NHS National Services Scotland

Transforming perinatal mental health services

What this means for good infant mental health

Roch Cantwell
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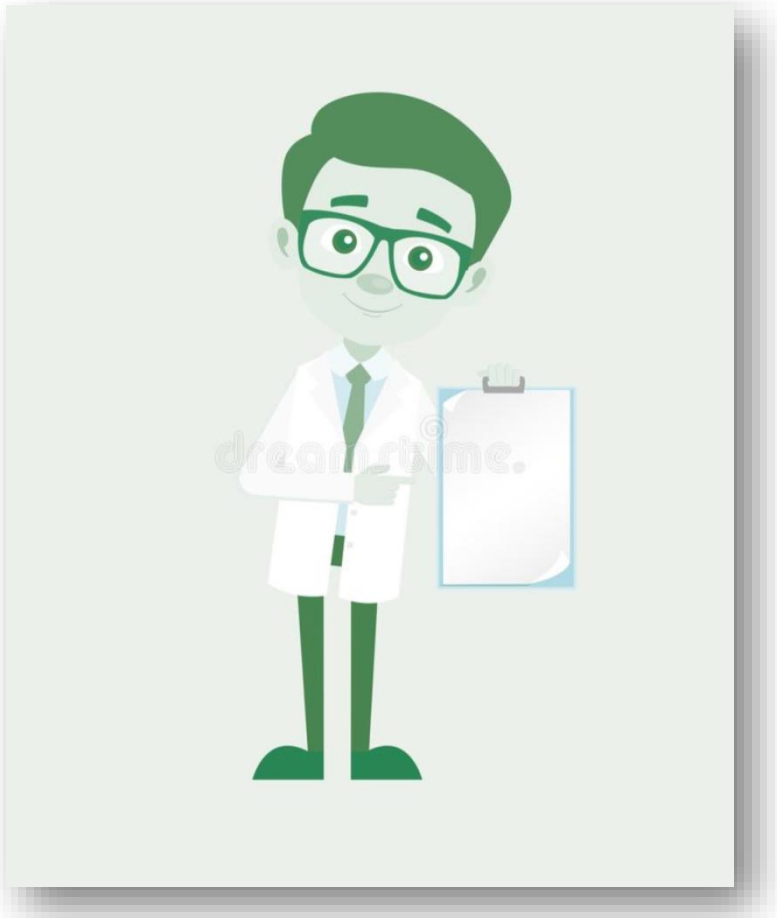
Perinatal Mental Health Network Scotland
National Managed Clinical Network

What is perinatal psychiatry?



- A branch of General Psychiatry concerned with:
  - the prevention, detection and management of mental illness co-occurring or newly emerging in pregnancy or the postnatal period
  - the assessment and facilitation of the mother-infant relationship and developmental needs of infants in the context of maternal mental illness

BBC NEWS

Health

Stress in pregnancy 'makes child personality disorder more likely'

6 September 2019

GETTY IMAGES

The children of women who experience severe stress when pregnant are nearly 10 times more likely to develop a personality disorder by the age of 30, a study suggests.

Even moderate prolonged stress may have an impact on child development and continue after a baby's birth, it said.

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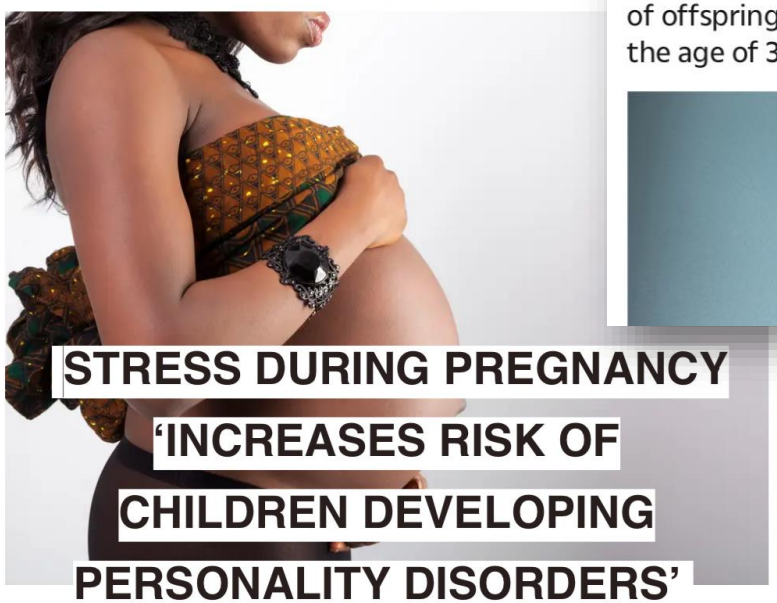


STRESS DURING PREGNANCY 'INCREASES RISK OF CHILDREN DEVELOPING PERSONALITY DISORDERS'

Study is 'first of its kind' to investigate link between prenatal stress and personality disorders

GLUMS-TO-BE Stressed pregnant women more likely to have children with personality disorders, study finds

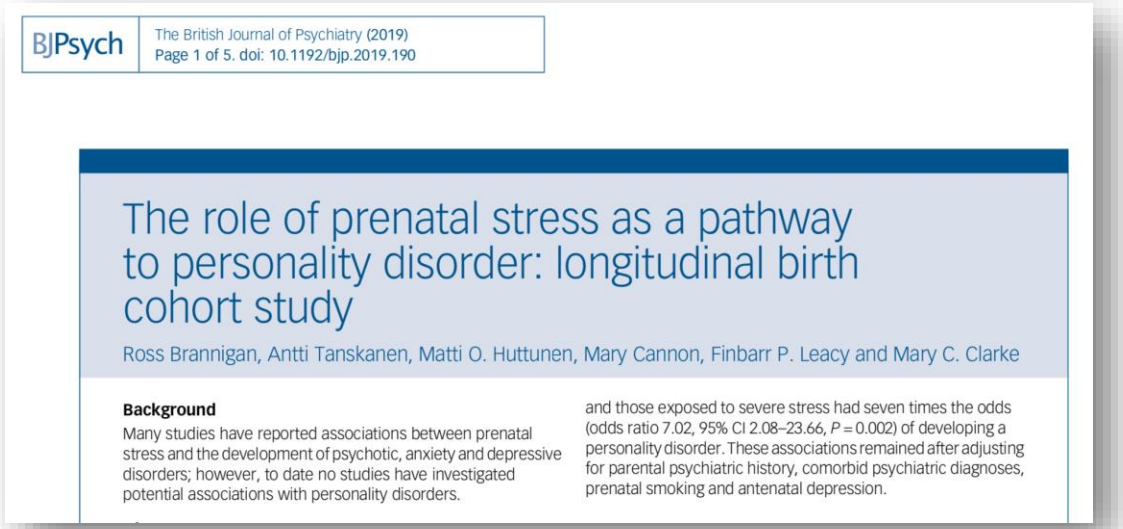
Shaun Wooller
6 Sep 2019, 0:01 Updated: 6 Sep 2019, 0:02

2 COMMENTS

MUMS-TO-BE who suffer stress in pregnancy are more likely to have kids with personality disorders.

Mild to moderate pressure triples the risk of offspring developing a condition before the age of 30, a study found.

THE Sun



BJPsych | The British Journal of Psychiatry (2019)
Page 1 of 5. doi: 10.1192/bjp.2019.190

The role of prenatal stress as a pathway to personality disorder: longitudinal birth cohort study

Ross Brannigan, Antti Tanskanen, Matti O. Huttunen, Mary Cannon, Finbarr P. Leacy and Mary C. Clarke

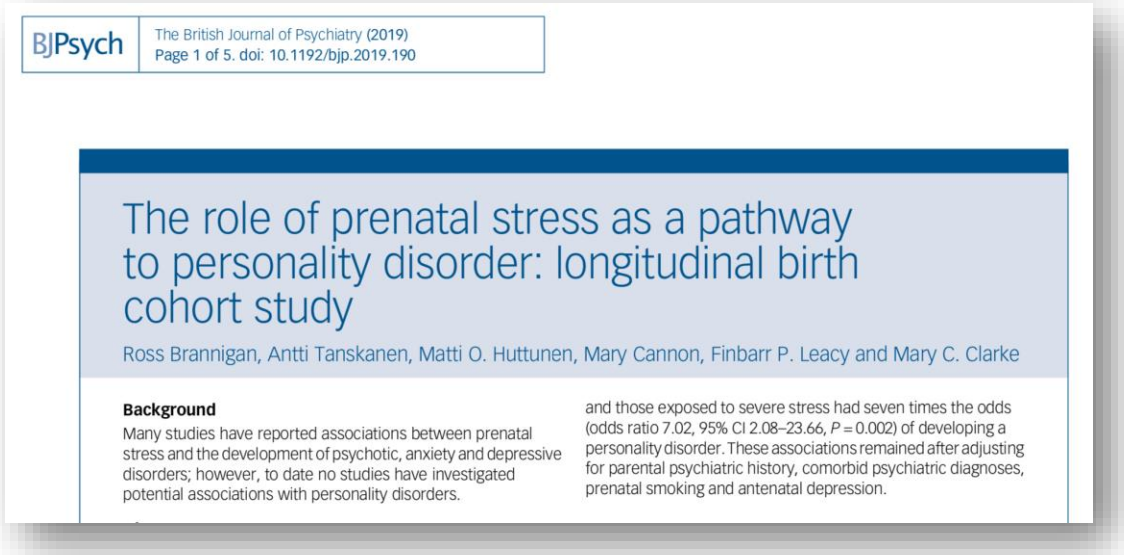
Background
Many studies have reported associations between prenatal stress and the development of psychotic, anxiety and depressive disorders; however, to date no studies have investigated potential associations with personality disorders.

and those exposed to severe stress had seven times the odds (odds ratio 7.02, 95% CI 2.08–23.66, $P = 0.002$) of developing a personality disorder. These associations remained after adjusting for parental psychiatric history, comorbid psychiatric diagnoses, prenatal smoking and antenatal depression.

- Compared with those unexposed, children exposed to **any** maternal stress during gestation had three times the odds of developing a personality disorder.

- These results suggest the assessment of maternal stress and well-being during pregnancy may be useful in identifying those at greatest risk of developing personality disorder, and highlight the importance of prenatal care for good maternal mental health during pregnancy.

- Associations remained after adjusting for **parental psychiatric history** (admission), **comorbid psychiatric diagnoses**, **prenatal smoking** and **antenatal depression**.



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- Population [were] those admitted to hospital for treatment of personality disorder

- Not controlled for
  - Socio-economic status
  - Maternal education
  - Physical abuse
  - Sexual abuse

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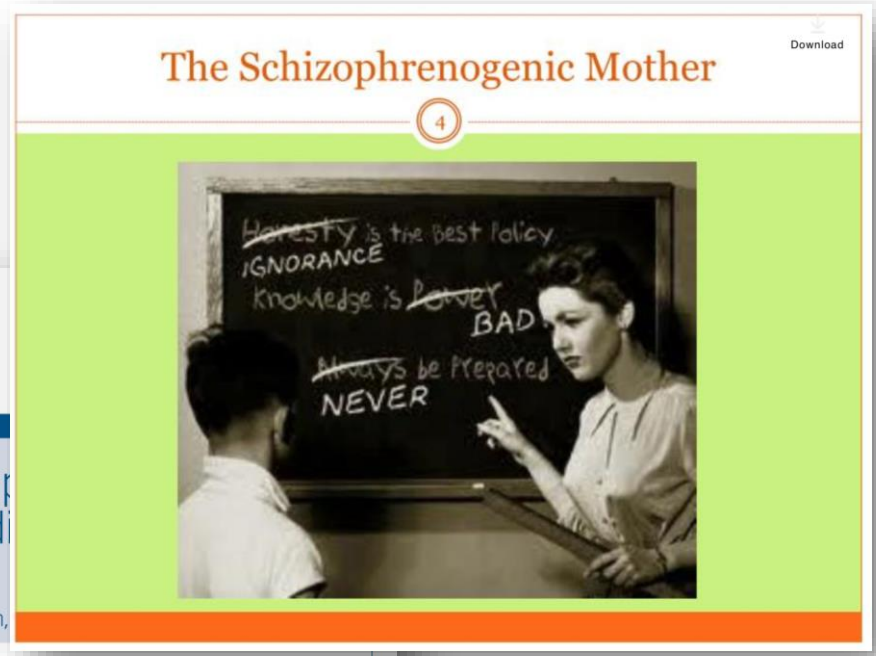

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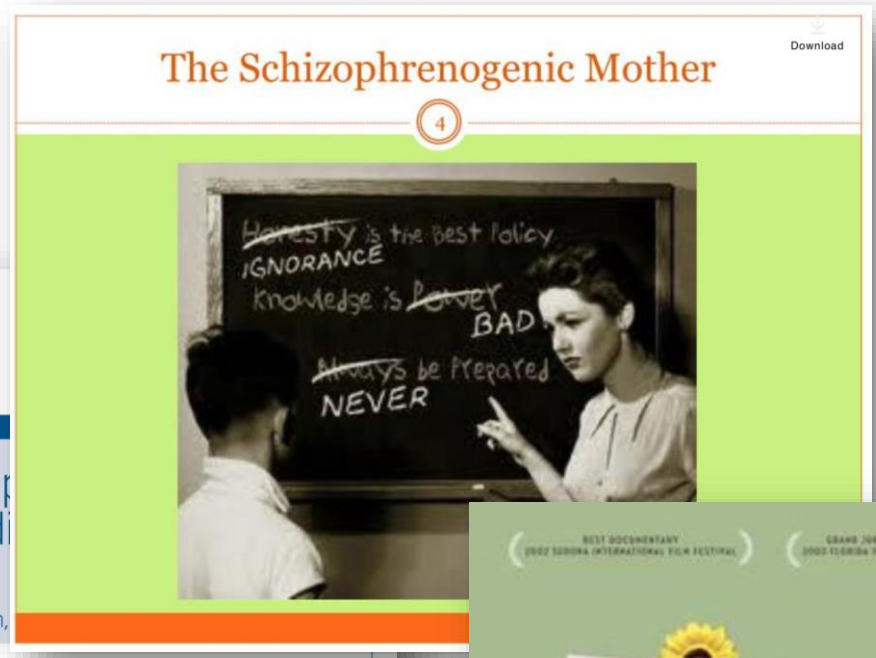

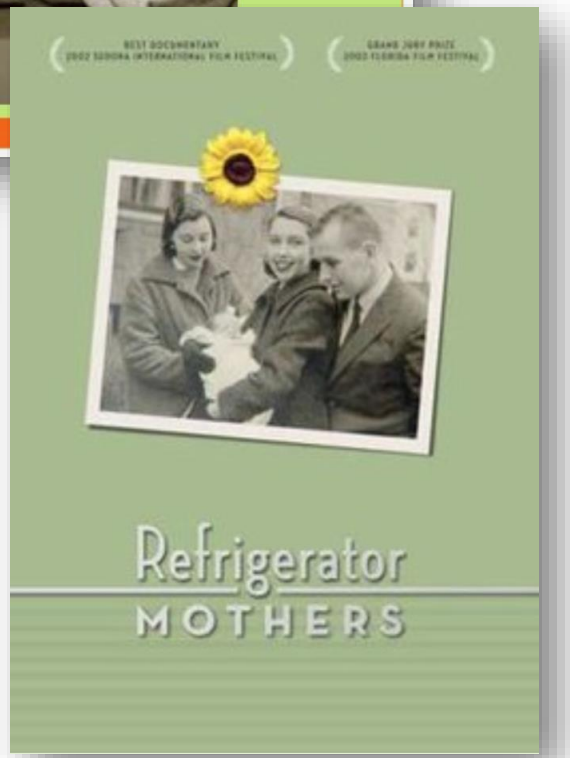

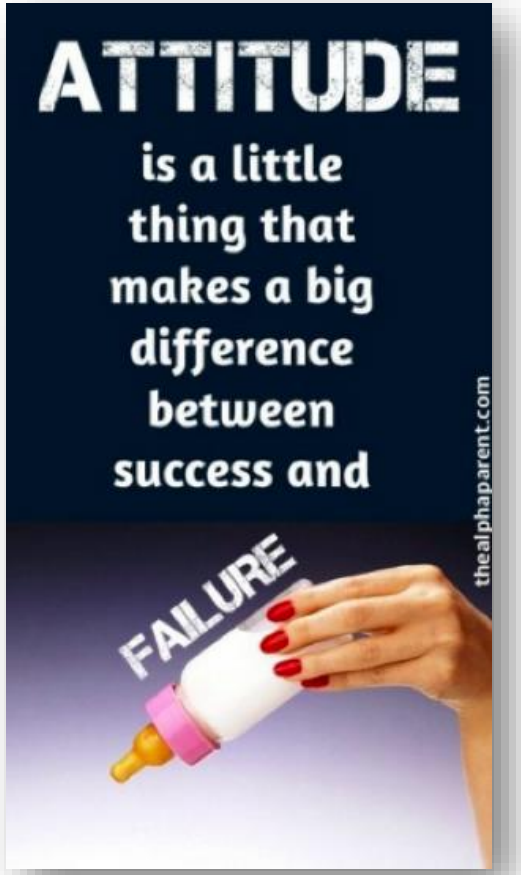

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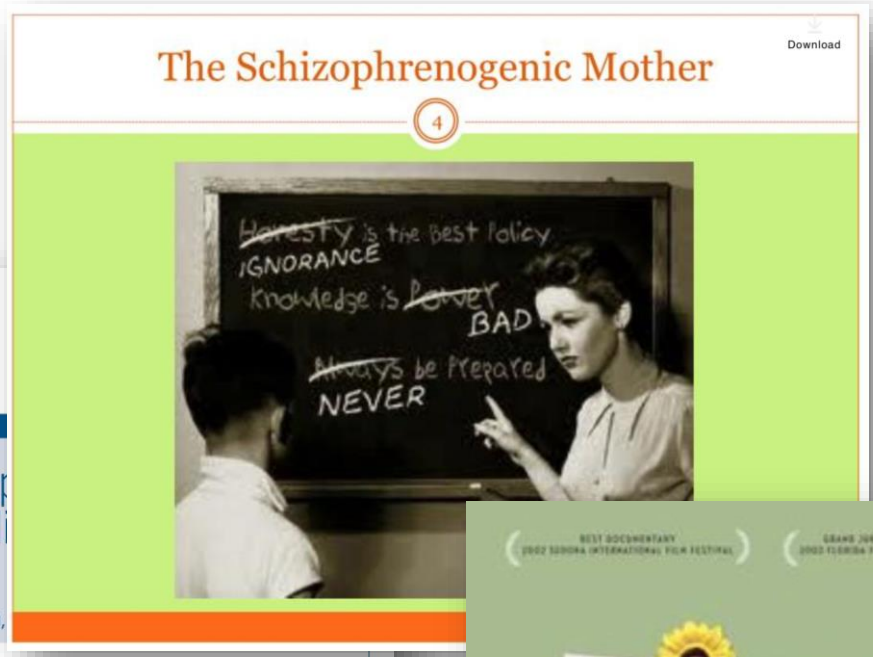

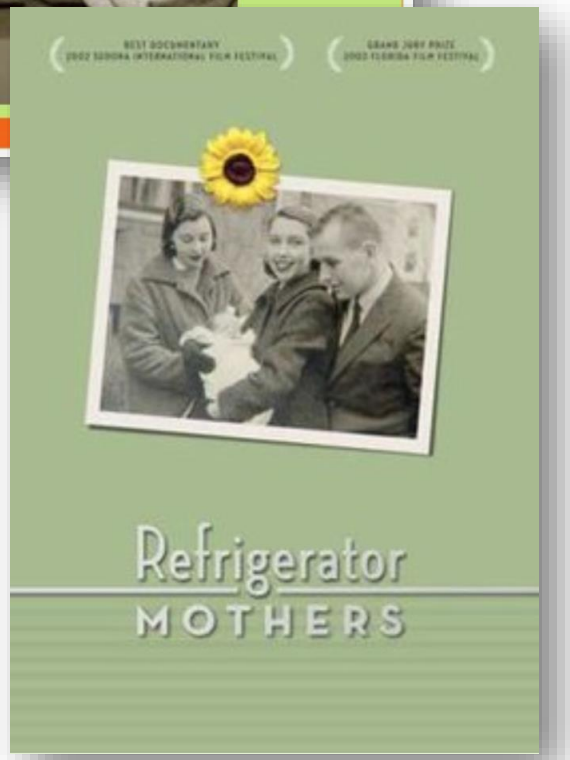

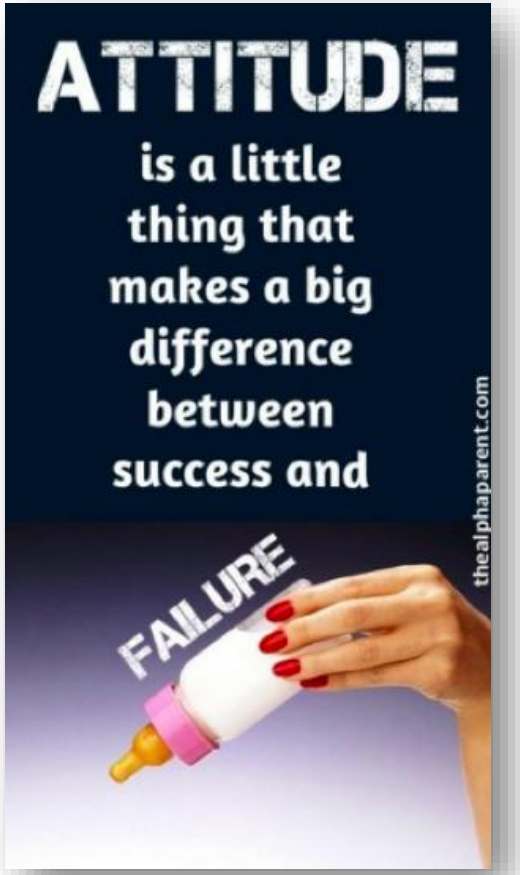

Mother blame

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Food Safety Authority

- You can eat most types of fish when you're pregnant. Eating fish is good for your health and the development of your baby. You just need to avoid some types of fish and limit the amount you eat of some others.

http://www.eatwell.gov.uk/agesandstages/pregnancy/whenyrpregnant/

Food Safety Authority

- **Avoid eating any of these fish when you're pregnant:**
  - shark, swordfish, marlin
- **Limit the amount of tuna you eat to:**
  - no more than two tuna steaks a week (weighing about 140g cooked or 170g raw)
  - OR no more than four medium-size cans of tuna a week (with a drained weight of about 140g per can)
- This is because shark, swordfish, marlin and tuna could contain high levels of mercury. If you take in high levels of mercury when you're pregnant, this could affect your baby's developing nervous system.

Food Safety Authority

- **Have no more than two portions a week of any of these fish:**
  - oily fish, including mackerel, sardines, salmon, trout and fresh tuna
  - sea bream, sea bass, turbot, halibut, rock salmon (also known as dogfish, flake, huss, rigg or rock eel)
  - brown crabmeat
- This is because these types of fish can contain low levels of pollutants that can build up in the body over time, including dioxins and PCBs (polychlorinated biphenyls).

Food Safety Authority

- Canned tuna doesn't count as oily fish, so you can eat this as well as your maximum two portions of oily fish - but don’t eat more than the recommended amount of tuna. And remember that if you’re eating fresh tuna this will count towards your two portions of oily fish (as well as your portions of tuna).

Food Safety Authority

- Don’t forget that eating fish is good for your health and the development of your baby, so you should still aim to eat at least two portions of fish a week, including one portion of oily fish.

"The modern Western pregnant woman must not drink more than four cups of coffee a day, drink alcohol, smoke cigarettes, change cat litter trays, eat soft cheese, uncooked eggs or packaged salads or go into the lambing sheds. They should not work too hard or too long, nor at night or be ambivalent about their pregnancies. Now it seems they must not become anxious either."

Oates MR, British Journal of Psychiatry 180: 478-479: 2002.
Editorial on: Adverse effects of maternal antenatal anxiety on children: causal effect or developmental continuum?

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Confidential Enquiries into Maternal Deaths

- Data on deaths from psychiatric causes for over 25 years
- One of the leading causes of maternal death
- The majority had mood disorders
- 2/3rds of women who died received care that was sub-optimal

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A bit of history…

CRAG report on Early intervention in Postnatal Depression (1996)

- Health Visitor screening using the EPDS for all women
- No need for dedicated inpatient facilities

NHS MEL on Services for Women with Postnatal Depression (1999)

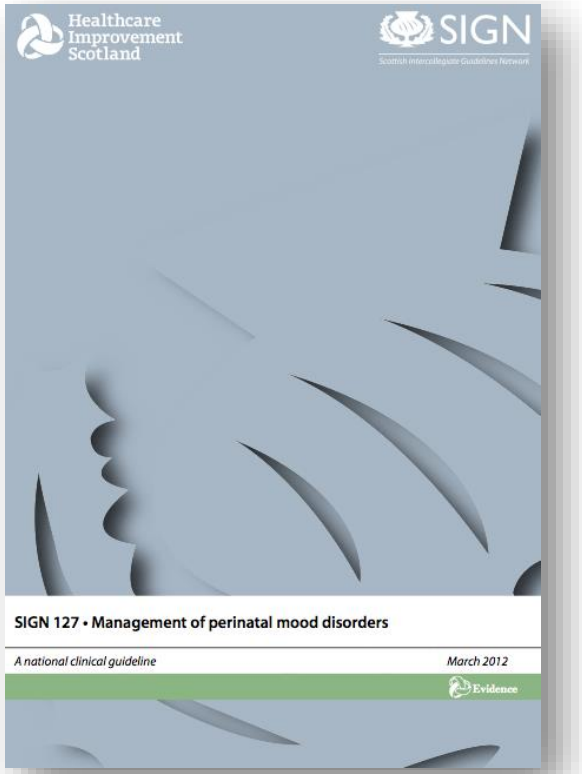
- 'Systematic approach to the prevention, detection and successful treatment of the illness is developed through an Integrated Care Pathway, with support provided to the mother throughout'
- Specialist perinatal service - community, inpatient and obstetric liaison
- Managed Clinical Networks for smaller Health Board areas

A bit of history…

- SIGN Postnatal Depression and Puerperal Psychosis, 2002

D	The option to admit mother and baby together to a specialist unit should be available. Mothers and babies should not be admitted to general psychiatric wards routinely.

A bit of history…



- SIGN Perinatal Mood Disorders Guideline, 2012

D Mothers and babies should not routinely be admitted to general psychiatric wards.

D A national managed clinical network for perinatal mental health should be centrally established in Scotland. The network should be managed by a coordinating board of health professionals, health and social care managers, and service users and carers. The network should:

C Where there is evidence of impairment in the mother-infant relationship, additional interventions, specifically directed at that relationship, should be offered.

A bit of history…

First Scottish MBU opened 2004

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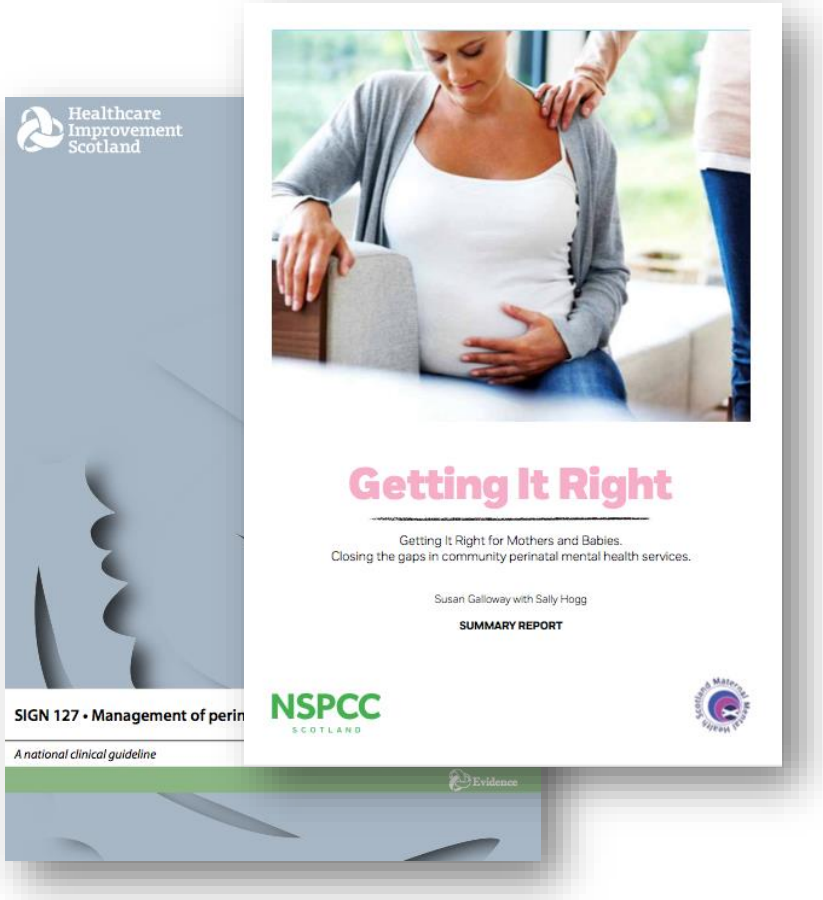
A bit of history…



- SIGN Perinatal Mood Disorders Guideline, 2012
- NSPCC/MMHS Getting It Right Report, 2015

A bit of history…

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- MWC Themed Visit Report, 2016
- Templeton Meeting, 2016

More than professionals…

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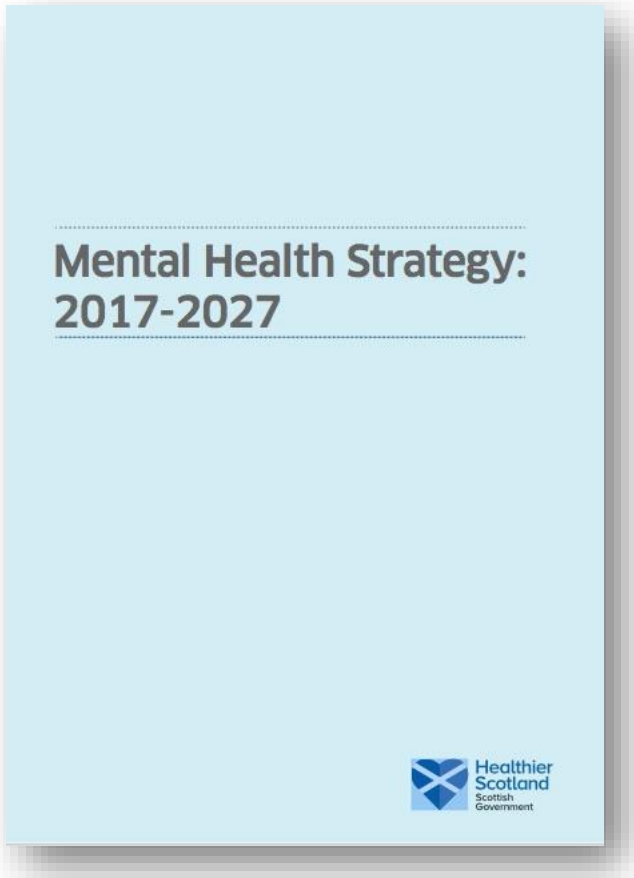
A bit of history…



In 2016 the Mental Welfare Commission for Scotland recommended that the Scottish Government establish a national Managed Clinical Network (MCN) for perinatal mental health.[18] There were 26 Managed Clinical Networks in Scotland commissioned by NHS National Services Division; none of these, however, covered mental ill-health. This MCN for perinatal mental health is therefore a first.

- **Action 16:** Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of **perinatal mental health problems**.

Perinatal Mental Health Network Scotland
National Managed Clinical Network

NHS National Services Scotland

- Established 2017 with remit to improve the *recognition* and *treatment* of perinatal mental health problems

- Understand current provision and promote improvements in local and regional services
- Optimise the efficient use of tertiary and inpatient specialist care
- Ensure best mental health outcomes through effective service delivery and enhanced professional expertise
- Maximise early years health and development for infants up to 12 months growing up in the context of maternal mental ill health, and inform broader early years intervention strategies in infant and child mental health

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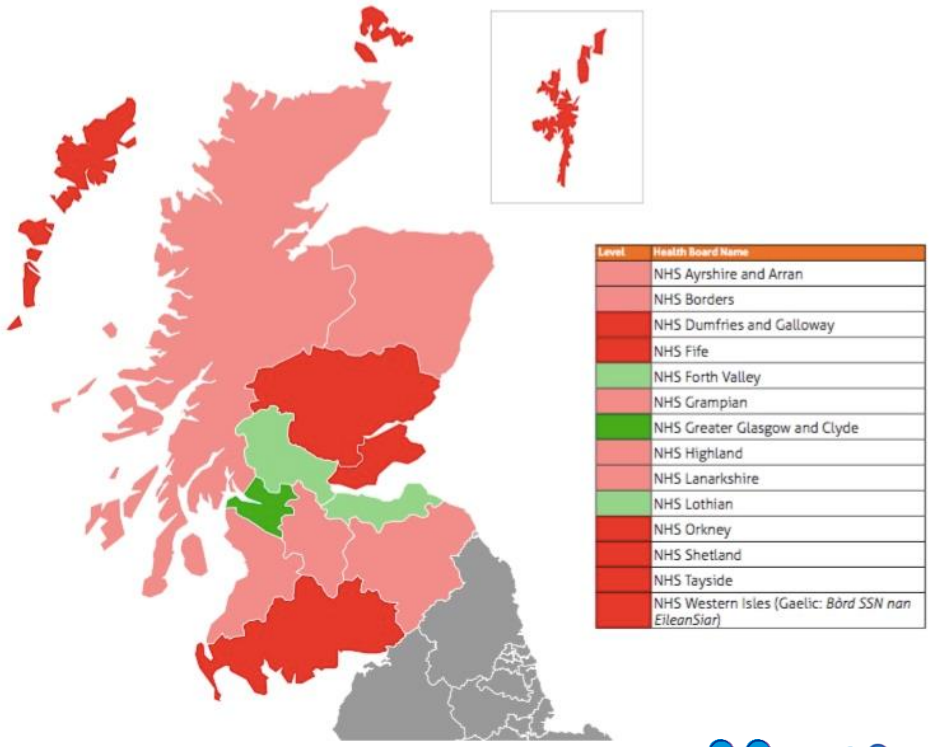
Needs Assessment Exercise

NHS National Services Scotland

Mother and Baby Units

Specialist Community Teams



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Building better perinatal mental health services

NHS National Services Scotland

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Programme for Government, 2018

"We will provide three tiers of support across Scotland, in line with the needs of individuals:

- *for those 11,000 women a year who would benefit from help such as counselling we will support the third sector to provide this*
- *for those 5,500 women in need of more specialist help we will ensure rapid access to psychological assessment and treatment*
- *for those 2,250 women with the most severe illness we will develop more specialist services and consider the need for a small number of additional inpatient beds or enhanced community provision"*

PfG Mental Health Delivery Plan, 2018

Infant mental health

- *"We will improve the training and awareness of people working with vulnerable families and deliver improved infant mental health support for those families that need them.*

- *"All infants, and their parents, who have significant disruption of the parent-infant relationship or impaired infant development, should have access to specialist infant mental health services, wherever they live in Scotland."*

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National Managed Clinical Network

Scottish Government funding announcement

"The funding includes £50 million for perinatal mental health services to develop a strong network of care and support for the one in five new mothers – around 11,000 a year – who experience mental health problems during and after pregnancy."

Clare Haughey, Minister for Mental Health, 13th Sept 2018

Pregnant Scottish women get funds boo for mental health issues

First Minister Nicola Sturgeon during a visit to the mother and baby unit at St John's Hospital in Livingston

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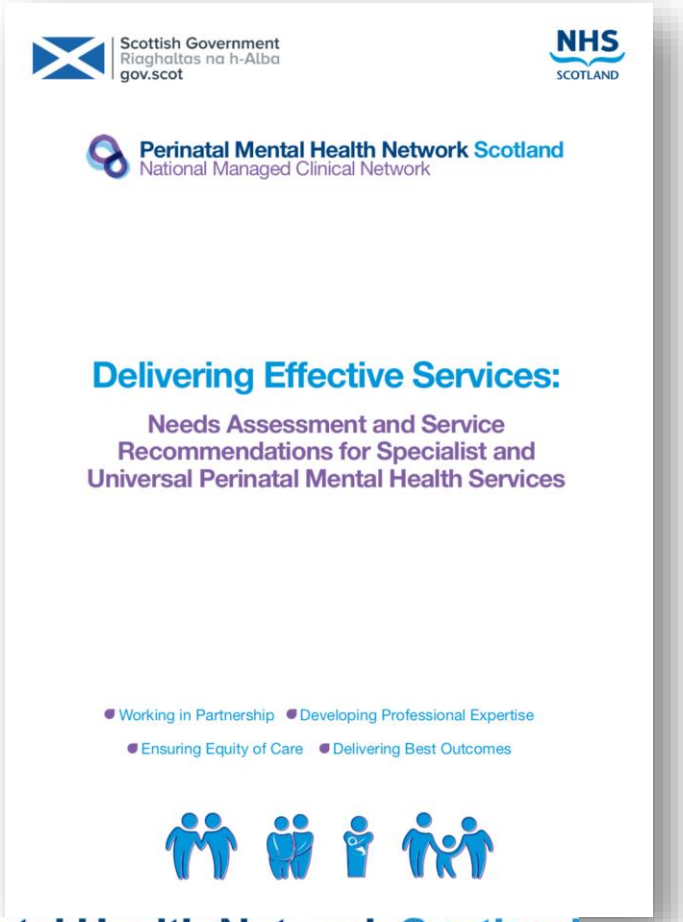
Delivering Effective Services Report, 2019

What does Scotland have now?



- Mother and baby units
- Specialist community perinatal mental health services
- Infant mental health
- Specialist midwives
- Maternity and neonatal psychological services
- Primary care mental health
- Third sector
- Peer support

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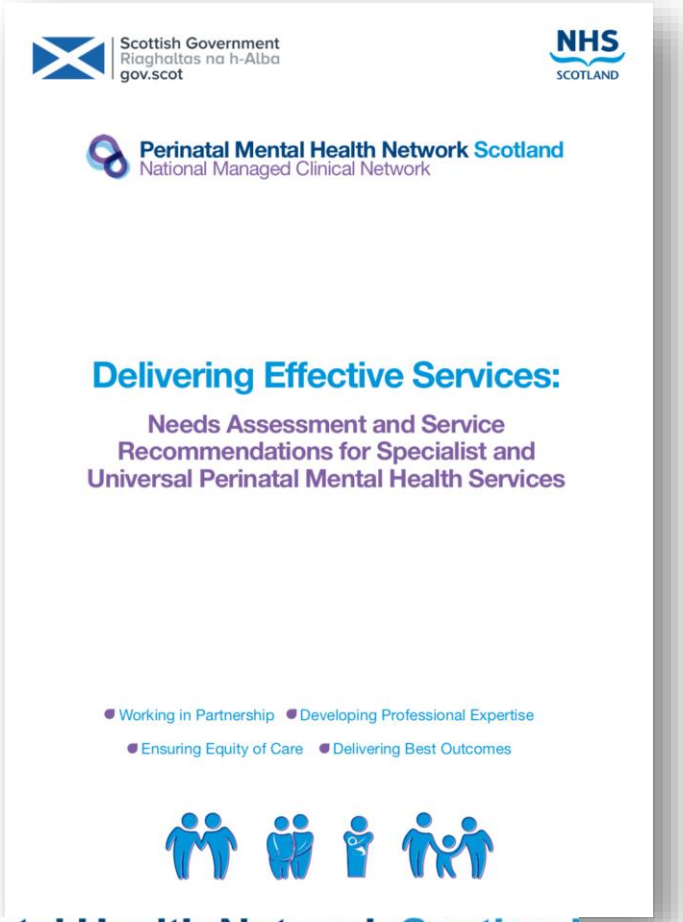
National Managed Clinical Network

Delivering Effective Services Report, 2019

What does Scotland have now? - Infant mental health



- "Within existing perinatal mental health services, team members have additional training in infant mental health..
- "It is clear however, that the lack of appropriately skilled practitioners within teams prevents access to parent-infant interventions for more complex difficulties and to address preparation for parenthood and parenting in women with significant mental disorder..
- "Outwith perinatal mental health teams, child and adolescent mental health services (CAMHS) rarely, if ever, had the capacity to assess and manage children under one year..
- "A small number of NHS boards had developed parent-infant mental health services, often driven by enthusiastic and skilled individuals, but these services remain vulnerable and, in some cases, unsustainable."

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National Managed Clinical Network

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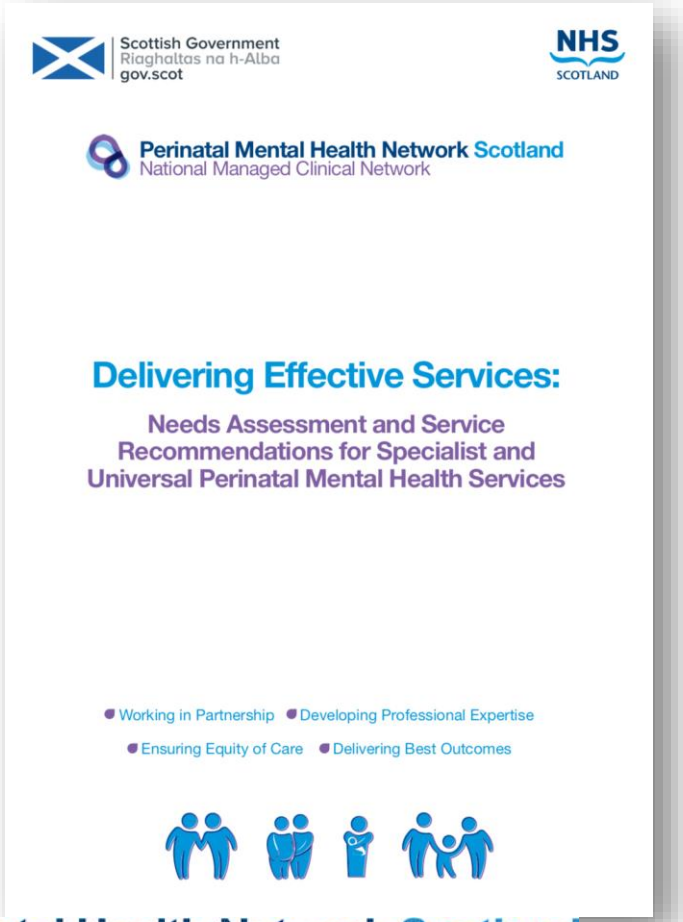
What should Scotland have in the future?



MBUs

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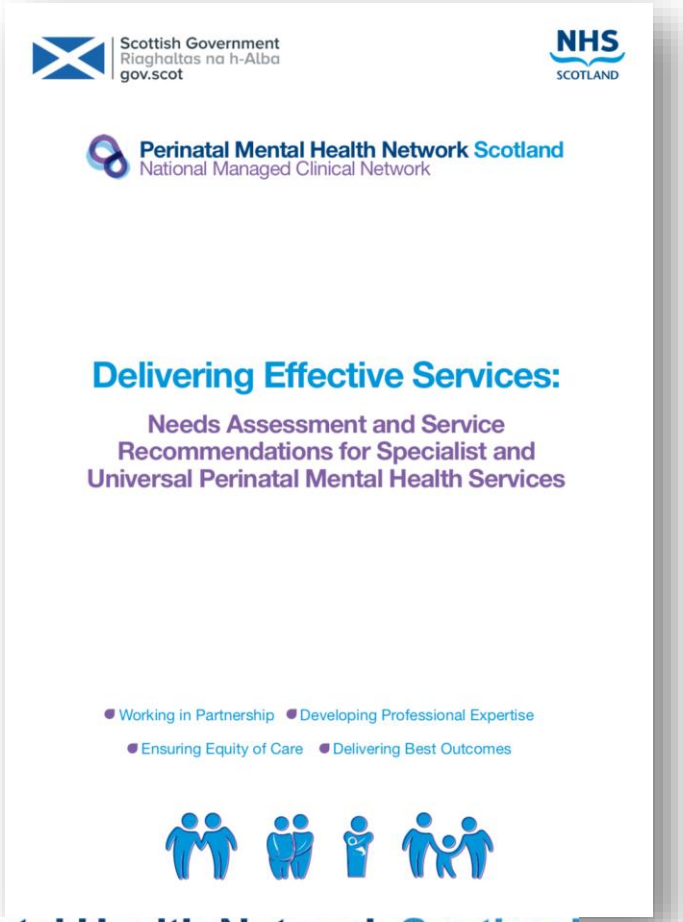

MBUs

CPMHTs

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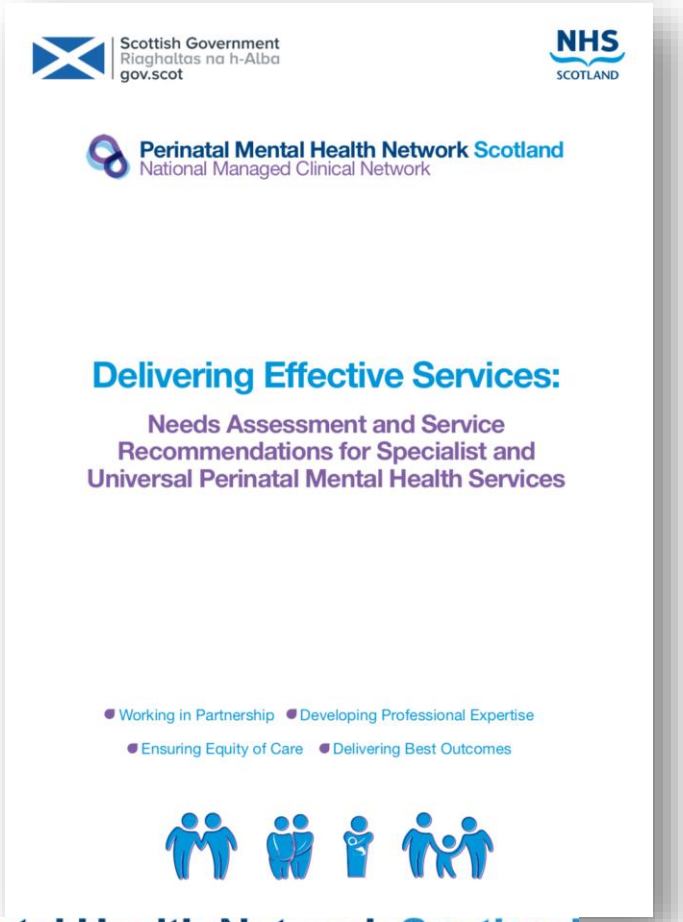

MBUs

CPMHTs

MNPI teams

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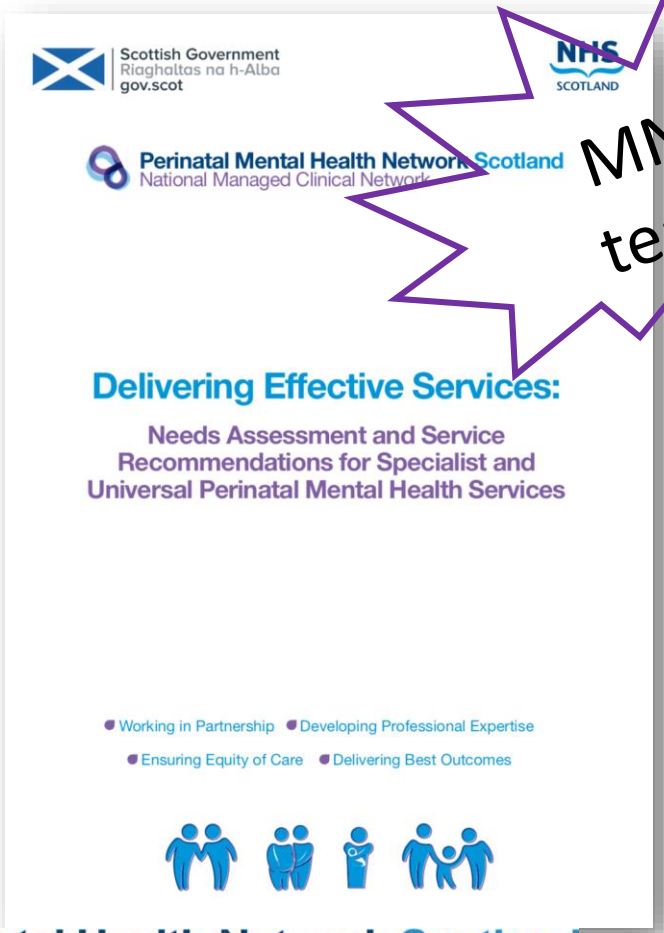

MNPI teams

- RECOMMENDATION 12. The Scottish Government should work with NHS boards to review models for multidisciplinary psychological interventions provision to maternity and neonatal services, beginning in larger maternity units. These should be led by clinical psychology, with additional staffing from psychological therapists or midwives with additional psychological training. Implementation of this work and longer-term roll-out should be included in a national delivery plan as soon as practicable.

- 0.6 WTE (8C) Clinical Psychologist / 3,000 births
- 1.0 WTE (6-8A) Psychological Therapist/Mental Health Midwife / 3,000 births

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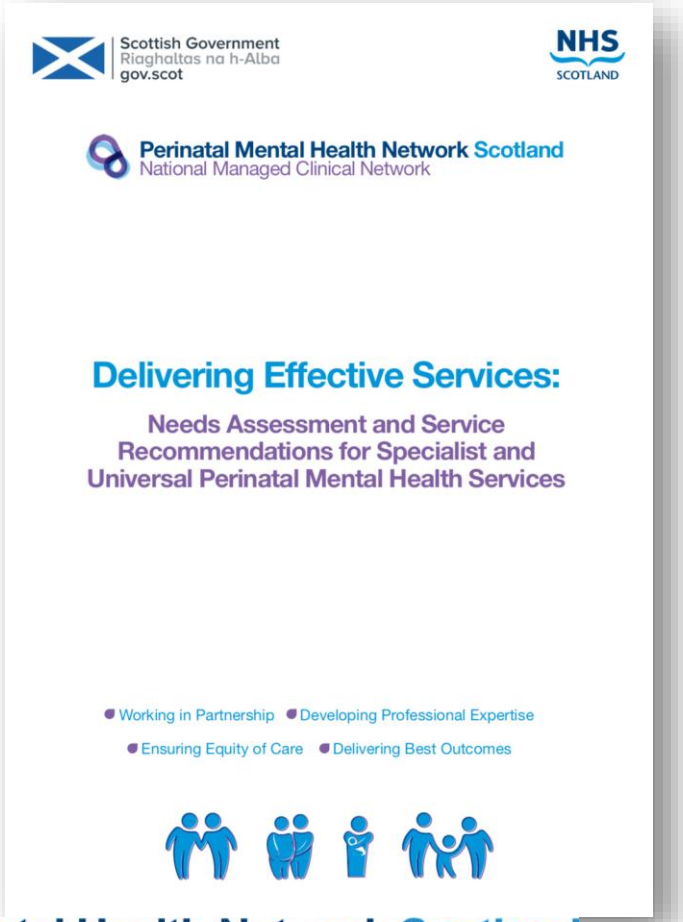
What should Scotland have in the future?



MBUs

CPMHTs

MNPI teams

3rd sector and peer led support

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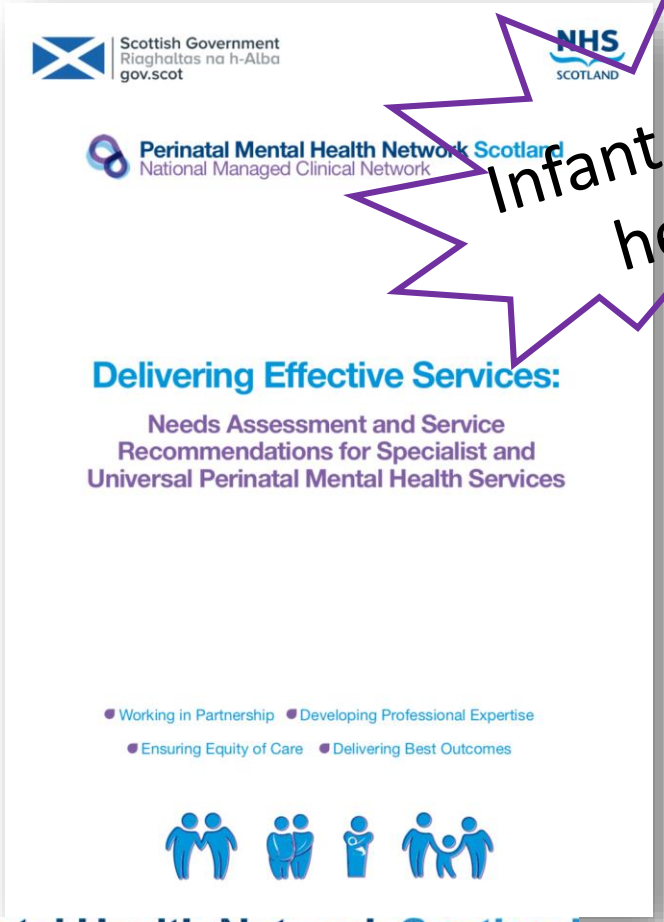
What should Scotland have in the future?



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

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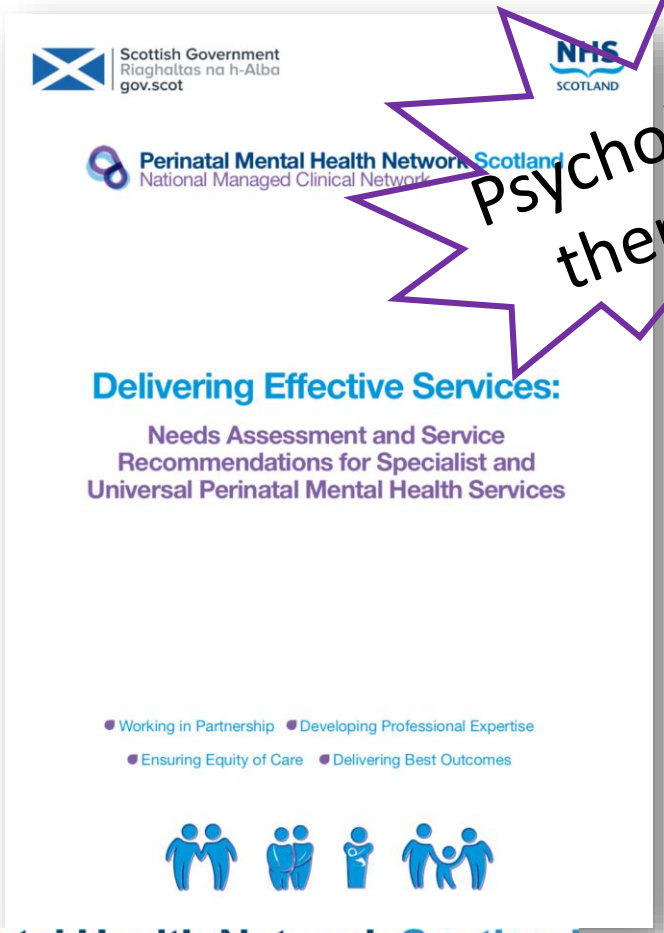

Psychological therapies

- RECOMMENDATION 16. The Scottish Government and NHS boards should develop additional workforce capacity to deliver timely psychological interventions for mild to moderate perinatal mental health disorders in women and men. This should be developed incrementally, with evaluation of local need conducted in parallel.

- Estimated 60-80 additional psychological therapists

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Delivering Effective Services Report, 2019

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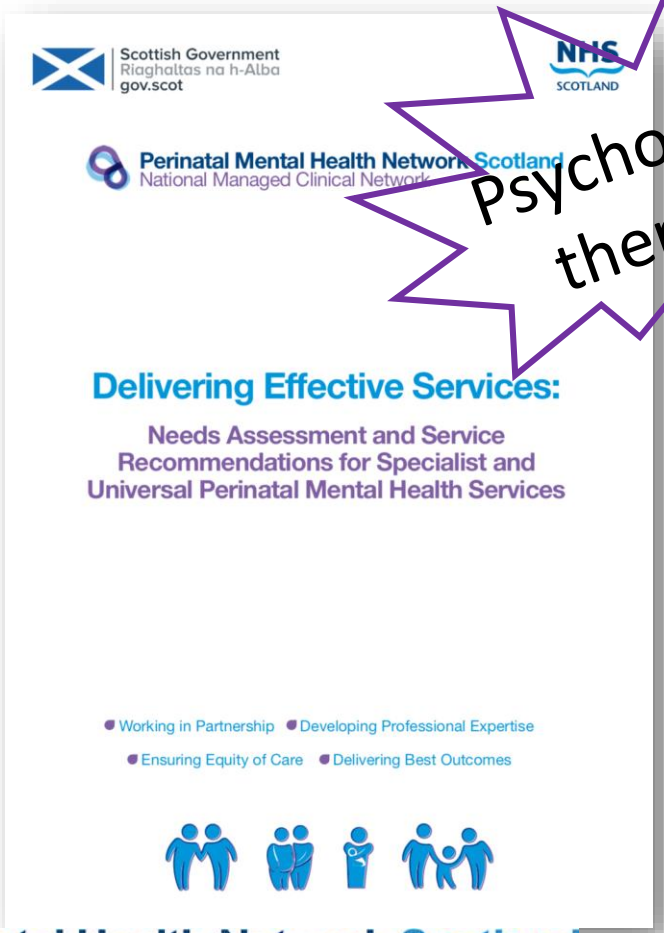

Psychological therapies

- RECOMMENDATION 17. NHS boards should ensure that all parents, and parents to be, are made aware of third sector counselling and support services which exist in their area and how to access them, including individual and couple counselling and support for the parent-infant relationship.

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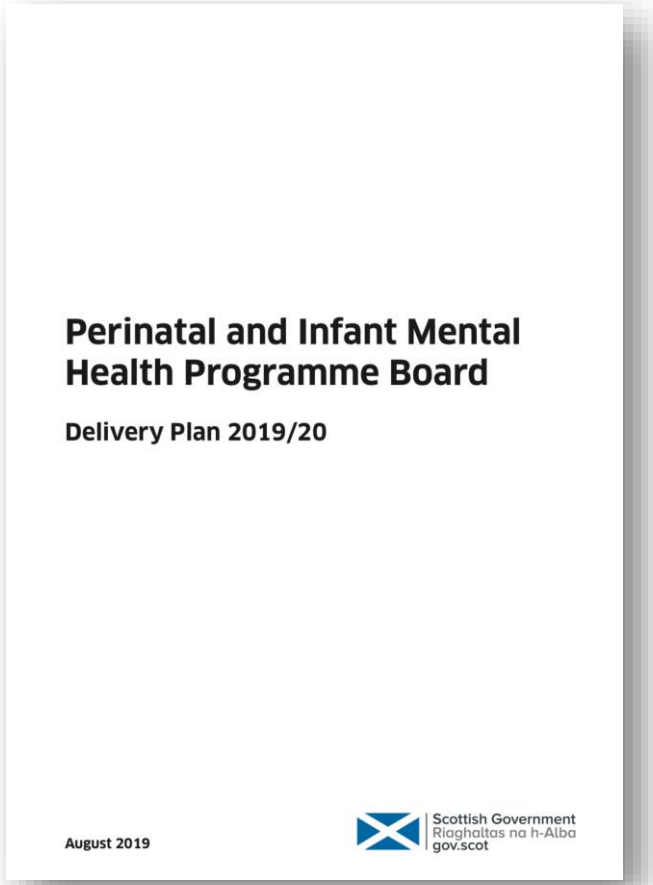
National Managed Clinical Network

Perinatal and Infant Mental Health Programme Board

- PNIMH-PB established April 2019 to implement Scottish Government commitments
- Hugh Masters appointed as Chair

- *"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 will be explored."*

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



- 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

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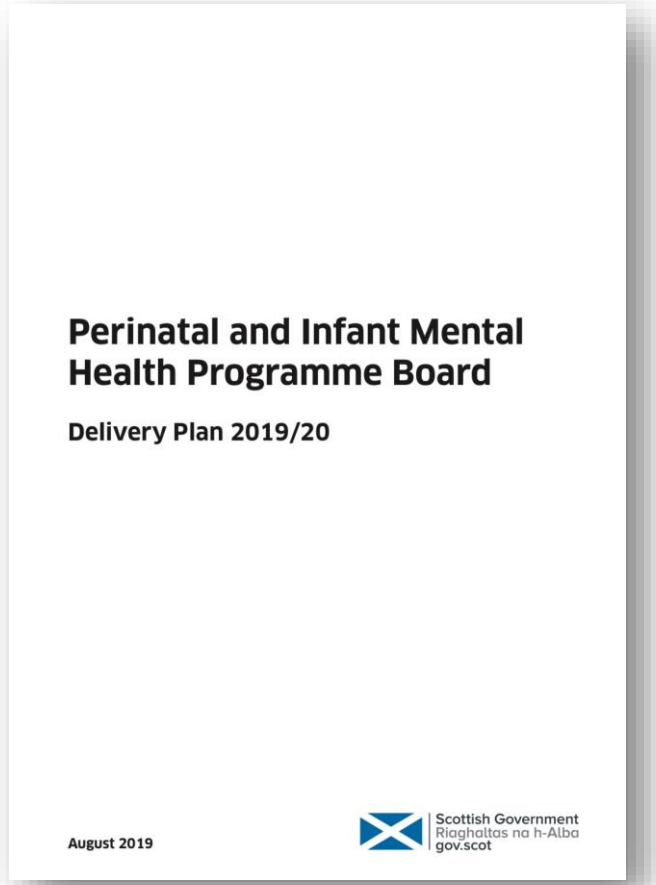
Perinatal and Infant Mental Health Programme Board Delivery Plan 2019/20



- 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
   - ➢ *Perinatal Mental Health Network leading*

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Programme for Government 2019-20

- "Support the third sector to deliver counselling and befriending services for women
- "Increase specialist staffing levels at the two Mother and Baby Units, enabling them to become centres of expertise
- "Support the development of a community perinatal mental health service across Scotland focus[sing] on women with mild to moderate symptoms, allowing access support from, for example, cognitive behavioural therapists and psychological therapists"

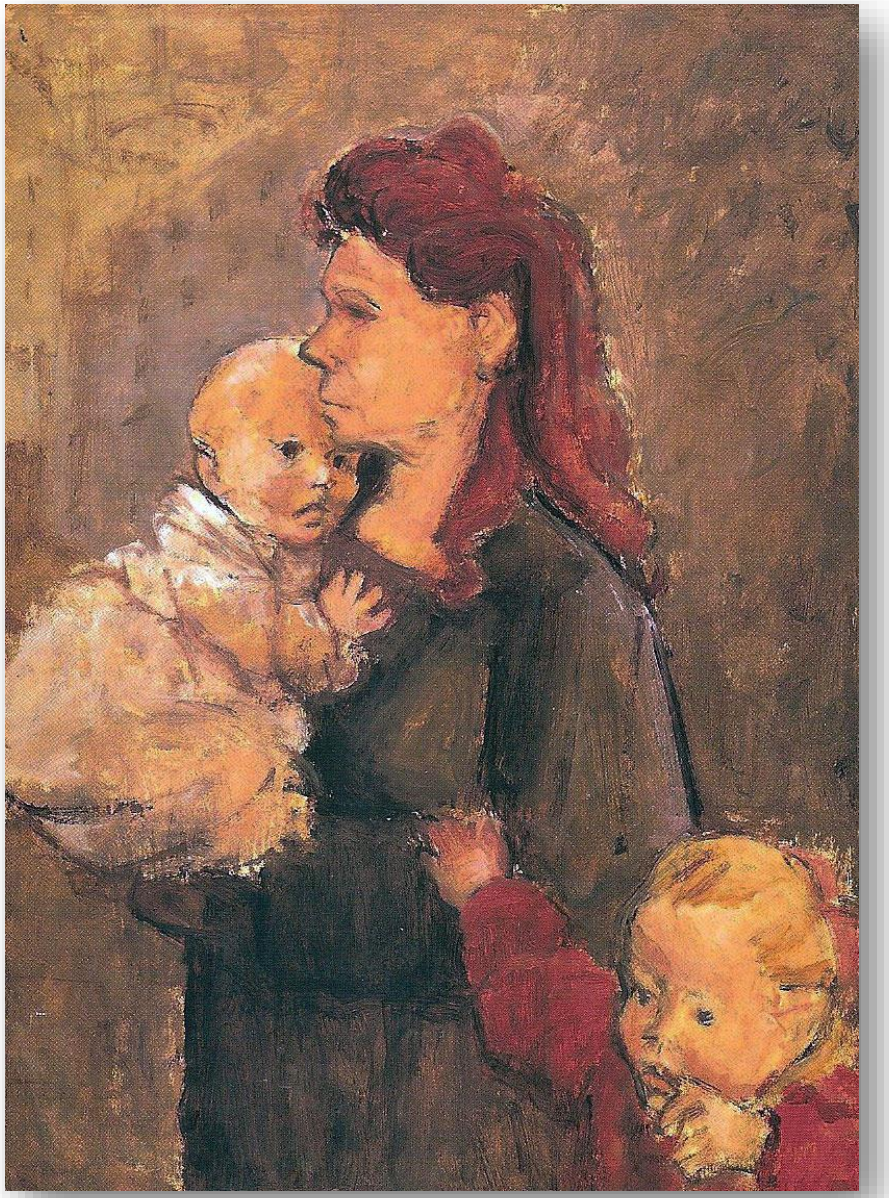
Programme for Government 2019-20

- "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"

So what should services do… and what should they look like?

Education and training
Interventions
Service structure



Perinatal Mental Health Services

Role in infant mental health

- Be able to respond in a timely manner which takes into account the maternity context and needs of the developing infant
- Assess the mother-infant relationship and infant development in the context of maternal mental disorder
- Provide a range of biopsychosocial interventions to support the mother-infant relationship and promote best outcomes for infant development

…and in MBU settings:

- Ensure that the infant's health, care and developmental needs are fully met

So what should services do… and what should they look like?

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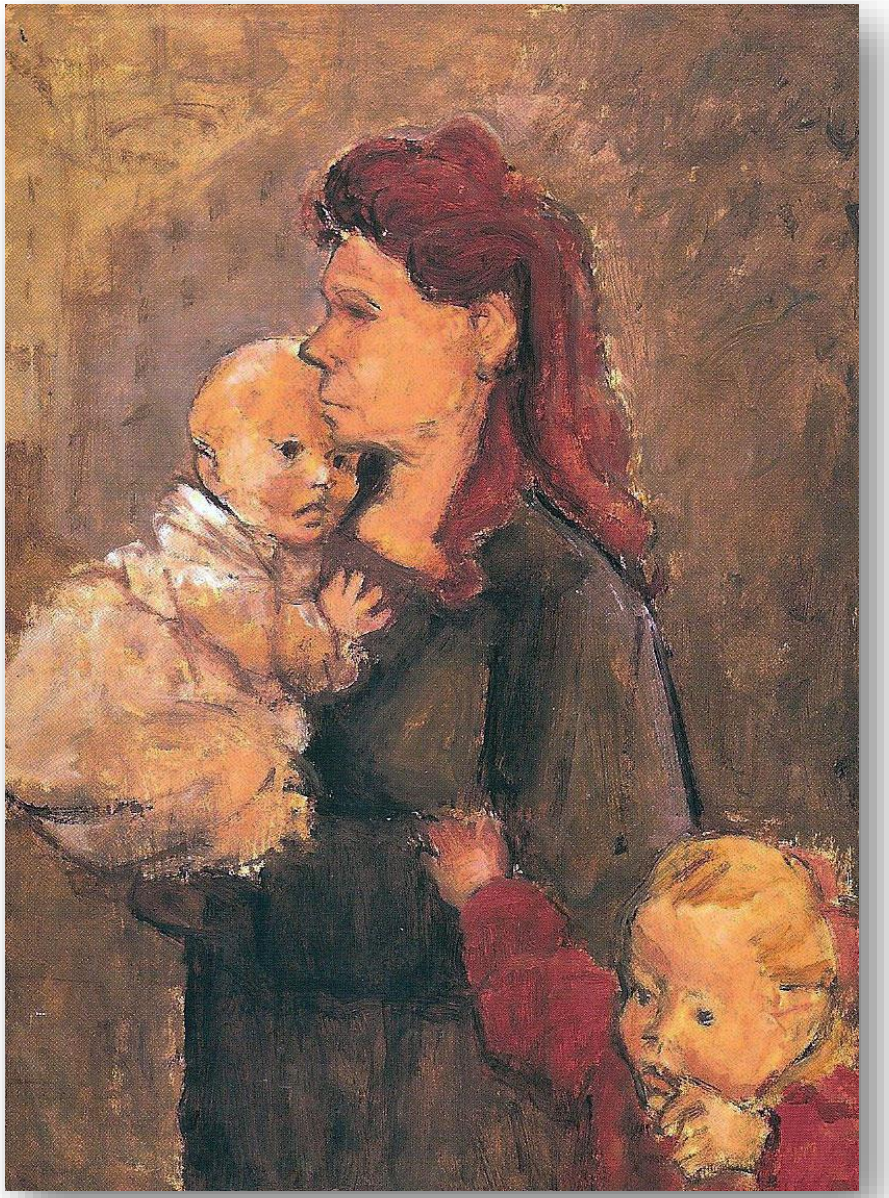
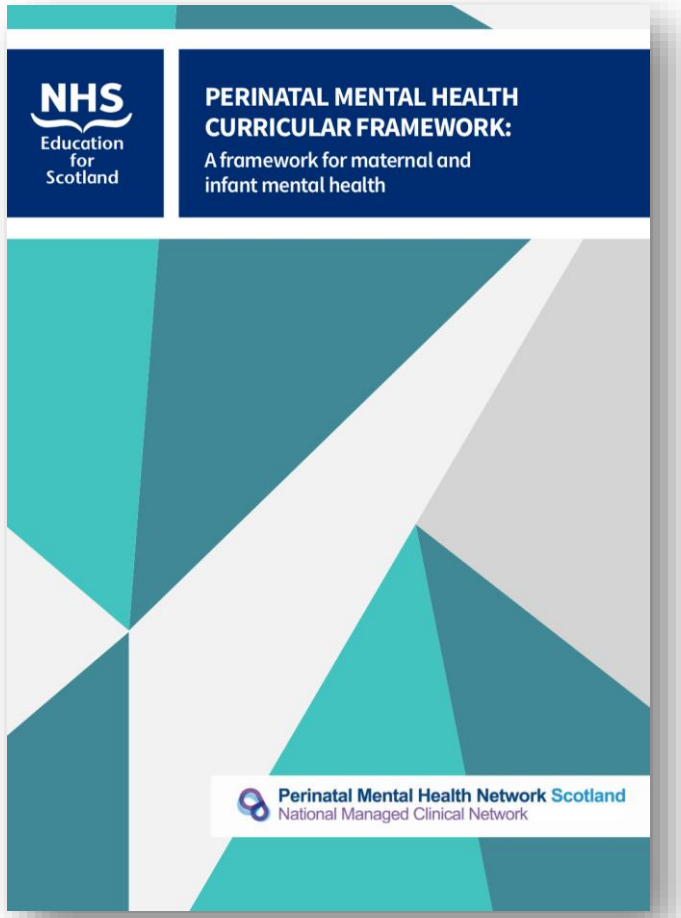


Perinatal Mental Health Curricular Framework, 2019

NHS National Services Scotland



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)**

- DIMENSION 1 — Health and well-being
- DIMENSION 2 — Family support
- DIMENSION 3 — Parent-infant relationship
- DIMENSION 4 — Stigma
- DIMENSION 5 — Interventions

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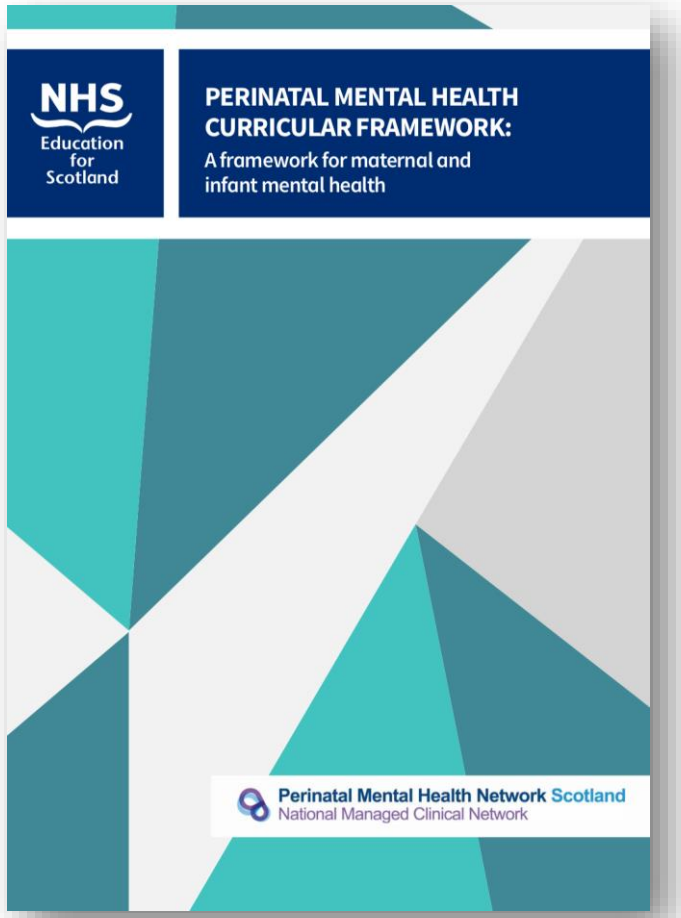
Perinatal Mental Health Curricular Framework, 2019



DIMENSION 3: PARENT-INFANT RELATIONSHIP

Parent-infant relationships are warm, secure and attuned during the perinatal mental health period

1. Professionals should practice in a way which supports the parent-infant relationship and facilitates optimal infant development

2. Professionals should recognise when problems arise in parent-infant interactions and/or infant development

3. Professionals should recognise when a child may be at risk of harm and be able to act to safeguard the child

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Perinatal Mental Health Curricular Framework, 2019

NHS National Services Scotland

DIMENSION 3 Parent-Infant Relationship

What practitioners do

Professionals should recognise when problems arise in parent-infant interactions and/or infant development

INFORMED Seek advice from colleagues; discuss concerns with parents

SKILLED Engage parents in supportive discussions which imparts understanding and facilitates change

ENHANCED Make informed assessments of mother-infant interaction

SPECIALIST Conduct detailed assessments of mother-infant interaction; lead multidisciplinary discussions regarding child welfare

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NHS
Education for Scotland
INFANT MENTAL HEALTH
DEVELOPING POSITIVE
EARLY ATTACHMENTS

Solihull Approach Cascade Scheme (SACS)

The Solihull Approach comprises a suite of standardised trainings designed to help practitioners think psychologically about development in the earliest years of life and to integrate an understanding of infant mental health into their everyday practice.

The model incorporates early brain development with established psychological theories of child development, with the theoretical concepts of containment (from psychoanalytic theory), reciprocity (from child development and attachment theory) and behaviour management (from social learning theory).

In 2014, NES initiated a programme to cascade the Solihull Approach to professionals working in early years services. The rationale behind this was in keeping with the Scottish Government's policy to make basic infant mental health training more widely available to professionals who work with children, (commitment 8, Mental Health Strategy 2012-15). The SACS project aims to develop the Solihull Approach as a key practice model for staff and to build capacity within the workforce to ensure sustainability.

A cohort of trainers with the capability to deliver Foundation Level Solihull Training has been established in most healthboards across Scotland.

Perinatal and Infant Mental Health Briefing Paper

Please click here to access the most recent briefing paper NES Perinatal and Infant Mental Health Work published February 2019.

NHS Education for Scotland

NHS National Services Scotland

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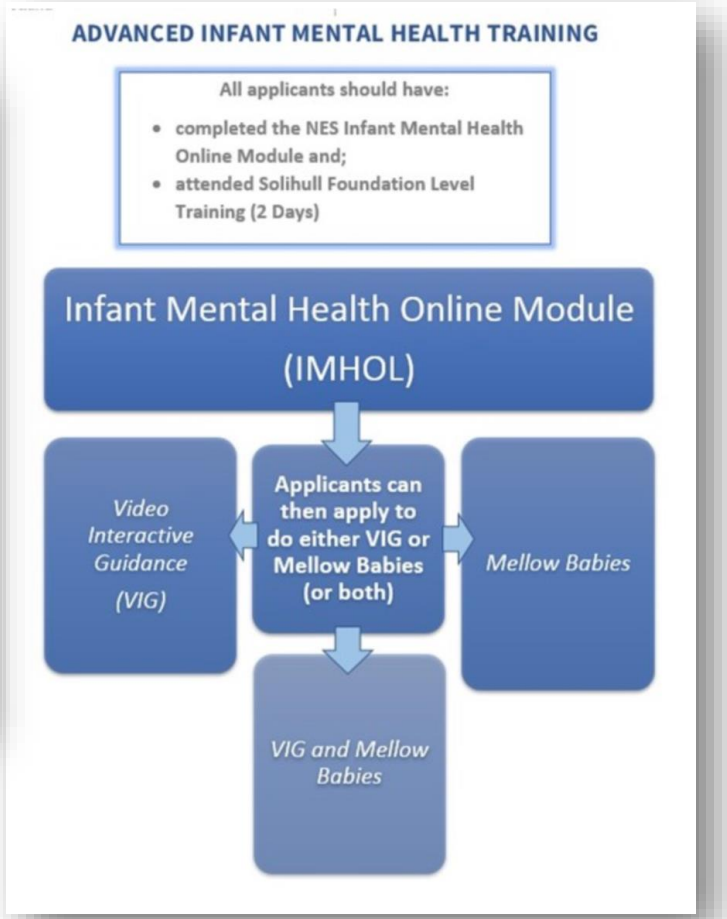

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So what should services do… and what should they look like?

Education and training

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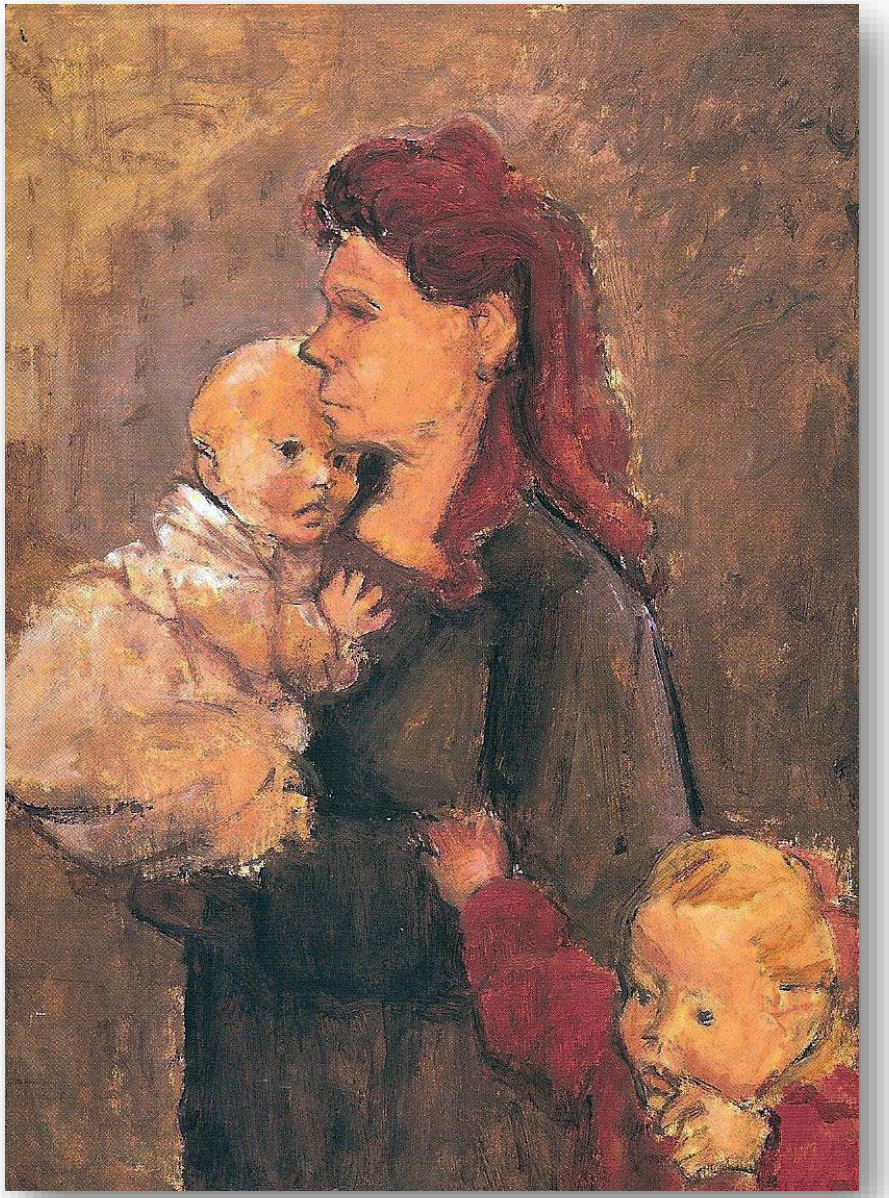
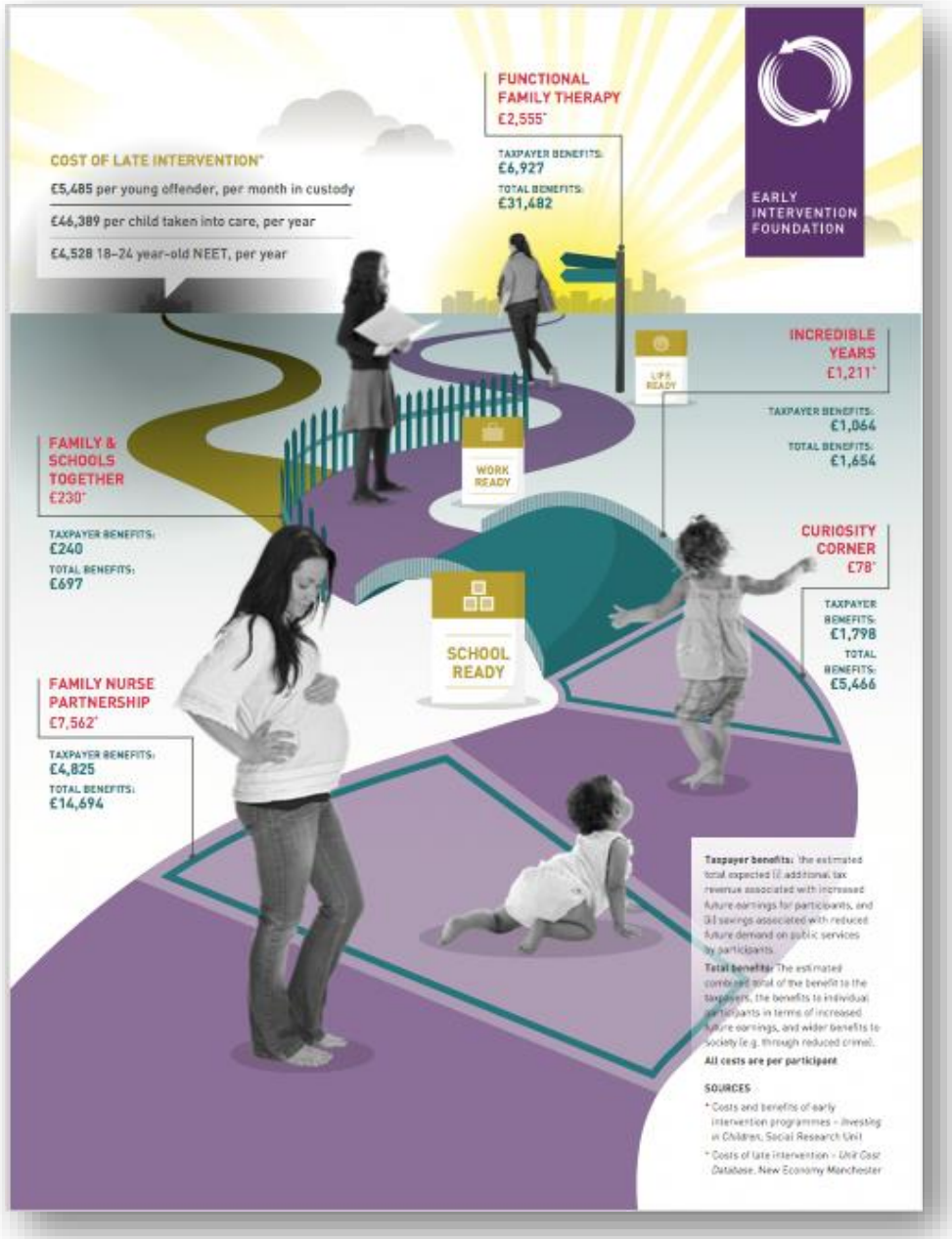


EARLY
INTERVENTION
FOUNDATION



Programme type	Number of programmes	Programmes
All (all levels of evidence; antenatal to adolescence)	101	
Antenatal, perinatal, infant (all levels of evidence)		
Antenatal, perinatal, infant (evidence levels 3, 4)		
Antenatal, perinatal, infant (evidence level 4)		

Programme type	Number of programmes	Programmes
All (all levels of evidence; antenatal to adolescence)	101	
Antenatal, perinatal, infant (all levels of evidence)	14	Auditory Verbal Therapy; Child First; Family Foundations; Family Nurse Partnership; Henry; Infant-Parent Psychotherapy; Triple P (Level 4 Group); Triple P (Level 4 Standard); KfdN; Parents as First Teachers; PALS; Reach Out and Read
Antenatal, perinatal, infant (evidence levels 3, 4)		
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Antenatal, perinatal, infant (evidence levels 3, 4)	6	
Antenatal, perinatal, infant (evidence level 4)		

Programme type	Number of programmes	Programmes
All (all levels of evidence; antenatal to adolescence)	101	
Antenatal, perinatal, infant (all levels of evidence)	14	Auditory Verbal Therapy; Child First; Family Foundations; Family Nurse Partnership; Healthy Families Henry; Infant-Parent Psychotherapy; Triple P (Level 4 Group); Triple P (Level 4 Standard); KfdN; Parents as First Teachers; PALS; Reach Out and Read
Antenatal, perinatal, infant (evidence levels 3, 4)	6	
Antenatal, perinatal, infant (evidence level 4)	2	

EARLY INTERVENTION FOUNDATION

Family Foundations

Family Foundations (FF) is a group-based programme for couples expecting their first child, delivered any time during the mother's pregnancy.

Evidence rating: 4

Cost rating: 1

Child outcomes:
Supporting children's mental health and wellbeing

Enhancing school achievement & employment

Preventing crime, violence and antisocial behaviour

UK provision: Yes

Age group:
Perinatal

Delivery model: Group

Main setting:
Out-patient health setting

Other setting:
Sixth-form or FE college
Community centre

Classification:
Universal

Family Nurse Partnership

Family Nurse Partnership (FNP) is a home-visiting programme for young mothers expecting their first child.

Evidence rating: 4+

UK provision: Yes

Main setting:

Cost rating: 5

Child outcomes:
Supporting children's mental health and wellbeing

Preventing child maltreatment

Enhancing school achievement & employment

Preventing crime, violence and antisocial behaviour

Preventing substance abuse

Preventing obesity and promoting healthy physical development

Age group:
Perinatal

Delivery model: Home visiting

Home

Classification:
Targeted selective

So what should services do… and what should they look like?

Education and training

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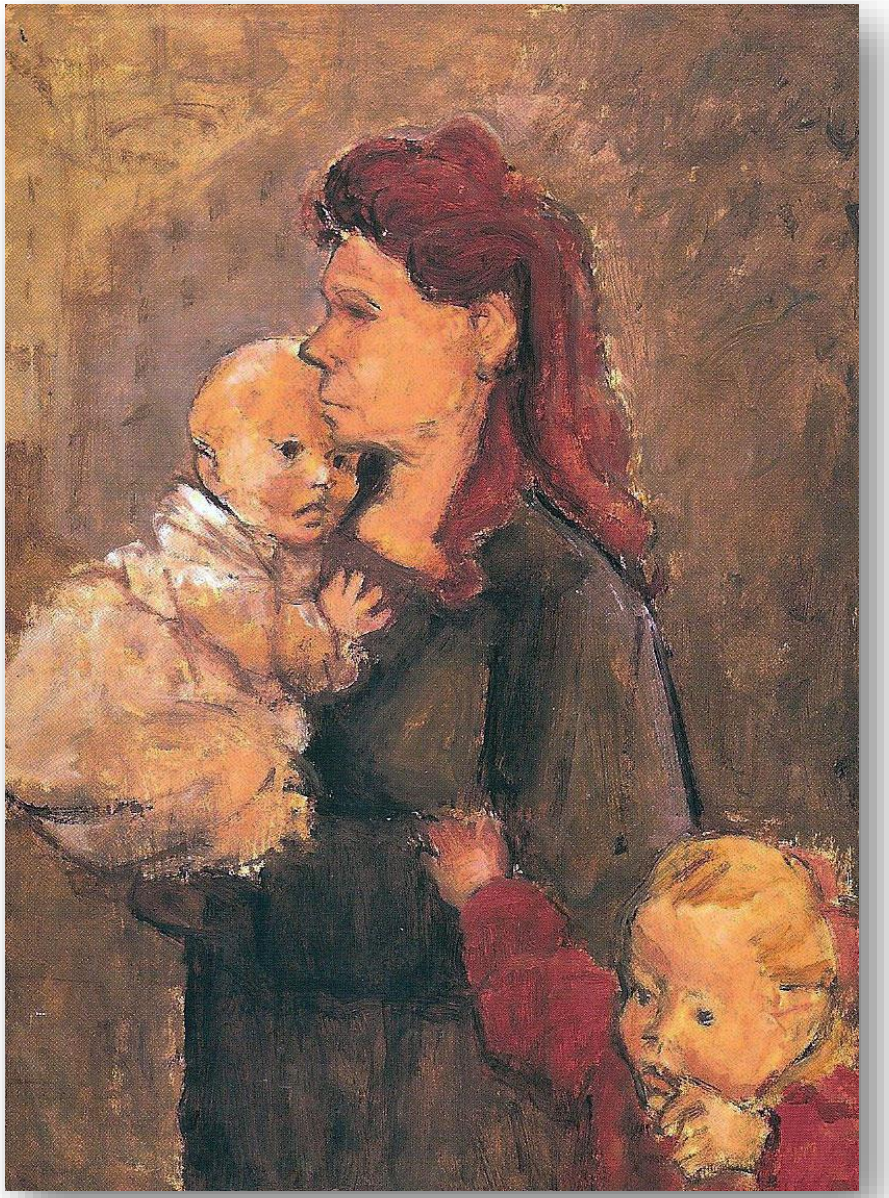
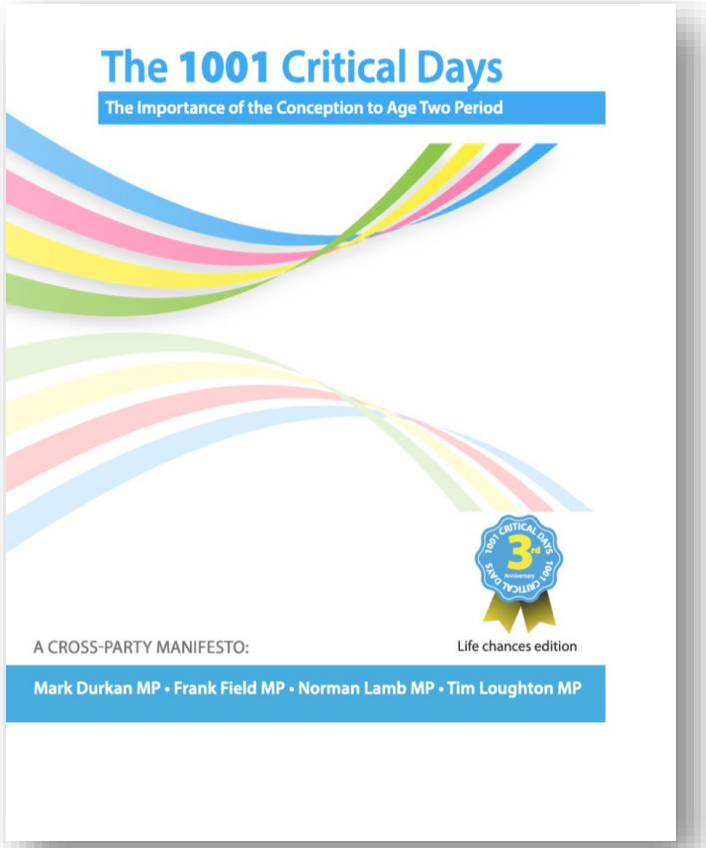
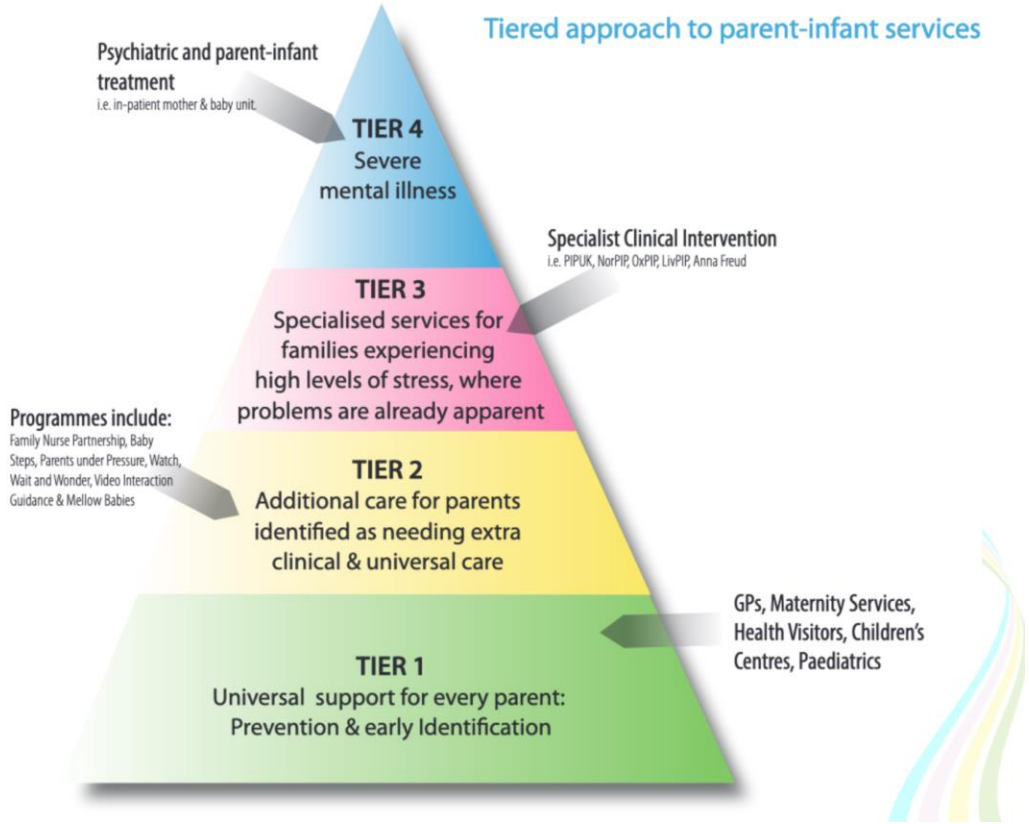


1001 Critical Days report, 2016





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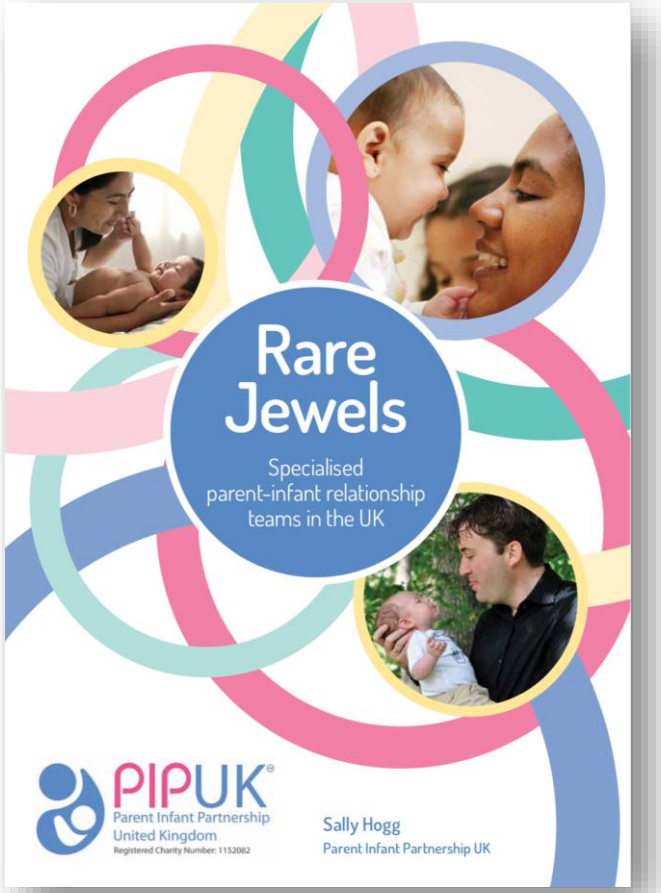
Rare Jewels report, 2019



- Review of existing parent-infant relationship teams
- Recommendations for future development

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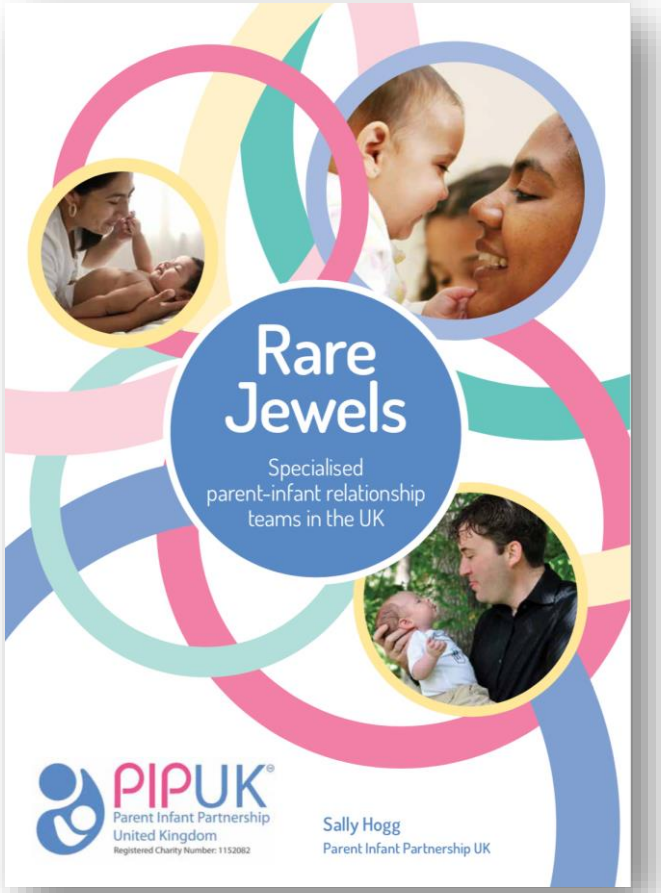
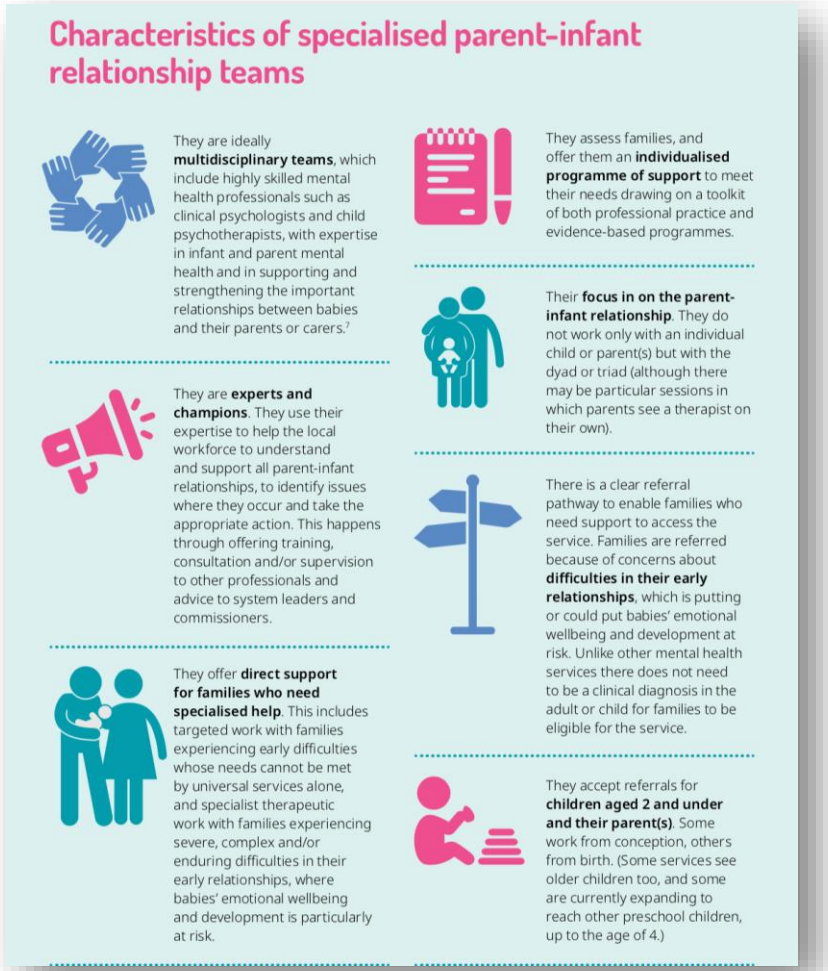
Rare Jewels report, 2019



Specialised parent-infant relationship teams

- Multidisciplinary teams with expertise in supporting and strengthening the important relationships between babies and their parents
- Expert advisors and champions for all parent-infant relationships, driving change across their local systems and empowering professionals to turn families' lives around
- Offer high-quality therapeutic support for families experiencing severe, complex and/or enduring difficulties in their early relationships

Rare Jewels report, 2019



Characteristics of specialised parent-infant relationship teams

They are ideally **multidisciplinary teams**, which include highly skilled mental health professionals such as clinical psychologists and child psychotherapists, with expertise in infant and parent mental health and in supporting and strengthening the important relationships between babies and their parents or carers.[7]

They are **experts and champions**. They use their expertise to help the local workforce to understand and support all parent-infant relationships, to identify issues where they occur and take the appropriate action. This happens through offering training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.

They offer **direct support for families who need specialised help**. This includes targeted work with families experiencing early difficulties whose needs cannot be met by universal services alone, and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their early relationships, where babies' emotional wellbeing and development is particularly at risk.

They assess families, and offer them an **individualised programme of support** to meet their needs drawing on a toolkit of both professional practice and evidence-based programmes.

Their **focus in on the parent-infant relationship**. They do not work only with an individual child or parent(s) but with the dyad or triad (although there may be particular sessions in which parents see a therapist on their own).

There is a clear referral pathway to enable families who need support to access the service. Families are referred because of concerns about **difficulties in their early relationships**, which is putting or could put babies' emotional wellbeing and development at risk. Unlike other mental health services there does not need to be a clinical diagnosis in the adult or child for families to be eligible for the service.

They accept referrals for **children aged 2 and under and their parent(s)**. Some work from conception, others from birth. (Some services see older children too, and some are currently expanding to reach other preschool children, up to the age of 4.)

Rare Jewels report, 2019

The size of teams at the moment, often reflects the funding available to services, rather than the capacity required to support the local population. In Greater Manchester, some work has been done to understand the size of service required for population of 280,000 which equates to a birth rate of around 3300 and is roughly the size of an average local authority in England. This table shows the suggested staffing in their service specification.

Staff	WTE
Consultant Psychologist/Psychotherapist (Regional Service Lead)	0.33
Clinical Psychologist/Psychotherapist (Local Service Lead)	1
Parent-Infant Therapists/Practitioners (HV/Infant Psychotherapist/Midwife/ Clinical psychologist)	2
Adult mental health practitioner.	1
Social Worker	1
Administrator	1
Community outreach/Peer support worker	1
	7.33

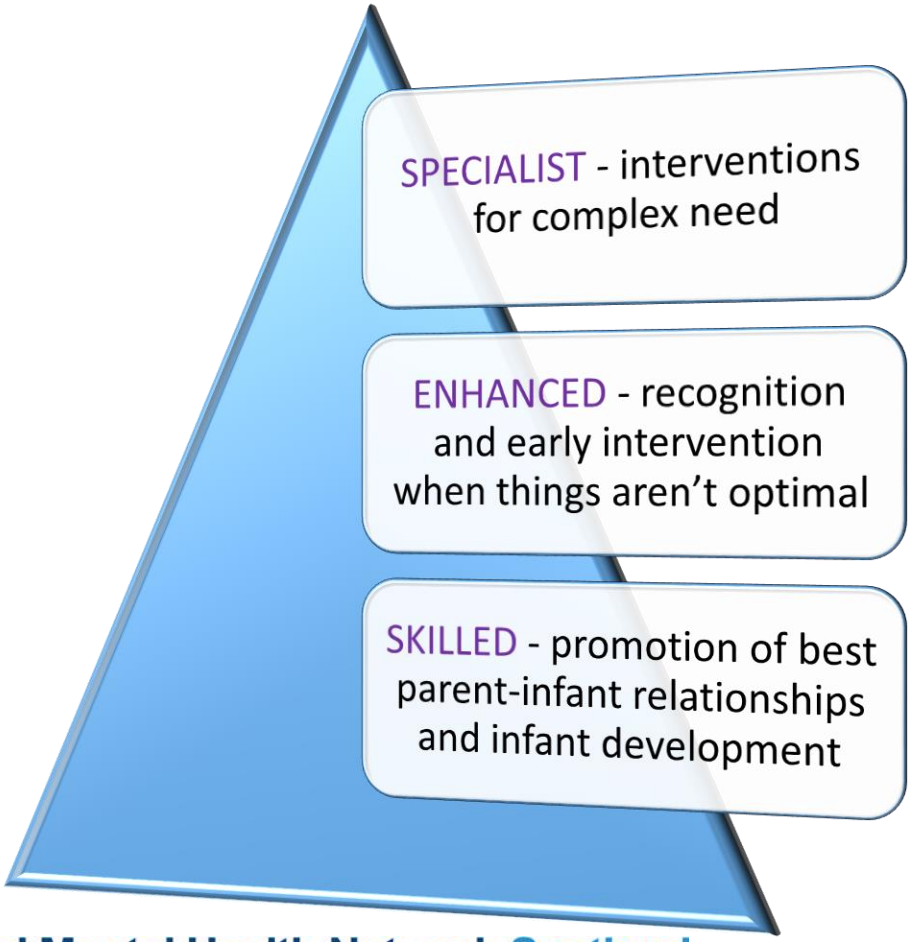
Rare Jewels report, 2019

We currently know about 27 Specialised Parent-Infant Relationship Teams around the UK:

1. ABCPiP, Ballygowan, Northern Ireland
2. Aneurin Bevan Health Board, Gwent, Wales
3. Anna Freud Centre PIP, Camden, London, England
4. BrightPIP, Brighton, England
5. Baby Infant Bonding Service, Halton and Warrington, England
6. Building Attachment and Bonds Service, Knowsley, England
7. CAMHS Infant Mental Health Team, Plymouth, England
8. Children and Parents Service, Manchester, Greater Manchester, England
9. Croydon Best Start PIP, London, England
10. DorPIP, Dorset, England
11. EPIP, Enfield, London, England
12. Gloucestershire Infant Mental Health Team England

Rare Jewels report, 2019

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

Perinatal Mental Health Network Scotland
National Managed Clinical Network

A model for Scotland?

- **Multidisciplinary infant mental health hub model -** hubs based in regional centres hosted jointly by specialist perinatal mental health services and child health, linked closely to social work/ child protection services through clear care pathways, focussed, initially, on interventions in pregnancy and the first postnatal year 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

Infant mental health leads/therapists within Perinatal Mental Health Services

- Role definition
  - Expertise?
  - Range of therapies provided?
  - Supervisory structures?
  - Regional role?