Training Initiatives in Perinatal Mental Health

Scientific Meeting
RCPsych
November 2016
Liz McDonald
NHSE

The five year phased transformation programme and the funding of £365 million committed over a 5-year period will deliver the recommendation in the independent Mental Health Taskforce that, by 2020/21, an additional 30,000 women in all areas of the country are able to access evidence-based, specialist support, closer to home when they need it.
Capacity-building

The capacity, capability and confidence of the workforce is one of the fundamental aspects of achieving this transformation – without a well-skilled workforce in place, it will be almost impossible to achieve the aims and objectives of the programme.
The aim

By 2020/21, all teams in acute inpatient mother and baby units and perinatal mental health community teams should be sufficiently staffed to meet the recommended levels for local need.
Perinatal Mental Health HEE Steering Group Meeting

Neil Ralph, Chair
Programme Director
Mental Health and Learning Disabilities

www.hee.nhs.uk
4 e-learning modules were recently released on the Health Education England website

http://www.e-lfh.org.uk/programmes/perinatal-mental-health/
**Perinatal Mental Health Competency Framework**

- HEE and NHSE Perinatal Mental Health Steering Group, PMH clinical networks and local HEE offices, aim to develop a strategy to deliver education and evidence-based training.

- HEE commissioned Tavistock and Portman to create a Perinatal Mental Health competency framework to describe the skills needed in the workforce April 2016.

- A tiered competency and skills portfolio for all professions across the perinatal care pathway to support development and help assess training needs and current competency levels needed to deliver evidence-based perinatal mental health care.
Who is the framework for?

- Nursery Worker, Children's Centre worker, Healthcare Assistant
- Health Visitor, Assistant Health Visitor, Specialist Mental Health Visitor
- Administrator/Receptionist
- Children's Social Worker, Mental Health Social Worker, Perinatal Social worker, Outreach Worker, Family Support Worker
- General Nurse, Mental Health Nurse, Specialist Perinatal Nurse, MBU and Community Nursery Nurse, Family Nurse Partnership Practitioners, MBU Nurse
- Midwife, Specialist Midwife, Specialist MH midwife
- Occupational Therapist (perinatal community), Occupational Therapist (Adult mental health), Occupational therapist (MBU)
- School Counsellor, Counsellor, Low intensity IAPT practitioner/PWP, High intensity IAPT practitioner, Psychologist, Perinatal Psychologist, Psychotherapist, Parent-infant Psychotherapist
- Obstetrician
- GP, Psychiatrist, Perinatal Psychiatrist
- Perinatal Service Manager, Mental Health Team Manager, GP Practice Manager
Using the framework

• The framework does not supersede core professional and specialist competencies but should be used alongside them.

• Developed for all staff working to support mothers and families across the perinatal care pathway, from preconception to postnatal care.

• Designed to increase general awareness of perinatal mental illness and care skills, whilst supporting advanced and specialist practice.
Domains of the framework

CORE domain – the ‘Perinatal Frame of Mind’, bearing in mind mother, infant and father/other caregiver at all times during treatment

Knowledge
1. Common emotional and physiological changes
2. Understanding perinatal mental health conditions

Communication:
3. Having an open conversation about perinatal mental health
4. Understanding the mother’s feelings about her baby
5. Understanding the impact of pregnancy on others
6. Understanding difference, stigma and barriers to care

Delivery:
7. Understanding risk and protective factors
8. Safeguarding vulnerable women and infants
9. Understanding and valuing the multidisciplinary team and pathway

Levels 1, 2 and 3
Timeline for the framework

- **May 2016**: workshop held at Tavistock with Expert Reference Group (involving key professionals involved in perinatal mental health care) to review existing frameworks and agree scope
- **June 2016**: nine ‘domains’ of competence agreed, expert writing group identified and engaged
- **July 2016**: first draft of framework collated and circulated for feedback within Expert Reference Group
- **August 2016**: framework distributed more widely for feedback
- **November 2016**: framework undergoing further editing
- **December 2016**: designers convert into interactive PDF in preparation for pilot
- **January 2017**: pilot in four regions in UK: NE, Midlands, SE, SW
Next steps for the framework

• Early 2017 – Collate pilot findings
• Further development and launch of interactive tool
• The future .... competency framework linked to training programmes so that mental health care for women during the perinatal period is standardised and widely available
• HEE limitations around digital agility

Any suggestions welcomed.
Bursary Training

**Project aim:** to train 10 Consultant Perinatal Psychiatrists to establish and lead PMH services in areas where there are currently no services and no opportunity for training

**Funding source:** NHS England

**RCPsych:** administering funds to Trusts/CCGs to backfill the salaries of 10 Consultant Psychiatrists for a 12-month period while they engage in a full-time training programme

**Training programme:** underpinned by three themes (clinical practice, leadership and teaching). Three month full-time placement in a Trust with a well-developed and PQN accredited PMH service, a nine month full-time period split between the training Trust, the substantive Trust and training sessions at the College (ie three masterclasses on specific topics leadership skills, teaching skills).
Timeline for the Bursary Training

- **Oct 2016:** bursary application documents released to all Trusts, PMH networks and Faculty members
- **Nov 2016:** curriculum development team established
- **16 Dec 2016:** closing date for applications
- **January 2016:** NHSE, HEE, RCPsych review and rate applications
- **Feb 2017:** learning agreements will be developed for each of the 10 psychiatrists (including online assessments, supervision, mentoring)
- **April-June 2017:** three month placement in training Trust
- **July 2017-March 2018:** nine month phase split between training Trust, substantive Trust and training at the College
- **2017:** develop pilot credential
Intensive Three Day Courses in PMH for Consultant Psychiatrists

Increasing capacity and skills at consultant level

Three 3-day training events in Perinatal Psychiatry.

• 27-29th April 2016 (30 attended)
• 19-21st December 2016 (38 participants from across England plus nine participants from the Celtic Nations)
• 30 May-1st June 2017 (to be advertised in January 2017)
Topics covered in 3-day training

• General principles of Prescribing during Pregnancy and Breastfeeding. Prescribing off-licence. Prescribing Anti-Psychotic, Anti-Depressant, Mood Stabilising and Sedative Medications. Use of ECT.
• Evaluation of Major Risk.
• Birth Trauma and PTSD.
• Maternal Anxiety and OCD.
• Safeguarding Children.
• Postnatal Psychosis and BPAD
• Depression
• Personality Disorders.
• Eating Disorders.
• Schizophrenia and Schizoaffective Disorder
• Substance Misuse and Alcohol Dependency.
• Role of the MBU.
• Pre-Pregnancy Counselling.
• Pre-Birth Planning.
• Service Development – different models of provision.
• Perinatal Mental Health Clinical Networks.
• Working with Primary Care, IAPT, MW and HV
• Parent Infant work.
• Preparation of Reports for the Family Court.
• The patient’s perspective – what psychiatrists need to know/do.
Feedback from participants (April 2016)

• ‘It was exactly the kind of training opportunity I was looking for at this point in my career’.

• ‘This course was delivered by enthusiastic, knowledgeable experts, who not only informed but illuminated the subject. The breadth and depth of their knowledge was inspiring and motivating, and has already bolstered my attempts to develop our local perinatal service’

• ‘This was one of the best courses I have ever attended in terms of organisation, profile of speakers, content, size. There was not a single session that was irrelevant or uninteresting. The timings were also very appropriate, not too long, and the organisers managed to fit a lot of content in that way without it being overwhelming’.
Feedback from participants (April 2016)

Participants in the April training event were surveyed to determine the extent to which the training had had an effect on their clinical decision-making and leadership. Some of the feedback:

- **Increased awareness and understanding of the complexities**
- **Better understanding of the landscape and its politics**
- **Developed contacts / links with PMH professionals**
- **Good understanding of what’s happening at the national level**
- **Increased confidence in ‘knowing what to look for’**
- **More appropriate prescribing**
- **Increased confidence in exercising clinical leadership when caring for perinatal women with mental illness**
- **Increased confidence in contributing to the development of new PMH services**
Geographical distribution of participants (December event)
The ambition for this activity is to commission and deliver local training to –

- Upskill the specialist perinatal mental health (PMH) workforce and support the expansion of perinatal mental health (PMH) community and inpatient services.
- Upskill emergency services (i.e. A&E, home treatment, crisis teams) providing out of hours emergency care to women with serious perinatal mental illness.
- Support ongoing work to standardise competencies in perinatal mental health practice (including the HEE commissioned Competency Framework for Perinatal Mental Health Professionals).
NHSE Perinatal Mental Health Network Workforce Training Plan 16/17

• Promote the development of professional skills, reduce variation in service delivery and enhance the provision of perinatal mental healthcare.

• Improve recruitment and retention of the PMH workforce.

• £100K per network. Training activities should be planned through the network in conjunction with their HEE perinatal mental health local lead and should clearly link with sustainability planning (STPs). Plans need to be robust, measurable and deliverable, and all submissions will be reviewed and agreed by NHSE Perinatal Mental Health steering group.

Applications closed on 9th November 2016.
Further information

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