

# Perinatal Mental Health Network Scotland (PMHNS)

## Annual Report 2024-25



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# Introduction and Foreword

Perinatal Mental Health Network Scotland (PMHNS) is a National Managed Clinical Network (MCN), established in 2017. Its aim is to work collaboratively across organisational and geographical boundaries to deliver a programme of work that improves access to, and the delivery of, high quality perinatal and infant mental health care. Perinatal and infant mental health care is care for women, their infants, and families who experience mental illness during pregnancy, in the first postnatal year and in the early years of life. While the network's core focus is on the perinatal period, we also recognise the critical importance of infant mental health and the need to support families up to the child's third birthday. We want to make sure that the right care and treatment is available wherever a family lives in Scotland.

This annual report provides network commissioners (Scottish Government) and stakeholders with a summary of the network's key achievements from 1 April 2024 to 31 March 2025. It also sets out strategic priorities for 2025-26.

During this period, the role of networks across NHS Scotland have been under review by the Scottish Government. While the final outputs of this review are still awaited, PMHNS has continued to focus on delivering its programme of work, albeit with some operational constraints. Despite these limitations, the network has maintained momentum supporting improved outcomes for women, infants and families across Scotland.

The progress outlined in this report would not have been possible without the energy, time, advice, and expertise of the network's stakeholders. The continued contribution is greatly appreciated. We acknowledge the ongoing pressures on services at every level, yet the commitment to improving outcomes for women, infants, and families across Scotland remains clear and inspiring.

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

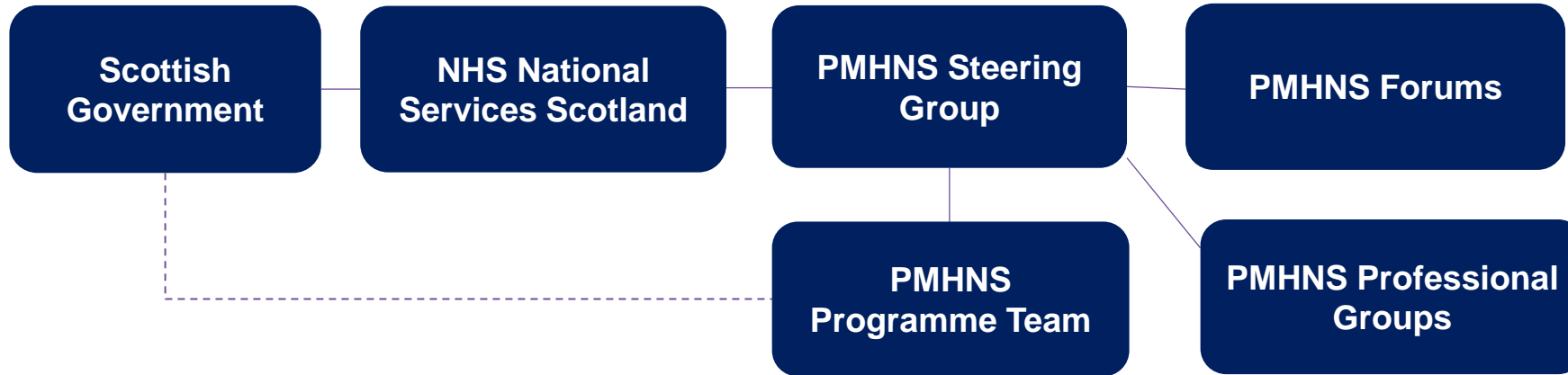


## **Network Governance and Structure**





# Governance, Core Steering Group and Finance



## Core Steering Group Membership

The purpose of the Core Steering Group is to provide strategic direction, decision making and to oversee the delivery of the Network's agreed work plan. Membership includes representation from each of the clinical forums, professional groups, Scottish Government, general practice, third sector, social work, NHS Education for Scotland and the Scottish Perinatal Network.

## Steering Group Chair

The PMHNS Steering Group is chaired by Dr Gavin Philipson, Perinatal Mental Health Lead and Marie Balment, Infant Mental Health Lead on a rotating basis.

## Funding

Perinatal Mental Health Network Scotland is funded entirely by an allocation from Scottish Government to cover staff costs and non-pay expenditure. Additional funding was required to cover NHS staff pay awards. The network operated within budget for non-pay costs with only minimal spend for printing.



The Programme Team is hosted by NHS National Services Scotland and provides programme management support and clinical leadership to the network. There were no changes to the programme team during 2024-25. All posts are provided on a part-time basis.

**Dr Gavin Philipson,**  
Perinatal Mental Health  
Lead



**Marie Balment,**  
Infant Mental Health  
Lead



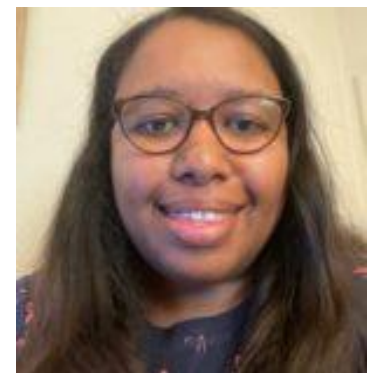
**Carsten Mandt,** Senior  
Programme Manager



**Sarah Gargan,**  
Programme Manager



**Anna Johnson-Kio  
Paul,**  
Programme Support  
Officer



## **Network Progress in 2024-25**



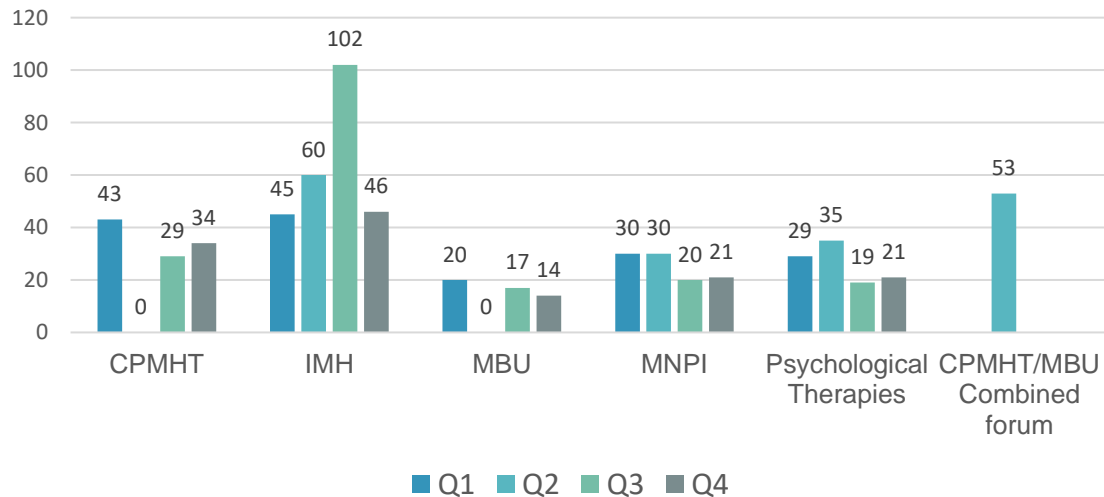


# Key Performance Indicators (KPI) 2024-25

**KPI 1:** Stakeholder engagement – increase in forum attendance on previous year.

**Result:** 16% increase on forum attendance in 2023-24. Total attendance across 19 forum meetings was 668 (up from 576 in the previous year).

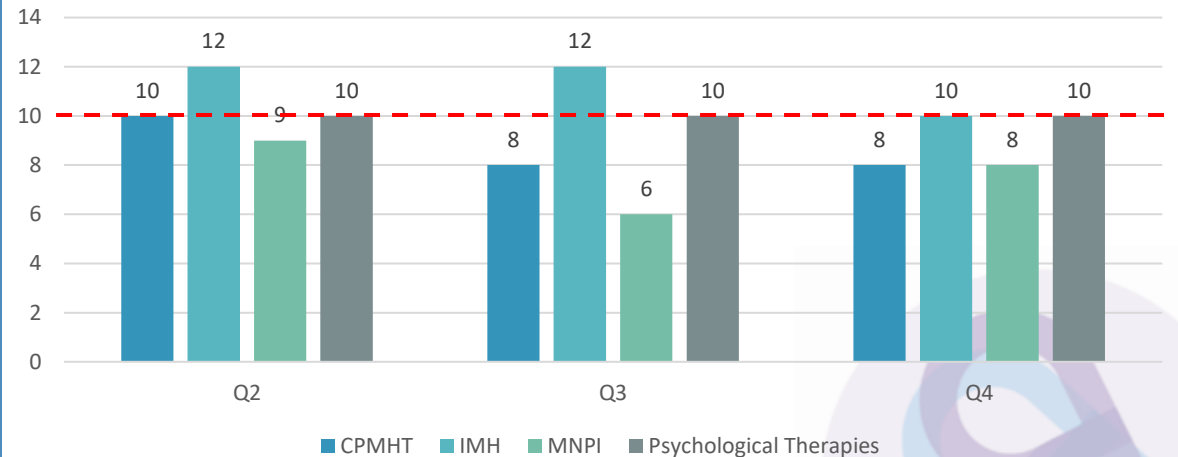
Forum Attendance 2024-25



**KPI 2:** Stakeholder engagement – Target: 80% of forums have 10 or more territorial health boards present.

**Result:** 63%. Please note not applicable equally to all forums as not all boards have each specialist service. MBU not included as only applicable to NHS Lothian and NHS Greater Glasgow & Clyde.

Number of Health Boards represented at Forums 2024-25







# Key Performance Indicators 2024-25

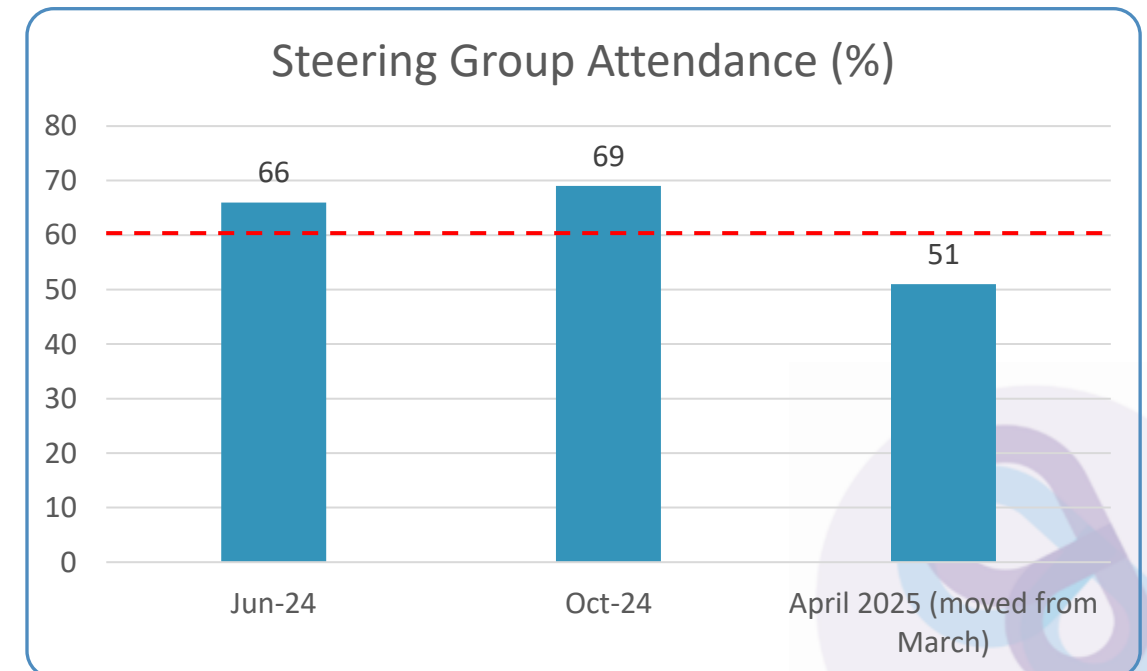
**KPI 3:** Effective delivery of programme deliverables. Target: 80% of workplan milestones on complete or on track (green and blue).

**Result:** 88% of workstreams were either complete or on track as planned. Outstanding workstreams have been carried forward to 2025-26 workplan (Interfaces Guidance and IMH Service Development Guide).

**KPI 4:** Stakeholder investment in programme delivery. 60% or more steering group members attending steering group meetings.

**Result:** Meeting 1: 66%, Meeting 2: 69%, Meeting 3: 51%. Average 63%.

RAGB Status	Description	Objectives achieved
Blue	The network achieved objective.	12/17 (70%)
Green	The network is on track to achieve the objective by the agreed end date.	3/17 (18%)
Amber	A risk the network will not achieve the objective by the agreed end date but progress has been made.	2/17 (12%)
Red	The network is unlikely to achieve the objective by the agreed end date / major barriers to progress.	0/17 (0%)





# Key Performance Indicators 2024-25

**KPI 5:** Stakeholder engagement – 10 or more territorial health boards represented at education events or webinars.

**Result:** 13 health boards were represented at the ADHD and Autism Webinar held in November.

Target: 10+  
territorial boards



Result: 13  
territorial boards

**KPI 6:** Stakeholder engagement: Demonstrate effective use of relevant information for network audience through circulation of newsletter reflected in the number of views.

**Result:** Baseline data not available for comparison to previous year. However, the decline in views demonstrates the need to revise the newsletter format and purpose to increase engagement.

Newsletter circulated	June 2024	December 2024	March 2025
No. viewers	536	326	181

**KPI 7:** 90% stakeholder satisfaction identified through annual stakeholder survey.

**Result:** Data not available as annual NSD stakeholder survey did not take place in 2024-25.



# Stakeholder Engagement

Over the course of 2024-25 PMHNS has continued to engagement with stakeholders via the newsletters, website and X feed.

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



Hosted 19 forums



668 total forum attendances



215 colleagues attended the education webinar



41,079 hits on the PMHNS website



The most visited page was the home page (20,421 views)



The second most visited page was Guidance and Resources (2,897 views)



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

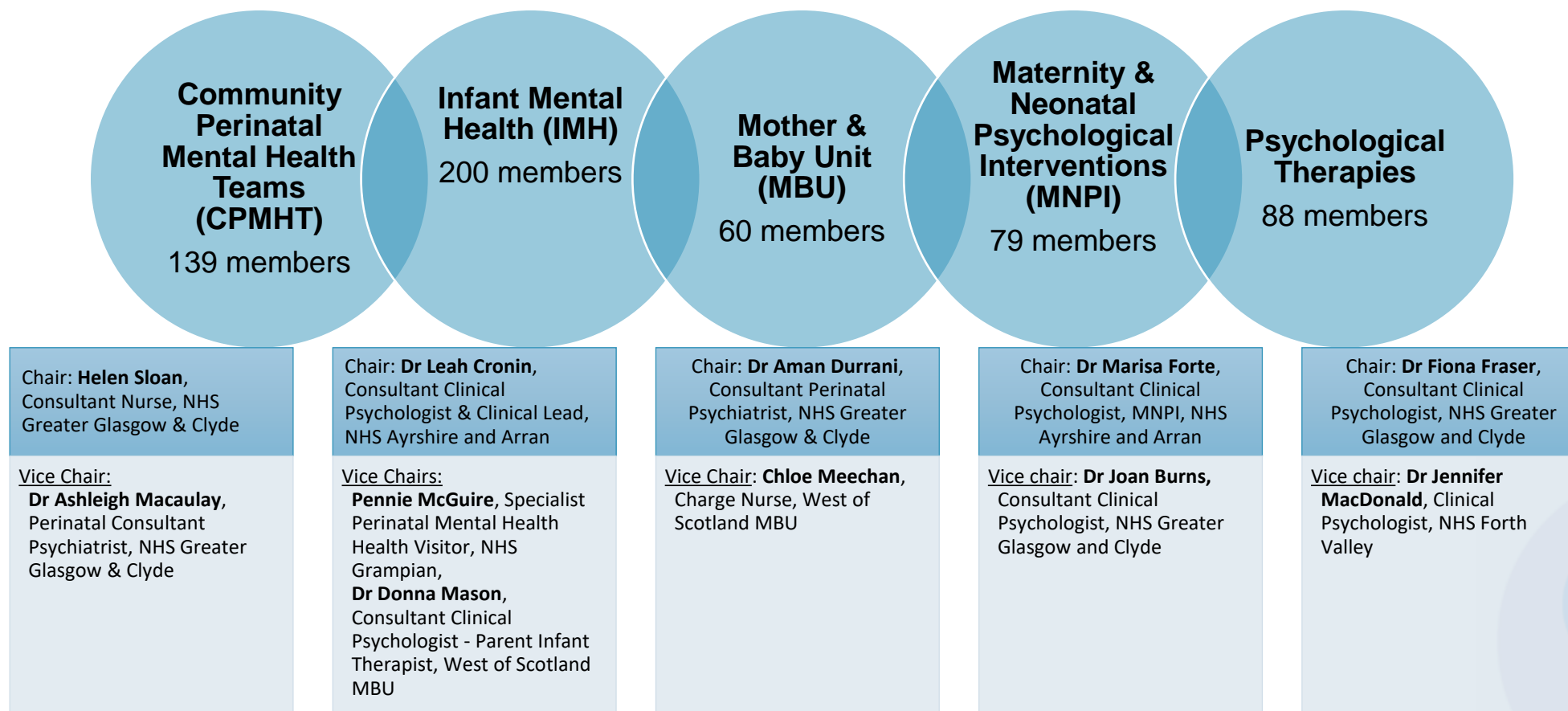


2.4K followers on X



3 newsletters shared

PMHNS has five 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. Each group meets quarterly on MS Teams.



Forums continue to evolve and use feedback from members to inform future agendas. Examples of the topics covered throughout 2024-25 are included below:

#### Infant Mental Health

NHS GGC: Allied Health Professionals in IMH Services  
Prof Charley Zeanah: Mental Health promotion of care experienced infants and infants experiencing maltreatment.  
NHS Highland: Newborn Behavioural Observations. The Promise  
NHS Borders and NHS Tayside: IMH Service Development  
Children Hearing Scotland

#### Community PMH Teams

Board Updates and Successes  
Perinatal Quality Network Conference  
Implications for CPMHT in new model of Neonatal Intensive Care Unit (NICU) provision  
PIMH Joint Strategic Board Project Specific Group Risk  
SIGN 169 Public Facing Toolkit  
SilverCloud  
Maternal Mental Health Awareness Week Reflections

#### Maternity and Neonatal Interventions

Lactation after Loss, the Milk Bank and Infant Feeding.  
Evaluation of Specialist PMH Midwife role  
Referrals, Birth Trauma and Tokophobia  
Positive Stories from Health Boards  
Newborn Behavioural Observations in MNPI  
Make Birth Better  
Interpersonal Psychotherapy in MNPI  
SIGN 169  
PowerApp

#### Mother and Baby Unit

Complex Case reviews (alternating units)  
Learning Review  
Access to MBU Audit  
SIGN 169 implications in MBU  
Unit updates  
MBU data report

#### Psychological Interventions

Compassion Focused Therapy (CFT) in the Perinatal period.  
Acceptance and Commitment Therapy  
Approach to Perinatal Mental Health  
Schema Focussed Therapy within the Perinatal period  
Differentiating between BPD and C-PTSD using the new ICD-11 Classification system

#### Combined CPMHT and MBU Forum

Meets once per year.  
ASPEN Study Findings – Attempted Suicide during the perinatal period  
Attend Anywhere Study Findings (NearMe)

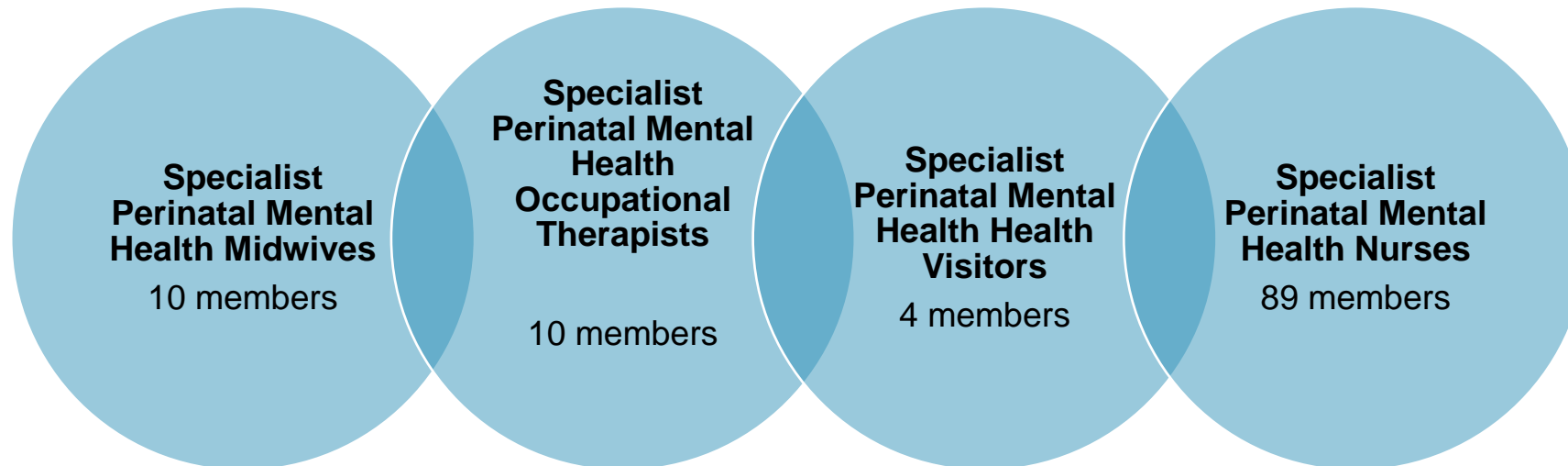


# Professional Groups

**Status: Complete for 2024-25**

PMHNS also supports professional groups to come together for peer support and learning opportunities. PMHNS 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.

In 2024-25, in addition to the groups below, there was an ask to set up a new Professionals Group for Nursery Nurses. The group are due to meet for the first time in 2025-26.





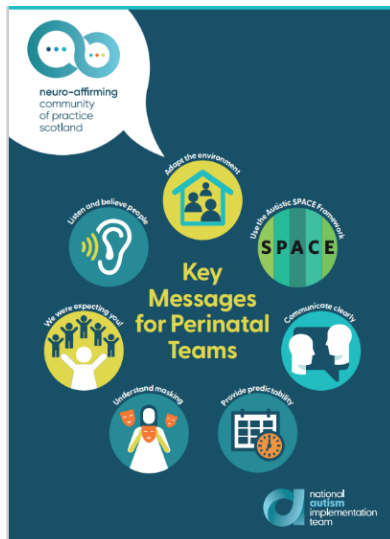
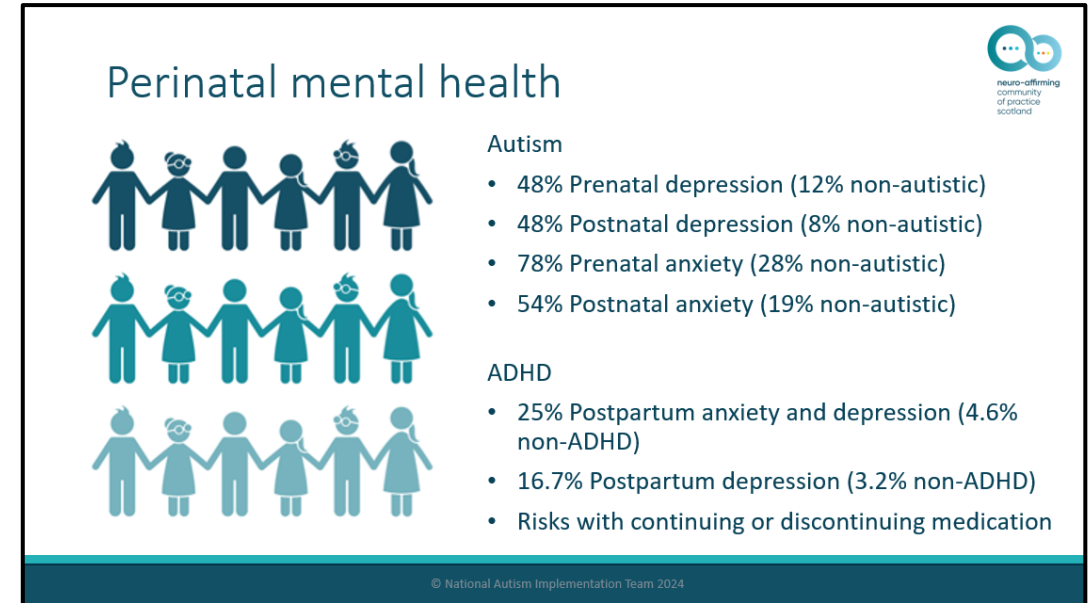
# Webinar: Autism and ADHD in the Perinatal Period

Status: Complete

In November 2024, PMHNS hosted a webinar on ADHD and Autism in the Perinatal Period. The webinar was attended by 215 colleagues across specialist perinatal mental health services and universal services.

## Presentations

- Dr Marion Rutherford, A Neuro-affirming Approach to Perinatal Mental Health
- Lizzy Archibald, Neurodivergence in the Perinatal Context
- Dr Gavin Philipson, Medication Management



The National Autism Implementation Team (NAIT) developed a key messages document ([click here](#)). The NAIT key messages were developed through review of evidence and consultation with the neurodivergent community including neurodivergent people, families of neurodivergent individuals, professionals from health, education and third sector.

The Key Messages have been particularly tailored to meet the needs of staff working in perinatal care and are designed to guide staff in understanding and planning to meet the needs of neurodivergent people.





# Women and Families Maternal Mental Health Pledge Update

Status: Complete

The Women and Families Maternal Mental Health Pledge was developed in 2019 by women with lived experience, Maternal Mental Health Change Agents and PMHNS. The purpose was to set out what to expect from NHS Scotland if you are pregnant and have mental health needs. The pledge was reviewed and updated based on feedback from focus groups in 2023-24. Feedback included suggestions for improvement on the use of language / terminology, accessibility, ease of access for further information, as well as use of images.

Following Ministerial sign off, the pledge and poster were launched as part of Mental Health Awareness Day in October 2024. The resources have also been translated into the most frequently used languages in Scotland (French, Gaelic, Polish, Urdu and Chinese) and are available on the [PMHNS website](https://www.pmhns.scot.nhs.uk/).

**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 inpatient mental health care. In addition, women with lived experience of perinatal 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 baby'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 the NHS Scotland Patient Charter of Patient Rights and Responsibilities at: <https://www.nhs.uk/patient-charter-of-patient-rights-and-responsibilities/>

Published March 2019 For current version please contact: [nas.pmhns@nhs.uk](mailto:nas.pmhns@nhs.uk)

**Scottish Government**  
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**Maternal Mental Health Change Agents**

**Perinatal Mental Health Network Scotland**

**Perinatal Mental Health Network Scotland**  
National Managed Clinical Network

**NHS National Services 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 if I have a pre-existing mental health problem.

My family are given information and support for themselves and to support me.

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

I am confident that the staff who care for me have the right knowledge and skills.

I will be able to access talking therapies quickly, if I need them.

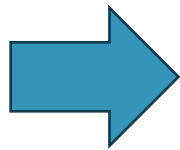
I am fully involved and at the centre of my care so I can make the best decisions for me, my pregnancy and my infant's future health.

I will be looked after by experts, no matter where I live in Scotland.

My baby will have good mental health support.

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.pmhns.scot.nhs.uk/pledge/](https://www.pmhns.scot.nhs.uk/pledge/)



**Perinatal Mental Health Network Scotland**  
National Managed Clinical Network

**NHS National Services 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 summarises patient's rights to: receive services appropriate to their need; be involved in decisions about their care; expect confidentiality and have the right to complain and the complaint dealt with effectively.

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 very different and good care benefits not only the mother, but also baby growing up, dads and 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 inpatient mental health care.

Women with lived experience of perinatal mental illness have identified the expectations below. They believe these will help improve care for mums, dads, 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 baby.
2. I'm confident that staff caring for me will have the appropriate knowledge and skills.
3. If I have mental health concerns, I'll get advice and support before becoming pregnant.
4. I'll get expert advice and trauma-informed care of my perinatal mental health when I need it, wherever I live in Scotland.
5. I'll have timely access to help and support during my pregnancy and postnatally.
6. I can talk openly about my mental health without worrying about being judged. Everything will be done to keep me and my baby together where possible. If I need to be admitted to hospital for mental health treatment, I have the right to be admitted with my baby.
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 the NHS Scotland Patient Charter of Patient Rights and Responsibilities at: <https://www.nhs.uk/patient-charter-of-patient-rights-and-responsibilities/>

Published October 2024 [nas.pmhns@nhs.uk](mailto:nas.pmhns@nhs.uk)

The term woman/women has been used as this is the way the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls and people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.

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**Parent & Infant Mental Health Scotland**

**Perinatal Mental Health Network Scotland**  
National Managed Clinical Network

**NHS National Services 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 baby.

I'm confident that staff caring for me will have the appropriate knowledge and skills.

If I have mental health concerns, I'll get advice and support before becoming pregnant.

I'll get expert advice and care of my perinatal mental health when I need it, wherever I live in Scotland.

I'll have timely access to help and support during my pregnancy and postnatally.

I can talk openly about my mental health without worrying about being judged. Everything will be done to keep me and my baby together where possible. If I need to be admitted to hospital for mental health treatment, I have the right to be admitted with my baby.

I'm supported to bond with my baby.

I'm confident my family are given the support they need to help me and get help for themselves if they need it.

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**

Published October 2024





# Workstream: Evaluation of Specialist Perinatal Mental Health Midwife Role

Status: Complete

## Project Aim

There have been significant changes in the provision of perinatal mental health services in recent years given the expansion following the recommendations set out in [Delivering Effective Services \(2019\)](#). This has included changes to the role of Specialist Perinatal Mental Health (PMH) Midwives. This evaluation was carried out to look at the development and impact of the role to date, highlight areas of good practice and inform ongoing service and role development.

## Key Activities

- Patient feedback from Care Opinion clearly demonstrates the profound impact this role has had on many women and families across Scotland.
- Specialist PMH Midwives have provided information which demonstrates the range of sessional time and training in each of the roles. There is also a breakdown of the core roles and supervisory arrangements based on those outlined in DES. Additional opportunities to develop the role are set out.
- Staff across MNPI and Maternity Services have provided feedback which demonstrates the value of the role and emphasises the importance of the invaluable range of skills. Many cited the link between specialist services and maternity services, along with emotionally informed birth planning, as key benefits. However, the list of roles and responsibilities adding value is extensive. Staff have also outlined areas working well as well as areas for development.
- The final report will be shared on the PMHNS website in early 2025-26.

“I am not sure I would have managed to stay well during the pregnancy without her. The skills she taught me are transferable and will last me a lifetime.”

Feedback from Care Opinion



# Workstream: Evaluation of Delivering Effective Services

Status: Complete

## Project Aim

Given the significant advancement to perinatal mental health service provision since the publication of Delivering Effective Services (DES), PMHNS conducted an evaluation of its implementation. This aims to measure the progress made since publication and help identify future clinical priorities and potential areas for further improvement.

## Key Activities

- Each DES recommendation was reviewed, and three questionnaires were developed for CPMHTs, MNPI, and MBUs to ask about progress against each of the recommendations. Additional data was gathered from other sources, included NHS Education for Scotland (NES) regarding workforce training.
- Twelve boards returned questionnaires across 27 services.
- The 28 recommendations set out within DES reach across many areas of service development and delivery. It is evident there has been a huge expansion of service provision, availability of specialist services, implementation of new specialist roles, and workforce education in recent years. Many areas of good practice have been shared as part of this evaluation. Given the time since publication of DES in 2019, services have continued to evolve and there were emerging themes in this evaluation around workforce capacity challenges, funding limitations and the ability to meet the demands of the patient population.
- The report captures key considerations which are intended to help inform local, regional and national conversations about future priorities for further development and improvement.
- The final report will be shared on the PMHNS website in early 2025-26.





# Workstream: Development of PMH Peer Support Worker Role – Lessons Learned

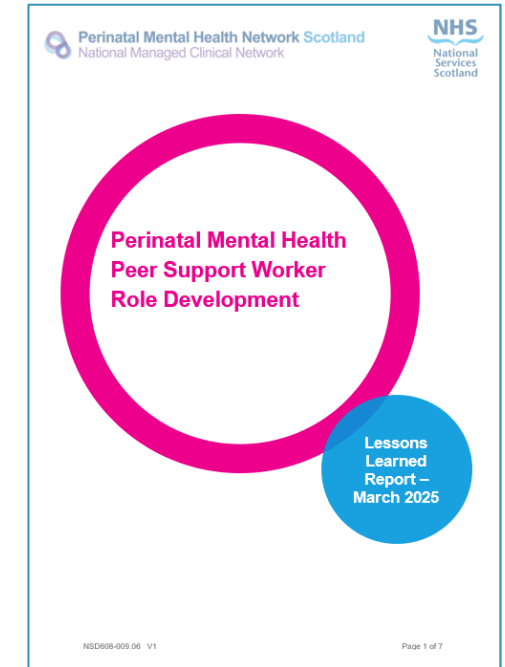
**Status: Complete**

## Project Aim

In 2023-24, PMHNS carried out an evaluation of the perinatal mental health (PMH) peer support worker (PSW) role in the Mother and Baby Units (MBU) to inform the ongoing development of the posts. It was agreed to revisit the evaluation in 2024-25. The 2024-25 evaluation was widened to also include the views and experiences of colleagues in community teams and in the third sector, using a lessons learned format with shared learning across all settings to inform the continued development of the PMH PSW posts.

## Key Activities

- PMHNS convened a small group with colleagues from both MBUs as well as a Community Perinatal Mental Health Team (CPMHT) to agree the key points to include. For example, key points were agreed to cover recruitment, induction and training, role development, roles and responsibilities, patient experience and funding.
- An existing local evaluation from the community team was also used to inform the lessons learned from Third Sector partners. Dad's Rock shared their experience of the development and successes of their peer support model and Aberlour contributed with their experiences.
- The report shared key learning points across specialist PMH services and the third sector and found the PSW role was to be valuable. This was enhanced by clarity of role, appropriate training and induction, clinical supervision from the beginning and secure funding to allow recruitment to permanent posts. The final report will be available on the PMHNS website in early 2025-26.





# Workstream: Perinatal Mental Health Dataset (PowerApp)

Status: In Progress

## Project Aim

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

## Key Activities

- The following teams began using the PowerApp in 2024-25: NHS Greater Glasgow & Clyde CPMHT, NHS Fife CPMHT and MNPI, NHS Highland (Argyll and Bute) CPMHT, NHS Dumfries and Galloway CPMHT/MNPI. NHS Borders CPMHT also had training and went live on 1 April 2025. The table on the following page shows the full list of Boards/services who now input to the PowerApp.
- NHS Tayside CPMHT and MNPI paused data entry in September 2024 due to local workforce capacity issues.
- Quarterly interactive data dashboards are produced on PowerBI with Board level data.
- Feedback from Boards was incorporated into subsequent dashboard reports: 1) added duration between referral and assessment, and duration between assessment and discharge (previously only referral to discharge), 2) added ethnicity 3) referrals on national dashboard also listed by health board of treatment (previously only board of residence), 4) automatically calculates mean and median scores for assessment type within the selected timescales.
- The first national data dashboard was published in summer 2024 and shared with Boards using the PowerApp. The intention of this dashboard is to provide a national perspective and to allow benchmarking. There are limitations at this stage as not all Boards are yet submitting data.
- The dataset will continually be improved to ensure data collection is focussed, useful and takes into consideration capacity challenges faced by clinical and administrative staff for data entry.



# Workstream: Perinatal Mental Health Dataset (PowerApp)

Status: In Progress

The table below shows the progress of the national roll out of the PowerApp.

Board	Team	Status	Active dates
NHS Ayrshire and Arran	CPMHT and MNPI	Active	Live from 21 August 2023
NHS Borders	CPMHT	Active	Live from 1 April 2025
NHS Dumfries and Galloway	CPMHT and MNPI	Active	Live from 1 Feb 2025
NHS Fife	CPMHT and MNPI	Active	Live from 1 May 2024
NHS Forth Valley	CPMHT and MNPI	Active	Live from 1 December 2023
NHS Grampian	CPMHT and MNPI	Active	Live from 9 January 2023
NHS Greater Glasgow and Clyde	West of Scotland MBU	Active	Live from 1 September 2022
	MNPI	Active	Live from 9 December 2022
	CPMHT	Active	Live from 1 April 2024
NHS Highland	North CPMHT and MNPI	Active	Live from 1 September 2023
	Argyll and Bute CPMHT / MNPI	Active	Live from 1 November 2024
NHS Lanarkshire	CPMHT and MNPI	Planning	Awaiting sign-off for Data Protection Impact Assessment from local information governance.
NHS Lothian	CPMHT	On hold	Lothian are adapting local Trak Care system to add perinatal mental health data. Exploring options for use of PowerApp locally.
	MNPI		
	MBU		
NHS Orkney		Not started	No response
NHS Shetland		Not started	No response
NHS Tayside	CPMHT and MNPI	Paused	Live from 1 November 2023. Paused in Sept 2024 due to vacancies and capacity.
NHS Western Isles		Not started	No response



# Workstream: Access to Mother and Baby Unit (MBU) Care Audit

Status: In Progress

## 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 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.

## Key Activities

- 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.
- Continued 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.
- Questionnaires returned, enabling early stages of data analysis and theming of barriers.
- Poster presentation to Faculty of Perinatal Psychiatry Conference in November.
- Received poster prize at the Royal College Psychiatrists in Scotland Winter Conference.



## Digital Poster Presentations 3rd Prize Award

This certificate is presented to


*Dr Nida Munawar*

for their poster

*"Barriers to Mother and Baby Unit (MBU) Access- An audit of non-MBU admissions to psychiatric inpatient care of women within one year of child's birth in Scotland"*

At the RCPsych in Scotland Winter Conference

on 31 January 2025 at the Radisson Blu Hotel, Glasgow

  
Dr Jane Morris, Chair  
Royal College of Psychiatrists in Scotland





# Workstream: Access to Mother and Baby Unit (MBU) Care Audit

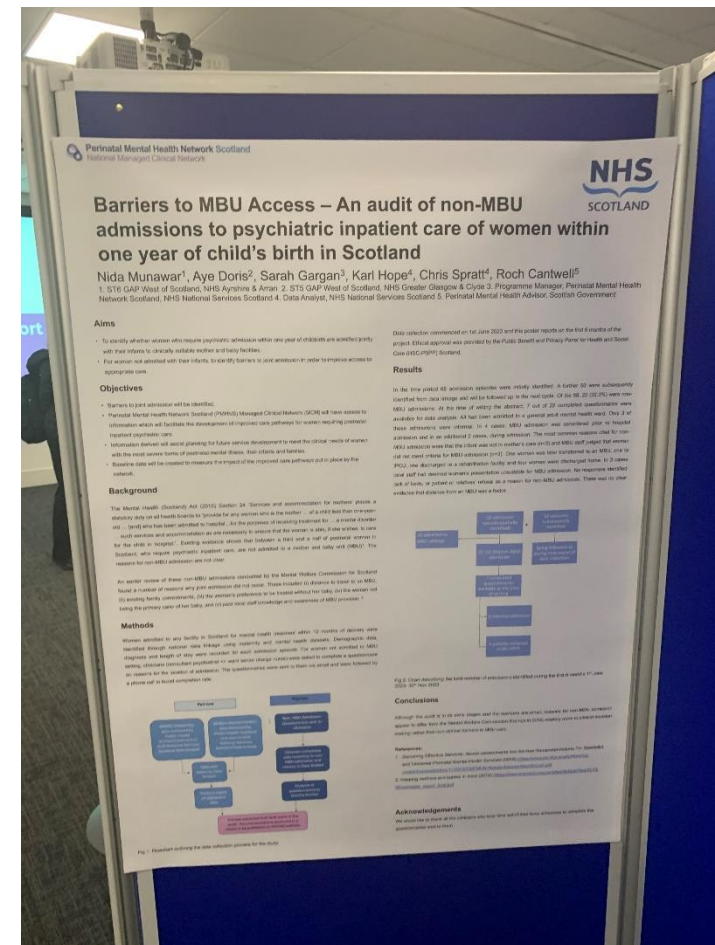
Status: In Progress

The initial findings are outlined below but it is important to note the data included is limited to small numbers. Data collection will continue to analyse emerging themes.

- 68 admissions: 22 (32%) were non-MBU admissions. 7/22 had completed questionnaires.
- All had been admitted to a general adult mental health ward.
- 3 of these admissions were informal. In 4 cases, MBU admission was considered prior to hospital admission and in an additional 2 cases, during admission.

The most common reasons cited for non-MBU admission were:

- 1) the infant was not in the mother's care (n=3)
- 2) MBU staff assessed that the woman did not meet criteria for MBU admission (n=3).





# Workstream: Interfaces with Primary Care, Maternity and General Adult Psychiatry

Status: In Progress

## Project Aim

- 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 1) general adult psychiatry, and 2) primary care and maternity services.
- The output of the short life working groups will be guidance and best practice on how services interface between specialist services and general adult psychiatry, primary care and maternity.
- A national approach aims to result in a reduction in variation, reduction in inappropriate referrals and clarity of roles of specialist services.

## Key Activities

- Held short life working groups (SLWGs) with key stakeholders to agree key principles for interfaces:
  - Four meetings of General Adult Psychiatry SLWG
  - Four meetings of Primary Care and Maternity SLWG
- This workstream has been carried forward to 2025-26 to finalise and publish the guidance.



## **Network Priorities for 2025/26**



Building on the progress achieved in 2024-25, PMHNS will focus on the following priorities for the first half of 2025-26, some of which will continue existing work streams.

Longer term planning will take place following the confirmation of network model to replace the existing Managed Clinical Network model.



Continue to develop local and national data dashboards for specialist PMH services (PowerApp)



MBU Audit: Continue to gather audit data to identify barriers to accessing MBU care within 12 months of childbirth.



Develop care pathways for specialist perinatal mental health services (CPMHT, MNPI and IMH) to support the new neonatal model of care.



Publish Infant Mental Health Service Development Guide in partnership with Scottish Government



Support the implementation of SIGN 169



Provide opportunities for education and peer support through forums, professional groups and webinar sessions.

Publish guidance on interfaces between specialist perinatal mental health services and 1) General Adult Psychiatry, and 2) Maternity and Primary Care



**For more information about the Network please visit:**

[Perinatal Mental Health Network Scotland – National Managed Clinical Network](#)

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### **Ownership Statement**

This document has been prepared by NHS National Services Scotland (NSS) on behalf of Perinatal Mental Health Network Scotland (PMHNS). Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. PMHNS is a collaboration of stakeholders involved in care of perinatal and infant mental health, who are supported by an NSS Programme Team to drive improvement across the care pathway.

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