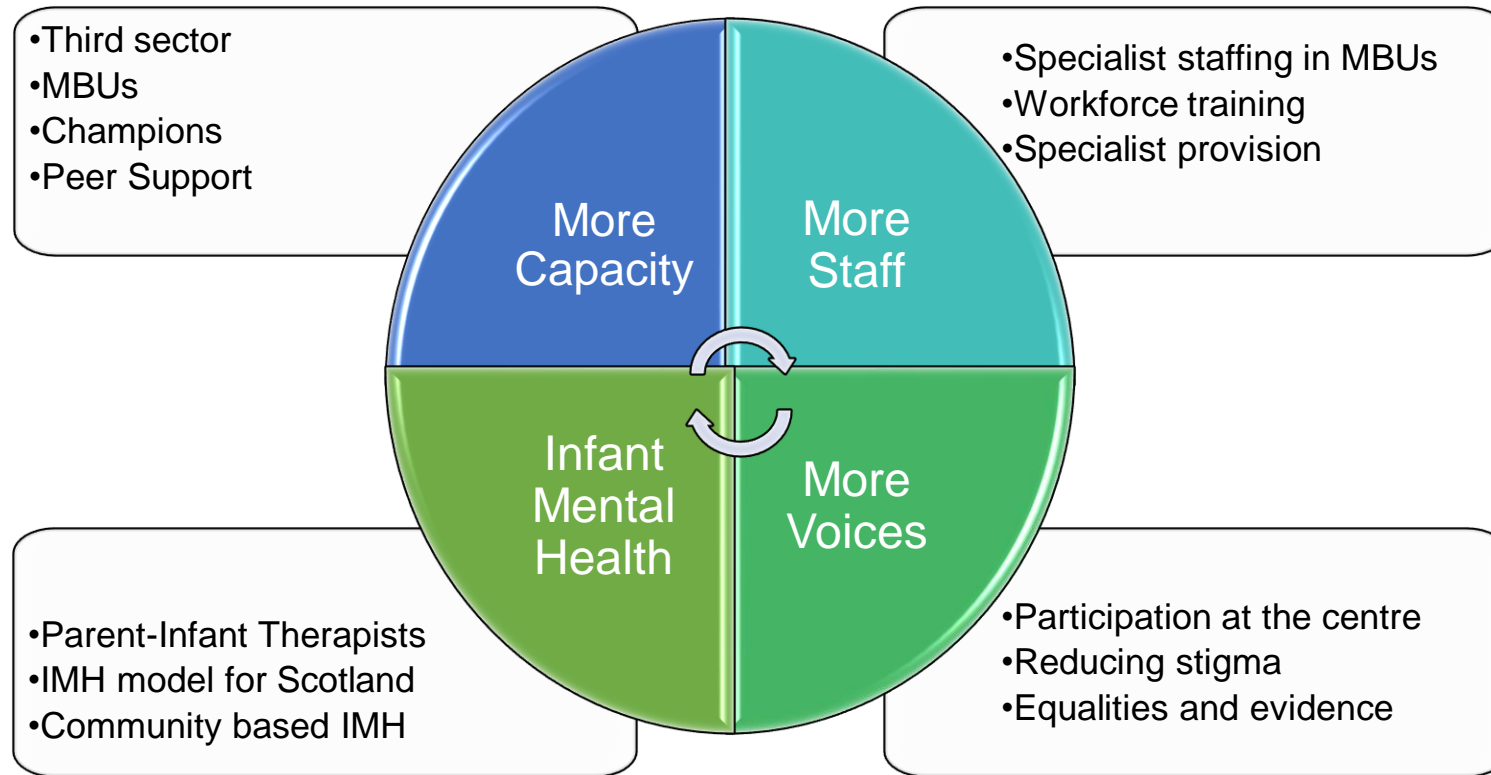


- “Make £3million available to support the establishment of integrated infant mental health hubs across Scotland
- “These will create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma”

Where Infant Mental Health Sits Across the Wider Context



Aims for the Perinatal and Infant Mental Health Programme Board



Perinatal and Infant Mental Health Programme Board Delivery Plan 2019/20

**Perinatal and Infant Mental
Health Programme Board**

Delivery Plan 2019/20

August 2019



10 point plan to April 2020, including Infant Mental Health commitments:

1. Recruit parent-infant therapists to MBUs
2. Recruit parent-infant therapists to specialist community perinatal mental health teams in large birth population areas
3. 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



A Model for Scotland?



Regional Multiagency Infant Mental Health Hubs incl. parent-infant leads/therapists in child health and perinatal mental health (MBU and community)

Advice, supervision, specialist assessment and complex parent-infant interventions



FNP, Perinatal Mental Health (MBU and community) professionals

Enhanced level NES training for all staff; Increased Solihull focus; VIG



Health visitors, maternity staff, GPs, generic mental health services, children & families social work, education, 3rd sector

Skilled level NES training for all staff; Solihull; Mellow programme



A Model for Scotland?

- **Multidisciplinary infant mental health teams** - based in regional centres **perhaps** hosted jointly by specialist perinatal mental health services and child health, linked closely to social work/ child protection services through clear care pathways, where families face:
 - Complex and significant need in relation to maternal mental disorder (particularly those within specialist community perinatal mental health services/MBUs)/ substance misuse/ significant parental historical trauma/ domestic violence (ACEs)
 - Significant infant developmental difficulties
- Teams comprise mental health workers/ therapists and social work, based within perinatal mental health services and within child health, linked together through supervisory structures
- Provide support, advice, education and training to universal and secondary care providers of IMH interventions (maternity/ health visiting/ generic mental health/ 3rd sector)
- Clear referral pathways for universal and secondary care providers of IMH interventions



“So the midwife said to me ...
that only half its brain’s developed and that the next half
depends on us. You only get one shot of being a wee
baby.....”

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