NHS Highland

Meeting:	Highland Health and Social Care Committee
Meeting date:	06 May 2026
Title:	Perinatal and Infant Mental Health Team
Responsible Executive / Non-Exec:	Arlene Johnstone – Chief Officer
Report Author:	Dr Doug Hutchison Consultant Clinical Psychologist / Clinical Lead for Perinatal and Infant Mental Health

Report Recommendation:

The Committee are requested to accept moderate assurance that the Perinatal and Infant Mental Health Team is now well embedded and aligned with national priorities, delivering demonstrable benefit for patients and staff, while recognising the need for further development—particularly the establishment of a specialist Infant Mental Health Service and consideration of how rising demand will be sustainably managed.

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

- Establishment and evaluation of a new service, in line with Government policy / directive

This report will align to the following NHSScotland quality ambition(s):
Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well	X	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well	X	Respond Well		Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report Summary

2.1 Situation

This paper outlines work that has taken place to establish a Perinatal and Infant Mental Health Team for Highland HSCP, in line with National guidelines but also taking into account the particular local context.

2.2 Background

In their *Mental Health Strategy 2017-2027*, the Scottish Government committed to fund the establishment of a Managed Clinical Network for Perinatal Mental Health (Action 16). One of the early outputs from the Perinatal Mental Health Scotland (PMHS) Network was the publication of *Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services* (2019). Among the recommendations of this report was that each health board in Scotland should have specialist perinatal mental health provision.

There are a number of reasons for this. Pregnancy and adaptation to parenthood, whilst exciting for many, can also presenting a unique set of challenges to mental health. One in five women will experience an identifiable mental health problem during the perinatal period (i.e. the period between conception and their infant's first birthday). This vulnerability is greater where there is a history of mental disorder, particularly during a previous perinatal period.

Timely intervention is particularly important in these circumstances, given that perinatal factors can have a marked effect on both the severity and course of symptoms of mental ill health. For that reason, the *Delivering Effective Services Report* recommended a significantly shorter referral-to-treatment waiting time target (six weeks) than would apply to non-specialist services (18 weeks).

There are also additional risks associated with perinatal mental health problems, not least of which is the risk of maternal suicide (which remains the leading cause of death for mothers between six weeks and one year postnatal). Maternal mental health problems can also have undesirable effects on mother-infant relationships, which can in turn be associated with measurably poorer emotional, social and behavioural outcomes for the infant throughout their lives.

Highland HSCP sees around 2000 births each year. Of these women, it would be expected that around 400 will experience an identifiable mental health problem during the perinatal period, that warrants at least some degree of intervention.

PMHN Scotland sets out recommendations for three related but separate services, to be delivered in each health board:

Community Perinatal Mental Health (CMPH)

These are multidisciplinary teams for perinatal women patients, who are experiencing an identifiable mental health problem of a severity and/or complexity beyond the scope of Primary Care interventions. This mental health problem may pre-date (and be unrelated to) pregnancy. For a postnatal woman, there would be an expectation that she was a primary caregiver to her infant. Women can access these services at any point between conception and one year postnatal, and preconception advice can also be given in certain circumstances.

Maternity and Neonatal Psychological Interventions (MNPI)

These services tend to be staffed by Midwifery and Psychology, and interventions are psychological and/or supportive in nature. These teams can hold mothers (and in some boards, fathers and other family members) as patients. There is no lower limit on 'severity', and it is not necessary that the patient meets the threshold for a diagnosable mental illness. Instead, these teams aim to help when there is distress originating in the maternity journey (e.g. traumatic birth, fear of birth) or that is limiting access to appropriate maternity care (e.g. needle phobia). Again, these services can be accessed at any point between conception and one year postnatal.

In some smaller boards, the function of MNPI is absorbed into (for example) Primary Care Mental Health Services.

Infant Mental Health (IMH)

These are specialist, multidisciplinary teams set up to meet the mental health needs of infant patients in their own right. Services can be accessed on behalf on infants until their third birthday, in circumstances where that infant demonstrates a mental health need beyond the scope of Universal Services. While interventions are always conducted via caregivers, these are primarily carried out with the benefit to the infant in mind.

In addition, the PMHNS proposes a set of five pathways to cover the mental needs of all perinatal patients. These pathways do not map directly onto the three different services above, and will often involve interactions between them.

1. Preconception advice for women with pre-existing severe or complex mental health problems

2. Psychological interventions for women with common or mild to moderate mental health problems

3. Specialist assessment and intervention for women with severe of complex mental health problems

4. Admission to a Mother and Baby Unit (MBU)

5. Specialist assessment and intervention for mother-infant relationship difficulties

2.3 Assessment

2.3.1 Structure of Perinatal and Infant Mental Health Team

For Highland HSCP, an attempt has been made to form a single multidisciplinary **Perinatal and Infant Mental Health Team**, which aims to cover the functions of the three services (CPMH, MNPI and IMH) outlined above.

The team consists of:

- WTE Band 8C Consultant Clinical Psychologist / Clinical Lead
- WTE Band 7 Perinatal Mental Health Advanced Nurse
- WTE Band 7 Specialist Midwife
- WTE Band 6 Perinatal Mental Health Nurse
- WTE Band 5 Psychological Interventions Assistant
- 0.6 WTE Band 3 Peer Support Worker
- WTE Band 3 Administration
- (0.8 WTE Band 7 Parent-Infant Therapist) – Currently seconded to Child and Adolescent Mental Health Service
- WTE Band 8B Clinical Psychologist) – Currently vacant

There is also protected time from a Consultant Psychiatrist (0.2 WTE) and Specialist Perinatal Clinical Pharmacist (0.2 WTE)

A formal service review was commissioned, and was completed in September 2025. One outcome of this review was that a decision should be made about a possible relocation of the IMH service to Child and Adolescent Mental Health Services, where it could be developed as a ring-fenced specialism within the existing CAMHS structure. This recognises that infant patients may not be best served in an ‘adult-centric’ service

(such as Adult Mental Health and Specialisms) with networks, administrative structure, and accommodation geared only towards adult patients.

In 2024, additional funding was awarded by Scottish Government to NHS Highland (along with NHS Tayside and NHS Grampian) to reflect the relative difficulty that North of Scotland patients will have accessing the MBU (a National resource, sited at St John's Hospital in Livingston). The award to NHS Highland was £80,000, of which £57,216 came to Highland HSCP, with £22,784 to Argyll & Bute. In Highland, this funding was used for:

- Recruitment of 0.6 WTE Band 3 Peer Support Worker (started July 2025)
- Ring-fencing of 0.2 WTE Band 6 Community Mental Health Team capacity for Perinatal patients, in three geographically outlying CMHTs (**Mid / Easter Ross**; **Wester Ross / Skye / Lochalsh**; **Caithness**)

In addition to the core team, the Perinatal and Infant Mental Health Team have also acted as a hosting site for

- Trainee Clinical Psychologists
- Psychological Intervention Assistant Trainees
- Nursing Students

2.3.2 Referrals to the Perinatal and Infant Mental Health Team

The team began to receive formal referrals from November 2022. As of 1 April 2026, 1121 referrals had been received.

Referrals can be made by any member of Health or Social Care staff, and can be sent directly via SCI Gateway, referral form to a generic email address, or via BadgerNet. Given that the team is small and with a very limited geographical reach, they are only able to respond to routine referrals, whilst directing urgent and emergency requests to the relevant local services.

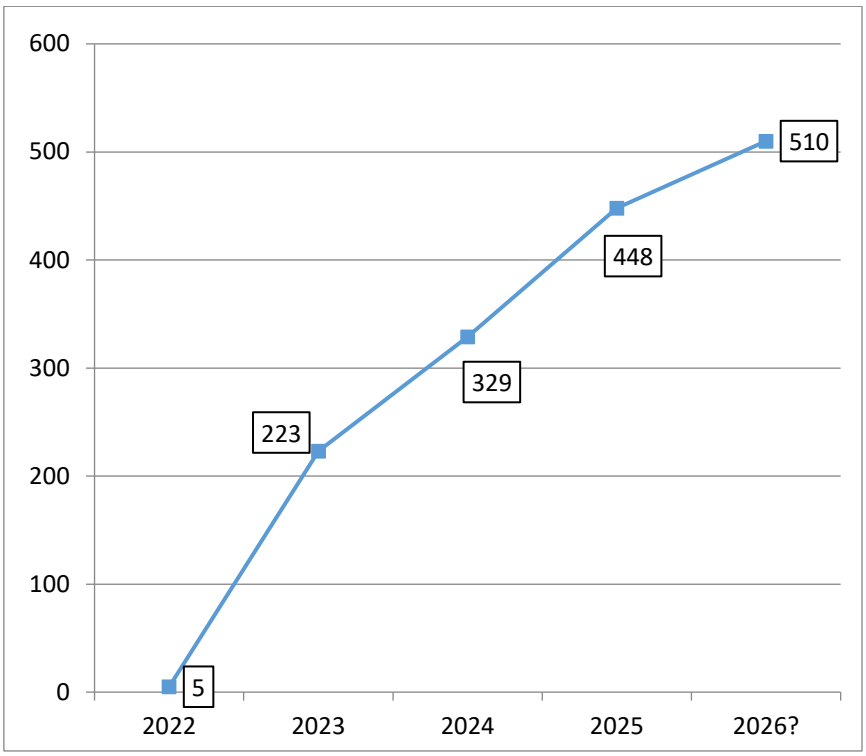

Figure 1. Annual referral rates to Perinatal and Infant Mental Health Team 2022 – 2025, with projection for 2026.

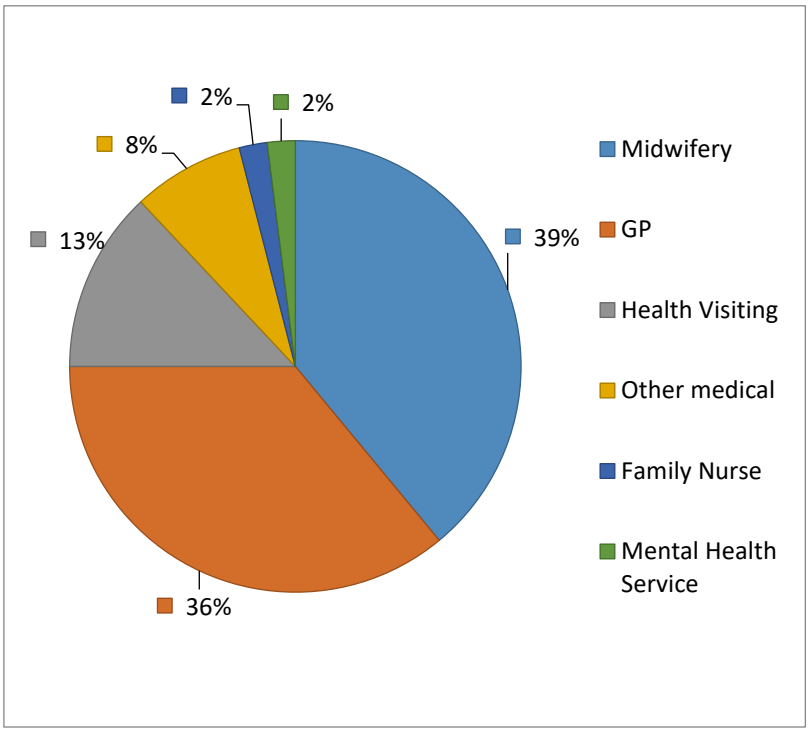

Figure 2. Proportion of referrals from various sources (from a sample of the most recent 100 referrals)

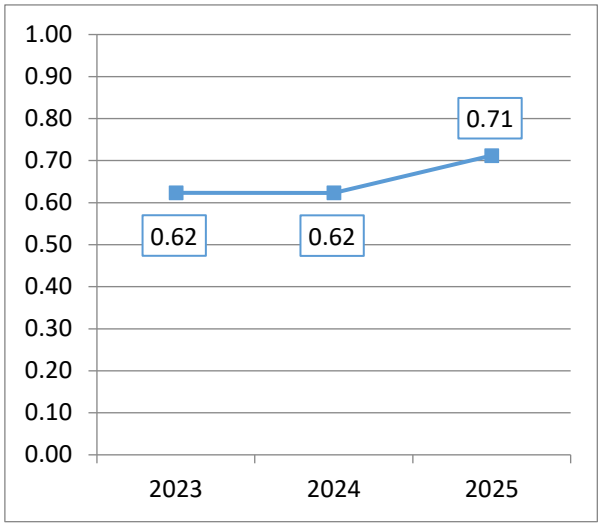

Figure 3. Acceptance rates for incoming referrals, per year (2023 – 2025)

In line with the Perinatal Quality Standards (Royal College of Psychiatry) the team aim to produce a written, electronic response to each referral within seven days of the date of referral.

The average wait time between referral and first appointment for most recent 100 first appointments is 17.4 days.

2.3.3 Interventions available via Perinatal and Infant Mental Health Team

The team aim to provide a range of interventions with respect to perinatal mental health. These include:

- Psychological therapy

  These include Cognitive Behaviour Therapy, Acceptance and Commitment Therapy, Eye Movement Desensitisation and Reprocessing, Interpersonal Therapy and Decider Skills. These interventions are selected in collaboration with patients, according to the best available evidence, and delivered by suitably trained and supervised staff.

- Prescription of appropriate medication

  Both Perinatal Mental Health Nurses in the team are qualified Nurse Prescribers, and are supported by both a Consultant Psychiatrist and Specialist Perinatal Clinical Pharmacist.

- Birth reflection and planning

  It is not uncommon for women to describe their birth experience as subjectively traumatic. For the majority of these women, no formal treatment is necessary, but an opportunity to collate the events of the birth, and to reflect on these with a Specialist Midwife, is helpful. In around 7% of cases, birth events will result in a mother meeting criteria for a diagnosis of Post-Traumatic Stress Disorder, and suitable intervention (usually a formal psychological therapy) can be offered.

- Peer Support

  The hosting of a Peer Support Worker allows the team to provide supplementary contact and support for women, all of whom are caseheld by qualified clinicians in the team. There is established evidence that peer support can confer valuable benefits on perinatal women, including a reduction in depressive symptoms, improved self-efficacy, self-esteem, and parenting confidence, reduced isolation, as well as providing a link to clinical services where needed (Peer Support in Perinatal Mental Health Action Plan 2020-2023). The Peer Support Worker can offer individual contact, but also runs a weekly group for patients on the team caseload.

- Perinatal Mental Health and Wellbeing Group (online)

  As a response to some of the challenges in holding a face to face group for perinatal women across the North Highland area, the team runs a weekly group via Near Me. This is a four session, transdiagnostic group, which aims to explore principles of Acceptance and Commitment Therapy in response to unwanted emotional experiences, difficult mental content, a sense of disconnection, and unhelpful behaviours.

- Crying and Your Baby webinars

  A joint project between Highland and Argyll & Bute HSCP, this series of webinars is a response to the increasing cost of prescribing specialist formula and proton pump inhibitors when parents report inconsolable crying in their babies. Webinars are open to parents and staff alike, to set helpful expectations about crying and to explore ways to respond.

2.3.4 Communication with other staff groups

The team has created opportunity for formal consultation with members of Health, Social Care and Third Sector staff who wish to discuss mental health concerns with respect to patients in their care. There are regular slots available for Perinatal Advice Meetings / Profession Reflection (PAMPR) sessions, which are easily bookable by interested staff, most frequently midwives, but also Health Visiting, Nursing, Medical and Third Sector staff. To date, over 300 sessions have been attended.

Representatives from the Team attend the Neonatal Unit Psychosocial Meeting on a weekly basis, for early identification of any emerging mental health or social care needs amongst families in the Unit.

The team have been able to conduct training sessions to other staff groups, including Obstetrics, Anaesthetics and Midwifery colleagues at Raigmore Hospital. These have covered topics which include minimising risk of birth trauma; neurodivergence, and needle phobia. The team have also devised a Needle Phobia Pathway, in collaboration with Anaesthetics colleagues. They have also contributed to new Obstetric Theatre Guidelines, and Obstetric Policy for Instrumental Delivery.

The team also fulfils an important function in provision of emotional support for other staff working with perinatal women and their families. They have been able to provide reflective debriefing sessions following adverse incidents, as well as offering informal support to individual staff members, and signposting them to additional help where necessary.

Information about the Perinatal and Infant Mental Health Team has been made available via the Treatment and Medicines Portal, and via a quarterly Newsletter.

The team made the transition to an electronic patient record (Morse) on 1 April 2026, and are currently phasing out existing paper files.

2.3.5. Partnership with Third Sector

The Perinatal and Infant Mental Health Team enjoy productive links with a number of Third Sector Organisations across Highland, including:

- Homestart East Highland and Homestart Caithness
- PEEP
- Held in our Hearts

- CrossReach
- DadPad
- Fathers Network Scotland
- DadsRock

2.4 Proposed level of assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	x
Limited		None	

This report demonstrates that the Perinatal and Infant Mental Health Team is now robustly embedded. With respect to Community Perinatal Mental Health and Maternity and Neonatal Psychological Interventions, these functions have now built good momentum, and there is clear evidence of their effectiveness, and of their value to patients and other staff. Their structure and activity reflects national priorities, as outlined in *Delivering Effective Services* report. There are though some areas for further development. These include the establishment of a specialist Infant Mental Health Service, which has a locally defined specification that takes into account the needs of all relevant stakeholders. Secondly, given the year-on-year increase in demand for mental health interventions, consideration will need to be given to how these demands are accommodated within the team (i.e. whether further investment or development of a stepped care model will be needed in the future).

3 Impact analysis

3.1 Quality / patient care

3.1.1 Outcome data

Data have been gathered which convey some of the positive impact of this team's work. While patients present with a wide range of difficulties, some attempt has been made to capture the effectiveness of interventions in general. In order to do this, the team has used a standardised measure to capture symptoms of distress (common to

most, if not all, mental health problems) – the Clinical Outcomes in Routine Evaluation 10 Item scale (CORE-10). Furthermore a further single-item rating has been used to gauge the patient's subjective impression about whether or not their mental health has improved, and by how much, irrespective of what the specific problem was. The Patient Global Impression – Improvement (PGI-I) scale was used for this purpose. CORE-10 and PGI-I scores are shown in figures 4 and 5 respectively.

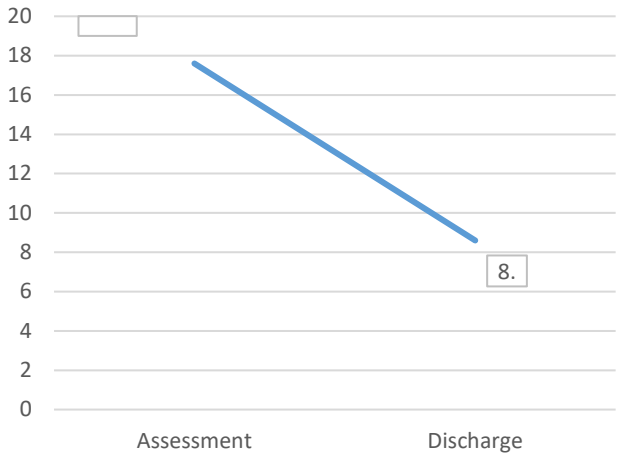

Figure 4. Average CORE-10 Scores at assessment and discharge (all patients)

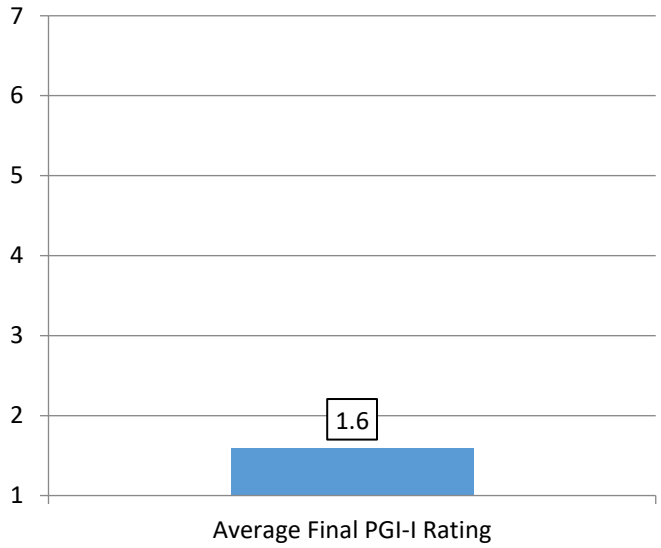

Figure 5. Average final PGI-I rating (all patients). The scale range is between 1 (very much improved) to 7 (very much worse)

3.1.2 Patient Feedback

The Perinatal and Infant Mental Health Team give all patients (who have attended at least one appointment) the opportunity to complete an electronic patient feedback survey. A sample of outcomes is given here by way of summary.

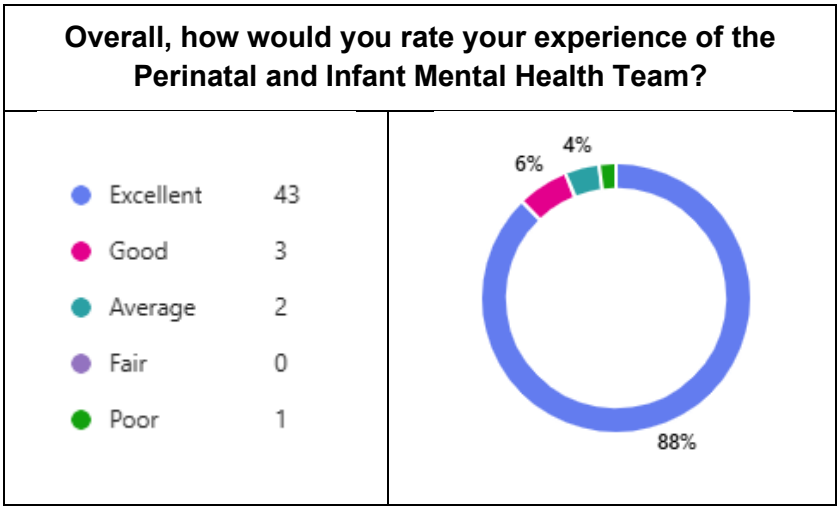

Figure 6. Patient feedback regarding overall experience of Perinatal and Infant Mental Health Team.

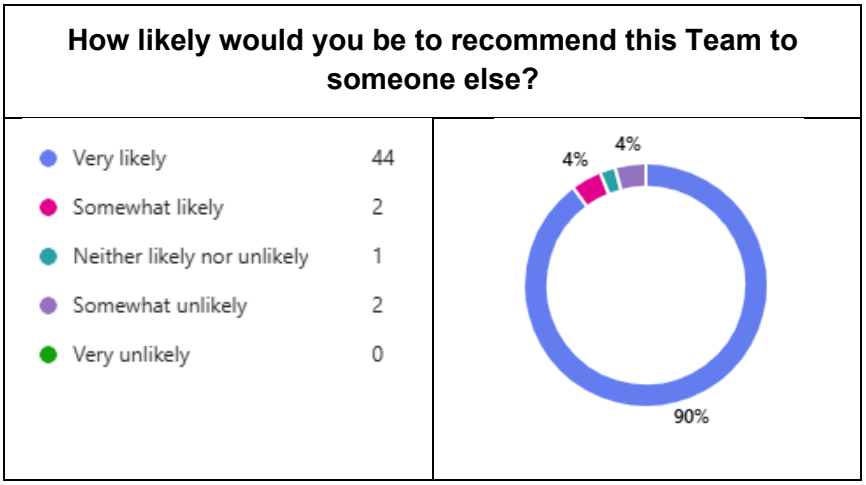

Figure 7. Patient feedback about likelihood to recommend Perinatal and Infant Mental Health Team to others.

3.1.3 Increased referral acceptance rates

Following an audit of referrals, the team have sought to increase the proportion of referrals which are accepted and allocated to the team, relative to those that are redirected. The intention was to improve the patient (and referrer experience) and further minimise delay in accessing effective intervention.

Over 2023 and 2024, only 62% of referrals were accepted (see figure 3). The most common reason to 'reject' a referral was to request redirection to Primary Care, in order to exhaust Primary Care options such as brief psychological interventions, computerised therapies (e.g. SilverCloud Space for Perinatal Wellbeing) or trial medication (if appropriate). Ultimately though, this will have extended the interval between intial referral and accessing treatment, in many cases to more than six weeks.

In order to address this, the team undertook a QI project to improve the referral process, including streamlining the standard referral form to highlight the referral criteria and draw referrer attention to information that would be needed. Secondly, the team were able to host a Psychological Interventions Assistant Trainee, funded by NHS Education Scotland (now Public Services Delivery Scotland). This created a significant additional capacity to see patients will milder, less complex problems, that might ordinarily have been directed to the Primary Care Mental Health Team. Treating these patients 'in house' allowed swifter access to appropriate intervention, eased the process of 'stepping up' to more intensive treatment if and when needed, since they would already be 'open' to the Perinatal and Infant Mental Health Team.

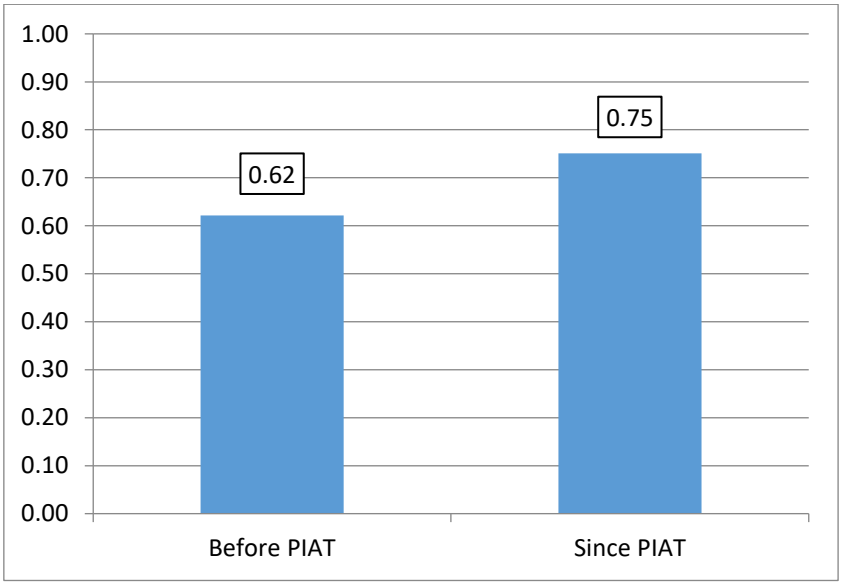

Figure 8. Proportion of referrals accepted by Perinatal and Infant Mental Heath Team, before and after the establishment of a Psychological Interventions Assistant Trainee role

3.1.4 Complaints

Patients are routinely given details of complaints procedure. One formal complaint has been received about the Perinatal and Infant Mental Health Team, from a patient expressing dissatisfaction that their referral was not accepted. This patient was contacted via the normal channels, and a further explanation given.

3.1.5 Reportable incidents

To date, there have been no incidents to report on the DATIX system.

3.2 Workforce

Not applicable

3.3 Financial

Not applicable

3.4 Risk assessment / management

Not applicable

3.5 Data protection

Not applicable

3.6 Equality and diversity

Not applicable

3.7 Other impacts

Not applicable

3.8 Communication, involvement, engagement and consultation

3.8.1 Feedback from staff attending a Perinatal Advice Meeting / Professional Reflection (PAMPR) session

Staff attending a PAMPR session are automatically asked for feedback. Selected summary data is included in Figure 9:

Figure 9. Summary data from electronic feedback form following Perinatal Advice Meeting / Professional Reflection (PAMPR) session

3.8.2 Feedback from other stakeholders

The Perinatal and Infant Mental Health Team also seeks feedback from non-patient stakeholders. Qualitative comments are as follows, some of which have prompted changes to service delivery as outlined above.

- *The PNIMHT have been a great resource for accessing training and advice. The team have continually supported the antenatal work we carry out and have referred several families for support. Great partnership working.*

- *A lovely team to liaise with, always quick to respond and good to collaborate with.*

- *GP's in the Inverness cluster ... have found it difficult to gain access to your service due to referral pathway being via CMHTs*

- *Referral process could be less time consuming*

- *Many seemingly appropriate referrals are being rejected by the team and passed to PMHCW in practice, who don't have the relevant experience, expertise or resources to manage these specific patient presentations*

- *Not sure how feasible this is, but I personally think it would be helpful to have an allocated PNIMHT worker for each sector of Highland/CMHT team who may be more accessible for F2F appts for those mothers referred for perinatal MH difficulties*

3.9 Route to meeting

Not applicable

4 Appendices

None