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POSITION PAPER

# Perinatal psychology provision in specialist perinatal community mental health services



# Background: Why is perinatal psychology provision important?

Untreated perinatal mental health problems are a significant public health concern. Economic analyses indicate that untreated perinatal mental health problems cost society £8.1 billion every annual birth cohort and that 75 per cent of these costs are as a result of the adverse impacts on later infant and child outcomes, including their mental health and academic attainment. To prevent this, it is essential that effective early intervention is available to reduce mental illness in the mother and improve the mother-infant relationship when required.<sup>1</sup>

NICE<sup>2,3</sup> recommends that women should have rapid access to evidence-based psychological interventions for perinatal mental health problems. Whilst medication and psychiatric management also have a critical role to play in the treatment of perinatal mental illness, increasing access to psychological interventions supports three important NHS values:

## 1. Quality of care and safety

There is an adjusted risk-benefit ratio for prescribing medicines in the perinatal period with consequent increased emphasis on psychological treatments being available as first line approaches.

## 2. Nationally approved treatments

There are a wide variety of effective perinatal psychological therapies to address both maternal mental health needs and associated difficulties in the early parent-infant, couple and family relationships – including Cognitive Behavioural Therapy, Interpersonal Therapy, Behavioural Couples Therapy and family interventions.<sup>2,3</sup>

## 3. Informed choice

Many women prefer non-pharmacological methods of treatment, particularly when pregnant or breastfeeding.<sup>4</sup>

This briefing outlines the important role perinatal psychology plays in specialist community teams. We give guidance on the staffing levels required to meet service demands for psychological therapy and supervision of other practitioners, ensuring a psychologically-informed perinatal mental health care pathway.

**CLINICAL PSYCHOLOGY SUPPORT  
THROUGHOUT MY PREGNANCY  
AND THE FIRST YEAR OF  
MY DAUGHTER'S LIFE WAS  
TRANSFORMATIVE.**

**EXPERT BY EXPERIENCE (2018)**

# Key facts: What is happening in specialist community perinatal mental health teams now?

The roll-out of NHS England's Perinatal Community Mental Health Development Fund has allowed specialist perinatal mental health community teams to be commissioned in every CCG in the country. The staffing of these teams was led by the following two policy documents which require **a minimum of 1.0 wte clinical psychology sessions per 10,000 births:**

Royal College of Psychiatrists  
*Recommendations for the Provision of Services for Childbearing Women CR197.*<sup>5</sup>

Royal College of Psychiatrists College and Centre for Quality Improvement Standards for Community Perinatal Services.<sup>6</sup>

Feedback from NHS England and Wave 1 and Wave 2 funded specialist perinatal mental health services indicates that:

1.0 wte clinical psychology sessions per 10,000 births is not sufficient to meet the high-level of demand for perinatal psychological therapies from women and families attending specialist community perinatal mental health services.

There is a clear lack of senior perinatal clinical psychology roles being commissioned and appointed to: **of the 67.35 wte new clinical psychology posts in wave 1 and wave 2, only 16 per cent were at band 8b or above.** This means that many sites do not have direct access to specialist perinatal psychology supervision and are making external arrangements for this, at additional financial cost, in order to ensure good professional practice guidelines are met. Due to the lack of senior perinatal psychology posts across the country, not all psychologists in perinatal positions are able to access specialist supervision. Lack of senior roles also results in junior grade psychologists being required to build psychology care pathways and feed into service leadership structures without the proper experience or training.

**I HAVE FOUND TALKING THERAPY EXTREMELY USEFUL IN COPING WITH DEPRESSION, FINDING SOLUTIONS, AND HELPING ME WORK THROUGH ISSUES OF PARENTING.**

**EXPERT BY EXPERIENCE (2016)**

## What do perinatal psychologists do?

Within specialist perinatal mental health teams Clinical Psychologists are Type 1 essential staff for accreditation in view of their high-level therapeutic skills, life span training including family, parent-infant and child mental health, and skills in supervision and leadership. Their role encompasses the following:

assess and treat mental health conditions holistically using a bio-psycho-social model, ensuring an individual formulation of each person's needs across the full range of complexity and severity.

provide specialist perinatal psychological therapies to mothers or fathers, and conduct interventions to improve the parent-infant relationship and infant mental health, which are a central part of evidence-based, NICE-recommended care in the perinatal period. This includes, amongst others, Cognitive Behaviour Therapy, EMDR, Interpersonal Therapy, Behavioural Couples Therapy and Family Therapy. Psychological interventions are the focus of Pathway 4 of the Perinatal Mental Health Care Pathways (NCCMH, 2018).

ensure psychologically-informed care that is centred around the family.

provide leadership, supervision and consultancy to other members of the team and other practitioners and services working with the broader perinatal population (e.g. IAPT, maternity including specialist midwives).

manage capacity and demand for perinatal psychological therapies, including access and waiting times.

provide access to appropriate senior specialist supervision, required to ensure the safe and effective delivery of perinatal psychological therapies as well as ensuring the wellbeing of the perinatal workforce is monitored and supported.

at senior levels, contribute to the strategic development and direction of specialist perinatal services at individual, regional and national levels.

In addition, other HCPC regulated psychologists (such as Counselling Psychologists) with training in NICE-recommended therapies may also work within perinatal teams.

**WHAT IS CURRENTLY AVAILABLE [REGARDING PSYCHOLOGICAL INTERVENTIONS] IS REALLY GOOD, THERE IS JUST A LACK OF CAPACITY TO PROVIDE WHAT IS NECESSARY.**

**PERINATAL QUALITY NETWORK PEER REVIEW INSPECTION (2016)**

# What does good perinatal clinical psychology provision look like?

BPS Briefing Paper No 8 Standard:  
The BPS recommends that, per 10,000 births, there should be 0.6 wte Consultant Clinical Psychologist (band 8c or above) and 3.0 wte Clinical Psychologists (band 8a or 8b)<sup>7</sup>.

The BPS proposes the 6 levels below, given in 'heat map' or 'traffic light' levels, to help guide CCGs build their Psychology staffing from current levels to better meet the real level of need for high quality psychological interventions within services. Staffing is given per 10,000 births.

<b>Level 0</b>	Less than 1 wte practitioner psychologist of any grade	Non compliant with CCQI standard
<b>Level 1</b>	1 wte practitioner psychologist of any grade	Non compliant with CCQI standard
<b>Level 2</b>	1 wte Clinical Psychologist of any grade	Compliant with CCQI standard
<b>Level 3</b>	2 wte Clinical Psychologists of grade 8a or 8b	
<b>Level 4</b>	0.4 wte Consultant Clinical Psychoogist and 2 wte Clinical Psychologists (band 8a or 8b)	
<b>Level 5</b>	0.6 wte Consultant Clinical Psychologists and 3 wte Clinical Psychologists (band 8a or 8b)	Compliant with BPS BP8 Standard <sup>7</sup> ; London Commissioners' Guide <sup>8</sup>

Please note: These are minimum clinical psychology staffing levels and may be supplemented by other HCPC registered psychologists with relevant training, skills and competence to meet the demands for psychological interventions.

Service Provision: The role of Perinatal Clinical Psychology (BP8)<sup>7</sup>. Finally, the new NHS Long Term Plan includes targets to extend the range of psychological therapies provided and for working with families up to age two in perinatal mental health teams.

From April 2019, increased monies for perinatal mental health will enter CCG baselines. From April 2020, the amount going into baselines will increase further. NHS England are directing commissioners and services to consider further staffing expansion which includes increasing clinical psychology provision in line with Perinatal

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ABOUT SECURING THE SAME  
PSYCHOLOGICAL SUPPORT  
[AS I HAD] FOR EVERY MUM  
WHO NEEDS IT, AND I CONTINUE  
TO SEE THE PROFOUND  
AND EMPOWERING EFFECT  
PSYCHOLOGY HAS ON WOMEN,  
FAMILIES AND CHILDREN**



**EXPERT BY EXPERIENCE (2018)**





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