

# Specialist Health Visitors in Perinatal & Infant Mental Health

## What they do and why they matter

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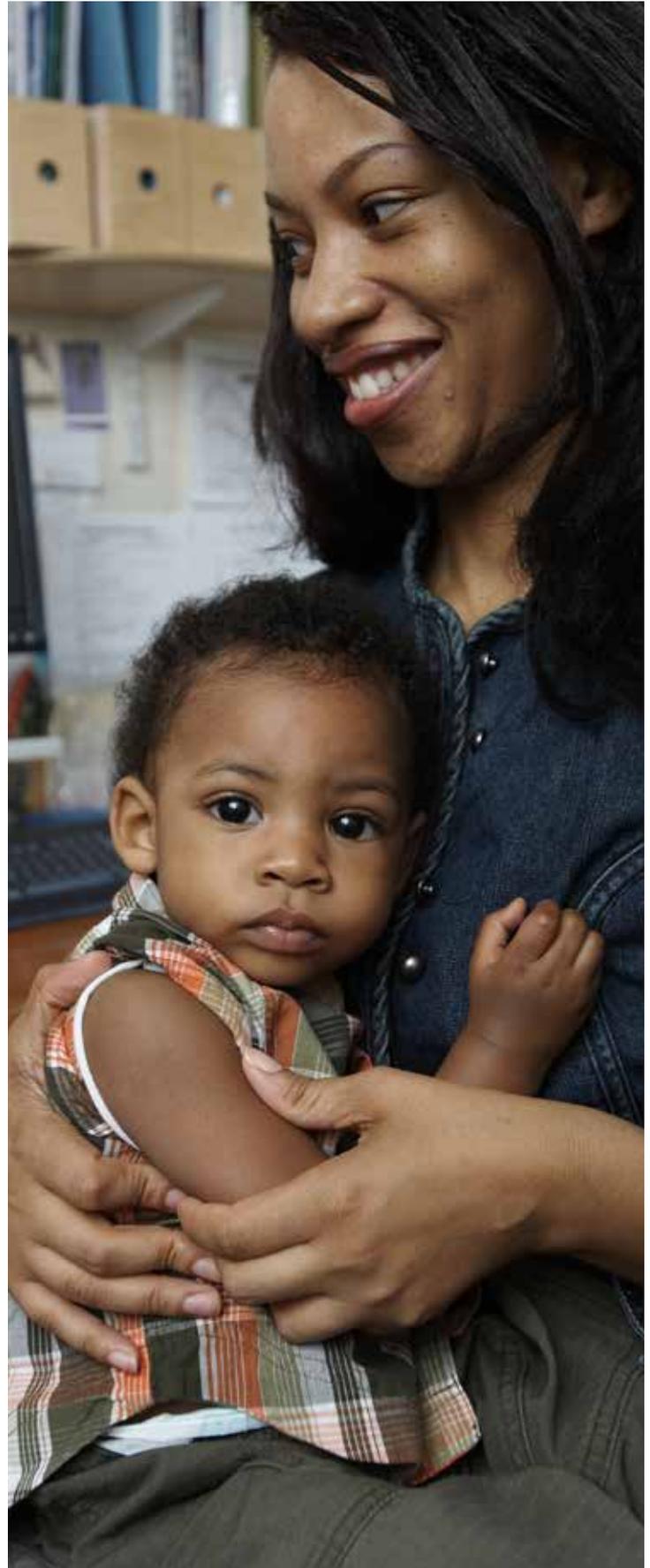
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# This document

Specialist Health Visitors in Perinatal & Infant Mental Health (PIMH) are health visitors with post qualifying training and experience that equips them to fulfil specialist clinical, consultative, training and strategic roles on behalf of health visiting services within the fields of Perinatal and Infant Mental Health. They have a crucial role within multi-disciplinary pathways delivering effective mental health care to mothers, fathers and their infants during the perinatal period and usually up to the baby's second birthday or beyond. They provide specialist training and consultation to the wider health visiting and early years workforce, where they are highly valued. With properly funded, protected time for this work Specialists have been successful in establishing and developing services and integrated working, thereby improving outcomes for families. However, in spite of the significant increase in the health visitor workforce in recent years there are still few Specialist Health Visitors (PIMH) posts in health visiting teams across England. The recommendation of this working group is that every health visiting service should include at least one Specialist Health Visitor (PIMH).

This document explains what Specialist Health Visitors (PIMH) do, how they support the vital work of the wider health visitor workforce and why such posts are needed within all health visiting services. It is intended as a resource for health visitor managers and commissioners of health visiting services, who have responsibility for developing services in line with NHS priorities to improve training and develop wider expertise in Perinatal & Infant Mental Health. Where Specialist PIMH Health Visitor posts do exist there are variations in their role, level of post registration training, experience and banding. This document makes recommendations and provides a sample job description. We hope that it will aid discussions about funding priorities and lead to significant improvements in local provision, so that services can more effectively meet the needs of women in the perinatal period and their families.



# Foreword

Perinatal mental health problems are now understood to have a significant public health impact. Without early identification and treatment such problems can also affect the mental health and development of infants and children. Indeed, recent policy documents: the NHS Five Year Forward View, Future in Mind and most recently the Maternity Review, have all called for improved mental health services, including during pregnancy and the first year of life.

Health visitors, through their 'universal' service, are best placed to identify those families requiring additional support, especially where the mother or father may be suffering from perinatal mental illness, or where the parent-infant bond is compromised. However, health visitors have many other roles to fulfill during this critical period of every child's life and would benefit from specialist support in this challenging arena.

Specialist Health Visitors in Perinatal and Infant Mental Health provide an expert resource, both through direct intervention with families needing specialist help and through training, offering consultation and specialist supervision to their colleagues. As well as the benefit to families, providing specialist expertise to the wider health

I am delighted to endorse this publication underpinning the essential next stage for improvements in the services health visitors can provide to families to promote their mental health. The Institute of Health Visiting has trained local health visitor champions to cascade their Perinatal and Infant Mental Health training to all health visitors and other relevant professionals. However, most iHV champions do this work alongside their generic clinical role. To drive and sustain real service improvements there is a need for at least one Perinatal and Infant Mental Health Specialist Health Visitor within each organisation employing health visitors, and more in larger organisations. This document provides the blue print for this development, having been produced with the advice of Specialist Health Visitors experienced in such roles as well as other perinatal and infant mental health specialists and clinicians. It will be of huge value to commissioners, driving real health improvement for infants, their families and indeed society.

**Dr Cheryl Adams**  
Executive Director  
Institute of Health Visiting

visitor workforce can help to improve the morale and retention of staff. This document not only offers a strategic framework for increasing the number of mental health specialists within the health visitor profession, but also provides the practical tools needed for their recruitment and information about relevant training.

Implementing the framework's recommendations will significantly increase the number of specialists, develop local leadership in infant and perinatal mental health and will also build capacity in the wider health visitor workforce. This will in turn strengthen prevention and the promotion of good mental health.

The framework is a very positive development that I hope will be embraced by every employer. My expectation is that longer term savings on child and adult mental health services and the wider public health benefits will more than outweigh any small investment in creating these specialists.

**Professor Lisa Bayliss-Pratt**  
Director of Nursing and  
Deputy Director of Education and Quality  
Health Education England

Although babies are not able to communicate their needs using words, they have a wonderful capacity to communicate them via a range of cues, to which they rely on the adults around them to understand and respond. We now know that having these cues understood and their needs met in a timely and appropriate manner, is one of the most important aspects of an infant's early life because of the impact of such sensitive caregiving on their ability for socioemotional regulation and their rapidly developing brain. Pregnancy and the first two years of life are very important if we want to equalize the life-chances of all children to enable them to realize their full potential. Specialist Health Visitors in perinatal and infant mental health are absolutely fundamental if we are to achieve these goals, and this document is as such one of the most important and timely publications since 1001 Critical Days.

**Jane Barlow**  
President  
Association for Infant Mental Health (UK)  
Professor of Public Health in the Early Years  
Warwick Medical School

# Introduction

More than 1 in 10 women will be affected by mental health problems during pregnancy or after the birth of their baby.<sup>1</sup> This means that each year in the UK more than 70,000 families will experience the impact of these illnesses. A wide range of mental health problems can occur at this crucial time in the lives of women and their families, including depression, anxiety disorders such as panic attacks and obsessive compulsive disorder, bipolar disorder, postpartum psychosis and post-traumatic stress disorder. Pregnancy and childbirth can also be a trigger for women experiencing or acknowledging wider psychological problems for the first time. This can also be a vulnerable time for fathers and partners, and they too undergo significant psychological adjustments in addition to having a central role in supporting mothers. Sometimes the term 'postnatal depression' is used to refer to all mental health problems experienced by women in the perinatal period, but this can be misleading as it is just one of a number of conditions that might affect new parents. Perinatal mental health problems are common and costly – a recent LSE report<sup>2</sup> estimated the long-term cost to society to be about £8 billion for each one-year cohort of births in the UK. Nearly 75% of the cost to services is thought to result from the adverse impacts to the child.

If perinatal mental health problems go untreated they can have a devastating impact on women and their families. In the case of serious mental illness this can be life threatening - this is one of the leading causes of maternal death in the UK.<sup>3</sup> Some conditions can affect babies in pregnancy, in part because stress hormones pass through the placenta and affect foetal development.<sup>4</sup> In addition antenatal bonding – a mother's ability to prepare psychologically for the arrival of her baby – can be impaired if she is unwell and preoccupied about her own mental health.

Mental health problems can influence the way a parent interacts with and cares for their baby, increasing the risk that the child will develop an insecure attachment to their primary caregiver, which can in turn affect later relationships. An impaired parent-infant relationship can contribute to the development of behavioural, social or learning difficulties in children and makes it more difficult for them to fulfil their potential and become resilient in the face of life's challenges. For example, maternal postnatal depression is associated with increased adverse, long lasting, cognitive and emotional changes in the child.<sup>5</sup> The development of a secure attachment in infancy and early childhood is closely linked to parents' own state of mind and emotional availability. Parents' emotional and psychological wellbeing affects their capacity to observe, reflect and respond sensitively to their baby's communications. 'Reflective function' is a crucial aspect of parenting which involves awareness of the infant and child's emotional as well as physical development.<sup>6</sup>



However, the introduction to a recent Lancet series on perinatal mental health emphasizes that 'adverse effects of perinatal disorders on children are not inevitable. Whether and to what extent children are affected depends on a range of mediating and moderating factors. The most important remediable factors include quality of parenting, social support and the length and severity of the parental disorder. Therefore effective identification and (where necessary) early intervention ... are critical'.<sup>7</sup> Specialist PIMH Health Visitors have a vital role to play in helping families to access appropriate early intervention. This is why the role is specifically designed to address not only the mental health needs of the mother and her infant, but also to consider family relationships and the mental health needs of fathers, partners and other children who might need support.

When women have access to specialist interventions at an early stage in the development of perinatal mental health difficulties they can make a good recovery and there need not be long term effects on their relationship with the baby and the child's later development. Trained and skilled professionals can prevent the onset, escalation and negative impact of perinatal mental health problems. This can happen through early identification and expert management of a woman's condition, including the provision of specialist therapeutic support to promote a positive relationship with the baby, where this is affected by mental health difficulties.

Women who are either at risk or are suffering from perinatal mental health problems require a range of different support, depending on their needs. This might range from community based therapeutic support for women with mild and moderate conditions, through to medication and in-patient care for those with more severe illnesses. In all cases, it is important that services recognise the important role that fathers and other family members play in supporting women. In addition, fathers' own needs in adjusting to the psychological demands of parenthood are important not to overlook. A review of pre-natal and postpartum depression in fathers found there to be a moderate positive correlation with maternal depression.<sup>8</sup> The couple's relationship undergoes significant changes and often deteriorates in the transition to parenthood. Specialist Health Visitors (PIMH) are particularly well placed to offer support to this relationship and early help can be key to improving the mental health of mothers and fathers and preventing relationship breakdown. Professionals need to provide services that mitigate the impact of illness on infants, and other children and family members.

To ensure that women and their families are given appropriate support at the earliest opportunity there must be clear multi-agency pathways of high quality, skilled and expert care in place in each local area. Health visitors, midwives and GPs within universal services are crucial elements of these care pathways. These professionals have regular contact with nearly all families during pregnancy and the postnatal period and have a critically important role in identifying mothers who are at risk of or are

suffering from mental health problems, and ensuring that these women get the support and care they need at the earliest opportunity. If we are to reduce the harm caused by perinatal mental health problems in England a significant change is needed in the way universal services are delivered, so that mental health really is given parity of esteem with physical health. More health professionals need to become confident and competent in detecting, discussing and dealing with mental health problems in parents and the impact of these on children.

Specialist Health Visitors (PIMH) are important local leaders with a higher level of post registration specialist training. They are innovators in service development who can help to bring about these much needed changes in services, ensuring that women with perinatal mental health problems receive high quality care within health visiting services and beyond. Specialist Health Visitors (PIMH) provide direct support to parents and infants at a more specialist level than practitioners in universal services are usually trained and resourced to provide. They also act as advocates, linking women up with other specialist services and third sector agencies and working together with these services. They help to develop local care pathways and provide training, consultation and support for health visitors and other professionals working with mothers and young children. Their role is crucial in the delivery of effective perinatal mental health care.

The NHS Mandate<sup>9</sup> sets an objective to “work with partner organisations to ensure that the NHS... reduces the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support”. Creating Specialist Health Visitors in Perinatal & Infant Mental Health in every health visiting service will play a valuable part in delivering on this mandate. These professionals help to promote parity between physical and mental health in maternity and infant care by improving knowledge and skills in the wider health visiting workforce, developing pathways and supporting mothers, fathers and their families.

# The vital role of all health visitors in improving perinatal mental health and the early parent infant relationship

As part of the transition to local authority commissioning of health visitors the following six high impact areas for health visiting services were drawn up by a partnership between the Department of Health, Public Health England, Local Government Association, NHS England, Early Intervention Foundation and Health Education England<sup>10</sup>:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (to include physical activity)
- Managing minor illness and reducing accidents (reducing hospital attendance/admissions)
- Health, wellbeing and development of the child age 2 – integrated review and support to be 'ready for school'

These are the major priorities for all health visiting services. The political commitment to improving the experiences of infants during the 'first 1001 days from conception to age 2' was a key driver to increasing and transforming health visiting services.<sup>11</sup> A number of these priority areas are interlinked. For example the use of 'promotional guides' during antenatal contacts by health visitors helps them to identify potential mental health problems early on in the transition to parenthood and to offer additional visits where needed. There is also a relationship between mental health and breastfeeding, another priority for public health. Difficulties with breastfeeding can contribute to low mood in new mothers, who often experience feelings of failure or rejection when breastfeeding is hard to establish. A recent study of 10,000 mothers found that the risk of post partum depression was highest amongst mothers who had intended to breast feed but had not gone on to do.<sup>12</sup>

Together with their colleagues in maternity services, health visitors are in a central position to identify women who are at risk of, or are already suffering from, perinatal mental health problems, and to ensure that these women



and their families get the care they need at the earliest opportunity. The wider role of all health visitors in improving maternal mental health and promoting optimum infant development includes:

- **Promoting parents' sensitivity and responsiveness to their individual babies and young children** – Understanding how babies and young children communicate their feelings via their behaviours from the start of life helps parents to improve the quality of interactions with their children and deepen their understanding of social and emotional development. This in turn enhances children's emotional well-being and development as well as increasing overall parental satisfaction.
- **Raising awareness** – Through ante-natal contacts ensuring that pregnant women and their partners know how to maintain and enhance their psychological well-being, recognise the signs of emerging mental health difficulties, and what to do if these problems occur.

- **Tackling stigma** – Reducing the stigma and discrimination associated with poor mental health through being confident, open and knowledgeable in their routine care of the mental, as well as physical, health of women and their families.
- **Promoting emotional wellbeing** – Supporting and enabling women to maintain and enhance their own emotional wellbeing and reduce their vulnerability to mental health problems; for example, by creating an emotional wellbeing plan that fosters mental, physical and social activity.<sup>13</sup> Encouraging women to meet with other new mothers and to establish social networks can have wide-ranging benefits.
- **Building trust** – Through continuity of care with the same health visitor whenever possible, building strong trusting relationships and offering therapeutic interventions or ‘listening visits’ when needed. Within these supportive relationships women are far more likely to disclose when they are unwell, increasing the likelihood that a health visitor will be able to identify and address mental health problems at an early stage. They are also more likely to disclose relationship difficulties or domestic abuse, which can be an underlying cause of mental health problems.
- **Identifying risk and current wellbeing** – Discussing and documenting details of women’s past and current mental health, and being sensitive to any indicators that this may be deteriorating. Health visitors also acknowledge the considerable impact of worries about issues such as housing and finances on parental mental health. They use validated tools, such as the Whooley questions, Edinburgh Postnatal Depression Scale or Public Health Questionnaire (PHQ9) to strengthen their skilled clinical assessment. These are recommended in the new NICE Guideline on antenatal and postnatal mental health.
- **Securing appropriate care** – Sign-posting or referring women early on for additional care, practical support or advice, if this is required, and supporting women to access this when they have difficulties engaging with new services. When additional services are unavailable or there are long waits for treatment, health visitors provide support and emotional containment.
- **Assessing risks to the infant and young child** – Health visitors need to be sensitive and alert to the negative effects that poor parental mental health can have on infants and children, offering extra support where this is of concern and referring on for further assessment or intervention when needed.
- **Supporting partners, and the parental relationship** – Postnatal depression and other mental health difficulties can also affect fathers and other partners, though their problems are more often missed. Health visitors can keep the parental relationship in focus and help to foster emotional and practical support for mothers from their partners and other family members.
- **Acknowledging maternal anxiety about future child care arrangements for the new baby** – This is a focus of concern for all parents but often a particular source of concern for breast feeding mothers in an economic climate in which there is pressure on both parents to maintain household income and for mothers to return to paid employment.
- **A strong focus on partnership and multi-agency working** – Communicating well and working collaboratively with colleagues in general practice, midwifery, adult mental health, inpatient mother & baby units, social care, neonatal intensive care, paediatrics, children’s centres and other specialist services such as community perinatal mental health teams where they exist. In particular the midwife to health visitor hand-over and meetings with GPs provide an opportunity to share vital information with respect to enhancing maternal mental health and alerting others to problems that may need additional intervention.

# Challenges facing health visitors today

To provide high quality, holistic care for women and their families health visitors need clinical knowledge, skills, experience and confidence. Just as importantly, they need enough clinical time to use these qualities effectively. Early identification is crucial if problems are to be addressed promptly and the impact on the parent-infant relationship is to be minimised. Yet in many areas only one new birth visit is commissioned within the 'Universal Offer'. This is often insufficient to conduct an assessment of maternal mental health and the parent infant relationship in addition to a family health needs assessment, let alone time to respond to specific concerns raised by a new mother. It is easy to see how problems can remain hidden when so much is expected from just one visit. As well as the pressure on the health visitor it often takes time for women to feel comfortable enough to disclose difficulties.

All health visitors should receive pre and post-registration education in perinatal and infant mental health. This will enable them to identify, prevent and intervene early in the care of women with mental health problems. Alongside this knowledge, training must also equip health visitors with the skills and confidence to talk with women and their families about their mental health. Core registration training of health visitors is improving in this regard, as a

result of recommendations to higher education institutions (HEIs) to review and refresh education programmes and align health visiting education with the new service vision for health visiting. Nevertheless, developments in these key areas of the curriculum vary across HEIs. A large randomised control trial comparing routine health visitor care with a psychological intervention delivered by health visitors with additional training in treating postnatal depression found that the training was effective in reducing the proportion of at risk women with a 6 month EPDS score >12.

The Institute of Health Visiting's 'Train the Trainer' initiative has created local champions for both Perinatal and Infant Mental Health. These champions receive two-day specialist training and cascade their specialist knowledge to the wider health visitor workforce with the aim of updating their knowledge and skills and addressing gaps in health visitors' core training. The success of this initiative depends on clear management support; protected time has to be given to the champions, so that they can roll out the training and act as a resource to their colleagues, and keep their own knowledge updated. Health visitors also need protected time in which to attend the training.



There is also evidence that many health professionals are not confident in their ability to support women with mental health problems and their infants without additional training. This affects the quality of interventions and care that they provide. Clinicians can be reluctant to ask women about their mental health when they fear uncovering difficulties that they would not feel able to resolve and lack access to specialist services to refer their patients on to.<sup>14</sup> In a recent survey of over 2000 health professionals about perinatal mental health problems, respondents described a lack of confidence due to poor or insufficient training, undocumented histories in maternity notes, poor continuity of care, lack of support services and the reluctance of women to discuss their mental health issues.<sup>15</sup>

The way in which services are organised and resourced also influences how effectively health visitors are able to respond to women's mental health needs. Continuing challenges to workforce recruitment and retention, as well as the ever-increasing birth rate, make it hard for health visitors to find sufficient time to provide thorough and sensitive care. Building a trusting relationship is absolutely central to the emotional support and containment that women want and need from their health visitors, in addition to practical help and advice, but continuity of care by the same health visitor is often hard to achieve.

In a 2014 survey of health visitors (sample size 1059) conducted by the Institute of Health Visiting (iHV), 38% of respondents were not able to offer continuity of care except to families already identified as vulnerable or to those engaged with safeguarding procedures. In addition 35% of respondents said they could only 'develop helpful relationships' with 'vulnerable families'. If services are organised to enable women to see the same health visitor at all or most of their contacts, they are far more likely to disclose worries about their mental health or the developing relationships with their babies.

Health visitors manage large caseloads that include many families where highly complex difficulties are present. Reflective and restorative supervision needs to be available to help staff to process emotionally challenging clinical work. However, unlike safeguarding supervision, this is not universally provided within health visiting services. Supportive supervision from expert practitioners is a valuable part of continuing professional development. As well as improving the quality of care, good supervision increases work satisfaction, reduces stress levels in staff and promotes staff retention. The lower number of respondents

to the question about clinical supervision in the iHV survey suggests that many health visitors have no access to clinical supervision. Of those who did respond 49% said that it was not always possible to make time for scheduled clinical supervision sessions.

In the context of ongoing cuts in other public and third sector services more pressure is put on the health visiting workforce. Thresholds for referral of families into other services such as adult mental health, child & adolescent mental health and social care are becoming higher. This makes it harder to refer families to services with a higher level of specialist expertise where necessary. Recent cuts to local authority funded early years services also mean that it is harder to access wider support for families with additional needs. Difficulties with housing and benefits, affecting many families, contribute to mental health difficulties. The importance of partnership working is rightly emphasised but this is challenged when service organisation is in constant flux. For example liaison between health visitors, GPs & community midwives was easier to achieve when these services were co-located in GP practices.

It is important to recognise that in addition to health visitor support, women with more severe mental health problems will also need expert care from specialist community perinatal mental health teams and some will need admission to inpatient mother and baby units. The Maternal Mental Health Alliance has gathered evidence showing that there are substantial gaps in specialist perinatal mental health care across the UK.<sup>16</sup> We know that there are also significant gaps and variability in the provision of services offering interventions such as Video Interaction Guidance or parent-infant psychotherapy that specifically address difficulties in the infant-caregiver relationship. At present health visitors are often left with the challenge of managing highly complex cases which include moderate to severe mental health problems, without access to specialist perinatal mental health teams or other specialist services with a remit to treat impaired parent-infant relationships. More must be done to close these gaps. In the mean time good partnership working is crucial to support these vulnerable families and to share the responsibility of caring for them appropriately.

# The role of Specialist Health Visitors in perinatal & infant mental health

Specialist Health Visitors in perinatal & infant mental health are experts within their local services who can offer direct clinical interventions to a specialist caseload. They are also able to represent the service in discussions with commissioners and providers to ensure that women with mental health problems during pregnancy and the postnatal period receive an effective pathway of universal and specialist support and that appropriate care is also provided to fathers and partners. Complementing the vital work that specialist perinatal mental health teams can offer in identifying and treating maternal mental health problems, Specialist Health Visitors also offer targeted clinical interventions to address problems within the care-giving relationship between parents and infants. They support their health visitor colleagues, helping them to deliver the best possible personalised care to women affected by mental health problems and by other difficulties that can impact on the early relationship between parents and infants.

## Key aspects of the role

**Specialist clinical expertise:** The provision of evidence based assessment and treatment at an enhanced level to meet the needs of families requiring more specialist care (Universal Partnership Plus) in relation to parental mental health, parent infant relationships and infant and young child development. Many health visitors have been trained in the Solihull Approach, which draws on psychoanalytic, attachment and behavioural theories to inform their work with parents and infants. Building on this theoretical foundation, specific models of intervention provided by specialists may include Video Interaction Guidance (VIG), Watch Wait & Wonder (WWW), Mellow Parenting, Neonatal Behavioural Assessment Scale (NBAS) and the Newborn Behavioural Observation (NBO) and individual or group work provided by specialists for mothers with postnatal depression and anxiety. Supporting the development of early relationships by promoting sensitive and responsive care for each newborn baby requires skilled intervention, especially when this is in the context of mental health problems in the parent.

Specialist Health Visitors (PIMH) will hold a smaller but more complex caseload than colleagues providing Universal and Universal Plus services. This gives them the crucial protected time in which to deliver brief to medium term interventions to those families that need a higher level of care. They are able to provide ongoing care and relationship-based interventions in which the emotional containment of anxiety and distress is central

to the therapeutic process. This type of therapeutic care provides a 'parallel process' for mothers, modelling a way of being with another that promotes parents' sensitivity and responsiveness to their infants. The assessment of the parent infant relationship that Specialist Health Visitors carry out enables them to know when to refer a family for further specialist intervention specifically to address difficulties in the relationship with the baby. This might be to an infant mental health team or parent-infant psychotherapy service, though currently there are significant gaps in the provision of these services. When such a referral happens the Specialist Health Visitor continues to work closely with the services that provide support and treatment for the parent's own mental health difficulties.

Protected time for specialist clinical work also enables Specialist Health Visitors to participate more fully in multi-agency liaison and co-working. In addition to their own direct work with families, they assess and identify needs for more specialist care and refer on to specialist services. Their close working relationships with other services equips them to help women navigate the system so that they can access appropriate and timely specialist care. They also improve efficiency of other services by ensuring that referrals for further care are appropriate and well documented. By acting as a point of contact for social care, midwifery, obstetricians, GPs and mental health services, they help to coordinate care for women needing multi-agency care and improve awareness and information sharing amongst professionals. This does not replace, but rather supports, the role of all health visitors in caring for the mental health of the women and families they work with.

**Education, training, consultation and supervision:** The provision of training, consultation and supervision builds the confidence, knowledge and skills of all health visitors in perinatal and infant mental health. Specialists keep the wider health visitor workforce updated on issues such as new policy guidelines, outcomes of serious case reviews and research evidence through newsletters, conferences, face-to-face training and social media. This supports health visitors in meeting the mental health needs of women in pregnancy and postnatally, helping them to identify and address problems in the parent infant relationship and wider family relationships. A particularly successful way of building capacity in the wider workforce is through co-working. Using this model a Specialist Health Visitor (PIMH) will undertake an agreed number of visits to a family together with a health visitor colleague in order to contribute to the assessment of need and provide reflective supervision on the work. In this way the health visitor colleague gains deeper understanding and is supported to continue to work effectively with the family. They also have

a role in advising or providing content for pre-registration health visitor training with regard to perinatal and infant mental health. In future this could include implementing the new Institute of Health Visiting standards.

**Partnership working with maternity services, children's centres and other key agencies & professionals:**

Specialist Health Visitors help to build capacity in the early years workforce through consultation to children's centres, raising awareness and understanding of perinatal and infant mental health and supporting the work of colleagues in these agencies. The hand-over of care from midwifery to health visiting is always important; for women at risk of or suffering from mental health difficulties a detailed handover is a key aspect of partnership working so specialists work closely with midwifery services, including specialist mental health midwives (there has been a commitment to create these posts in every birthing unit by 2017). GPs may also identify mental health and relational difficulties at the 6 week postnatal check and involving a specialist health visitor at this stage complements the care that GPs provide.

**Strategic development:** Ensuring that local professionals know that perinatal mental health problems and their impact on families is everybody's business, fostering their contributions to effective pathways of care. Specialist Health Visitors help to develop integrated care pathways, Because of their interest and expertise they are likely to be iHV perinatal champions and iHV infant mental health champions in their locality, and if not, will be working closely with them. Specialists contribute to clinical networks and promote service development in line with policy guidance and local and national targets that relate to perinatal and infant mental health. They work to improve services and because of their role as advocates for families with perinatal mental health difficulties they are in a good position to highlight gaps in local provision. This helps commissioners and managers to understand what changes are needed, and why.

**Quality improvement:** Fostering and assuring quality in their service, Specialist Health Visitors ensure that policies, procedures and practice relating to maternal and infant mental health are of high quality and are in line with the latest national policies, evidence and best practice, raising the knowledge and skills of the wider health visiting workforce. They might, for example, review the curriculum for antenatal education to ensure that perinatal mental health is covered accurately and sensitively, or audit the health visiting component of local perinatal mental health pathways and NICE guideline adherence. They participate in research and evaluation, as well as auditing outcomes in order to develop and improve knowledge and services.

**Leadership:** Specialist Health Visitors (PIMH) are local leaders who encourage innovation and keep abreast of national developments and research relating to infant and perinatal mental health. They have usually undertaken or are undertaking further post registration training at Masters level, which increases their competence and confidence in service development, research and evaluation.

**Multi-agency integrated care:** Many agencies and professionals play a role in supporting women and their families affected by perinatal mental health problems. Specialist Health Visitors (PIMH) can bring people together to ensure that important information about these women and their families is shared effectively. This facilitates the delivery of consistent, high quality and well-coordinated care. They are knowledgeable about which evidence-based services are available for women in the local area, as well as the national guidelines and protocols for ensuring that women receive the right care, in the right order, at the right time.

Specialist Health Visitors (PIMH) play a crucial role in improving the quality of health visiting services and supporting the mental health care delivered by all health visitors, which is a core part of the professional role. They promote the development and implementation of integrated pathways of care for women with perinatal mental health problems and their families, working closely with colleagues in maternity and mental health services to ensure integrated care and delivering specialist interventions to address the parent infant relationship.

## Example of Career Development Framework for health visitors, showing CPD levels relating to Perinatal & Infant Mental Health



## Minimum standards and expectations

Although usually employed within health visiting teams Specialist Health Visitors may be attached to a CAMHS team and/or to a specialist Perinatal Mental Health team. It is crucial that whatever the management structure and location, specialists work as part of well co-ordinated multi-disciplinary group of professionals (often this will be a 'virtual team' with shared responsibility across services for women's mental health and obstetric care). They also work closely with Named Nurses for Safeguarding, who have responsibility for the protection of vulnerable infants and children.

To carry out their role effectively, Specialist HVs in PIMH must be supported at a senior level in the employing organisation to ensure that mental health problems are seen as 'core business' and supported by the service at all levels. They should have high quality in-depth training in perinatal mental health problems as well as in infant mental health, and should refresh this training regularly. In addition to line management supervision they must receive specialist clinical supervision from an appropriately trained and experienced clinician such as a Clinical Psychologist or Child and Adolescent Psychotherapist with expertise in

perinatal and infant mental health. They must also have access to consultation and/or supervision from colleagues in adult psychiatry, specialist perinatal psychiatry and mental health nursing.

At present, there is considerable variability in the remit of these posts, person specifications and levels of support available to post-holders. There should be minimum standards of training and experience required for health visitors to become specialists in perinatal and infant mental health. Training should ideally be at Masters or at least Postgraduate Diploma level. Regular (minimum once monthly) expert clinical supervision in addition to safeguarding supervision should always be provided. Appropriate trainings are listed at the end of the document. Some Specialist Health Visitors have achieved a high level of training through a portfolio of relevant shorter trainings rather than one longer Masters/PG Dip level

course, but it should be ensured that they have further opportunities for training so that they are working with a sound knowledge of maternal and infant mental health, and understanding of how to support families affected by perinatal mental health problems.

There is variability in job descriptions for Specialist Health Visitors across different employing trusts. We have therefore included a template (see appendix), which can be adapted by local employers. It does not include the core responsibilities and skills that apply to all health visitors and will need to be tailored to local circumstances, for example specifying key relationships to relevant local services included in Perinatal and Infant Mental Health pathways. These include specialist perinatal mental health teams, child and adult mental health teams, maternity services and social care as well as a range of third sector organisations.



# A Specialist Health Visitor in Perinatal & Infant Mental Health in every health visiting service

This document has set out the role and value of Specialist Health Visitors in PIMH, explaining how they can work with colleagues in maternity and adult mental health services to improve the care provided for women with perinatal mental health problems, and illustrating the value of these health visitors to parents and other professionals.

We believe that every woman should have access to a Specialist Health Visitor (PIMH) as part of the multi-disciplinary team supporting her, should she develop mental health problems in the perinatal period or be at risk of doing so. This will help to ensure that she, her baby, and the rest of her family get the best possible care. Access to a Specialist Health Visitor should also be available to parents and infants when difficulties in the infant-caregiver relationship require a higher level of expertise than that available within Universal and Universal Plus levels of service.

number of health visitors and in each area and the optimum case load for each specialist health visitor.

Perinatal mental illness is a serious public health issue and demands urgent attention. There is a wealth of evidence to show that intervening early is in the best interests of mothers and of their children. If health visitors without specialist training are left to support families affected by perinatal mental health problems on their own, it is less likely that families will receive the care and support they need and staff are placed under greater strain. Specialist Health Visitors (PIMH) support and empower their colleagues, reduce the demands on mainstream health visiting services, and help to ensure that women and their families receive the best possible care.

The UK has examples of some of the best perinatal mental health services in the world but these dedicated services

**Creating Specialist Health Visitor posts in perinatal & infant mental health within every health visiting service will take us one step closer to removing the current postcode lottery of care; delivering on the NHS mandate means ensuring that all new mothers receive expert specialist care for both physical and mental health and that their babies are safe, well nurtured and able to thrive.**

At present there is very limited provision of these specialist posts within health visiting services. Although a growing number of health visiting services now have Perinatal or Infant Mental Health Champions who have completed the Institute of Health Visiting training, only a small minority of health visiting services have created Specialist Health Visitor posts to employ those who have received further in depth training and are dedicated to caring for women with perinatal mental health difficulties and addressing difficulties in the parent-infant relationship. This is a missed opportunity to radically improve services by building on the enthusiasm and training of the champions model and to create a higher tier of expertise within the health visiting profession. As employing organisations for health visitors vary in size some are likely to need more than one specialist. Research is needed to establish the optimum

are still few and far between, as are services to address difficulties in the parent infant relationship. We know that many women and their infants receive poor quality services or nothing at all due to the gaps in provision. We want to see a better system in which all women who are at risk or who are suffering from perinatal mental health problems are identified at the earliest possible opportunity. They then need access to appropriate and timely expert care that prevents their illness from escalating, and minimises the suffering caused to them and their families. The provision of more Specialist Health Visitors in perinatal and infant mental health will help to achieve this vision. The NHS has made a commitment to achieve parity between physical and mental conditions. This is of particular importance in the perinatal period, given the serious negative impact of mental health problems on mothers, their infants, the family, and as a consequence, on wider society.

# Appendix A

## A Specialist Health Visitor in the Wirral who works four days a week summarises her work:

<b>Qualification</b>	Post Graduate Diploma in Infant Mental Health
<b>Other training received</b>	Wait Watch and Wonder, Solihull Approach, Baby PEEPS, Brazelton Neonatal Behavioural Assessment Scale and Newborn Behavioural Observation
<b>Member of</b>	Marcé Society, Association of Infant Mental Health, Institute of Health Visiting
<b>Supervision</b>	Monthly clinical supervision from a consultant clinical psychologist in addition to line management and safeguarding supervision.
<b>Liaison and partnership</b>	Work with Specialist Maternity Service, CAMHS and Perinatal Services 0-2. This ensures appropriate multi-professional care plans are in place.
<b>Delivery of training</b>	iHV Infant Mental Health, Solihull Approach and Perinatal Mental Health to health visitors, their student HVs, midwives and children centre practitioners.
<b>Clinical work and consultation to HVs, midwives, GPs, children centre staff and others</b>	Joint visits with HV colleagues to offer support with PIMH assessments and to give advice on appropriate referrals; short pieces of clinical work that include 0-5 year-olds; nursery observations.
<b>Group work focused on the mother, infant/child relationship</b>	Home Start postnatal discussion group; Solihull Approach parenting and Mellow Parenting groups.
<b>Strategic role</b>	Regional special interest group on the NHS England High Impact Areas for health visiting to develop local best practice pathways and targets and to identify gaps in services; team leader meetings to promote PIMH at service level; Development of a local infant mental health pathway; Quality, Innovation, Productivity & Prevention (QUIPP) group with commissioners to address gaps in services; Development of a pathway for 0-5s on the autistic spectrum.

## Another Specialist Health Visitor comments on her experience of moving into a Specialist Health Visitor (PIMH) post in Enfield

In recognition that more time was needed for this important role my work as a Specialist HV has doubled from two to four days a week. I no longer hold a generic case-load and I work as a specialist for the whole of my working week. On two of these days I am located within the new multi-disciplinary Enfield Parent Infant Partnership service. The difference has been remarkable and rewarding in that I can now focus on working directly with families who are experiencing perinatal difficulties, i.e. from the antenatal period up to the child's 2nd birthday. This means I can intervene early, develop my expertise and feel as though I am making a real difference to these families. I enjoy being able to offer consultations and supervision to other health visitors and support staff in addition to delivering PIMH related trainings. In this way I am able to facilitate the building of confidence and expertise, not only in the individual practitioner but also over time to the whole service. In my specialist role I now have the time to develop a more strategic role and lead on the development of a Perinatal and Infant Mental Health pathway locally and am looking into opportunities to conduct some research in this field within the borough.



# Appendix B: Suggested job description

## Sample job description for Specialist Health Visitor for Perinatal and Infant Mental Health

### Job summary

The Perinatal and Infant Mental Health Specialist Health Visitor is a significant strategic role within primary care services. The Specialist Health Visitor will be responsible for leading and developing Perinatal and Infant Mental Health services across the local health sector.

The Specialist Health Visitor will have a high level of relevant expert knowledge and skill and work in collaboration with other services such as CAMHS, adult mental health services, midwifery, GPs, IAPT, 3rd sector organisations and the local authority. The Specialist Health Visitor will ensure, jointly with other services, the development of multi-disciplinary pathways, policies and procedures to address the mental health needs of women in the perinatal period and their families. This will include auditing of services.

The Specialist Health Visitor will provide relevant consultation, training and support to the universal children's services in relation to Perinatal and Infant Mental Health. The emphasis will be on early intervention, prevention of mental health difficulties, and the promotion of positive relationships between parents and their infants.

The Specialist Health Visitor will adhere to local policies, data protection and health and safety as well as the relationship of the parental couple.

### Responsibilities

#### Clinical

The Specialist Health Visitor will:

- Work as a specialist practitioner to manage, develop and lead family based care in the perinatal period where the parents have or are at risk of developing mental health difficulties and where these are likely to impact on their infant's emotional development. This will supplement the care given by the universal health visiting service.
- Act as an advocate for parents and their infants with perinatal mental health difficulties to ensure they receive active and effective care. This will be done by liaison with adult mental health, perinatal services and other partner agencies.

- Undertake comprehensive assessments of families who are referred for additional support including assessing the needs of partners/fathers.
- Initiate and lead on Perinatal and Infant Mental Health projects.

#### Consultation, advice and training

The Specialist Health Visitor will:

- Provide professional leadership for the universal children's services in relation to Perinatal and Infant Mental Health.
- Act as a resource for health visiting and community services, including students and support staff.
- Provide evidence based consultation, support and training to colleagues to develop their skills in critical thinking, reflective practice and knowledge about Perinatal and Infant Mental Health and the importance of whole family engagement.
- Offer Perinatal and Infant Mental Health consultation, advice and training to practitioners from all partner agencies.
- Work collaboratively with partner agencies to ensure appropriate mental health risk assessments are developed and implemented in accordance with the latest national guidelines.
- Provide consultation, information and advice to referrers as to the appropriateness of a referral and/or signpost to other services.
- Give a professional opinion in safeguarding arenas where the Specialist Health Visitor for Perinatal and Infant Mental Health is a participant in the decision making process.
- Provide a visible, accessible and authoritative presence, acting as a professional role model by providing leadership and support within multidisciplinary and health visiting teams.

#### Professional

The Specialist Health Visitor will:

- Be aware of and practice professional accountability with due regard to the NMC Code of Professional Conduct.

- Maintain patient confidentiality at all times.
- Adhere to all local health policies, procedural guidelines, including NMC guidelines and current legislation.
- Participate in strategic and other identified meetings as directed and feedback information as appropriate to senior managers.
- Receive clinical supervision on a regular basis from clinician such as a clinical psychologist, perinatal psychiatrist or child & adolescent psychotherapist who has expertise in Perinatal and Infant Mental Health.

- Liaise with other services to improve perinatal service provision for these families and promote integration of services.
- Develop comprehensive care pathways for women and families affected by mild, moderate and severe maternal mental health problems in active collaboration with colleagues, specialist mental health services and other providers of mental health services (e.g. GPs, midwives, IAPT services, 3rd sector organisations).
- Participate in any professional and family meetings where appropriate (e.g., Team Around the Family meetings).

### Service Development/Quality Assurance

The Specialist Health Visitor will work with colleagues to:

- Ensure evidence based clinical assessments are made in a timely and appropriate manner when either or both parents are suffering from mental health difficulties, or are at risk of developing them. This includes assessing potential difficulties within the parent-infant relationship.
- Ensure all family members receive appropriate information about mental health illness in a sensitive way.
- Identify areas for research, audit and development relevant to Perinatal and Infant Mental Health. Initiate and participate in research and clinical audit programmes.
- Ensure that all local health policies and procedural guidelines relating to Perinatal and Infant Mental Health are evidence based, appropriate and that they are adhered to.
- Support and assure the implementation of guidelines by statutory and professional bodies as they relate to Perinatal and Infant Mental Health.
- Support and participate in the collection of information on the quality and effectiveness of the service in relation to Perinatal and Infant Mental Health locally.
- Provide specialist advice to strategic groups and guidance on the policies and practices that impact on Perinatal and Infant Mental Health.

### Partnership working and development of pathways

The Specialist Health Visitor will:

- Provide a link between health visitors, midwives, GPs, Adult and Child Mental Health Services and other agencies in relation to families where there are challenges to the parent infant relationship and where there are significant mental health issues.

### Knowledge and development

The Specialist Health Visitor will:

- Develop and maintain up-to-date research based professional knowledge about Perinatal and Infant Mental Health including appropriate interventions.
- Understand the impact of poor parental mental health on infants and other family members, and the role that the health visiting services can play in mitigating this.
- Develop and maintain a good working knowledge of mental health legislation, policy and guidance.
- Develop and maintain a working knowledge of the impact of common psychiatric medications on women and babies during pregnancy and breastfeeding, and seek additional information where required.
- Have good up to date knowledge of local services available to pregnant and post natal women in relation to their mental health needs.
- Maintain up to date knowledge of local safeguarding procedures.

### Additional Person Specifications

The Specialist Health Visitor will have:

- Specialist knowledge and experience in maternal and infant mental health, developed through training and practice
- Additional qualifications relevant to the post e.g. in mental health, infant mental health or counselling
- Evidence of delivering high quality teaching to staff groups
- Evidence of multi-agency working
- An excellent clinical record
- Proven leadership skills
- Evidence of the ability to influence and motivate others

# Training for Specialist Health Visitors

The following is not a comprehensive list but includes trainings suitable for health visitors interested in developing their understanding and expertise in Infant and Perinatal Mental Health. Many of those in specialist posts in Perinatal and Infant Mental Health have undertaken further training at Masters Level. Others have completed a portfolio of appropriate trainings.

- **Association for Infant Mental Health UK** runs regular clinical workshops and an annual conference and has launched an online introduction to infant mental health course in collaboration with Warwick Medical School (Infant Mental Health Online). The website [www.aimh.org.uk](http://www.aimh.org.uk) has a link to training, courses and conferences run throughout the UK.
- **Anna Freud Centre & Tavistock & Portman NHS Trust**, International Training School for Infancy and Early Years (ITSIEY) [www.annafreud.org/training-research/](http://www.annafreud.org/training-research/).
- **Tavistock and Portman NHS Trust** Post-Graduate Certificate/Diploma/MA in Work with Infants and the Early Years: A Psychoanalytic Approach (M9) [www.tavistockandportman.nhs.uk/training/courses/post-graduate-certificatediplomama-work-infants-and-early-years-psychoanalytic](http://www.tavistockandportman.nhs.uk/training/courses/post-graduate-certificatediplomama-work-infants-and-early-years-psychoanalytic). This course is also run at the associate centres in Bristol and Belfast. See Tavistock link above for contact details.
- **Warwick Medical School**, Perinatal and Infant Mental Health Masters Module [www.warwick.ac.uk/fac/med/study/cpd/module\\_index/md963/](http://www.warwick.ac.uk/fac/med/study/cpd/module_index/md963/).
- **Northern School of Child & Adolescent Psychotherapy**, Infant Mental Health and Early Intervention with under 3s and their parents, a series of ten seminars [www.nscap.org.uk/content/infant-mental-health-and-early-intervention](http://www.nscap.org.uk/content/infant-mental-health-and-early-intervention).
- **Institute of Health Visiting, iHV Champions Training in Infant Mental Health and in Perinatal Mental Health** delivers an **iHV elearning for Infant Mental Health**. Details from the iHV website [www.ihv.org.uk](http://www.ihv.org.uk).
- **North Bristol Trust** is an associate centre for the Tavistock Dip/MA course in Work with Infants and the Early Years. There is also an annual infancy conference and a 5-day course on Social and Emotional Development for professionals working with infants, young children and their parents/carers. Contact Paul Barrows, [paul.barrows@nbt.nhs.uk](mailto:paul.barrows@nbt.nhs.uk) or Jane Randall, Courses and Conference Administrator [jane.randall@nbt.nhs.uk](mailto:jane.randall@nbt.nhs.uk).
- **The Fatherhood Institute** is the lead organisation on father-inclusive practice in the UK and offers face-to-face and online training and resources. [www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)
- **Solihull Training**, [www.solihullapproachparenting.com](http://www.solihullapproachparenting.com)
- **Video Interaction Guidance** [www.videointeractionguidance.net](http://www.videointeractionguidance.net)
- **Watch Wait & Wonder** training is run by [www.oxpip.org.uk](http://www.oxpip.org.uk) and occasionally by other UK organisations.
- **Mellow Parenting**, [www.mellowparenting.org](http://www.mellowparenting.org)
- **Neonatal Behavioural Assessment Scale** and **Newborn Behavioural Observation training** [www.brazelton.co.uk/training.html](http://www.brazelton.co.uk/training.html)
- **Perinatal Mental Health Clinical Networks** exist to support the development and co-ordination of services. The London Perinatal Mental Health Network has developed a tiered programme of multi-disciplinary training in Perinatal Mental Health. For further information about training in the London region contact Jo Luckie, London Perinatal Mental Health Network Coordinator, [Jo.Luckie@nelft.nhs.uk](mailto:Jo.Luckie@nelft.nhs.uk).
- **National Child and Maternal Health Intelligence Network (ChiMat)** produces a monthly Perinatal and Infant Mental Health eBulletin which lists courses and conferences as well as updates on research, publications and policy [www.chimat.org.uk/default.aspx?QN=PIMH\\_EBULLETIN](http://www.chimat.org.uk/default.aspx?QN=PIMH_EBULLETIN)

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