# The Perinatal Mental Health Care Pathways

NHS England and NHS Improvement

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

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**Equality and Health Inequalities Statement**

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in, access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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**The pathway values statement**

This guidance represents a commitment to ensuring that mental health care is delivered in a **person-centred**, **compassionate** and **supportive** way, promoting **safety** and **wellbeing** at the forefront. Mental health service provision should be **needs-led**, **responsive** and delivered in a way that **empowers** people to build on their strengths, promotes **recovery**, supports **families and carers**, and ensures **equality and fairness** for all.

# 1. Introduction

**The perinatal mental health care pathways have been developed by the National Collaborating Centre for Mental Health, following a process agreed with the National Institute for Health and Care Excellence (NICE), with involvement from an Expert Reference Group including experts by experience, carers, practitioners, academics, commissioners, service managers and representatives from national NHS arm's-length bodies. For more detailed discussion, evidence, step-by-step pathways and positive practice examples for all aspects of perinatal mental health care, see the full implementation guidance, published by the National Collaborating Centre for Mental Health.**

### What is the perinatal period?

The perinatal period refers to pregnancy and the first 12 months after childbirth.

**1.1** This guidance sets out the policy initiatives and strategic context for transforming perinatal mental health care. It explains why this transformation must be a priority for commissioners, providers and sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). In order to enable delivery of key objectives set out in Next Steps on the NHS Five Year Forward View, in March 2017.

**1.2** The guidance provides services with evidence on what works in perinatal mental health care, as well as case studies describing how areas are starting to make this a reality.

**1.3** Addressing inequalities in access and experience of mental health services was set out as a priority in The Five Year Forward View for Mental Health. Local commissioners should be able to demonstrate the way they meet the duties placed on them under the Equality Act 2010 and the Health and Social Care Act 2012. Section 6 of the full implementation guidance outlines the steps that commissioners can take to do this.

### Key policy documents

- The Five Year Forward View for Mental Health
- Implementing the Five Year Forward View for Mental Health
- Next Steps on the Five Year Forward View
- NHS operational planning guidance
- Refreshing NHS Plans for 2017/18
- Stepping forward to 2020/21: The mental health workforce plan for England

**1.4** Perinatal mental health services should be co-produced with the women who use them, their families, carers and local communities. Services should consider culturally specific beliefs, needs and values, as well as provide support for the families and carers of the women who use them.

## Tackling gaps in service provision and reducing unwarranted variation

**1.5** While there has been real progress nationally in improving access to perinatal mental health services, work now needs to be done to reduce unwarranted variation and inequity in the provision of specialist services.

**1.6** In 2010, fewer than 15% of localities had specialist services available at the full level recommended by the evidence; more than 40% of localities provided no service at all. Delaying care increases the risks for both the mother and child, while placing a significant financial burden on the NHS and social services.

**1.7** The human, clinical and financial case for ensuring women have access to timely and effective mental health care during the perinatal period is clear and compelling. This guidance highlights the significant opportunities to deliver better value, evidence-based perinatal mental health care, supported by an investment of £365 million between 2015/16 and 2020/21.

"They actually showed me different ways I can cope with looking after [my baby]…It's kind of like a family. You don't really notice the transition from day to night staff and they're really warm and friendly and they're always willing to talk to you and always have time…Just knowing that there are other mums, it was just like the biggest comfort ever."

**A woman's experience of an inpatient mother and baby unit (MBU)**

# 2. Policy and strategic context for transforming perinatal mental health services

**2.1** Most mental health problems are just as common during the perinatal period as at any other time in a woman's life. When they occur, there is a **more pressing need for prompt access to care**. This is important, both to improve outcomes for the woman and also to minimise the negative impacts on the unborn or developing baby/child. See Section 2 of the full implementation guidance for further information on the nature and course of perinatal mental health problems.

### What are specialist perinatal mental health services?

If a woman experiences a complex or severe perinatal mental health problem, she will usually receive care from specialist perinatal mental health services.

These services include:

- **Specialist community perinatal mental health teams**, which offer specialist psychiatric and psychological assessments and care for women with complex or severe mental health problems during the perinatal period. They also provide preconception advice for women with a complex or severe mental health problem (current or past) who are planning a pregnancy.
- **Inpatient MBUs**, which are commissioned by NHS England. They provide inpatient care for women with complex or severe mental health problems during the last trimester of pregnancy and the first 12 months after childbirth. A primary function of MBUs is to enable women to receive inpatient care while remaining with their baby.

Both community and inpatient teams should be multidisciplinary and have strong links with maternity services, health visiting, primary care and social care. See Section 3 of the full implementation guidance and the NHS England MBU service specification for further details on these services.

**2.2** There is also a significant financial burden. For every one-year cohort of births in England, the long-term costs from lack of timely access to good-quality perinatal mental health care is estimated to be **£1.2 billion** to the NHS and social services and **£8.1 billion** to society.

**2.3** Timely access to good-quality perinatal mental health care can provide a range of long-term gains for the woman, the baby/child and wider society. These include:

- improving recovery rates and outcomes for women and their children, including reducing the risk of adverse psychological, social, parenting and employment outcomes
- reducing the risk of premature births and stillbirths, obstetric complications and delayed physical growth in the developing baby
- reducing the risk of behavioural and emotional problems for the child later in life, and the likelihood of lower IQ and lower educational attainment
- reducing wider societal costs – of the £8.1 billion described above, almost £6 billion relates to the impact on the child rather than the mother.

**2.4** The Five Year Forward View for Mental Health set out the ambition to support at least 30,000 more women to access evidence-based specialist mental health care during the perinatal period. To meet this ambition, pathways are being introduced to help reduce unwarranted variation in quality in perinatal mental health care in England.

**2.5** The NHS has agreed to implement these recommendations, supported by additional investment. The improvement priorities set out in this guidance also directly support delivery of the objectives set out in Next Steps on the Five Year Forward View, as well as the key national priority for local health and care services to work together to ensure access to care is in the most appropriate setting for people's needs.

**2.6** The investment totals £365 million between 2015/16 and 2020/21. Overall, funding increases each year, with the bulk of new money anticipated to flow into CCG baselines from 2019/20.

**2.7** This staggered investment provides a significant opportunity to identify local need, demand and outcomes and develop clear commissioning, service and workforce development plans including published key performance indicators aligned to the pathways identified in this guide.

**2.8** The key principles for transformation are:

- to give all women timely access to appropriate, evidence-based perinatal mental health care that is closer to home, when they need it
- to promote a positive and coordinated experience of care
- to increase awareness of perinatal mental health, which will in turn promote early identification and diagnosis of any problems, and encourage more support from partners, families, employers and the public.

### The role of families and carers

Families and carers play an invaluable role in helping people to recover from perinatal mental health problems. It is vital their contribution as expert partners in care is recognised and valued, as well as being able to access support as individuals and in their caring role. This should reflect the requirements of the Care Act 2014 or Children and Families Act 2014 as appropriate.

### Perinatal mental health networks

Networks play an important role in supporting local delivery and strategic planning through conducting baseline assessments, identifying key gaps for service development and developing recruitment and training plans for the local workforce in partnership with Health Education England.

**Case study:** London Perinatal Mental Health Network.

### Working with the wider system

Specialist perinatal mental health services form part of a wider system of care working with women and families. Service partners are crucial, both in the care and interventions that they offer as part of supporting good mental health, and for identifying potential issues requiring specialist support and referring people on to the appropriate specialist perinatal mental health service. It is therefore vital that commissioners consider how these partners contribute to the perinatal mental health care pathways, and that there is appropriate awareness and understanding locally, underpinned by high-quality training and development.

- **Universal services**: These services include primary care, maternity services and health visiting, which work with women across the perinatal period. They play an important role in identifying mental health problems.
- **Improving Access to Psychological Therapies (IAPT) services**: These services successfully treat many women experiencing depression and anxiety disorders (such as generalised anxiety, social anxiety, obsessive–compulsive and post-traumatic stress disorders) during the perinatal period.
- **Secondary care mental health services**: Many women with complex or severe problems will already be in contact with secondary care services. In such situations, the team may share or continue care and case management with support from specialist perinatal mental health services.
- **Children and young people's mental health services**: These services ensure timely, age-appropriate care, advice and support can be offered to young people with perinatal mental health needs. The relationship with infant mental health work is also important to complement and support the ambitions of improving perinatal mental health care.
- **Wider local authority services**: This includes close working with local government and other agencies to address any key social needs and ensure access to support (for example, housing, employment, debt and benefits).

## Key statements: what should good perinatal mental health care look like?

### About the key statements

The following statements, developed by the Expert Reference Group, are based on the perspectives of women who have experience of perinatal mental health care. They highlight the need to develop perinatal mental health services with the woman at the centre.

**"I know that during pregnancy and post-pregnancy check-ups, I will be routinely asked about my physical and mental health, as well as the health of my baby. If I am worried about my mental health, I will be able to discuss my concerns with someone in a supportive environment."**

**"I know that if I experience a mental health crisis, it will be treated as a medical emergency, and I will have prompt access to assessment and treatment."**

**"I know that if I need care in hospital for a mental health problem, I can stay with my baby in an MBU and will be able to go there as soon as possible."**

**"I know that if I am planning a pregnancy and have a severe mental health problem, I will be able to be seen for preconception advice in my local community so that I have the information and advice I need to plan my pregnancy effectively."**

**"I know that if I need a specialist assessment, I will be seen quickly and know the outcomes and next steps for treatment and care."**

**"I know that if I have a mental health problem during or after pregnancy, it will be treated with the same urgency as a physical health problem. This means that I will be able to receive the right care at the right time, based on my needs."**

**"I know that I will have a choice of a range of NICE-recommended treatments, including psychological interventions, and, with the help of staff, will be able to make decisions that are right for both me and my baby."**

# 3. The perinatal mental health care pathway

**3.1** A national Expert Reference Group has developed a series of five pathways, shown on the summary diagram on page 13. These include NICE-recommended interventions to support the local delivery of best value perinatal mental health care, helping to reduce unwarranted variation and enable local improvement in all areas of England. See Section 5 of the full implementation guidance for the step-by-step pathways, and evidence underpinning their development.

**3.2** As investment in the system increases towards 2020/21, local areas should look at how the services and care they offer align with this guidance and ensure there is a well-trained workforce able to deliver this specialist care. This should be used to enable improvements in access and quality over that period, building from a range of different baselines.

### Timely access to evidence-based care

**3.3** The key principle across the pathways is timely access to evidence-based perinatal mental health care for all women who need it. This should remain a priority even when a woman moves between different pathways, as her needs change.

### Delivering evidence-based care

A key element of the pathways is the delivery of high-quality evidence-based care. Good quality perinatal mental health care is set out in the following NICE guidelines and quality standards:

- Antenatal and Postnatal Mental Health NICE guideline
- Antenatal and Postnatal Mental Health NICE quality standard

See the appendices and helpful resources of the full implementation guidance for further information on evidence-based care, including psychological interventions.

**Case studies**

- **Preconception advice:** The Northumberland, Tyne & Wear Perinatal Community Team
- **Specialist assessment:** Hampshire Mother and Baby Mental Health Service and Devon Partnership Trust Perinatal Service
- **Emergency assessment:** Birmingham Perinatal Mental Health Service and Antenatal Liaison Clinics
- **Inpatient care:** The East London Mother and Baby Unit
- **Working with the wider system to deliver psychological interventions during the perinatal period:** Torbay Depression and Anxiety Service

## Pathway 1: Preconception advice

**3.4** Advice and monitoring can help prevent many avoidable mental health problems and minimise the risks associated with pregnancy, particularly in women at high risk of mental health problems. Up to 90% of women will stop taking medication for an existing mental health problem when they discover that they are pregnant, often without consulting a practitioner. This can have major adverse consequences, including relapse. Access to good quality advice, information and support will help women make informed decisions during their pregnancy.

**Pathway 1**

Women with a complex or severe mental health problem (current or past) who are planning a pregnancy should receive timely preconception advice from a specialist community perinatal mental health service before they become pregnant.

"After what had happened with [my daughter], I was determined to be better prepared second time round. I discussed the issues thoroughly with my psychiatrist, who was positive that things would be better if we took the necessary steps. I felt it was better to try to stay well. It worked! Perhaps I was lucky, but I also think I helped to make my own luck second-time round. This is why it is so important to plan your pregnancy."

**A woman's experience of preconception advice, 2009. Link to the full blog here.**

## Pathway 2: Specialist assessment

**3.5** To improve identification rates and reduce the long-term adverse outcomes of undiagnosed and untreated mental health problems, it is crucial that all women are asked about their mental health at each routine antenatal and postnatal contact. If a mental health problem is suspected, a face-to-face assessment should be conducted to identify any potential mental health problems during the pregnancy or the postnatal period. This helps ensure that women are offered and are able to access timely and appropriate treatment at the earliest possible opportunity.

**3.6** When a complex or severe mental health problem is known or suspected, a referral should be made from primary or secondary care, maternity services or a health visitor to a specialist community perinatal mental health team for a biopsychosocial assessment.

**Pathway 2**

Women referred to a specialist community perinatal mental health team with a complex or severe perinatal mental health problem (known or suspected) should have timely access to a biopsychosocial assessment. Where a need for ongoing care or intervention is identified, the woman should also have an agreed care plan in place and have been allocated to a named professional.

**3.7** Following completion of the assessment and establishment of a care plan, developed and agreed in partnership by the woman and members of the team, a range of appropriate evidence-based interventions should start. This should emphasise a recovery-based approach with the woman at the centre.

## Pathway 3: Emergency assessment

**3.8** Women in the perinatal period may present with mental health needs that require **urgent** or **emergency** attention (for example, severe depression or the onset of postpartum psychosis, respectively) and that put the mother and baby at risk. Being in the perinatal period may be one risk factor that indicates the need for a prioritised response from mental health crisis services.

**3.9** When a crisis is suspected, a woman should be referred for an emergency assessment immediately. This may be carried out by a secondary care mental health service, such as a crisis resolution and home treatment team or a liaison mental health team. A specialist perinatal mental health team should lead or support this assessment where possible.

An **emergency** is an unexpected, time-critical situation that may threaten the life, long-term health or safety of an individual or others and requires an immediate response.

An **urgent** situation is serious, and an individual may require timely advice, attention or treatment, but it is not immediately life-threatening.

### Pathway 3

On receiving the referral for a perinatal mental health crisis, the mental health professional should contact the most appropriate person (the woman in crisis, family member/carer, or health or social care professional) without delay and agree the next steps to be provided in the woman's care and support. This should be done in line with national guidance such as the urgent and emergency liaison mental health care pathway guidance.

Failure to provide an emergency referral and adequate assessment or start treatment immediately poses significant risk to the mother and baby.

The woman should:

- have had a biopsychosocial assessment and an urgent and emergency mental health care plan in place, **and**
  - as a minimum, be en route to their next location if geographically different, **or**
  - have started the referral process for admission to an MBU, **or**
  - have been accepted and scheduled for intensive follow-up care at home or by the specialist community perinatal mental health team

**or**

- have immediate access to care and support if she is waiting for an admission to an MBU

**or**

- have started assessment under the Mental Health Act.

### Pathway 4: Psychological interventions

**3.10** Many women who develop a perinatal mental health problem will experience depression or anxiety disorders. Psychological interventions (either alone or in conjunction with pharmacological treatment) are extremely effective for treating depression and anxiety disorders, and many women prefer them to taking medication. They are also recommended for the treatment of a range of other perinatal mental health problems including severe mental illness and eating disorders.

**3.11** Psychological interventions may be provided via primary, secondary or tertiary care. Where a psychological intervention is provided by an IAPT service, the IAPT access and waiting time standard applies.

**Pathway 4**

Women with a known or suspected mental health problem who are referred in pregnancy or the postnatal period should receive timely access to evidence-based (NICE-recommended) psychological interventions.

**3.12** For further information on psychological interventions, see the appendices and helpful resources of the full implementation guidance.

**Reporting and outcome measurement**

Clearly defined outcomes that are routinely collected and monitored are an essential part of understanding service effectiveness and identifying quality improvement areas. See the appendices and helpful resources of the full implementation guidance for the outcome measures for perinatal mental health recommended by the Expert Reference Group.

### Pathway 5: Inpatient care (MBUs)

**3.13** A small number of women with a complex or severe mental health problem will need unplanned inpatient care during the perinatal period. In these situations, both mother and baby should have urgent access to an MBU.

**3.14** MBUs provide support and care for the mother in her parenting role, and have staff with specialist expertise to manage complex or severe perinatal mental health problems.

**Pathway 5**

Women who need unplanned inpatient care should have urgent access to an MBU.

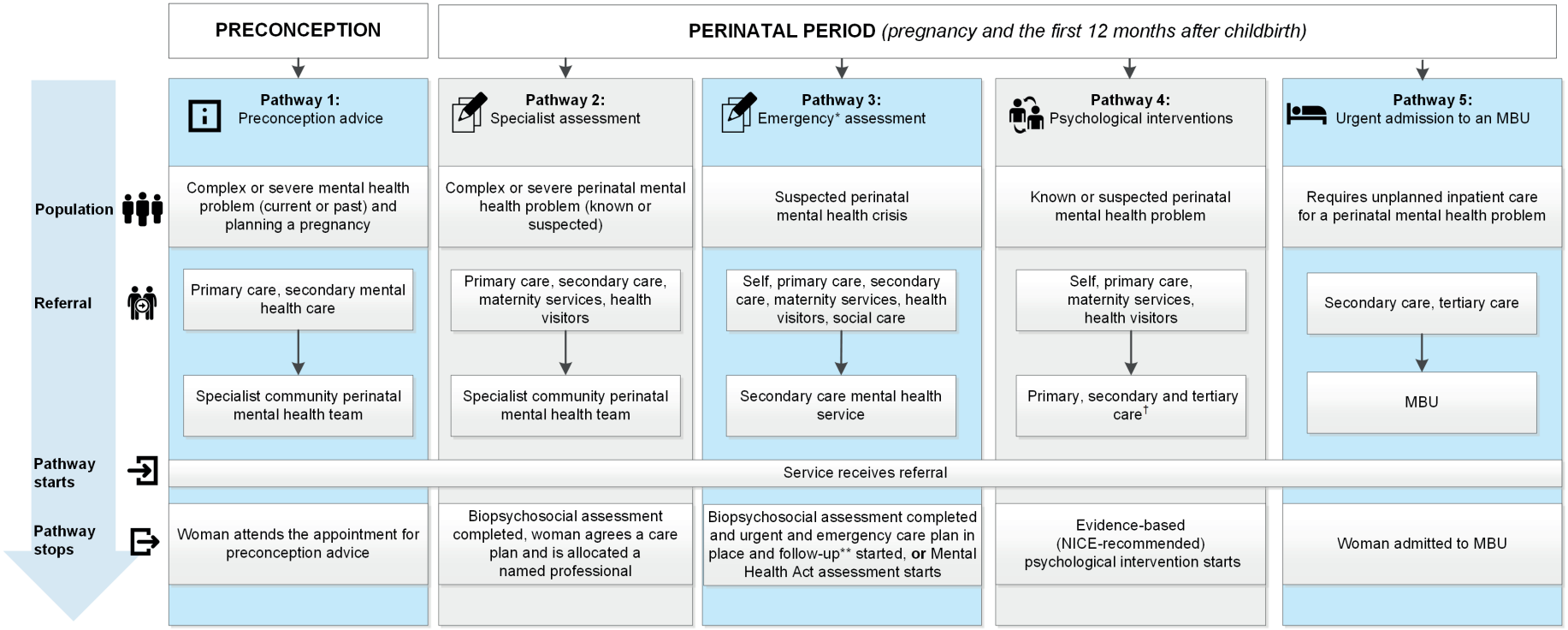
**3.15** It is the responsibility of the referrer to locate an MBU. In some circumstances (for example if travel for the family is an issue), the woman and/or her family may refuse admission. In such instances the woman does not leave the pathway until she is allocated to an appropriate MBU.

**3.16** Where admission to an MBU is inappropriate, the woman may leave the pathway. Appropriate follow-up steps should be taken, including an agreed NICE-recommended care (community or inpatient) package.

### Full implementation guidance

**3.17** Further detail and resources on the perinatal mental health care pathways can be found in the full implementation guidance. This includes steps to commissioning services and further positive practice examples.

## The perinatal mental health care pathways summary diagram




*IAPT = Improving Access to Psychological Therapies; MBU = mother and baby unit.*

* *In line with the urgent and emergency liaison mental health care pathway guidance.*

** *Follow-up is defined as one of the following: being en route to the next location (if geographically different); having started the referral process for admission to an MBU; having been accepted and scheduled for intensive follow-up care at home or with the specialist community perinatal mental health team.*

† *Where a psychological intervention is provided by an IAPT service, the IAPT access and waiting time standard applies.*

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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