Report on a survey of Heads of Midwifery on Specialist Maternal Mental Health Midwives

The Royal College of Midwives

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The role of the specialist maternal mental health midwife is key in delivering a continuous pathway of care for women who experience mental illness during pregnancy and post birth. As a precursor to increasing the number of midwives with this role within UK maternity services, the RCM and its partners in the MMHA undertook a survey of Heads of Midwifery to assess the current level of provision and the practice undertaken by midwives in this role.

These results are by no means definitive but they provide us with a basis from which we can guage progress in increasing the provision of this role, developing the role and providing learning resources for midwives.

Cathy Warwick
CEO
Royal College of Midwives

Summary and key findings

In June/July 2014, the Royal College of Midwives (RCM) invited 168 Heads of Midwifery in England, Scotland, Wales and Northern Ireland to complete a short online descriptive survey about specialist mental health midwives and other maternity provision for women with perinatal mental health issues. Responses were received from 77 Trusts/Boards.

Provision of specialist midwifery

When asked whether there was there a specialist midwifery post for mental health in their Trust/Health Board:

- **18 (23%) said they had one or more specialist mental health midwives**
- **22 (29%) said they included mental health in a wider specialist midwifery role or caseloading team for vulnerable women**
- **37 (48%) said they did not have any specific midwifery post.**

Time allocated to specialist midwifery

- **When asked about the time allocated to this specialist midwifery or wider specialist posts, and what other issues were covered by wider specialist posts:**
- **In most of the Trusts/Boards which had a specialist mental health midwife role, the time allocated to it was one or less whole time equivalent.**
- **In the majority of Trusts/ Boards where mental health was part of a wider specialist role, the time allocated to the role was one or less whole time equivalent.**
- **Responsibility for mental health was usually combined with multiple other responsibilities in these wider posts, most commonly drugs/alcohol, learning disabilities, safeguarding and young parents.**

The role of specialist mental health midwives

When asked what the specialist mental health midwife role involved in their Trust/Health Board, and what qualifications or experience were required for this post or posts:

- **Almost all the specialist mental health midwife roles included these aspects: the midwife co-ordinated support for pregnant women with mental health problems, discussed needs and options with individuals and planned their care, made referrals to other services, acted as point of contact for other services, supported colleagues with expert knowledge, trained colleagues, and acted as a local champion for perinatal mental health.**
- **The qualifications required for the role of specialist mental health midwife were very varied, ranging from no qualifications or experience to postgraduate training in mental health.**

1. Background

Specialist Mental Health Midwives – What they do and why they matter (Maternal Mental Health Alliance, NSPCC, Royal College of Midwives, 2014) set out the key role that specialist mental health midwives have in providing high quality maternity care and facilitating an effective multi-agency response for women affected by perinatal mental illness. *Prevention in Mind* (Hogg, 2013) reported that NSPCC Freedom of Information requests to maternity services in England found that 27% of the 123 trusts which responded had a specialist mental health midwife, and a further 22% included mental health within the remit of another specialised midwife. In the Government's response to *Prevention in Mind*, Health Minister Dr Dan Poulter gave a commitment that there will be "enough trained mental health midwives for the whole country" by 2017 (Department of Health, 2013a). This builds on the commitment in the Government's mandate to the NHS in England to deliver a service that values mental and physical health equally (Department of Health, 2013b).

The work of the Maternal Mental Health Alliance's campaign *Everyone's Business* for 2014-16 will include developing standards for training specialist mental health midwives, and standards for training non-specialist midwives to deliver more effective care to women affected by perinatal mental health issues. It will also include the creation of an online network for specialist mental health midwives, non-specialist midwives with an interest in mental health, and health visitors and GPs working in maternal mental health, to share information, ideas and resources.

2. About this survey

2.1 Purpose of the survey

To support the *Everybody's Business* work streams described above, the Royal College of Midwives (RCM) undertook a survey of Heads of Midwifery to investigate in more detail midwifery provision across the UK for women experiencing perinatal mental illness, and to gather contact details for midwives who may be interested in joining an online network.

2.2 Conduct of the survey

In June/July 2014, the RCM invited Heads of Midwifery to complete a short online survey about specialist mental health midwives. The survey asked whether the post existed in their trust and if so what the role comprised, how much time was allocated to it, and what training or qualifications were required; if there was no specialist, whether maternity care for women with mental health issues was included in the responsibilities of a wider specialist role and what those wider responsibilities were; if there was no specific midwifery role, how the maternity service responded to the needs of pregnant women and new mothers who had a pre-existing mental illness or developed a mental illness; and whether the service used care pathways to guide the care of women who have or develop perinatal mental illness.

The invitation was sent to Heads of Midwifery in 168 Trusts and Health Boards across England, Scotland, Northern Ireland and Wales, using email addresses held by the RCM. A reminder email was sent to those who did not initially respond.

3. Results of the survey

3.1 Responses

80 responses were received from 77 Trusts/Boards (a response rate of 46%). 91 Trusts/Boards did not respond. Of the 77 Trusts/Boards which responded:

- **18 (23%) said they had one or more specialist mental health midwives**
- **22 (29%) said they included mental health in a wider specialist midwifery role or caseloading team for vulnerable women**
- **37 (48%) said they did not have any specific midwifery post.**

The respondents were primarily Heads of Midwifery (60%), with some specialist mental health midwives (11%) and other maternity staff such as midwifery managers (29%). It was notable that where there was more than one respondent from a single Trust/Board, their answers did not necessarily match.

Likewise some respondents gave answers that were internally contradictory (for example, ticking a box to say that mental health was not part of the remit of a wider specialist post, but describing in free text how a wider specialist post did in fact include mental health), or which contradicted the answers given to the NSPCC Freedom of Information requests. This suggests that there is some confusion in maternity services about the definition and scope of these roles.

3.2 Definitions

For the purposes of this report, we describe a maternity service as having a specialist mental health midwife or including mental health in the remit of a wider role if either (a) the respondent ticked the relevant box or (b) the free text answers showed that this was the case. For consistency, we have defined "services where mental health was part of a broader specialist remit" as including those who allocate women with mental health needs to the care of a specific team of midwives who provide caseload care for vulnerable families.

3.3 Trusts/Boards where there was a specialist mental health midwife

18 Trusts/Boards had one or more specialist mental health midwives.

3.3.1 Number of specialist mental health midwives

Number of specialist mental health midwives in the Trust/Board	Number of Trusts/Boards
1	13
2	2
3	1
Didn't answer	2

3.3.2 Whole time equivalent (WTE) of specialist mental health midwifery posts

Whole time equivalent	Number of Trusts/Boards
Less than 0.5 WTE	1
0.5 WTE	2
Between 0.5 and I WTE	2
1 WTE	8
2 WTE	1
Didn't answer	3

The Trust with three specialist mental health midwives employed them as two WTE, and both Trusts with two specialist mental health midwives employed them as one WTE.

3.3.3 Training or experience for specialist mental health midwifery posts

Respondents were asked for the qualifications or experience required for the post. The answers suggested that there was considerable variation from no qualifications/experience, through personal interest, to postgraduate training in mental health and a parallel psychotherapy qualification.

Qualifications/experience	Number of Trusts/Boards
Postgraduate training/course in mental health	7
MSc	3
Psychotherapy qualification	1
Interest/experience in mental health field	4
No extra qualifications / experience	1
Didn't answer	2

Some respondents added recommendations about what qualifications should be required for the specialist mental health midwifery post:

"Ideally educated to MSc level."

"Should have a counselling qualification and relevant mental health knowledge and experience"

"The role requires a high level of expertise in mental health illness but more specifically expertise in personality traits and disorders and child development, specifically attachment processes. This could be achieved by the following: 1.Education should include at least to the standard of a mental health nurse. 2. Experience should be to the level of a mental health nurse who has experienced working in a perinatal mental health team and mother and baby unite and acute adult mental health ward (this could be achieved during the training process of mental health nursing education). I strongly advise a postgraduate education in a psychotherapeutic discipline. Dialectical Behavioural Therapy and/or Cognitive Behavioural Therapy expertise (it may also be achieved during the above mentioned training)."

3.3.4 What does the specialist mental health midwife role involve?

17 out of the 18 respondents answered a question about the nature of the specialist mental health midwife role. There was a high degree of consistency in the answers.

Role	Number of Trusts/Boards
Co-ordinates support for pregnant women with mental health problems	16
Discusses needs & options with individuals	17
Plans care	16
Refers to other services	17
Acts as point of contact for other services	16
Supports colleagues with expert knowledge	17
Trains colleagues	17
Acts as local champion for perinatal mental health	16

Some respondents added additional aspects of the role:

"Support, advice and action with the multi-disciplinary teams in the community setting or hospital setting during acute events. Debrief where necessary. "

"Midwife runs clinics for women with low mood, minor anxiety and depression, also midwife clinics in peripheral areas to provide a localised service."

"Works as part of a team of midwives supporting vulnerable women with complex social needs. This team includes specialist midwives for alcohol and substance misuse, safeguarding, domestic abuse and learning difficulties."

"Caseloads women with complex mental health issues."

"In conjunction - the specialist midwife also runs her own clinic but also is part of the wider remit as maternity has a Service Level Agreement in place for the Mental Health Trust to provide a consultant led perinatal clinic on each of the 3 maternity sites."

"Works in close partnership with the Lead Obstetric Consultant and the Perinatal Community Psychiatric Nurse."

3.4 Trusts/Boards where mental health was part of a broader specialist remit

22 Trusts/Boards said they included mental health in a wider specialist midwifery role or caseloading team for vulnerable women.

3.4.1 Whole Time Equivalent (WTE) of wider specialist role

Whole time equivalent	Number of Trusts/Boards
0.6 WTE	3
1 WTE	6
Between 1 and 2 WTE	1
2 WTE	2
3 WTE	1
Over 3 WTE	3

3.4.2 Other issues covered by the wider specialist role

Issue	Number of Trusts/Boards
Drugs/alcohol	14
Learning disabilities	11
Young parents	10
Homeless families	7
Migrant families	6
Safeguarding	11

Some respondents added comments about other issues that were covered by this wider specialist role: weight management/obesity in pregnancy, domestic abuse, adult safeguarding, stop smoking, low birth weight, infant feeding and nutrition, HIV/sexual health, vulnerable families, setting up care pathways and teaching midwives.

3.5 Services where there was no specialist midwifery provision for mental health

37 Trusts/Boards said they had neither a specialist mental health midwife, nor a wider specialist midwifery post for vulnerable women that included mental health. These Trusts/Boards were asked what provision they made for women who had or developed mental health problems during maternity care. The free text responses have been grouped by theme.

3.5.1 When a pregnant or postnatal woman discloses pre-existing mental illness, what action does your maternity service take?

Action	Number of Trusts/Boards
Refer to perinatal mental health team	5
Refer to general mental health services (eg GP, psychiatrist, community psychiatric nurse)	22
Refer to consultant obstetrician for maternity care	8
Share information / liaise with other services	3
Follow mental health care pathway	8
Didn't answer	4

Examples of free text answers:

"Follow the policy regarding mental health, dependant of the level of care needed. That could be GP referral, or specialist referral, or communication with professional already involved in their care."

"Monitor and refer if appropriate to Obstetric Consultant who is also a Psychiatrist."

"A health and social assessment is performed. This may lead to review by the public health team. Options are discussed with the individual regarding referrals to Talking Space or the Integrated Perinatal Health Service (IPPS)."

"Risk will be categorised as high and she will be referred to an obstetric clinic from where onward referrals to psychiatry/clinical psychology will be made. We do not have a perinatal mental health team locally."

"Support and advice initially from local Mental Health team and GP. One of the CPNs has special interest in perinatal mental Health and access to Psychiatrist & Psychologist locally. Referral centre for additional advice/ support and for inpatient care should it be required."

3.5.2 When a woman develops mental illness during pregnancy or postnatally, what action does your maternity service take?

Action	Number of Trusts/Boards
Refer to perinatal mental health team	5
Refer to general mental health services (eg GP, psychiatrist, community psychiatric nurse)	21
Refer to consultant obstetrician for maternity care	6
Share information / liaise with other services	3
Follow mental health care pathway	8
Didn't answer	5

Examples of free text answers:

"Refer to clinical psychology/psychiatry as appropriate, notify community midwife/GP/HV."

"Routine support by midwife with option for referral to mental health team that run clinics within obstetrics."

"The Perinatal Mental Health Service assists in the care of the woman where significant concerns are raised. Where there is a low level of concern women are supported by their midwife, health visitor and when required GP."

"Whooley questions asked at booking and opportunistic times. The service works closely with a specialist perinatal mental health team and midwives can refer directly to the single point of access at any time. The perinatal mental health team also work within the antenatal clinic for some sessions."

3.6 Mental illness care pathways

All Trusts/Boards were asked about whether they had care pathways for women who have or develop mental illness during pregnancy or postnatally. 67 Trusts/Boards answered this question.

Type of care pathway	Number of Trusts/Boards
For pregnant women with pre-existing mental illness?	66
For postnatal women with pre-existing mental illness?	54
For women who develop mental illness during pregnancy?	65
For women who develop mental illness postnatally?	53

4. Discussion

This was a descriptive survey, intended to add detail about midwifery support for women with mental health illness to the emerging national picture mapped in earlier reports (Hogg, 2013; Maternal Mental Health Alliance, NSPCC, Royal College of Midwives, 2014). The response rate of 46% (77/168) was much lower than the 84% achieved by the NSPCC's Freedom of Information requests (Hogg, 2013), so it is important not to generalise from these results. The prevalence of different types of midwifery support reported were, however, broadly in line with the NSPCC results – 23% said they had one or more specialist mental health midwives (NSPCC 27%), and 29% said they included mental health in a wider specialist midwifery role or caseloading team for vulnerable women (NSPCC 22%). The contradictory nature of some responses suggests that there is nonetheless some confusion in maternity services about the definition and scope of these roles.

This survey highlighted the limited resources given to the specialist midwifery support of women with mental health issues. In most of the Trusts/Boards which had a specialist mental health midwife role, the time allocated to it was one or less whole time equivalent (WTE). Most midwives in this role were the only specialist mental health midwife in their Trust/Board. Where mental health was part of a role with a wider remit supporting vulnerable women, in the majority of Trusts/ Boards the time allocated to the role was still one or less WTE. Responsibility for mental health was usually combined with multiple other responsibilities in these wider posts, most commonly drugs/alcohol, learning disabilities, safeguarding and young parents. A few Trusts/Boards had a team of midwives providing care (sometimes caseload care) for vulnerable women, including women with mental illness.

The role of the specialist mental health midwife had some core components that were common to almost all Trusts/Boards where this role existed. The midwife co-ordinated support for pregnant women with mental health problems, discussed needs and options with individuals and planned their care, made referrals to other services, acted as point of contact for other services, supported colleagues with expert knowledge, trained colleagues, and acted as a local champion for perinatal mental health.

This was much less consistency in the qualifications and/or experience required for the post of specialist mental health midwife. In about half of Trusts/Boards the midwife had done postgraduate training in mental health or had a specific psychotherapy qualification, but in others she had developed her skills through experience. Some answers suggested that there was a relatively fluid approach whereby a midwife with an interest in mental health may seek out training opportunities and influence the eventual creation of a specialist post which recognises her skills and experience.

This survey also provides a snapshot of what happens in Trusts/Boards where there are currently no specialist midwifery role supporting pregnant and postnatal women with mental illness. Almost all Trusts/Boards had a care pathway for pregnant women who have or develop mental illness, and most had a care pathway for postnatal women who have or develop mental illness. However, the majority of Trusts/Boards would simply refer the pregnant or postnatal woman to general mental health services. A few had a local perinatal mental health team to which they could refer, and a few had a consultant obstetrician with a particular interest in mental health. The overall picture that emerges from this survey is of very inconsistent provision nationally of specialist midwifery support for pregnant women with mental illness. Where the post exists, it is often limited in time, geographically isolated, and with ad hoc qualification requirements. There are pockets of good practice from which other services could learn.

5. Recommendations

This survey illustrates the size of the gap between current practice and the Government's commitment that there will be enough trained maternal mental health midwives for the whole of England by 2017. If mental health is truly to be given equally value with physical health, then NHS funding must reflect this priority.

The Royal College of Midwives therefore recommends that:

- **Funding should be made available to enable every Trust/Board to employ at least one whole time equivalent dedicated specialist maternal mental health midwifery post.**
- **Every Trust/Board should have sufficient funding to enable them to provide specialist midwifery support for all women affected by perinatal mental illness.**
- **Funding for the maternity services should include funding for training the midwifery workforce on perinatal mental illness to the standards recommended by the by the Nursing and Midwifery Council and those developed jointly by the Maternal Mental Health Alliance.**

6. Next steps

The Royal College of Midwives will work with partner organisations to develop an online network for specialist maternal mental health midwives, non-specialist midwives with an interest in maternal mental health, and health visitors and GPs working in maternal mental health. The network will provide a platform for midwives and others to share information and good practice, ideas and resources, supporting service development and enabling midwives who are new in specialist posts (following the government commitment to expansion) to maximise their effectiveness in supporting women affected by perinatal mental health issues.

All specialist midwives identified in this survey will be invited to participate in a discussion day which will elicit their views on the form and content of the online network, and education and training for specialist mental health midwives.

The Royal College of Midwives will work with partner organisations to develop standards for training specialist mental health midwives and for training non-specialist midwives to deliver more effective care to women with perinatal mental illness.

7. References

Department of Health, 2013a. *Boost in specialist mental health midwives to combat post-natal depression: Government statement.*
https://www.gov.uk/government/news/boost-in-specialist-mental-health-midwives-to-combat-post-natal-depression-government-statement

Department of Health, 2013b. *The Mandate. A mandate from the Government to NHS England: April 2014 to March 2015.*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

Hogg S (2013) *Prevention in Mind.* NSPCC.
http://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health_wdf96656.pdf

Maternal Mental Health Alliance, NSPCC, Royal College of Midwives (2014) *Specialist Mental Health Midwives – What they do and why they matter*
http://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/mental-health-midwives-pdf_wdf99836.pdf

Appendix 1: Number of Trusts/Boards providing specialist midwives by region – survey responses

	Specialist mental health midwife	Wider specialist role/team	No specialist	No reply
East of England	3	2	5	7
East Midlands	1	1	0	6
London	5	4	0	12
North East	0	1	2	5
North West	2	4	3	13
South	1	1	3	4
South East	1	2	2	6
South West	0	3	3	12
West Midlands	1	1	4	9
Yorkshire & Humber	1	2	2	8
Wales	0	1	2	4
Scotland	2	1	6	5
N Ireland	0	0	4	1

Appendix 2: Number of Trusts/Boards providing specialist mental health midwives by region -data from NSPCC Freedom of Information requests and Heads of Midwifery survey combined

	Specialist mental health midwife	Wider specialist role/team	No specialist	No reply
East of England	5	2	10	0
East Midlands	2	1	3	2
London	8	8	3	2
North East	0	2	6	0
North West	7	7	6	0
South	2	2	4	1
South East	2	2	7	0
South West	0	8	7	3
West Midlands	2	1	8	4
Yorkshire & Humber	2	3	8	0
Wales	0	1	2	4
Scotland	2	1	6	5
N Ireland	0	0	4	1

This survey is part of a joint project by the Maternal Mental Health Alliance and The Royal College of Midwives on Specialist Maternal Mental Health Midwives.

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