

Call to ACT

The Maternal Mental Health Alliance's new campaign – **Everyone's Business** – aims to improve the lives of all women throughout the UK who experience perinatal mental health problems.

All women should receive the care they and their families need during pregnancy and the first year after birth, wherever and whenever they need it, as outlined in national guidelines.¹

To make sure this happens by 2020, **Everyone's Business** will focus on three priorities over the next three years.

www.everyonesbusiness.org.uk

Perinatal explained

The terms perinatal and maternal are often used interchangeably. To avoid any confusion, we use the term perinatal when describing the mental illnesses that this campaign focuses on. Peri is the Latin for 'around', and natal is the Latin for 'birth'. Perinatal mental illness refers to mental illness during pregnancy and one year after birth.

¹ The Royal College of Psychiatrists CR88 2000; The Women's Mental Health Strategy 2002; The Scottish Maternity Framework 2002; The Children and Young People's NSF Maternity Standard 11 2004; NICE Guidelines on Antenatal and Postnatal Mental Health Care 2007; The Confidential Enquiries into Maternal Deaths 2011; NICE Guidelines Caesarean Section 2011; The Royal College of Obstetricians and Gynaecologists' Guidelines on Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period (Good Practice No 14) 2011; The SIGN Guidelines 2012; Northern Ireland Perinatal Mental Health Care Pathway (2012) Belfast: Public Health Agency; Joint Commissioning Panel for Mental Health, Guidance for Commissioners of Perinatal Mental Health Services 2012; Northern Ireland Perinatal Mental Health Care Pathway (2012) Belfast: Public Health Agency, Guidance for Commissioners of Perinatal Mental Health Services 2012.

A **Accountability** for perinatal mental health care should be clearly set at a national level and complied with.

By 2016, accountability and action plans for UK perinatal mental health care must be formally clarified within national NHS mandates and included in the portfolio of a named minister in each of the UK's four nations.

By 2015, a national strategy that addresses the shortfall of beds in specialist inpatient mother and baby units must be established. This should lead to the halving of the shortfall by 2016 and a closure of this gap by 2020.

Perinatal mental health is not an identified ministerial responsibility at present, and is not supported by an overarching strategy.

Currently, there is an estimated shortfall of 60 specialist inpatient mother and baby unit beds (and accompanying staff) across the UK. In Wales and Northern Ireland, there is not a single one. National strategies are required to rectify this shortfall.

C **Community** specialist perinatal mental health teams meeting national quality standards should be available for women in every area of the UK.

By 2016, 25% more women and families in the UK must have access to community specialist perinatal mental health teams.² These teams must meet UK national quality standards.

By 2020, all women and their families in the UK must have access.

In almost half of the UK, women have no access to community specialist perinatal mental health service provision. Not all of the services that do exist meet national quality standards.

Many areas of the UK do not have local plans or strategies in place to ensure that NHS perinatal mental health services are available to local women and families, despite the development of comprehensive models that show these specialist services are necessary and possible.

T **Training** in perinatal mental health care should be delivered to all professionals involved in the care of women during pregnancy and the first year after birth.

By 2016, and in all of the UK's four nations, perinatal mental health training must be incorporated into the undergraduate and postgraduate syllabuses for all GPs, health visitors, midwives, (practice) nurses, obstetricians and mental health professionals.

By 2020, national training strategies must be established to ensure all relevant existing health and social care professionals who have contact with women during the perinatal period have access to dedicated high-quality training. This includes people who work in the community and voluntary sectors.

Scotland is the only UK nation that has a perinatal mental health training curriculum for people working in the health services. A similar curriculum across all UK nations would help to guide the development and coordination of the training that's needed. This includes the setting of training standards by professional bodies and the development of appropriate training packages.

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² In line with national guidelines, a specialist community perinatal mental health service should be multi-disciplinary and feature a consultant perinatal psychiatrist, specialist psychological treatment for the mother and for her relationship with her baby, as well as formal links with local GP, health visitor, midwife and IAPT or equivalent leads and relevant services in the community and voluntary sectors.