



Annual Report 2023-24



Perinatal Mental Health Network Scotland
National Managed Clinical Network

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Introduction and Foreword

Perinatal Mental Health Network Scotland (PMHNS) is a National Managed Clinical Network established in 2017. Our aim is to work collaboratively across traditional organisational and geographical boundaries, to realise a programme of work that supports the delivery of, and improves access to, high quality care for women, their infants and families, who experience mental ill health in pregnancy or during the first postnatal year. We want to make sure that the right care and treatment is available wherever a family lives in Scotland.

This annual report aims to provide our commissioners and stakeholders with a summary of the work and key achievements from 1 April 2023 to 31 March 2024. The report also outlines the priorities for 2024-25.

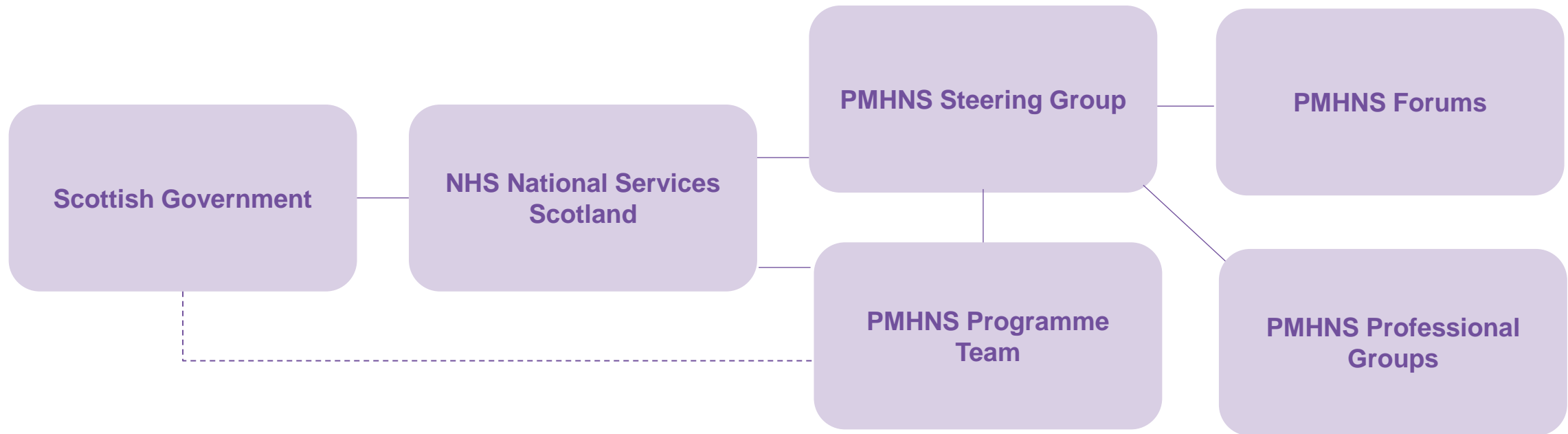
We would like to take this opportunity to say thank you to all our network members for their continued support, contribution and commitment as we have come into post as lead clinicians. The achievements in this report would not have been possible without the energy, time, advice and expertise provided by the network's stakeholders. We would like to extend a special thank you to the forum chairs and vice-chairs, many of whom have recently taken on the role. There is so much passion and enthusiasm for improving care for women and families across the country.

Dr Gavin Philipson, Perinatal Mental Health Lead and Marie Balment, Infant Mental Health Lead



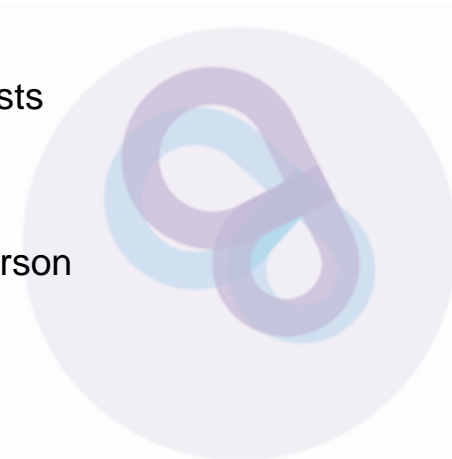


Governance and Finance



Perinatal Mental Health Network Scotland is funded entirely by an allocation from Scottish Government to cover staff costs and non-pay expenditure.

The network operated within budget for 2023-24. The majority of spend in the non-pay allocation was spent on the in-person networking event held in February.



Chair

The PMHNS Steering Group meet three times per year and was chaired by Dr Roch Cantwell, Lead Clinician PMHNS until his tenure ended in September 2023. The role of chair is now shared between Dr Gavin Philipson, Perinatal Mental Health Lead and Marie Balment, Infant Mental Health Lead.

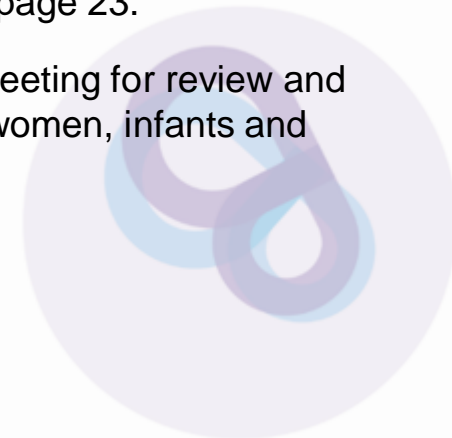
Membership

The purpose of the Core Steering Group is to provide strategic direction, decision making and oversee the delivery of the Network's agreed work plan. The membership of the PMHNS Steering Group was fully revised in 2022-23 and continues to evolve. In 2023 it was agreed to expand membership to include a representative from each of the professional groups to provide an update and raise any challenges. Membership includes representation from each of the clinical forums, general practice, third sector, social work, NHS Education for Scotland and the Scottish Perinatal Network.

Workplan and Terms of Reference

In March 2024 the Steering Group approved the proposed workplan for 2024-25. The high-level priorities are outlined on page 23.

The Terms of Reference for the network were in place until 31 March 2024. They were updated and taken to the March meeting for review and sign-off. The revised terms of reference now formally recognises Infant Mental Health and broadens scope to include all women, infants and families who require perinatal mental health service provision across all tiers.





Programme Team

The Programme Team is hosted by NHS National Services Scotland and provides programme management support and clinical leadership to the Network. During 2023-24, there were substantial changes to the staff with changes to both lead clinicians, the programme support officer and data analyst support.

We would like to take this opportunity to thank Dr Roch Cantwell and Dr Anne McFadyen for their significant contribution and clinical leadership to the network since its inception in 2017. We would also like to thank Susan Fairley, Programme Support Officer and Louise Bradley, Data Analyst, for all their work in the network over the years.

The staff shown below are the programme team in post at the end of March 2024.

Dr Gavin Philipson,
Perinatal Mental Health Lead



Marie Balment,
Infant Mental Health Lead



Carsten Mandt,
Senior Programme Manager



Sarah Gargan,
Programme Manager



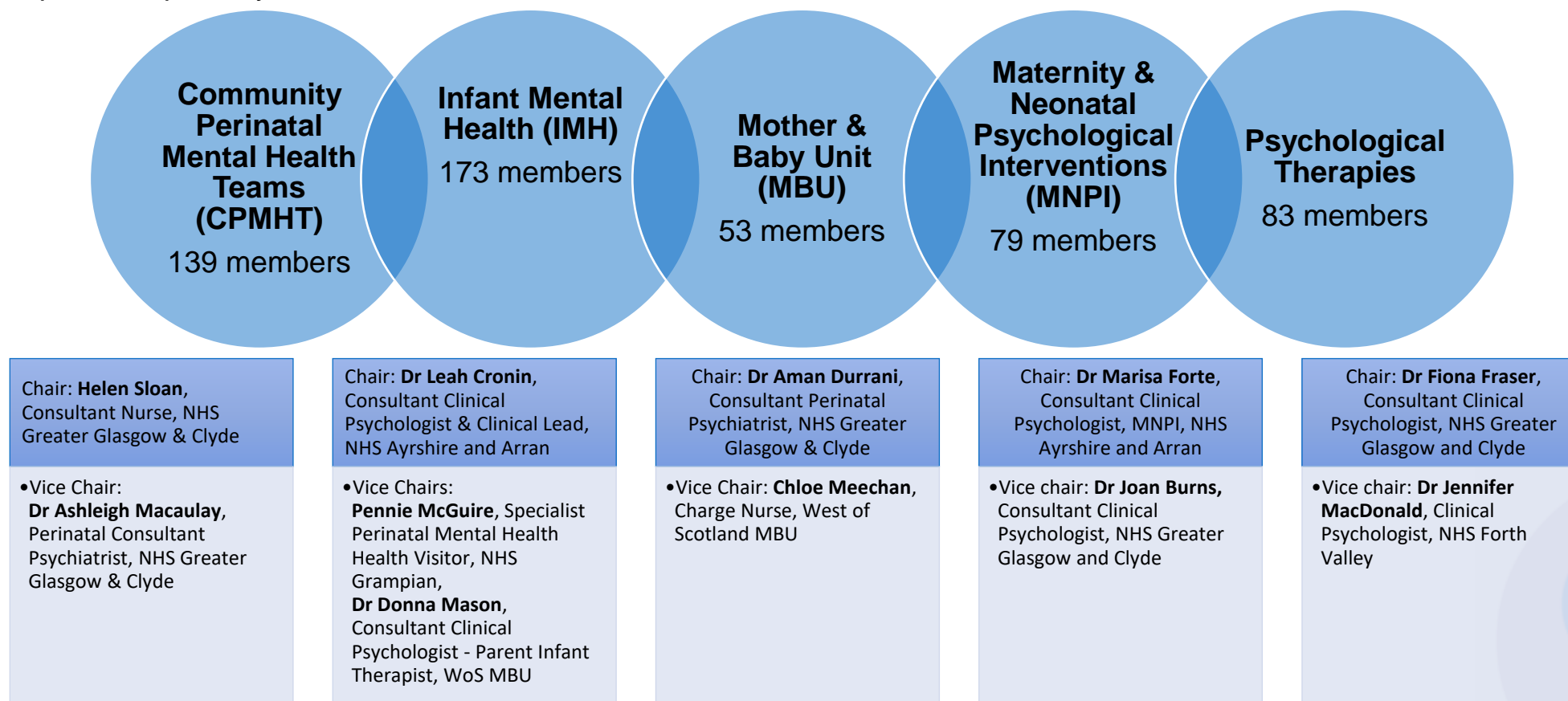
Anna Johnson-Kio Paul,
Programme Support Officer





Clinical Forums

PMHNS has five clinical forums with the aim of bringing together colleagues with a common interest to share experiences and best practice of service development, peer support, networking and learning opportunities. The key figures for 2023-24 for each group are outlined below. Each group meets quarterly on MS Teams.



The opportunity to become chair / vice-chair for each of the clinical forums was offered to members. The appointed chairs and vice chairs are listed on the previous page.

The terms of reference for each forum were updated to ensure there was a clear purpose for each group. This was used as an opportunity to seek feedback on the format and content of forum meetings to continually improve. Suggestions have been actioned, including more use of breakout rooms for smaller group discussion, a Teams channel to share resources and encourage communication, peer support to review complex cases, and sharing positive experiences within services. Examples of the topics covered throughout the year are included below:

CPMHT Forum

Service spotlights
Engagement with lived experience
Perinatal Nurses
SIGN 169 Guidelines

IMH Forum

UNICEF Baby Friendly Initiative
Scottish Book Trust – Bookbug
Reflective Practice Groups

MBU Forum

Admission pathways
Mother and Baby Unit updates
Shared learning from conferences
Outcome measures

MNPI Forum

Baby Buddy training by Best Beginnings
Group Interventions
National developments in MNPI
iHV Perinatal and IMH cascade training – share the learning
Amma Birth Companions
Birth Reflections

Psychological Therapies

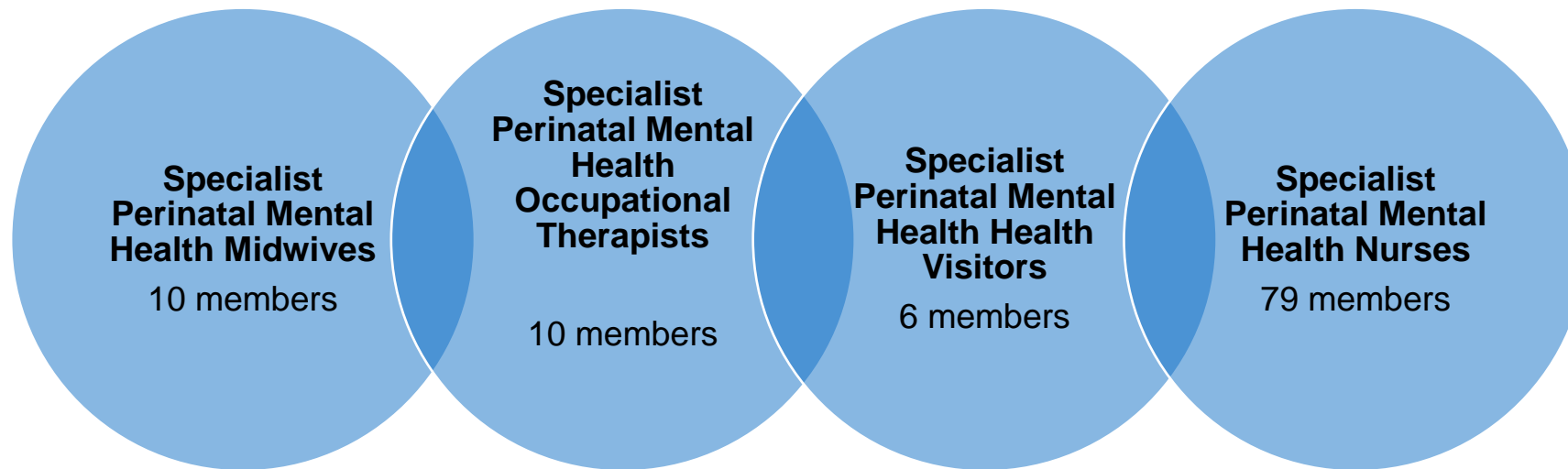
EMDR in Perinatal
Parent-infant observations and measures
Safety and Stabilisation – Trauma
SIGN 169 guidelines





Professional Groups

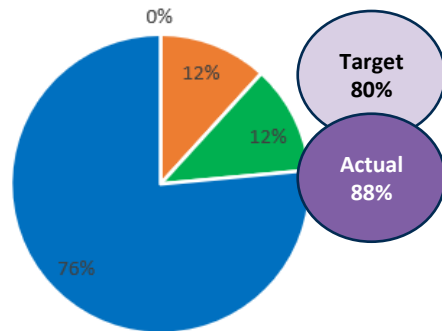
PMHNS also supports professional groups to come together for peer support and learning opportunities. The Network facilitates the administrative support for these groups. Membership, chairing and actions come from the associated professions. New groups are set up and established based on need identified from stakeholders.



Key Performance Indicators

The graph below summarises the progress achieved in delivering on the agreed work objectives for 2023-24. There has been progress on all objectives, with 88% of the work either completed or on track to be completed as planned (RAGB status 'blue' or 'green' – as defined below). The remaining 12% of the work have moved forward but more slowly than originally anticipated (RAGB status 'amber') and has been carried forward to 2024-25. Additional KPIs will be measured in 2024-25 to include representation from territorial boards at forum meetings, as well as learning events.

Workplan Milestones



■ Red (R) ■ Amber (A) ■ Green (G) ■ Blue (B)

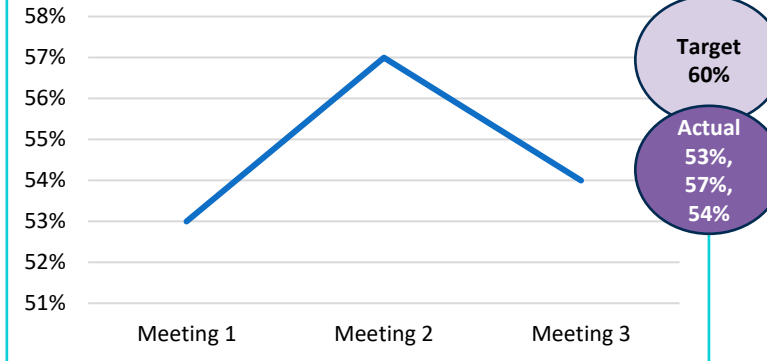
■ Red (R) The network is unlikely to achieve the objective by the agreed end date / major barriers to progress.

■ Amber (A) A risk the network will not achieve the objective by the agreed end date but progress has been made.

■ Green (G) The network is on track to achieve the objective by the agreed end date.

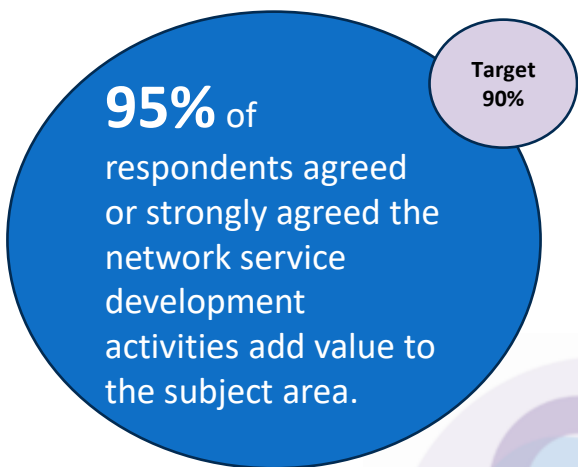
■ Blue (B) The network achieved the objective.

Core steering group attendance



The core steering group membership will be reviewed in 2024 with the aim of increasing engagement, representation and attendance in line with the 60% attendance target.

Stakeholder satisfaction





Perinatal Mental Health Dataset (PowerApp)

Key Activities

- ✓ Training before starting data collection delivered to NHS Ayrshire and Arran CPMHT / MNPI, NHS Highland (North) CPMHT / MNPI, NHS Tayside CPMHT / MNPI, NHS Forth Valley CPMHT / MNPI and NHS Greater Glasgow & Clyde CPMHT.
- ✓ Continue to receive data from NHS Grampian CPMHT / MNPI, NHS Greater Glasgow & Clyde MNPI and West of Scotland Mother and Baby Unit
- ✓ All remaining services contacted to offer cohort for rolling out locally.
- ✓ Quarterly data reports moved to dashboard format on PowerBI. Reports are provided at board level every quarter to each participating board.
- ✓ Feedback from boards incorporated into subsequent dashboard reports.
- ✓ National data dashboard in development to share Scotland wide information across specialist services. All data included in the dashboard is anonymous and small numbers are removed. The national dashboard can be disseminated each quarter in 2024/25.
- ✓ Based on feedback from boards, improvements have been made to the data collected.
- ✓ Continue to work closely with NSD Information Management Services to make improvements based on user feedback.



Benefits

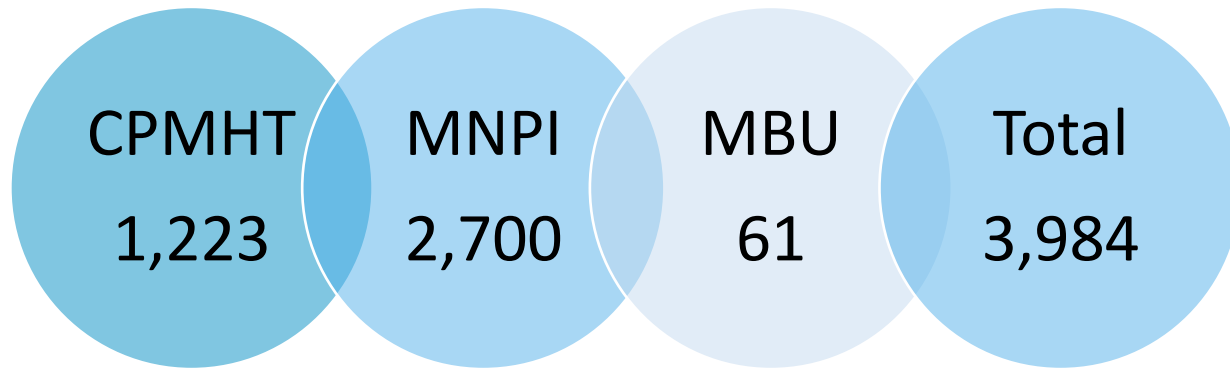
- Support the development perinatal mental health services.
- Provide baseline data for continuous quality improvement.
- Allow teams to benchmark against other comparable services.
- Help women, infants and families to access appropriate care.
- Provide teams with data reports with information not available from one single existing data source.
- National data dashboards provides an overview of service activity across Scotland which has not previously been available.





Perinatal Mental Health Dataset PowerApp

The chart below shows the total number of referrals entered onto PowerApp from 01 April 2023 – 31 March 2024. The roll out has been phased with different boards and services joining throughout the year. Therefore referrals and data will be increasing with time.

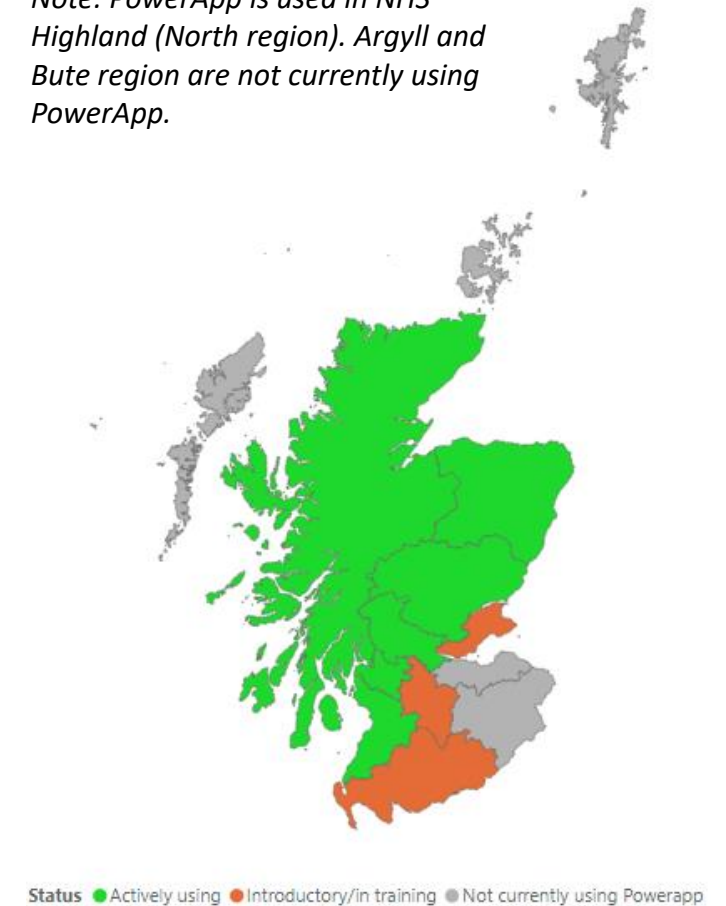


9 training sessions
delivered

74 staff trained and added to
system

Powerapp status by NHS Board

Note: PowerApp is used in NHS Highland (North region). Argyll and Bute region are not currently using PowerApp.





Access to Mother and Baby Unit (MBU) Care Audit

Key Activities

- ✓ Updated information governance approval granted through the Public Benefit and Privacy Panel for Health and Social Care (PBPP) process to reflect personnel changes to deliver the audit. The update was approved in December 2023 and approval is in place until 31 December 2025.
- ✓ National data linkage to identify women admitted to any facility for mental health treatment in the 12 months after giving birth. This linkage is ongoing throughout the audit in three-month blocks.
- ✓ Commenced data collection from clinicians responsible for the care of women not admitted to an MBU to better understand the barriers to joint admission at an MBU.
- ✓ Initial questionnaires returned, enabling early stages of data analysis and theming of barriers.



Project aim

- Provide ongoing monitoring of psychiatric admissions of women within one year of childbirth across Scotland to report the proportion of women not admitted with their babies.
- Identify the barriers to joint admission. Under Scottish mental health legislation, women who require inpatient psychiatric care, and who have infants under 12 months old, should be admitted jointly with their infant to appropriate facilities (MBU), unless it is not in the clinical interests of the mother or baby to do so. Existing research shows that in up to a third of cases this does not happen.
- Identify themes from the data extract and feedback from clinicians in order to overcome barriers to joint admission.
- improve standards of care for women with the most severe forms of perinatal mental illness, and their babies.





Interfaces with Primary Care, Maternity and General Adult Psychiatry

Key Activities

- ✓ Held the first meeting with key stakeholders to agree the scope and priority areas. It was agreed this would be the interfaces between perinatal services and general adult psychiatry, and those with primary care and maternity. Following a change in clinical leadership, this was temporarily paused.
- ✓ The first short life working group was held for each focused area, chaired by Dr Gavin Philipson.
- ✓ Developed an Integrating Services Paper which will be published in 2024 with a focus on a systemic, integrated, prevention-led approach to perinatal, parent-infant and early years service provision.
- ✓ Gathered feedback from stakeholders on existing care pathways as part of the forums event held in Perth.



Project Overview

- The aim of the short life working groups is to bring experts together from across services and health boards to improve interfaces between specialist perinatal mental health services and general adult psychiatry, primary care and maternity.
- The output of the short life working groups will be guidance and best practice on how services interface between specialist services and primary care, unscheduled care and general mental health services.
- A national approach aims to result in a reduction in variation, reduction in inappropriate referrals and clarity of roles of specialist services.

After the success of last year's forums event, PMHNS hosted an in-person event for forum members in Perth in February 2024. Feedback from forum members was used to design the content of the day and it was attended by 80 delegates. The event was attended by colleagues from all mainland territorial boards, third sector partners, Scottish Government and NHS Education for Scotland. The event included presentations and workshops on:

- National Trauma Transformation Programme: Maternity Services Pathfinder
- SIGN 169: Perinatal Mental Health Conditions - putting recommendations into practice
- The Role of a CBT Nurse Specialist in a Community Perinatal Mental Health Team
- Care Pathways and Interfaces
- Best Start – Neonatal Model of Care
- Understanding Autism
- PMHNS – Progress and Priorities

Evaluations following the event were positive with many highlighting the value in being able to meet with colleagues and teams from across the country. It is also important to note the challenges of attending in-person events for our colleagues from more remote areas.

Feedback from the last event asked for more opportunities for networking and sharing work across the wider network. All teams were offered the opportunity to present a poster in the breakout area. This proved to be successful with 15 different posters and information stands being shared on the day which covered work across the forums, health boards and third sector.





Women and Families Maternal Mental Health Pledge Update

The Women and Families Maternal Mental Health Pledge was developed in 2019 by women with lived experience, Maternal Mental Health Change Agents and Perinatal Mental Health Network Scotland. The purpose was to set out what to expect from NHS Scotland if you are pregnant and have mental health needs. Given the development of services since publication, the pledge has been reviewed and updated.

Focus groups were set up in partnership with Parent and Infant Mental Health Scotland with their experts by experience group. The group were asked about the pledge (aimed at staff) and the poster version (for the public). Feedback included suggestions for improvement on the use of language / terminology, accessibility, ease of access for further information, as well as images. A subsequent short life working group provided further feedback on later versions. The updated version was then taken to Home-Start groups in Glasgow North and North Lanarkshire for further feedback. With thanks to all the input from those with lived experience, both the pledge and the poster have been updated and will be re-launched in 2024-25.

Perinatal Mental Health Network Scotland
National Managed Clinical Network

NHS SCOTLAND

Women & Families Maternal Mental Health Pledge

I should have the right to good care from NHS Scotland for my baby, my family and me

The NHS Scotland Charter of Patient Rights and Responsibilities* gives patients the right to get services appropriate to their need, to be involved in decisions about their care, to expect confidentiality and to be treated with dignity and respect, to have safe, effective care and to be able to have any complaints dealt with.

More than one in five women will experience mental health difficulties in pregnancy or the first postnatal year. A woman's need for care at this time is distinctly different from that at other times and good care benefits not only her, but also her baby growing up, her partner and other family members. The Mental Health (Scotland) Act (2018) gives a woman the right to be admitted to a specialist mother and baby unit, jointly with her infant, if she needs specialist mental health care. In addition, women with lived experience of perinatal mental illness have identified the following expectations, which they believe would help improve care for women, their infants and families throughout Scotland.

I expect that:

1. I am fully involved, and at the centre of my care, so that I have the information I need to make the best decisions for me, my pregnancy and my infant's future health.
2. I can be confident that staff who assess and care for me will have the appropriate level of knowledge and skills.
3. I will receive preconception and pregnancy advice and care if I have a pre-existing mental health problem.
4. I will receive expert advice and care about my maternal mental health when I require it, wherever I live in Scotland.
5. I will have rapid access to talking therapies during my pregnancy and postnatal period.
6. I can openly discuss my maternal mental health without fear of stigma or of being judged.
7. My family are given the information and support they need to help me and to get help for themselves.
8. I can be confident that my baby will have parents who are supported with their mental health.

*You can find the NHS Scotland Patient Charter at: <https://www.nhs.uk/patient-charter> and rights to health rights/patient charter/the charter of patient rights and responsibilities

Published March 2019 For current version please contact nhs.pmh@nhs.uk

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Maternal Mental Health
Change Agents

Perinatal Mental Health
Network Scotland

Perinatal Mental Health Network Scotland
National Managed Clinical Network

NHS SCOTLAND

Women & Families Maternal Mental Health Pledge

More than 1 in 5 women will experience mental health difficulties in pregnancy or the first postnatal year.

Women who have experienced mental health problems in pregnancy or after childbirth have identified these expectations.

I am given advice and care at the centre of my care, so I have what I need to make the best decisions for me, my pregnancy and my infant's future health.

I am able to talk about my mental health without being judged.

I am fully involved and at the centre of my care so I can make the best decisions for me, my pregnancy and my infant's future health.

My family are given information and support they need to help me and to get help for themselves.

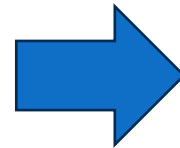
I will be able to access talking therapies during my pregnancy and postnatal period.

I can openly discuss my maternal mental health without fear of stigma or of being judged.

I can be confident that my baby will have parents who are supported with their mental health.

If you are experiencing mental health difficulties or need support speak to your GP, midwife, health visitor or NHS 24

For full details of the pledge visit - www.pmh.nhs.uk/pledge/



Perinatal Mental Health Network Scotland
National Managed Clinical Network

NHS SCOTLAND

Women and Families Maternal Mental Health Pledge

More than 1 in 5 women* will experience mental health difficulties in pregnancy or the first postnatal year.

Women who have experienced mental health problems in pregnancy or after childbirth have identified these expectations.

I'm fully involved, informed and at the centre of my care, so I have what I need to make the best decisions for me, my pregnancy and my infant's future health.

I am able to talk about my mental health without being judged.

I am fully involved and at the centre of my care so I can make the best decisions for me, my pregnancy and my infant's future health.

My family are given information and support they need to help me and to get help for themselves.

I will be able to access talking therapies during my pregnancy and postnatal period.

I can openly discuss my maternal mental health without fear of stigma or of being judged.

I can be confident that my baby will have parents who are supported with their mental health.

If you have mental health concerns or need support, speak to your GP, midwife, health visitor or call NHS 24 on 111. For more information, scan the QR code.

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Parent & Infant Mental Health Scotland

Perinatal Mental Health Network Scotland
National Managed Clinical Network

NHS SCOTLAND

Women and Families Maternal Mental Health Pledge

I should have the right to good care from NHS Scotland for me, my baby and my family.

The NHS Scotland Charter of Patient Rights and Responsibilities* gives patients the right to get services appropriate to their need, to be involved in decisions about their care, to expect confidentiality and to be treated with dignity and respect, to have safe, effective care and to be able to have any complaints dealt with.

More than one in five women* will experience mental health difficulties in pregnancy or the first postnatal year. The need for care at this time is distinctly different and good care benefits not only the woman, but also her baby growing up, her partner and other family members. The Mental Health (Scotland) Act (2018) gives a woman the right to be admitted to a specialist mother and baby unit, jointly with her infant, if she needs specialist mental health care.

Women with lived experience of perinatal mental illness have identified the expectations below. They believe these will help improve care for women, their infants and families.

I expect that:

1. I'm fully involved, informed and at the centre of my care, so I have what I need to make the best decisions for me, my pregnancy and my infant's future health.
2. I can be confident that staff who assess and care for me will have the appropriate knowledge and skills.
3. I will receive preconception and pregnancy advice and care if I have a pre-existing mental health problem.
4. I will receive expert advice and care about my maternal mental health when I require it, wherever I live in Scotland.
5. I'll have timely access to help like talking therapies during my pregnancy and postnatally.
6. I can talk openly about my mental health without worrying about being judged. Everything possible will be done to keep me and my baby together where possible.
7. I'm confident my family are given the support they need to help me and get help for themselves if they need it.
8. I'm supported to bond with my baby.

*You can find the NHS Scotland Patient Charter at: <https://www.nhs.uk/patient-charter> and rights to health rights/patient charter/the charter of patient rights and responsibilities

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Parent & Infant Mental Health Scotland



Examples of Further Work

This page provides a brief summary of other pieces of work the team have been involved in. This is not an exhaustive list.

Dr Gavin Philipson attended Scottish Parliament for the Maternal Mental Health Alliance round table event. This was chaired by Tess White MSP and sponsored by Kate Forbes MSP.

Review of care pathways which will inform short life working groups on interfaces.

Development of Integrating Services paper which will be published in 2024-25.

Evaluation of Peer Support Worker role in Mother and Baby Units. The evaluation incorporated feedback from patients, staff and peer support workers. A follow up evaluation is planned for 2024-25.

Marie Balment was on the Scottish Book Trust panel to judge the Bookbug Hero Award.





Stakeholder Engagement

Over the course of 2023-24 PMHNS has steadily increased its reach and engagement via its [spotlight bulletin](#), [website](#) and [Twitter](#) feed. Distribution of the network newsletter was briefly paused during recruitment of a Programme Support Officer.

Some key metrics on communication usage and reach are given below.



Hosted 21 forums



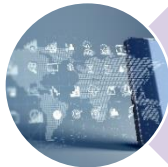
576 total forum attendances



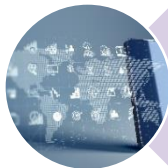
80 staff attended in person network event



527 subscribers to newsletter



The website was moved to a new platform



The most visited pages were Care Pathways and animations



Regular tweets are sent to direct followers to care pathways, service development guides, NES training and other relevant information from partners.



2,613 followers on X



40,000 impressions on X



Stakeholder Feedback

In March 2024, stakeholders were asked for their feedback in a survey to allow the Network to measure impact and make continual improvements. 22 respondents completed the survey across the following organisations: CrossReach, NHS Ayrshire and Arran, NHS Education for Scotland, NHS Forth Valley, NHS Highland, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Lothian, NHS Tayside.

Stakeholders were asked for feedback across many areas including, 'How do you think you or people with the condition that you work with have benefited from the existence of the network?'

"This is like no other area I have worked in - feels so beneficial."

"Significant progress in developing service improvements."

"Network supporting service development has meant more clients can access the right care."

"Motivated team who encourage others to participate."

"This area of service is updated so well with developments and guidance that it greatly impacts positively on our practice and therefore the patients."

"Working together nationally to tackle challenges"



Stakeholder Feedback

Network Purpose

The way the network communicates with stakeholders builds support for the network

Network workplans reflect the purpose of the network

Network activity reflects the purpose of the network

Together, members have identified strategic objectives for the network

All members share a common purpose for the network

The activities of the network makes a positive difference to the staff working in this area

The activities of the network makes a positive difference to patients



0 5 10 15 20 25

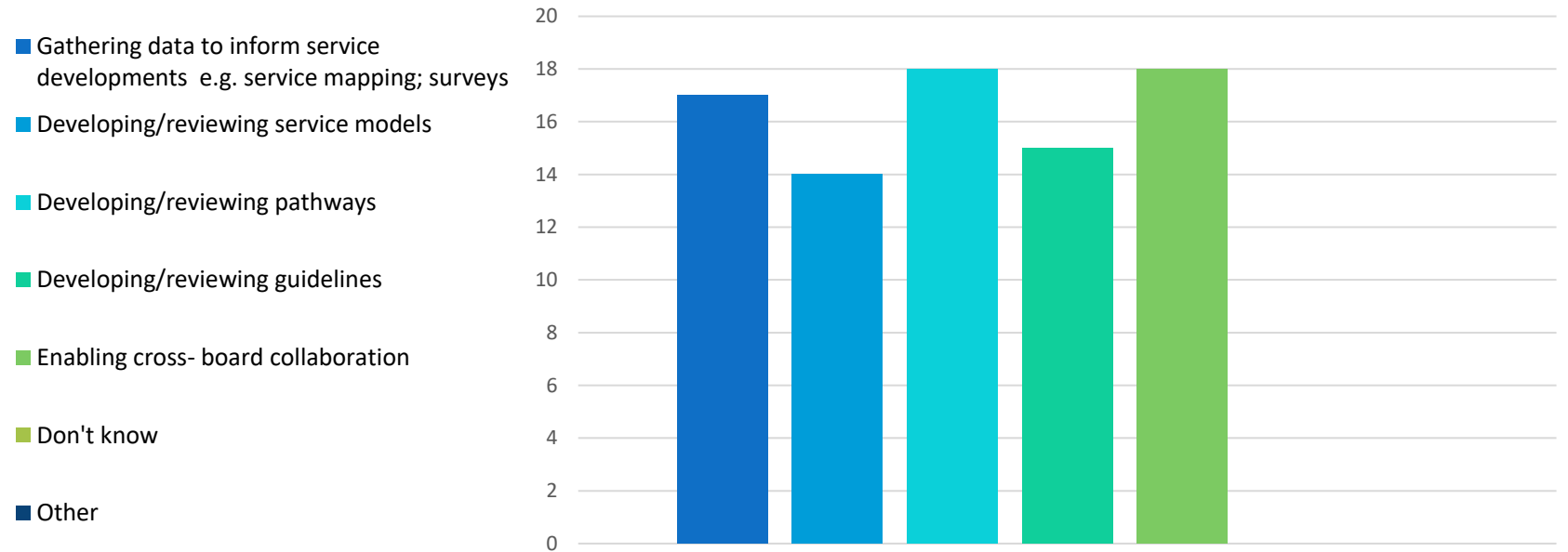


Stakeholder Feedback

95% of respondents agree or strongly agree the network service development activities add value to the subject area.

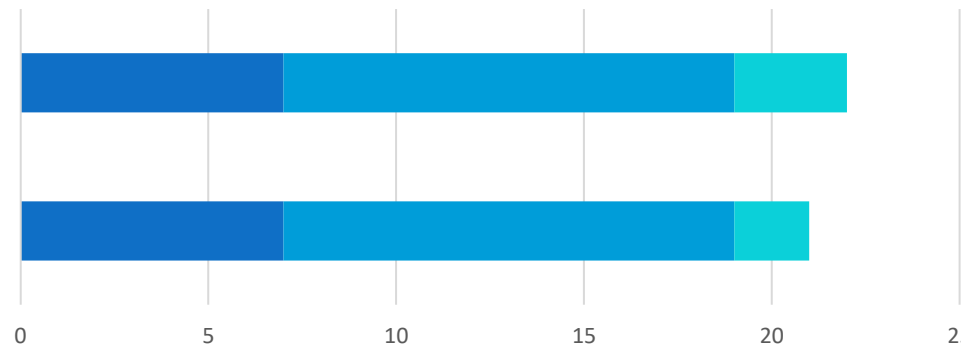
The chart further shows ways in which value is added.

In what ways does the network add value by supporting service development?



Network Structure

The network structure positively contributes to developments in the subject area



The network provides a structure to support improvements in the subject area

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable

Priorities for 2024-25

Building on the progress achieved in 2023-24, PMHNS will focus on the following priorities in 2024-25, some of which are a continuation of existing work streams. The workplan was taken to the PMHNS steering group in March 2024 and was approved.

-  Continue roll out of Perinatal Mental Health dataset (PowerApp), including development of national dashboard and inclusion of dads and infants
-  Scope data requirements for Infant Mental Health Services
-  Scope clinical issues and implementation of Delivering Effective Services
-  Develop guidance on service interfaces and integrated care pathways
-  Continue Access to Mother and Baby Unit Audit and produce interim reports with initial themes
-  Facilitate education, peer support and networking opportunities through forums, professional groups, events and webinars
-  Publish Service Development Guide on Infant Mental Health Systems and Services





Perinatal Mental Health Network Scotland

National Managed Clinical Network

For more information about the Network please visit: [Perinatal Mental Health Network Scotland – National Managed Clinical Network](#)

You can contact the Team at: nss.pmhn@nhs.scot or via X [@PMHN_Scot](#)

