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Clare Haughey MSP
Convener
Health, Social Care and Sport Committee
By email: HSCS.committee@parliament.scot

24 January 2023

Dear Convener,

Thank you for your letter of 28th November 2023 requesting updates on a number of issues across Perinatal Mental Health and related areas. I am pleased to provide the following updates in the attached annex.

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I hope that you find these helpful.



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Scottish Government

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1. Perinatal and Infant Mental Health Programme Board

As the Committee will be aware, the work of the [Perinatal and Infant Mental Health Programme Board](#) came to an end, as planned, in Spring 2023 along with the conclusion of the [Children and Young People’s Mental Health and Wellbeing Joint Delivery Board](#). Following on from the [Evaluability Assessment](#), Public Health Scotland (PHS) is carrying out an evaluation of the work of the Perinatal and Infant Mental Health Programme Board. The findings from the evaluation will be used to inform ongoing service implementation and help to ensure that these investments in Perinatal, Neonatal and Infant Mental Health services have a positive impact on the health and wellbeing of women and children.

An Evaluation Advisory Group (EAG) has been established to oversee the evaluation and to advise PHS on the programme of evaluation that is being carried out. The EAG oversees the seven studies being led by PHS and is chaired externally. The EAG comprises stakeholders who can provide a range of relevant perspectives, including scientific, strategic and operational expertise, and lived experience.

A summary of the study progress has been included in the table below. Findings will be published for each of the individual studies, starting from April 2024. PHS will synthesise the findings from across the programme of evaluation. A dissemination plan will be agreed with the EAG to ensure that the findings reach the right stakeholders and that opportunities for learning are maximised.

Study & aims	Progress
Study I: Analysis of Existing Data Aim: to review existing data sources (which currently incorporate maternal and infant mental health data), identify sources to contribute to the evaluation, understand current data gaps, and consider options for data linkage.	Draft report with initial analysis of available data. Additional analysis underway. Due by 31 st March 2024.
Study II: Clinical Note Review Aim: to understand a woman’s various encounters with services, including time points when interventions were made, the nature of these interventions and whether there was the possibility of earlier intervention and prevention that was not realised.	Study is being taken to Evaluation Advisory Group to assess current suitability. Decision from EAG due in January 2024 with recommendation for Scottish Government.
Study III: Survey and Interviews with women Aim: to explore the care experienced by women and families in the perinatal period in relation to the mental health needs of mother, families and babies.	Survey design is complete. Due to report summer 2024.
Study IV: Survey and Interviews with staff	Survey has been designed and will be distributed to staff in

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Aim: to gain an understanding of the use of screening tools, awareness of appropriate interventions and referral pathways.	specialist PNIMH and relevant services early in 2024. Due to report summer 2024.
Study V: Mapping of Existing Services Aim: building on existing work, to create a map of existing services which support women, their families and infants in the very early years.	Focus is on existing mapping and available information. Due to report by 31st March 2024.
Study VI: Monitoring and Recording of Progress in Implementing the Programme Aim: to monitor and record the progress of the programme implementation through a series of discussions with stakeholders.	A qualitative report capturing the implementation experiences of stakeholders within the new or redesigned services is underway. Due to report by Spring 2024.
Study VII: Literature Review Aim: to review and synthesise existing literature reviews, which provide relevant evidence to inform the evaluation.	In progress. Draft report scheduled for 31st March 2024.

A new Joint Strategic Board for Children and Family Mental Health, co-chaired by Scottish Government and COSLA, has been convened. The new Board will build on the work of both the Perinatal and Infant Mental Health Programme Board and the Children and Young People’s Mental Health and Wellbeing Joint Delivery Board. It will have a strategic overview of mental health work spanning preconception, the perinatal period, parent-infant relationships, early years (up to 5), children and young people (5-24 year olds or 26 years for care leavers), their families and carers.

2. Service Specification

We are in the process of developing a draft service specification for perinatal mental health services based on the Scottish Perinatal Mental Health Network’s 2019 [Delivering Effective Services report](#) and associated resources. These include the service development guide, care pathways and role definitions, as well as NHS Education Scotland’s Curricular Framework for Perinatal Mental Health. The approach to developing the specification is currently framed around fulfilling the expectations outlined in the [Women and Families Maternal Mental Health Pledge](#).

Key milestones and decision points within this process include:

- Setting out the role of the Joint Strategic Board for Child and Family Mental Health in the development and implementation of a service specification.
- Presenting a draft version and proposals for direction to the Joint Strategic Board or associated Implementation Group by end June 2024.
- Adapting to new developments including future stages of the National Care Service, the revision to the Women and Families Mental Health Pledge by Spring 2024, the new SIGN guidelines for perinatal mental health and the wider service landscape

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The Committee will also be interested to note that a wide variety of work has been ongoing in relation to the development of the National Care Service (NCS). As part of that wider work, the Mental Health Directorate has been engaging with colleagues across government, particularly those within NCS policy, and Directorate for Children and Families, to consider how perinatal and infant mental health services sit in relation to both mental health services and services for children. Alongside improving Mental Health services, we will need to ensure that the operational implementation of any service specification, standard or guide is responsive to this wider context, as the NCS continues to develop and moves into implementation stage. Part of the work with stakeholders will include considering timing of this in relation to publication of any perinatal mental health resource.

3. Scottish Perinatal Mental Health Care Pathways

The care pathways are set out on the [Perinatal Mental Health Network Scotland \(PMHNS\) website](#) and can be accessed via territorial boards service websites. The care pathways were also captured in short leaflets for easy access of clinical staff and distributed throughout the Network's stakeholders. Links to the pathways are regularly tweeted from the PMHNS X (formerly Twitter) account. Universal services also signpost to the pathways as part of the care discussion. In November 2022, [five short animation videos](#) were launched for women and families – each of the short videos is based on individual care pathways and aim to raise awareness of the pathways and to make the information on them more accessible to women and families. These are also available on board websites and regularly tweeted to raise awareness. Locally, a number of boards have used these national pathways as the basis for local pathway development. PMHNS are hosting an in-person forum networking event in February 2024 and the care pathways will be the subject of a group discussion as part of the review and evaluation of the pathways.

With regard to cross sector referrals, the Network has developed a workstream 'Parents as Patients' to develop guidance around joined-up working (i) between perinatal/infant mental health services and other mental health services (e.g. general adult mental health, unscheduled care, liaison mental health), and (ii) between perinatal/infant mental health services and other relevant medical care services (particularly primary care and acute hospital care). Initial meetings of two short-life working groups have taken place to progress these workstreams.

4. Funding

Since 2019, the Scottish Government has invested £26 million in perinatal and infant mental health including investment across Health Boards for community services, Mother and Baby Units and Third Sector Funding. This investment has included support for Maternity and Neonatal Psychological Interventions (MNPI) services. Currently, there are ten Health Boards with expanded or new MNPI services and a further four in development. The Scottish Government is committed to working with Boards to think about Maternity and Neonatal Psychological Interventions provision in smaller board areas over the coming months.

The [Board Progress Updates](#) report published in 2022 includes details of funding for specialist Community Perinatal Mental Health, Maternity and Neonatal Psychological Interventions,

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Infant Mental Health, Mother and Baby Units and the Perinatal and Infant Mental Health Third Sector Fund Portfolio.

Across the overall programme of work, the PHS evaluation will provide learning on how the investment in perinatal and infant mental health services has impacted the wider landscape. In the interim, the Perinatal and Infant Mental Health Programme Board final report will shortly be published and will be considered by the Joint Strategic Board for Child and Family Mental Health.

The Scottish Government continues to work closely with NHS Boards and the Third Sector throughout the financial year to monitor and evaluate funding.

Your letter also asked about wider third sector funding work and we have set out information about each of these programmes below.

Strengthening Collaboration Programme:

Stemming from the Strengthening Collaboration Programme, the Scottish Government committed to a project of Fairer Funding which was outlined within the Programme for Government in September 2023 following consultation with the Scottish Council for Voluntary Organisations (SCVO) the previous year.

As set out in the PfG, our initial focus is on improvements to our grant-making arrangements to provide greater clarity and consistency of practice. This includes increasing the number of multi-year agreements to provide stability, ensuring prompt notification of funding and reviewing grant conditions.

Scottish Government will consider applying this in taking forward the next phase within the Perinatal and Infant Mental Health Fund.

Promotion of 'Accelerate' and 'Just Enterprise' to perinatal mental health third sector services:

Inspiring Scotland will be promoting both Just Enterprise and Accelerate services to the perinatal and infant mental health third sector fund portfolio shortly. Scottish Government will also further promote the services when developing the new Perinatal and Infant Mental Health third sector fund.

5. Training and Support

NHS Education Scotland (NES) has provided a full update of progress of training and education across perinatal mental health, infant mental health and parenting support which is attached to this letter. This includes a summary of current and future work to promote training on positive relationships and attachment in the early years across all sectors, an update on the Perinatal Mental Health Champions training and uptake of the perinatal and infant mental health e-learning modules available on TURAS.

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It is key that the workforce continue to be supported in terms of ongoing access to supportive training following the conclusion of the Perinatal and Infant Mental Health Programme Board. Alongside this, NES have set out information and links to resources across Informed, Skilled and Enhanced/Specialist levels in the NES Perinatal Mental Health Training Plan (updated in October 2023). The Health Visitor Training Plan was also published in July 2022 and sets out the range of training offers most relevant to Health Visitors.

In addition, reporting of training and education work provided by NES across the lifetime of the Perinatal and Infant Mental Health Programme Board is provided in the links below.

Full reporting: [NES PIMH Full Update](#)

Poster summary version: [NES PIMH Summary Update](#)

We have prioritised significant investment to build mental health capacity in primary care through Action 15 and the Primary Care Improvement Fund. At March 2022: our Action 15 commitment had seen an additional 356.1 WTE mental health workers recruited to GP practices; and by March 2023 186.4 WTE mental health workers had been recruited under the Primary Care Improvement Fund (PCIF). The PCIF also funds Community Link Workers (CLWs) as part of primary care multi-disciplinary teams (MDTs) and, at March 2023, 308.2 WTE CLWs were in post supporting GP practices.

The resource for Mental Health and Wellbeing in Primary Care Services was published in June 2022. The resource was developed to support staff working as part of a multi-disciplinary team within GP settings. The resource provides a directory of additional sources of help, which people can access, to complement the support, assessment and treatment they receive from the team. It brings together a range of national resources and tools that support and improve mental health and wellbeing. Section 7 of the resource contains links to sources of support specifically for Perinatal and Parent Support. The resource was promoted via the Mental Health in Primary Care National Oversight Group, Mental Health in Primary Care Leads and NHS Board Mental Health Leads. The Scottish Government recognises the document is not exhaustive and there will be a number of local resources and tools that staff will also want to use. A copy of the resource can be found here

[Resources for Mental Health and Wellbeing in Primary Care Services \(www.gov.scot\)](http://www.gov.scot).

6. Recruitment and Retention

The Workforce and Sustainability subgroup of the Perinatal and Infant Mental Health Programme Board reported on the thematic workforce research in the form of a poster presentation at the Programme Board closing event in March 2023 (attached to this response).

The thematic research covered specialist, enhanced and universal services and included a variety of staffing groups across all regions of Scotland. It focused on examining the strengths, vulnerabilities, opportunities and challenges for workforce planning in Scotland. Key themes identified via the research were: culture, education, models of care, professional

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roles and wider recruitment. Across these themes, joined up working, a positive working culture and training opportunities/structure were identified as strengths. A number of the challenges centred around sustainability which has been a focus of policy going forward. Mental health support during pregnancy and the early years will be a priority for the new Joint Strategic Board for Child and Family Mental Health.

With regards to recruitment, a service development update covering Mother and Baby Units, Community Perinatal Mental Health Services, Maternity and Neonatal Psychological Interventions and Infant Mental Health services was published in January 2023. The link to this update can be found here: [Perinatal and infant mental health services: update - gov.scot \(www.gov.scot\)](http://www.gov.scot/perinatal-and-infant-mental-health-services-update)

7. Promotion of Perinatal Mental Health Services

Following the independent evaluation of Scotland's Baby Box published on 13 August 2021, the Scottish Government Baby Box Team reviewed all the literature provided in the Baby Box.

Officials worked with a range of perinatal and infant mental health specialists, including Chairs and members of the Perinatal and Infant Mental Health Programme Board and Mental Health Experts by Experience Group, to update the postnatal mental health leaflet. The updated version began issuing in Baby Boxes from April 2022. We will continue to regularly review all the written information provided in the box and ensure that the important information on Postnatal Depression and mental health remains visible and accessible to those receiving a Baby Box. A copy of the updated leaflet is attached for your reference.

The third sector directory has been expanded from originally being a COVID-19 response tool, collating which services were operating through the pandemic, to an on-going resource, supporting NHS staff, third sector charities and parents to identify which third sector services offer perinatal and infant mental health support in their area. To keep the directory up to date, services listed are contacted on an annual basis to amend / update their details and content if necessary. Those who want to add services to the directory do so using an online form which is moderated before the service is added. There are currently 108 services listed on the third sector service directory. The directory can be viewed here:

<https://www.inspiringscotland.org.uk/perinatal-mental-health-services/>

8. Transitional Care

The [Best Start](#), published in January 2017, outlined a new model of neonatal service provision which emphasises parents as key partners in caring for their baby; aims to keep mothers and babies together as much as possible, with services designed around them; and suggests care for the smallest and sickest babies is consolidated to deliver the best possible outcomes. All hospitals with a neonatal unit are working to offer a Transitional Care (TC) service and Boards are continuing to work on establishing Transitional Care. As at October 2023; 11 have TC in place to some extent; 1 is underway; 1 is not applicable and 1 had not reported.

9. Mother and Baby Units

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As the Committee is aware, the Scottish Government commissioned NHS National Services Scotland (NSS) to undertake an options appraisal to consider potential for increasing Mother and Baby Unit capacity based on affordability, equity of access, safety and sustainability of the service.

The Scottish Government has now received the report from NHS NSS on the options appraisal process on Mother and Baby Unit provision in Scotland. It is intended to publish the report once those options have been fully considered and next steps determined. We will ensure the Committee is kept informed of the publication plans and provided with a copy of the report.

The Scottish Government is continuing to collaborate with Mother and Baby Units to conduct a review on the Mother and Baby Unit Family Fund. The Scottish Government would be happy to provide the Committee with an update on the review once this has been completed.

10. Specialist Community Services

We have been working closely with Boards across Scotland to develop specialist Community Perinatal Mental Health services to provide assessment and care for women with moderate to severe mental health illness. This has resulted in every Health Board in Scotland now having Specialist Community Perinatal Mental Health services. We recognise the difficulties in ensuring small/rural/island Boards are able to provide multi-disciplinary provision and our focus is on identifying ways to support this in a way which enables a clear national support but is also responsive to the needs of individual boards. In 2024, we are undertaking a series of service visits across each Board. As part of this, we will learn more about how challenges around integration, rurality and regional approaches uniquely affect each area.

To further support this agenda, in May 2023 we published a [briefing paper](#) for Boards on implementing the recommendations relating to regional approaches from the Perinatal Mental Health Network Scotland's 2019 Delivering Effective Services report.

With respect to waiting times, the average time from referral to assessment for community services (perinatal mental health, infant mental health and maternity/neonatal psychological interventions) was included within the service development updates report published in early 2023.

11. Moray Maternity Services

The Scottish Government remains committed to the delivery of a consultant-led maternity service in Dr Gray's Hospital. The return to a consultant-led service at Dr Gray's will require significant investment in the infrastructure and workforce, and solving complex systemic problems, such as recruitment and retention. We need to allow NHS Grampian time to do this.

12. Breastfeeding Support

During 2022, we undertook a review of the recommendations set out in the Becoming Breastfeeding Friendly, (BBF) and aligned the broader work programme to these. At that time,

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we made a decision not to revisit the scoring carried out as part of that work, largely due to capacity required to do this and our priorities being focussed on implementing key change programmes. We held a Celebration Event in June 2022 which enabled us to share learning on our broader commitments over the past few years with key stakeholders, identify any areas for further improvement and to consider any potential reframing of the BBF recommendations and a broad assessment of where we were against these. We also became aware of the [Lancet Breastfeeding Series 2023](#), which was launched in February 2023, and wanted to use this to inform our workplans and any review. This review has now been undertaken and identified that the commitments made in the BBF have contributed significantly to the progress made on [breastfeeding in Scotland](#) since the assessment was undertaken in 2018, with Scotland now evidencing reducing breastfeeding inequalities (with higher rates of breastfeeding for younger mothers and those from the most deprived areas) and the highest breastfeeding rates on record (47% at 6-8 weeks). In early 2024, we expect to publish an update on progress since 2018, including against the recommendations in the BBF, and will aim to set out our high level strategy for the next few years to support breastfeeding and infant feeding. Once this report is published, we will share this with the Committee.

13. Birth Trauma

The next MNPI forum, facilitated by the Perinatal Mental Health Network Scotland, is taking place in February 2024. The aim of the session is to give psychologists working in MNPI teams the opportunity to come together and discuss developments with colleagues who are also progressing the birth reflections agenda. Two NHS Boards will present at the forum (NHS Fife and NHS Tayside) to share their experiences of developing birth reflection clinics. Both Boards are at different stages of development.

Birth trauma has been discussed in the Maternity and Neonatal Psychological Interventions Clinical Forum. No pathfinder sites have yet been identified but we will continue to work with the Perinatal Mental Health Network Scotland to consider this.

14. Miscarriage and the death of an infant

The Scottish Government is committed to supporting families who have experienced pregnancy and baby loss through the delivery of high-quality, sensitive bereavement care. We have provided funding to Sands UK to develop the National Bereavement Care Pathways for pregnancy and baby loss in Scotland (NBCP). Sands UK worked with health professionals, bereaved parents, baby loss charities and Royal Colleges to deliver the pathways, putting voices of bereaved parents at the heart of the development of the pathways. The pathways provide health professionals with evidence based care and describe best practice for bereavement care following a miscarriage, ectopic and molar pregnancy, termination of pregnancy for foetal anomaly, stillbirth, neonatal death, or the sudden unexpected death of an infant.

The Bereavement Care Pathways are currently being implemented in 9 NHS Boards in Scotland.. The remaining 5 Boards have been contacted by the NBCP programme manager and initial meetings are being set up prior to implementation beginning in those Boards. A link

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to the NBCP can be found here: [Home | SANDS \(nbcpscotland.org.uk\)](https://www.nbcpscotland.org.uk). The NBCP Parent Advisory Group ensures that bereaved parents voices continue to be heard throughout the implementation and full roll out stages. SANDS UK have also produced Bereavement Care Standards and these complement the National Bereavement Care Pathways for Scotland. The Scottish Government encourages NHS Boards to use the bereavement care standards wherever possible. More information on the Bereavement Care Standards can be found here: [Bereavement Care Standards | SANDS \(nbcpscotland.org.uk\)](https://www.nbcpscotland.org.uk). Women and their partners who experience mental health struggles following childbirth, complications or loss, including from previous pregnancies, are also able to access support from their midwife, GP, health visitor, psychological services in primary care and, in some areas, from specialist perinatal mental health services.

The loss of a baby, no matter at what stage of pregnancy is a traumatic event that can have a profound impact on families. The Scottish Government recognises this impact and is clear that women and their families who have experienced pregnancy or baby loss must be provided with the right information, care and support, taking into account their individual circumstances. All NHS Boards, no matter where they are located, should provide tailored care and support to women who experience miscarriage within best practice guidance, including National Institute for Health and Care Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines. This care and support should, where appropriate, include further investigation and counselling.

The Scottish Government committed, through the Programme for Government 2021-22, to establish a dignified and compassionate miscarriage service. The Programme for Government 2023-24 made a further commitment to improve miscarriage care so women do not wait until a third miscarriage to receive tailored support. This includes access to progesterone prescriptions and separate spaces in hospitals within maternity wards for women who suffer a miscarriage, and the launch of a Certificate and Memorial Book of Pregnancy and Baby Loss Prior to 24 Weeks.

The intention of these commitments is to improve miscarriage care and support and includes introducing a graded model of care approach after a woman's first, second and subsequent miscarriage as set out in the Lancet series, "Miscarriage Matters" [Miscarriage matters \(thelancet.com\)](https://www.thelancet.com) published on 26 April 2021.

As part of this work, the Scottish Government has conducted a scoping exercise, across all fourteen NHS Boards, into the availability of services within Boards for miscarriage care and dedicated facilities for women experiencing unexpected pregnancy complications at any gestation.

The scoping exercise is complete. The results, which will help inform improvements to miscarriage services, have been analysed. A national and fourteen individual Health Boards Reports, setting out the findings of the scoping exercise were published on the Scottish Government website on 29 November 2023.

The Scottish Government is developing a draft outline specification for a Miscarriage Framework to be shared with NHS Boards in Spring 2024. The Framework will be in line with

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the Lancet recommendations and both Programme for Government commitments and will set out requirements to enable Boards to implement the graded model of care and dedicated spaces.

We will then ask NHS Boards to self-assess against the Framework and scope out what is required for delivery, and to develop and implement improvement plans with ongoing monitoring arrangements in place.

15. Stigma

Scottish Government has worked closely with SeeMe to develop resources which explore ways to actively promote, role model and highlight good practice around stigma reduction and raising awareness across the Perinatal and Infant Mental Health sector. In addition, the Raising Awareness Strategy was revised to provide guidance for practitioners, commissioners and providers of perinatal and infant mental health services on tackling stigma and increasing awareness. The collection of resources produced by SeeMe for reducing stigma within Perinatal Mental Health can be found at the following link - [Perinatal and infant mental health stigma | End Mental Health Stigma and Discrimination \(seemescotland.org\)](https://www.seemescotland.org/perinatal-and-infant-mental-health-stigma-end-mental-health-stigma-and-discrimination)

Tha Ministearan na h-Alba, an luchd-comhairleachaidh sònraichte agus an Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh www.lobbying.scot

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Until 2020



Up to 1 in 5 new parents may experience low mood, intense worries or other concerns about their mental health.



If this is you, you are not alone.

Please speak to your health visitor or GP if you're worried or not feeling your usual self – they are here to help support you.

Parent Club



Scottish Government
Riaghaltas na h-Alba

Everyone needs support at times

Mental health concerns are common, but some parents try hard to hide how they feel because they worry that others will think they aren't coping with their baby. Everyone needs some support from time to time and if you reach out, your GP and health visitor will do all they can to support you and your baby together.

Talk to someone

Talking to others can be a great help. You can share your feelings with family and friends, or with other mums who are going through similar mental health issues, or have had them in the past. Your health visitor can put you in touch with a local group or service.

Mental health support

The first step in addressing mental health concerns is to share how you are feeling. There are lots of effective ways to support you and your family. These can include talking therapies and sometimes taking medication.

If you're a new mum and have had treatment for your mental health in the past, it is important to let your midwife, health visitor or GP know. They can offer you extra support during pregnancy and following the birth of your baby to help reduce the chance of it coming back again.

Help for you and your baby together

Welcoming a new baby into the world and creating a warm, positive relationship, can be tricky at the best of times. Doing this when your mood is low or anxious, or you've got other stresses, is especially difficult. You may be finding it hard to connect with your baby or feel upset because your baby doesn't seem to respond positively to you. This may make it difficult to hold on to positive feelings. You are not alone. Visit <https://www.parentclub.scot/wellbeing> for more information. Getting early support can help you build a positive and fulfilling relationship with your baby.

"If you are struggling to speak to your GP, maybe a partner or someone close to you could pick up the phone and make that initial contact. There's lots of help available."

Lesley Weir, Family Nurse Partnership

"I hid it from everyone for too long. When I finally realised that I couldn't keep going on my own I felt a sense of relief. You only start getting better when you admit to yourself that you're not feeling right."

Ellie mum of 2, Edinburgh parentclub.scot

"Don't be afraid to speak up, it's OK to be worried or even scared. The best way to be able to care for your partner is by looking after yourself."

Wasseem, Dad from Glasgow

parentclub.scot

Workforce and Sustainability subgroup

The Workforce and Sustainability subgroup, chaired by Dr Selena Gleadow Ware and Susan McConachie, reports into the Perinatal and Infant Mental Health Programme Board, and membership includes representation from statutory and third sector services, Scottish Government policy, and lived experience. The subgroup was founded to identify strengths, vulnerabilities, challenges and opportunities in the perinatal and infant mental health workforce, for the short, medium and long term. Key themes were identified through a series of meetings and a wider stakeholder engagement survey, findings outlined below. Alongside this, national analysis of specific professional workforce planning, recruitment, retention and training needs was undertaken relating to mental health nursing, clinical psychology and perinatal and infant psychiatry. Findings have been shared with the Scottish Government Mental Health and Wellbeing Workforce Action Plan team, who sit on the subgroup. Further work is required to look at other core professions' such as midwifery, health visiting, nursery nurses, occupational therapy, social work and the role of other disciplines including child psychotherapy, systemic psychotherapy and speech and language therapy. Continued development of links with the third sector will optimise support around families and communities and strengthen service provision.

Workforce Survey Response Summary –	Type of Service	Service Model	Staffing Group	Region
Total Responses 27	15 Specialist	10 Stand-alone	6 Psychiatry 4 Specialist Midwifery	7 National
	3 Enhanced	5 Dispersed	3 PIMH Team 2 Mental Health Nursing	6 South + East
	1 Universal	2 Regional	2 Occupational Therapy 1 Psychology	9 West
	2 All	4 All	1 Social Work 1 Family Nurses 1 Clinical Pharmacy	5 North
	6 N/A	6 N/A	6 Third Sector	

Themes were identified across the different tiers of service provision, models and regions of care in Scotland. Key areas included service culture, education and training pathways, models of care, professional roles, career progression, sustainability of posts, wider recruitment challenges and infrastructure needs of services.



Strengths

- Highly motivated and passionate staff base
- Multi-disciplinary workforce
- Strong local, regional and national networks
- Learning and evidence based culture
- Person-centred workforce
- Peer support and lived experience voices

Challenges

- Demand greater than capacity
- Wider recruitment pool limited
- Challenges of geography
- Infrastructure and space for services
- Very part time posts unsuitable
- Role definitions
- Career progression and succession planning
- Need for national training pathways
- Short cycle funding

Opportunities

- Support for staff wellbeing and reflective practice
- Access to training opportunities
- Expansion of perinatal criteria
- Trauma informed approach
- Strengthening workforce diversity and skill mix
- Links with higher education
- Professional development and exposure

Key messages; perinatal mental health nursing:

*core component of perinatal services: workforce expansion required to ensure sustainable services that meet demand
 *career progression opportunities required within perinatal services to ensure succession planning
 *strengthened links and opportunities for specific postgraduate perinatal mental health education to enable 2030 nursing vision and transforming nursing roles

Key messages; clinical psychology:

*Psychological therapies are essential for effective evidence based trauma informed interventions
 * There remains an overwhelming demand for psychological therapies, in spite of the workforce expansion from 6.4WTE to 46 WTE, with areas of unmet need across many health boards
 * Current workforce demand not matched with current perinatal workforce recommendations and live service demands

Key messages; perinatal and infant psychiatry:

National requirements:
 *sustainable posts to consolidate services
 *succession planning: posts at all career grades
 *early career exposure
 *expansion of national training numbers (CCT) across GAP and CAMHS to meet demand
 *development of national undergraduate and postgraduate training pathways in perinatal and infant psychiatry

Request from the Committee: -

1. *In relation to training, the Mental Health and Wellbeing Delivery Plan 2023-2025 contains a commitment to “Promote training at all levels across all sectors that supports development of positive relationships and attachment in the early years”. Please provide further detail on how this will be achieved.*
2. *The Committee requests an update on NES’ Perinatal Mental Health Champions training.*
3. *The Committee requests details on the uptake of the perinatal and infant mental health e-learning modules on Turas.*

1. Promote training at all levels across all sectors that supports development of positive relationships and attachment in the early years.

Within NES Psychology, training in evidence-based approaches and interventions are delivered to staff across sectors and across practice types including informed, skilled, enhanced and specialist, as appropriate to their role. This includes education and training within Infant Mental Health (IMH) and the Psychology of Parenting Programme (PoPP) which aim to support the development of positive relationships and attachment across childhood, with a particular emphasis on the early years. NES continues to oversee and contribute to key stakeholder networks in respect to supporting the Early Years Workforce.

With regards the Infant Mental Health, NES has provided training and education to multidisciplinary practitioners across sectors since 2014, through a cascade of the Solihull Approach; **268** practitioners have been trained as trainers, who have since trained **2,430** practitioners. This is at the skilled practice type. Since May 2020, **19,159** people have registered to undertake one of the courses included in Solihull Approach Online offer. Although initially utilised by NES as an IMH training offer, the Solihull Approach, which is at the informed practice type, is relevant for all families from the antenatal period through to young adults aged 19 years. Building on this work, NES has developed an advanced IMH training scheme, which has provided **557** training places for interventions and training across enhanced and specialist practice types in IMH as detailed below.

Education and Training Offer	Reach
Solihull Approach Foundation Level training	2,430
Solihull Approach Train the Trainer	268
Solihull Approach Online	19,159
Warwick IMH Online	403
Video Interaction Guidance (VIG)	94
Mellow Parenting	6
Training in Psychoanalytic Observation and Reflective Practice	15
Circle of Security Parenting	24
Newborn Behavioural Observation	15

The Psychology of Parenting Programme (PoPP)

The aim of the PoPP is to increase workforce capacity to deliver evidence-based parent-child relationship focused interventions and approaches, at the enhanced practice type, targeted at strengthening and empowering families and promoting nurturing and responsive parenting for children. In addition, NES provides implementation support to colleagues in Community Planning Partnerships, including consultation, provision of data and reports, development and delivery of resources and training. The table below shows that since the programme began in 2013, **7,548** families have received interventions from the **994** multidisciplinary staff across Health and Social Care, Education, Third Sector and the wider public services workforce trained by NES at the enhanced practice type and have achieved highly improved outcomes for children and young people moving out the high-risk range, in line with research evidence.

Number of PoPP groups delivered between 2013 to November 2023	1,152
Number of families enrolled in groups	7,548
Number of parents/caregivers enrolled in groups	8,648
Number of children for whom pre and post group SDQs have been gathered	4,087
%of children in the clinical range at the start of groups who had moved out of this high risk range when their parents finished attending a group	57%
Number of Community Planning Partnerships that have adopted the PoPP model	22
Number of multi-sector practitioners who have been fully trained, equipped and supported to deliver one of the interventions with fidelity	994

Plan for the Future: 2024/2025

We will continue to promote training at all levels across sectors that supports the development of positive relationships and attachment in the early years. This will be achieved through

increasing workforce capacity to deliver evidence-based parent-child relationship focused interventions and approaches, from the antenatal period, through infancy and across childhood and adolescence.

This will be achieved by delivering:

- core trainings in evidence-based parent-child/parent-infant relationship interventions and approaches (e.g. Incredible Years, and Triple P)
- practice support/supervision sessions for practitioners
- the provision of Infant Mental Health (IMH) online training
- Solihull Approach Train the Trainer workshops
- training and/or supervision for practitioners in evidence based IMH intervention (e.g. Video Interactive Guidance, Newborn Baby Observation, Parent Infant Interaction Observation Scale, Circle Of Security Parenting, Psychoanalytic Observation and Reflective Practice)
- continue to provide free access to the Solihull Approach Online courses for all families in Scotland.

Furthermore, we will provide ongoing implementation support to stakeholders, including consultation, provision of data and reports, development and delivery of resources and training, and overseeing and contributing to key stakeholder networks. We will explore opportunities for parenting interventions for families with neurodivergent children and parents. We will review our training offers with regards to strategic directions around Keeping the Promise to ensure that the workforce are informed and skilled in trauma approaches according to their roles and responsibilities.

2. Perinatal and Infant Mental Health Champions Training

The Institute of Health Visiting Multi-Agency Perinatal & Infant Mental Health Champions training programme was commissioned by NES for Health Visitors and Midwives. It is designed to improve family mental health by:

- increasing competence and confidence in perinatal and infant mental health practice
- developing place-based leadership for perinatal and infant mental health across complex systems of care
- raising awareness of the importance of perinatal and infant mental health across the workforce

In total, **234** health visitors and midwives have completed the PIMH Champions training since 2020.

Seven cohorts of **PIMH Champions** have started **cascading PIMH awareness training** to their teams locally and have long term plans in place to sustain the cascade. The cohort most recently trained will meet in February 2024 to outline their cascade plans.

Total number of cascade events	58
Total number of professionals received cascade	477

These figures are likely an underestimate, as the earliest cohorts did not have a reporting system.

NES NMAHP and Psychology are working to support the PIMH Champions in their role and to ensure the cascade of awareness training across Scotland, through a network of communication and Gathering Events. There will be an event, hosted jointly by NES and iHV, in February 2024 for all Scottish PIMH Champions to help maintain enthusiasm and engagement with cascading training.

3. Perinatal and Infant Mental Health Essentials E- learning Modules

These modules, covering seven topic areas of Essential knowledge, were developed for all mental health staff, including e.g., adult, CAMHS, addictions, as well as maternity, primary care, health visiting and third sector staff who work in an enhanced role, and staff working within specialist PIMH services.

The modules were promoted widely through adult and child mental health networks. We worked in partnership with Inspiring Scotland to promote the modules to the Third Sector organisations receiving grant funding, and with Home Start Scotland's national officer.

Students of more than 10 Higher Education Institutes have also accessed the modules with three key institutions responsible for nursing, health visiting and midwifery training accounting for most HEI students completing the modules: Robert Gordon University, Glasgow Caledonian University, and University of West of Scotland.

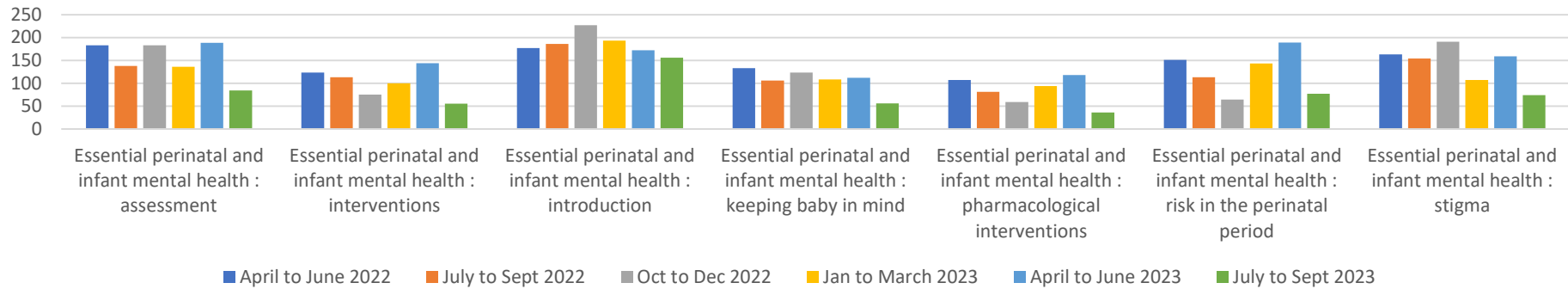
In total **16,113** modules had been completed by 12th December 2023.

Essential Perinatal and Infant Mental Health Module	Numbers of modules completed (Dec 23)
Introduction	3684
Keeping Baby in Mind	2319
Assessment	2611
Risk	1931
Stigma	2482
Intervention	1651
Pharmacological Intervention	1435
Total	16,113

Of those who rated the modules **63%** gave a rating of 5/5 and **25%** gave a rating of 4/5.

The full suite of modules has been available since September 2020, and the PIMH/MNPI/IMH specialist workforce have reached saturation with this training, we are therefore pleased to report the continued uptake of the modules: -

Quartely Completion Figures for Each Perinatal Elearning Modules



Report on [NES PIMH programme 2019-2023](#).

Marie Claire Shankland

Joy Nisbet

Camilla Dyer

Marita Brack

December 2023