

3. DIMENSIONS

NHS Lothian provides a women and children's service that is delivered in a variety of locations across the region. The specialist practitioner for perinatal mental health is a member of the multi professional maternity care and perinatal mental health teams whose aim is to provide a service that is planned in partnership with women, to deliver care and support to both the woman and her family. The services range from the giving of pre-pregnancy advice, care throughout pregnancy, labour and birth and the postnatal period into early years. The post holder will be experienced in leadership and managing change, this role will offer the opportunity to work strategically across traditional health and social care boundaries. Staff support and training is an integral part of the role.

Midwives are usually the lead professional and first point of contact for women in pregnancy and the early postnatal period. All midwives require skills in understanding perinatal mental health issues, promoting positive mental health, discussing mental health difficulties with women and helping women to access appropriate care and support when needed. They also require an understanding of their role in promoting and enhancing the developing mother-infant relationship and supporting other family members. All midwives will have the knowledge, skills and attitudes commensurate with the SKILLED level of the Perinatal Mental Health Curricular Framework (2019). Some midwives may have an enhanced perinatal mental health role and be appointed as specialist perinatal mental health midwives. Some will also be members of maternity and neonatal psychological interventions (MNPI) teams. These midwives will have enhanced mental health clinical and leadership roles and may have additional educational responsibilities. In turn, they require clear lines of support and supervision in order to perform their specialist perinatal mental health role. Maternity and neonatal psychological interventions (MNPI) teams are multi-professional services based in maternity units, comprising clinical psychologists, with other staff from midwifery or mental health worker backgrounds.

Midwives with an enhanced perinatal mental health role are not a substitute for good mental health care provided by all midwives or for specialist perinatal mental health services. They form part of the pathway of expert care which should be available to women and their families across Scotland. Specialist perinatal mental health midwives will have the knowledge, skills and attitudes commensurate with the ENHANCED level of the Perinatal Mental Health Curricular Framework (2019). Some, such as those working within MNPI teams, may have a psychological interventions role which requires competency at the SPECIALIST level. The level required should reflect the degree of autonomous practice and therapeutic intervention skills of the post.

Staffing responsibilities

No staffing responsibilities but the post holder will deliver training to staff.

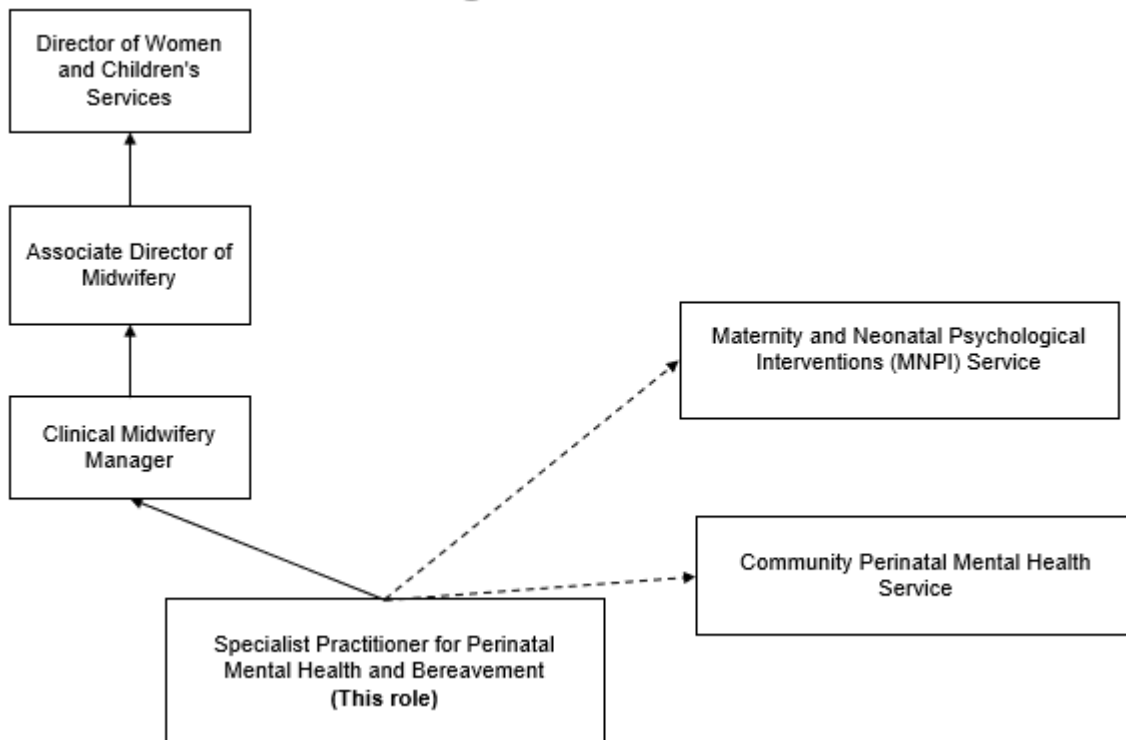
Financial Responsibilities

No budgetary responsibilities.

The potholders employed within NHS Lothian and there may be a requirement to work flexibly across Lothian to meet service demands.

4. ORGANISATIONAL POSITION

Solid line indicates operational and professional management, broken line indicates teams the role will be based within and/or aligned to.



5. ROLE OF DEPARTMENT

The Specialist Perinatal Mental Health Practitioner has a board-wide responsibility to ensure seamless care for women with additional emotional, psychological mental health needs by linking maternity services with specialist perinatal mental health services and other care providers and by ensuring Maternity and neonatal psychological interventions (MNPI) teams are multi-professional services based in maternity units, comprising clinical psychologists, with other staff from midwifery or mental health worker backgrounds.

Providing advocacy for women who experience emotional, psychological and mental health difficulties in pregnancy or the early postpartum period, and their families is a core component of maternity pathways. They are able to provide more specialist mental health assessment and care planning for women with additional emotional, psychological and mental health difficulties. Where they are part of a maternity and neonatal psychological interventions service, they will deliver psychological therapies commensurate with their role.

6. KEY RESULT AREAS

Clinical

1. Support, advise and communicate effectively with women with, emotional, psychological and or at risk of perinatal mental illness, and their families, to help them recognise signs of ill health and to make informed decisions about their mental health care.

2. Advocate for, and work in partnership with, women with emotional, psychological and perinatal mental illness to ensure they receive the mental health care they need.

3. Provide additional mental health assessment, care planning and care delivery for women with mental health difficulties, those at risk of mental ill health and those with complex disadvantage.

4. Promote preventative interventions for those at risk of emotional, psychological and significant mental illness and early intervention for women who develop mental ill health.

5. Provide expert advice and support to midwives and other maternity professionals in the assessment and care planning for women with additional emotional, psychological and mental health needs.

6. Organise case conferences or MDT meetings to ensure seamless mental health care for patients to develop care plans which link across maternity, mental health, primary care and social services and ensure effective information sharing between professionals involved in the woman's care.

7. As part of a maternity and neonatal psychological interventions team, deliver psychological therapies commensurate with that role including bereavement and trauma informed care.

8. Act as an expert resource for maternity and other staff involved in the care of women with emotional, psychological and perinatal mental health difficulties.

9. Work strategically and in partnership with local MNPI and perinatal mental health services, maternity and neonatal psychological interventions teams and other professionals involved in the care of pregnant and postnatal women, their infants and families, acting as a link between services.

10. Lead the development and delivery of local care pathways for the maternity care of women with emotional, psychological and mental health difficulties, including early pregnancy screening and ongoing monitoring of mental health, which are evidence-based and adhere to local, national and professional guidance (such as that from SIGN, NICE, Perinatal Mental Health Network Scotland and the Confidential Enquiries into Maternal Deaths): This includes pathways for bereavement and trauma informed care.

11. To participate in the formulation, review and update of professional policies and guidelines in midwifery care and ensure maternity staff are aware of local mental health care pathways and can deliver care appropriately.

12. Provide a visible leadership role and lead the development and implementation of local quality improvement strategies for perinatal mental health through representation of midwifery staff on local and regional perinatal and infant mental health and bereavement networks and forums.

Training and Education

13. To develop and deliver of education and training for midwifery staff to update their clinical knowledge in perinatal mental health through formal and informal training events

14. Provide an active learning environment for registered and unregistered staff in both the primary and acute setting. eg health visitors, student health professionals, GPs, primary care professionals.

15. Participate in the evaluation and audit of practice outcomes and any subsequent changes in practice. and ensure all statistics relating to Perinatal Mental Health services are audited to the agreed standard.

16. Provide an annual report for presentation at the Directorate Audit meeting.

17. Requirement to undertake antenatal/labour assessments if required.

7a. EQUIPMENT AND MACHINERY

Responsible and knowledgeable in the safe use of all equipment used within the area ensuring this is checked and maintained and where problems identified these are escalated to the appropriate person to ensure resolved so that it is fit for purpose.

The postholder must have knowledge of all equipment used in the community/acute setting. E.g. any clinical equipment used to establish maternal or fetal wellbeing.

The following are examples of equipment used in the role. This list is neither exclusive nor exhaustive.

IT Equipment

Photocopiers

Telephone Systems

Bleeps

Presentation Equipment

Note: New equipment may be introduced as the organisation and technology develops, however training will be provided.

7b. SYSTEMS

The following are examples of system which will be used when undertaking the role:

Maintenance of patient maternity records - paper and electronic.

Range of systems/databases for report writing/recording activity.

Input data recording community activity on community data base.

Input data on computerised risk management system (DATIX).

Maintain records of community equipment on loan to parents/carers.

APEX laboratory system – obtain & requesting results.

Internet & intranet.

HR systems for recording training activity.

Online education packages.

Trak.

Note: New systems may be introduced as the organisation and technology develops, however training will be provided.

8. ASSIGNMENT AND REVIEW OF WORK

The post is self directed and the post holder is expected to manage and prioritise their own workload in relation to the specialist caseload to meet the demands of the service.

The workload is generated by referrals from the NHS Lothian maternity service and by referrals from the Neonatal Unit.

Midwives are expected to work autonomously and liaise or refer to another professional as appropriate, in accordance with the NMC Midwives Rules and Standards and agreed local risk assessment pathways.

The postholder will have a personal PDP to be reviewed annually by their line manager.

9. DECISIONS AND JUDGEMENTS

The post holder is expected to make clinical and professional autonomous decisions, demonstrating critical analysis and decision making skills, on a daily basis, including provision of advice to the multidisciplinary team. Function as an autonomous practitioner working within the clinical and professional guidelines and agreed practice frameworks, ensuring all care is evidence based.

Freedom to act on identified clinical issues and undertake risk assessments and utilise specialist knowledge and clinical decision making skills to make referrals to other members of the multi-disciplinary team when it is identified that additional clinical intervention or support is required.

Called on by colleagues to advise on perinatal mental health issues in partnership with mental health team.

Planning and organisation of a number of activities or programmes, which require the formulation or adjustment of plans, for example MDT meetings , case conferences

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

Motivate and inspire the multidisciplinary team to ensure effective collaborative working is achieved within competing priorities and agendas.

Creating an environment to enable implementation of change, including engaging and motivating staff to embrace and implement the change and overcoming any resistance.

Addressing the equality and diversity needs of woman and staff.

Managing highly sensitive and complex cases which may include, for example, pregnancy and birth complications or loss

Meeting the increasing complex and ever-changing expectation of a diverse client base and other professionals.

11. COMMUNICATIONS AND RELATIONSHIPS

Communicate verbally and in writing to members of the multidisciplinary team, Primary Health Care Team, social Care, statutory and non-statutory services with the ability to express professional views and support client advocacy.

Communicate highly sensitive, complex condition related information to the multidisciplinary team, parents and carers.

The postholder will be expected to communicate, negotiate and liaise with:

The women, relatives and carers regarding care.

Interpreting services for non-English speaking women Communicate effectively with all relevant members of primary care and management teams in a range of situations to promote teamwork and enhance good working relationships.

Demonstrate a variety of effective communication skills with women and their families in what can be emotionally demanding and distressing situations to enable them to be involved in their care.

Be able to effectively communicate knowledge and skills to medical, midwifery and nursing colleagues during training sessions.

Is required to liaise with, influence and negotiate with staff across boundaries for example:

Lead Consultant Psychiatrist and Perinatal Mental Health Team regarding maternal mental health and wellbeing.

Obstetrician with a special interest in Mental Health.

Director of Midwifery, Associate Director of Midwifery for professional accountability, Clinical Director, Service Managers.

Lead Nurse for Child Protection for assessment.

Neonatologists.

Social Services.

Community Health Partnerships.

General Practitioners.

Public Health Team.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical Skills

Standard keyboard skills.

VDU work.

Skills and dexterity required to undertake clinical interventions e.g. for example: venepuncture; antenatal/labour assessments to assess fetal and maternal wellbeing.

Physical Demands

Manual handling when moving patients for examinations.

Standing/walking majority of the shift.

Mental Demands

Frequent concentration required when managing both a challenging clinical caseload with complex social circumstances and dealing with a range of services within the MDT team.

Due to unpredictable nature of workload there will be frequent interruptions to provide advice and guidance for women/relative/team members.

Facilitating training sessions for all grades of staff.

Concentration required when checking documents including updating woman's records.

Emotional Demands

Communicating with distressed/anxious /worried parents/carers, relatives and staff.
Supporting women and their families and staff in times of stress within the clinical environment
Dealing sensitive and distressing information with cases of loss, birth trauma or infants whose health is significantly compromised.
Childbirth is a major life event, high parental expectations can be challenging for midwives. Supporting, debriefing and advising parent's and staff where the expectations have not been met.
Breaking bad news and supporting parents who have had a bereavement, pregnancy loss, fetal demise, abnormal screening result.
Managing delivery of complex care where there are barriers to communication e.g. communicating with people with a disability or from a non English speaking background and the need to be able to communicate highly sensitive information regarding care.
Facilitating potentially emotive meetings, i.e. child protection, case conferences.
Working with a particularly vulnerable group.

Working Conditions:

Regular requirement to travel across Lothian sites, covering a wide geographical area
Requirement to work in the vicinity of bodily fluids during clinical examination.
Potential exposure to verbal and physical aggression from woman and her relatives/other visitors.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Registered Midwife.
Completion of relevant specialist post graduate courses/modules at masters degree level (SCQF level 11) for the clinical area within maternal and infant mental health. For example perinatal mental health and/or psychological interventions.
Relevant experience in speciality e.g. Experience working clinically as a registered midwife and clinical experience supporting women with their mental health.
Working knowledge of Child Protection legislation.
Experience of working in the community/acute midwifery setting.
Demonstrate evidence of effective multi-agency and multi-professional working.
Demonstrate effective leadership and motivational skills.
Evidence of management, education and training e.g. completion of Leading Better Care modules.
Effective communication and time management skills.
IT skills.
Audit experience.
Problem solving skills.

14. JOB DESCRIPTION AGREEMENT

A separate job description will need to be signed off by each job holder to whom the job description applies.

Job Holder's Signature:

Date:

Head of Department Signature:

Date: