

SPECIALIST PERINATAL MENTAL HEALTH PROFESSIONALS

ROLE DEFINITIONS AND SUPPORT STRUCTURES

PERINATAL MENTAL HEALTH OCCUPATIONAL THERAPISTS

INTRODUCTION

Mental health occupational therapists are core members of specialist mental health provision in inpatient and community settings. Occupational therapists have a unique role assessing, collaborating and working with women who experience perinatal mental ill health in their emotional adjustment to pregnancy and infant care, promoting and enhancing the developing parent-infant relationship and optimising infant development. Perinatal mental health occupational therapists need to work alongside, and have detailed understanding of, the roles of other professionals, such as midwives and health visitors, who work with women at this time.

Occupational therapists offer holistic assessment and treatment, incorporating the needs of the mother, infant and other family members. The collaborative approach focuses on the mother's goals and covers a range of interventions. This can include activities of daily living, (self-care, domestic chores, work and leisure pursuits), organisation of occupations, (exploring new roles and routines, time management), encouraging co-occupations, (facilitating the mother infant relationship, using meaningful activity), and supporting discharge planning and re-integration to the community. As dual trained practitioners, occupational therapists can assess and treat mental health and physical health and can provide advice regarding environmental adaptation.

All perinatal mental health Occupational Therapists will have the knowledge, skills and attitudes commensurate with the **ENHANCED** or **SPECIALIST** level of the Perinatal Mental Health Curricular Framework (2019), depending on their seniority and training.

For perinatal mental health occupational therapists working in community teams, their role within the specialist service may vary according to the model of service adopted in their area. Delivering Effective Services (2019) sets out three models of specialist community provision: (i) 'stand-alone' teams in large birth number areas, (ii) 'dispersed' teams in lower birth number or very rural areas, and (iii) 'regional' provision in very low birth number areas. The level of independent practice and supervisory arrangements need to reflect the model in which occupational therapists practise. Occupational therapists appointed to senior grades may take on additional regional responsibilities.

Community-based occupational therapists working in a dispersed or regional model of provision may have a sessional commitment, spending the remainder of their working time in a general mental health setting. It is critically important for effective service provision that they are regarded as having specialist expertise when acting in their perinatal role, with associated training and supervisory structures put in place to support that role.

Note: The descriptors below are relevant to registered mental health occupational therapists working in specialist MBU or community perinatal mental health teams (whether stand-alone, dispersed or regional). They are not intended to replicate a full job description for individual posts. They should be seen as identifying the additional roles, responsibilities and supervisory requirements which are core to the delivery of specialist perinatal mental health occupational therapy.

SUMMARY OF ROLE

The Perinatal Mental Health Occupational Therapist has a role in assessing and offering interventions to women with perinatal mental ill health, as part of specialist multi-disciplinary perinatal mental health provision in MBU or community settings.

Occupational therapists have a unique role in assessing functioning in individuals using evidence-based approaches. This assessment includes consideration of a mother's roles, and the associated activities, in relation to their current difficulties and illness. Occupational therapists may use standardised assessments and may also provide psychological interventions and group sessions, alongside the specialist team and professionals from other health and social care backgrounds.

EXPERT ROLES OF THE PERINATAL MENTAL HEALTH OCCUPATIONAL THERAPIST

A. Clinical

- a. Assess, advise and communicate effectively with women with, or at risk of perinatal mental illness, and their families, to support occupational participation, to help them recognise signs of ill health and to make informed decisions about their care.
- b. Advocate for, and work in partnership with, women, their infants and families, who experience mental health difficulties in pregnancy or the postnatal period to ensure they receive the care they need at the right time and in the right place
- c. Using core and specialist occupational therapy skills, plan, deliver and evaluate care which responds to the individual needs of women with perinatal mental ill health and those with complex disadvantage
- d. Assess, manage and advise on the distinctive patterns of risk for women and infants in the context of perinatal mental ill health
- e. Promote preventative, occupation-focused interventions for those at risk of significant mental illness and early intervention for women who develop mental ill health
- f. Promote seamless care through the development of care plans which link across maternity, mental health, primary care and social services and which ensure effective information sharing between professionals involved in the woman's care
- g. Ensure that child safeguarding and child protection are prioritised in all clinical and professional encounters
- h. Ensure effective discharge planning which takes into account relapse prevention, future pregnancy planning and seamless transfer of care
- i. Deliver psychosocial interventions and education for women and families as part of a psychological plan of care
- j. Provide expert advice and support to other professionals involved in the care of women in pregnancy and the postnatal period

B. Leadership

- a. Act as an expert resource for other professionals involved in the care of women with perinatal mental ill health
 - b. Lead care planning and co-ordination of professional involvement, where indicated, for women with, or at risk of, mental ill health in the perinatal period to ensure they experience seamless mental health care
 - c. Contribute to the development and delivery of perinatal mental health education and training for occupational therapy staff and professionals in midwifery, health visiting and social care
 - d. Contribute to the development and implementation of local perinatal mental health care pathways, including assessment and ongoing monitoring of mental health, which are evidence-based and adhere to local, national and professional guidance (such as that from SIGN, NICE, Perinatal Mental Health Network Scotland and the Confidential Enquiries into Maternal Deaths)
 - e. Work in partnership with local mental health services, maternity and neonatal psychological interventions teams (where they exist), primary care psychological interventions services, third sector providers and other professionals involved in the care of pregnant and postnatal women, their infants and families, acting as a link between services
 - f. For occupational therapists working at a senior level, provide a visible leadership role through participation in local and regional structures, such as board-wide and regional perinatal mental health networks
 - g. For occupational therapists working at a senior level, have a leadership role in the development and implementation of local quality improvement strategies for perinatal mental health
- C. Person specific attributes
- a. Develop and maintain specialist knowledge and skills in maternal and infant mental health, including child and adult protection
 - b. Demonstrate an enthusiasm and commitment to enhancing the care of women who experience perinatal mental ill health, their infants and families
 - c. Demonstrate a track record of clinical excellence
 - d. Demonstrate evidence of effective multi-agency and multi-professional working
 - e. Demonstrate effective leadership and motivational skills
 - f. For occupational therapists working at a senior level, have additional training or qualification in perinatal mental health and/or psychological interventions, or a clear desire to pursue training

SUPPORT AND SUPERVISORY ARRANGEMENTS

- A. Perinatal occupational therapists working in MBU and stand-alone specialist community team settings
- a. The PMH occupational therapist should receive regular, structured support and clinical supervision from an occupational therapy colleague who has the necessary skills and experience
 - b. The PMH occupational therapist should receive regular supervision by an accredited supervisor when delivering specific psychological interventions

- c. The PMH occupational therapist should have the opportunity to engage in peer/multidisciplinary supervision and support through attendance at multidisciplinary meetings
 - d. The PMH occupational therapist should have continuing professional development of perinatal mental health skills and knowledge. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland
- B. Perinatal mental health occupational therapists working in dispersed or regional models of service provision
 - a. In addition to A. above, multidisciplinary team clinical supervision and support should occur at least once weekly through attendance at a multidisciplinary team meeting either face-to-face or via video-conferencing facilities