



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte,
Ospidéal Naomh Lómáin,
Baile Phámar, Baile Átha Cliath 20.
Tel: (01) 6207304 R: jim.ryan1@hse.ie

Head of Operations,
Mental Health Service, St Loman's Hospital,
Palmerstown, Dublin 20.
Tel: (01) 6207304 Email: jim.ryan1@hse.ie

Deputy Niamh Smyth,
Dail Eireann,
Dublin 2.

22nd December 2021

PQ Number: 59193/21

PQ Question: To ask the Minister for Health if he will report on the development of perinatal mental health services; and if he will make a statement on the matter - Niamh Smyth

Dear Deputy Smyth,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Since the launch of the National Specialist Perinatal Mental Health Programme (SPMHS) Model of Care launched in November 2017 is based on the maternity networks recommended in the National Maternity Strategy and aligned to hospital groups, developed in a 6 hub and 13 spoke format with all 19 maternity services included. Staffing for specialist perinatal mental health services increased from 4.0WTE (2017) to approximately 75.0WTE nationally (2021).

There are up to 10 staff multidisciplinary staff in 6 SPMHS Hub Sites as well as perinatal mental health midwives in all 13 spoke sites.

The 6 hub sites each have approximately 10.0WTE members in the Multidisciplinary team consisting of a Consultant Perinatal psychiatrist, Senior Registrar, Senior Psychologist, Senior OT, Clinical Nurse Specialists x2, PMH Midwife x2, Administrator and Senior Mental Health Social Worker.

Funding:

- Working with DOH, the HSE National Clinical Programmes Mental Health and Community Operations Mental Health have provided funding for the SPMHS hub teams of €3.6m (MH Community Operations) a further €1.2m (NWIHP) for Perinatal Mental Health Midwives in both hub and spoke sites.
- A successful proposal submitted by the Programme to the Women's Health Taskforce in 2021 aligned with its key priorities and areas for attention and resulted in a further investment of €377k in 2021.
- Additional once off funding of approximately €50k was also provided by the NWIHP and this covers areas such as a national multidisciplinary SPMHS Training for hub and spoke teams, as well as funding discipline specific specialist supervision for new roles in this specialist area not previously in the Irish Health Service. The development of perinatal mental health leaflets which are available to women, partners and families

as well as other frontline workers working with women in the perinatal period, e.g. GPs, PHNs and Community Mental Health Teams.

Therefore the total staffing funding for SPMHS to date is €5.177m, provided through three different funding streams, that is, Community Operations Mental Health, NWIHP as well as through a successful additional posts through the Women's Health Taskforce in 2021.

Key enablers in establishing the service include:

- Implementation mechanism established at time of launch by the Mental Health Division
- Existing highly trained staff in perinatal mental health in Ireland worked closely with all stages of design and implementation
- Collaborative working with NWIHP
- Funding available at the time of Model of Care launch
- Development of perinatal mental health midwife role nationally
- Good working relationships established with all hub and spoke sites
- The Programme was able to work closely with the HSE National Recruitment Service to:
 - develop bespoke panels to fill posts in line with specifically designed job descriptions
 - run competitions for the three HSE sites together enabling each post to be filled in a timely manner
- Development of the PMH Healthcare app for all frontline staff as an efficient way of providing PMH specific information and training to SPMHS teams and other frontline staff.
- 6 full-time higher trainee posts in perinatal psychiatry were funded by the HSE and approved by the College of Psychiatrists of Ireland.

The specialist teams and perinatal mental health midwives work jointly to ensure that all women attending the maternity service will have information on positive mental health. Since June 2020 the 12 PMH leaflets developed by the experts in the PMH service are available to order free of charge to the public and frontline healthcare services such as GPs, PHNs and maternity units/hospitals, these are available to order from www.healthpromotion.ie.

Whilst the focus of the Model of Care (MOC) was on the specialist component of a perinatal mental health strategy, it is hoped and expected that this will act as the catalyst for all relevant service areas in the HSE to come together to implement a comprehensive mental health strategy. For this reason the MOC also included a section on the clinical pathway for a complete perinatal mental health response.

Areas which provided challenges include:

- Funding diverted for most staff in the SPMHS Galway University Hospital team in late 2019 – 2020 : now recouped.
- Difficulty in the provision of accommodation (team base and clinical space) for the hub teams in all three HSE sites.
- No specific data system to collect specific PMH information and measure outcomes at patient level.

Three of the main areas to be addressed in 2021-2022 include appropriate accommodation for Hub site teams, in particular in the three HSE hub sites, that is, UMHL, CUMH and GUH. The development of the Ireland's first Mother and Baby Unit. The development of a bespoke data system to collect data at patient level from all sites.

Currently there are no Mother and Baby Units in Ireland. This means that any woman developing a severe mental illness within a year of having a baby is invariably separated from her baby, if she requires admission

for inpatient care and treatment. Women eligible for admission to an MBU are those in the later stages of pregnancy (last trimester) or up to one year post- partum meeting the following clinical criteria:

- Postpartum Psychosis
- Bipolar Affective Disorder
- Schizo-affective Disorder and other psychosis
- Severe Depressive Illness
- Other serious/complex conditions

Given the overwhelming clinical and economical evidence against separating mothers and babies during the postnatal period, the National Model of Care recommends that one mother and baby unit be developed in Dublin in the Ireland East Hospital Group at St. Vincent's University Hospital campus. This would serve as a national tertiary referral unit. As the MBU will provide for mothers with the most serious forms of mental illness, it must be sited within a mental health facility. It should be part of but separate from an acute adult inpatient unit. This will ensure there is mental health expertise available at all times, including the on-call period. There is also back-up immediately available to respond to the needs of any women becoming acutely disturbed as part of her mental illness. Such expertise and back up would not be available in an alternative setting such as a maternity hospital.

At the moment women with these conditions who need admission are admitted to adult mental health units and are therefore separated from their babies. Where in the pre - COVID times inpatient units made every effort to accommodate daily visits with their baby, in COVID times this is not now possible. Women sometimes need several weeks inpatient care to recover and not having their baby with them can be a reason to rush recovery.

There will be a significant capital cost involved in building Irelands first Mother and Baby Unit as well as a WTE staffing cost of approximately 1.5m (based on 2021 pay scales).

Specialist perinatal mental health teams continued to provide care for women throughout the covid-19 pandemic in maternity hospitals. These included both Antenatal clinics and Maternity wards. However, they also added an additional option for women in the form of Video Enabled Care through [Attend Anywhere](#). This has supported women to continue to receive interventions from their perinatal mental health service. For new mothers, it allows therapy to be provided in their own environment, without the constraints of travel or having to bring a newborn to an appointment. Video calls have provided a blended approach to linking patients with their clinicians; allowing accessibility for those who have limited transport links or cannot drive following a C-section.

For more information on the Specialist Perinatal Mental Health Service please see the following link [here](#).

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,



Dr Evan Yacoub
Acting National Clinical Advisor & Group Lead for Mental Health
Clinical Design and Innovation