



Summary of 04 November 2014 Maternal Mental Health Networking Day.

46 people attended the networking day, most of whom were specialist mental health midwives (SMHMs), midwives with mental health as part of a wider specialist remit, and health visitor champions. There were brief introductory talks from a specialist midwife, a GP clinical champion for mental health and a representative from the Institute of Health Visiting. For the rest of the meeting, all participants discussed the role and training needs of specialist mental health midwives and the creation of an e-network.

Current key issues for specialist maternal health midwives (SMHMs)

- Mental health midwives have a real passion to make a difference – do a lot in our own time
- This work takes a toll on practitioners – need reflective supervision from a psychologist
- Practitioners are often isolated & risk reinventing the wheel – need to support each other
- Great disparity in resources locally for perinatal mental health and in particular SMHM – varying caseloads; level of responsibility. There should be a standardised job description, training and protected time for the role (it should not be 'lumped in' with safeguarding).
- SMHMs need more strategic and administrative support – expected to do clinical work, do strategic and development work, and talk to commissioners – can be overwhelmed.
- Multi-agency work is key to delivering a good service (ideally supported by multi-agency training) – need to work towards a one stop shop approach. Different thresholds of need for access to different services means women are not always accepted when referred and 'the risk remains with the midwife'.
- Need greater sharing of records across all services – need standardised national process of antenatal referral with mental health prompts.
- All midwives need mandatory, standardised training to have the confidence to care well for women with perinatal mental health issues. SMHMs should focus clinically on (moderate to) severe illness.
- Need to collect data to evidence the impact of our work to persuade commissioners.

Ideas for an e-Network

There was great enthusiasm for an online network to bring practitioners together.

- Share good practice, resource, documents, guidance, expertise, training, e-learning, up to date medical / drug info, newsflash of new research, periodic live discussions, hot topics, how to obtain funding (data collection, statistics), Balint discussion groups.



- Network should be multi-agency - MWs, HVs, GPs, family nurses, psychiatrists, CMH teams, obstetricians, RCM, MMHA.
- Forum needs to be moderated by one member from each group > expert and experienced > sensitive subject matter.

The Role and Competencies of the specialist mental health midwife

- Agreed that the roles needs standardising across the country. They are currently too varied and roles are patchy across the UK.
- The roles need to be part of a wider MDT.
- Training on core issues should be the same across professional groups.
- Level 7/8 role
- Approachable, knowledgeable and engaging
- A genuine interest in the topic and a desire to support women with MH needs
- Confidence in her midwifery skills
- A good understanding of PMH and infant MH – may have sought additional training opportunities beyond basic training
- A good understanding of and is competent in the use of screening tools
- A sound understanding of therapies available
- Knows the boundaries of the role – where responsibilities start and end and when to refer
- Has up to date knowledge of local MH support and services
- Has a preventative approach and uses the antenatal period to help improve wellbeing
- Different potential models:
 - Caseloads
 - Strategic
- If strategic, role includes:
 - Development of care pathways, ensuring excellent coordination of multi agencies involved in an individual's care during the antenatal period.
 - Champions PMH across the Trust, at commissioning meetings, among other allied health and social care professionals
 - A reduced caseload – (?maybe one clinic a week for high risk cases)
 - Trains and supports/supervises other midwives in PMH issues/updates
 - Audit
- Has monthly external supervision with a MH expert

Training

All Midwives should have mandatory pre-registration training on PMH and receive annual MANDATORY updates on PMH within their Trust. Content should be standardised across the UK. ALL health professionals in contact with women in the perinatal period should also have this core knowledge.

Specialist mental health midwives:

Greater understanding of mental health disorders, diagnosis, and treatments

- Infant mental health and attachment
- Psychotropic medications in pregnancy and breastfeeding
- Crisis management
- Use of assessment tools for use in the perinatal period and their meaning, Current NICE guidance on antenatal and postnatal management
- Who key professionals are within the MDT
- Self care options available for use for women with mild symptoms.



Specialist midwives in a strategic/advanced role:

- Additional training in:
 - o Pharmacotherapy in perinatal period
 - o Severe and enduring perinatal mental illnesses
 - o Crisis management
 - o Advanced negotiating skills; auditing; training others
 - o Care pathway development
- Has an MSc or equivalent training in PMH
- May have additional skills in counselling, CBT, or similar.