Appendix IV

Submissions from the national Working Group members for disciplines working in Specialist Perinatal Mental Health Services

- Role of Occupational Therapy
- Role of Psychology
- Role of Social Worker
- Role of Mental Health Nurse
- Role of Mental Health Midwife
The Role of Occupational Therapy in Perinatal Mental Health

“Occupational therapy in perinatal maternal mental health will evaluate, analyse and treat occupational performance dysfunction in areas of self care, productivity and leisure in order to achieve maximal possible role development of mothers and their environment.”

(Cassar, WFOT Bulletin: Vol 52, 2005)

Occupational therapy is a client centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.

(World Federation of Occupational Therapists, 2010)

During Pregnancy the Occupational Therapist may assist the mother-to-be with:

- Pre-natal health promotion and preparing for baby.
- Maternal Mental Health and Wellbeing
- Self-Care – Activities of Daily Living, Nutrition, Sleep Hygiene, Stress/Anxiety Management and Energy Conservation
- Lifestyle Redesign
- Modifying their environment and adapting their activities to support mum-to-be to engage in the roles and activities she values and is required to do.
- If on bedrest – connection with valued activities and roles. Also assistance with managing difficult thoughts and emotions by developing a positive Coping Plan.
- Development of Relaxation skills including Mindfulness Meditation which may be helpful preparation for the birth and in the Postnatal period also.
Postnatally: Occupational Therapy may include Occupational Performance interventions in the areas of:

**SELF-CARE**
- Personal Activities of Daily Living including those for baby.
- Domestic Activities of Daily Living including budgeting, shopping, cooking including nutritional meal preparation for family and the baby.
- Community Living Skills for parents (use of Public transport with baby, Buggy skills, Car Safety, Resources in the Community etc.)
- Stress and Anxiety Management, Assertiveness Skills, Sleep Hygiene, Mindful Occupational Therapy.
- Mobilising and Expanding Social Support Network (Family, Friends, Community Support Groups).
- Co-Occupational Activities to enhance mother-baby bond.

**PRODUCTIVITY**
- Roles and Habits which influence Structure & daily routine for mother & baby.
- Lifestyle Redesign and Balance.

**LEISURE** – restorative individual and group activities

**ENVIRONMENT** – Environmental adaptations and modifying of tasks in the environment may be required where the mother’s Occupational Performance in her home is clearly affected.

The Model of Human Occupation (Kielhofner) is used to guide clinical reasoning about potential occupational therapy interventions.

In order for women to believe that they occupy the mothering role they must experience themselves acting as people who hold that role, and see themselves reflected in the attitudes of others toward them (Kielhofner, 2008). If a woman does not engage in habits typical of motherhood and believe that she has the competence that others expect of a mother, this may result in altered role perceptions. Furthermore, if the attitudes and actions of health care providers do not reflect a belief in her competence, and most importantly, if she does not personally experience herself engaging in “mothering” behaviors she may inadequately fulfill that role.

Occupational Therapy aims to provide opportunities to positively engage in the occupations and co-occupations of motherhood. Co-occupations occur when people perform an occupation in a mutually responsive, interconnected manner. Co-occupational engagement influences the development of a child’s brain architecture (Barnekow & Kraemer, 2005; Kraemer, 1992).

**Research Trial**

A trial period of six months was set up in Malta to analyse the effectiveness and efficiency of a Perinatal Occupational Therapy Service. Positive qualitative results were achieved resulting in a decrease of pharmaceutical interventions and a quick return to optimal function. The birth of a child causes a change to a woman’s personal image, the physical environment,
role expectations, and rest activities. The effect of these changes can be traumatic to some women shifting the balance of life to a perceived poor quality of life. Occupational therapy intervention has helped to restore this balance through giving value to the individual, assisting to the person’s needs and adding to their knowledge of life experience (Cassar 2005).

Summary

In Summary Occupational Therapists believe how a client spends their time caring for themself, caring for others, resting, sleeping and participating in leisure, play and social activities impact health. The profession can provide a unique perspective on a new mother’s transition because it recognizes that a rapid change in habits, routines and the loss or inability to participate in prior life activities can negatively impact health. This point of view also provides reasoning for the factors contributing to depressive conditions experienced by new mothers (Corrigan 2017). Experience in task analysis with MOHO as a theoretical frame of reference, attention to the influence of co-occupational engagement on development, and experience working with people who have various forms of disability makes occupational therapists uniquely qualified to address the needs of mothers who are experiencing Perinatal Mental Health Problems Pizur-Barnekow & Erickson (2011).

References


Pizur Barnekow K & Erickson, S(2011), Perinatal posttraumatic Stress Disorder: Implications for Occupational therapy in Early Intervention Practice, Occupational Therapy in Mental Health


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The Role of a Clinical Psychologist in Specialist Perinatal MH Services

To ensure high-quality care for women experiencing mental health difficulties in the perinatal period, integration and collaboration between services has been proposed as the best approach to service delivery. This is a significant challenge to services in Ireland as currently women present in a variety of physical and mental health settings across primary and secondary care and there is a paucity of psychological support for them. The current document deals only with specialist perinatal mental health services but it is hoped that perinatal services will expand and develop to include the availability of psychological services to pregnant women and their partners across the range of settings.

The Royal College of Psychiatrists recommends that psychologists with a clinical training are employed in Specialist Perinatal Mental Health services. The high level of training that clinical psychologists receive and their ability to use a range of therapeutic approaches enables them to work with complex cases with co-morbid presenting problems.

Clinical psychology is a profession that endeavours to enhance wellbeing and reduce psychological distress by the application of knowledge derived from theory and research.

Clinical Psychologists provide a range of evidence-based assessment and psychotherapeutic services directly to a broad range of client groups. The core skills of a Clinical Psychologist include the following:

- **Assessment**: This includes the ability to develop, administer and interpret standardised psychometric tests; to systematically observe and measure human behaviour; to develop and conduct structured and semi-structured interviews; and to devise and utilise a wide variety of self-monitoring strategies. These skills are used in differential diagnosis.
- **Formulation**: This involves the ability to summate and integrate often complex and difficult, assessment information with psychological theory and data. This provides a provisional framework describing each individual client’s presenting problem, how it developed and how it is maintained. Clinical Psychologists may refer to a range of theoretical frameworks in their case formulation.
- **Intervention**: This is based on case formulation and may involve direct psychological therapy using one of a number of theoretical models. Clinical Psychologists have training and clinical experience in different therapeutic models and approaches.
Training in Clinical Psychology

During their training clinical psychologists they gain experience in carrying out qualitative research & service-based research as well as undertaking a major research project, which is usually of a quantitative design.

Clinical Psychologists routinely engage in service planning and development and endeavour to enhance wider organisational functioning through the provision of up-to-date psychological knowledge and skills.

Clinical Psychology Qualification

Training as a Clinical Psychologist takes a minimum of seven years.

This consists of a primary degree in Psychology often followed by experience relevant to clinical training and finally a postgraduate degree in Clinical Psychology. During their period of postgraduate doctoral clinical training (3 years), psychologists in clinical training complete a major piece of research and receive supervised clinical experience through clinical placements, which qualifies the practitioner to work with different client populations. These placements include children, adults, older adults and people with a disability. Clinical training also involves the administration and interpretation of a range of standardised psychometric tests.

Because of the nature of their training Clinical Psychologists have extensive education and clinical experience in different therapeutic models and approaches. They may use various theoretical frameworks for assessment and intervention and they can determine the appropriate theoretical framework(s) of relevance to individual clients.

Most clinical psychologists develop expertise in specific areas of clinical psychology. There is no specific training for clinical perinatal psychologists in Ireland. However, ideally anyone recruited to the proposed Specialist Perinatal MH teams or MBU would have some proficiency in the clinical psychological assessment, therapy and interview techniques with women with perinatal mental health issues. The posts will need to be at least at the grade of Senior Clinical Psychologist in order to ensure the appropriate skill level.

Clinical perinatal psychologists bring a unique and advanced skill set to the understanding and treatment of mental health and physical healthcare problems in the perinatal period. This in-depth understanding and ability to integrate knowledge of maternal mental health, infant mental health, developmental psychology, family dynamics and systemic issues ensures optimal care for a wide-range of mental health needs of women and their babies during pregnancy and after birth.

In addition, clinical perinatal psychologists are qualified to work with mothers and babies on enabling sensitively attuned mother-infant interaction during this critical period.
Role of a Specialist Perinatal Mental Health Social Worker

Qualification:

In the Republic of Ireland, the National Qualification in Social Work (NQSW) is awarded to candidates who have completed an accredited university course. The social work training is a Masters qualification. Social work education has a broad social science base, with emphasis on sociology and social policy. The curriculum also includes Psychology, Counselling and group work training.

Social work students develop skills and professional competences by completing fieldwork placements under the supervision of experienced practitioners.

Role of Social Work in Perinatal Mental Health

The Specialist Perinatal Mental Health Social Worker would have a broad range of functions as a member of a Multidisciplinary team.

Mental Health Social Workers work from a recovery orientated perspective. They are trained to work from a solution-focused, strengths based model, trained in Client Centred counselling and therapeutic approaches. Mental Health Social Workers would routinely receive referrals for psychosocial assessments and interventions. They offer counselling and support in areas where there are issues of Domestic violence, grief and loss, where a service user presents with adjustment reactions, relationship difficulties, and where there is family support/ therapeutic family work required. Facilitation of therapeutic and psychoeducation groups would also be a part of that role.

Mental Health Social Workers work from a systemic model, assessing service users in the context of their family and community and looking at where the service user and their family might require input from other community and support agencies. They routinely liaise with a broad range of agencies in an advocacy capacity, also providing case management as part of that role – which means looking at the integration and co-ordination of a range of other community services, such as housing, social welfare, job training and employment, statutory and voluntary agencies for the benefit of service user and family.

Social workers often have additional qualifications in Psychotherapy (family and individual as well as Marte Mao trained interventions which supports parent-infant bonding and parenting).

Recommendation that a Specialist Perinatal Mental Health Social Work post would be a senior grade with min. 3 years experience in mental health. Additional qualification in psychotherapies (family or individual/marte mao etc.) would be desirable.
Role of a Mental Health Nurse in Specialist Perinatal Mental Health

- Biopsychosocial assessment of women with moderate – severe mental health problems/illness
- Planning, delivering, managing and evaluating care within the context of the specialist perinatal mental health team
- Working closely with MH Midwives to ensure women with mental health problems whether mild, moderate or severe have a timely and appropriately skilled response
- Providing expert mental health advice in clinical practice to nursing, midwifery and other health care staff in the maternity, primary care and community mental health services
- Providing education for women in particular those with moderate – severe mental illness, including advice on psychotropic medication
- Participating in research and audit.

Presentation on the Role of the Mental Health Nurse in Specialist Perinatal Mental Health:

- [http://hse.ie/eng/services/list/4/Mental_Health_Services/Specialist-Perinatal-Mental-Health/Mental-Health-Nurse-Presentation.pdf](http://hse.ie/eng/services/list/4/Mental_Health_Services/Specialist-Perinatal-Mental-Health/Mental-Health-Nurse-Presentation.pdf)
Role of a Mental Health Midwife in Specialist Perinatal Mental Health

- Primary role - to promote parity between physical and mental health care in maternity services.
- Members of the maternity unit/hospital midwifery workforce - key role in working with midwives and obstetricians at all levels from booking & review clinics to postnatal wards.
- Local midwife champion who leads work to ensure that women with perinatal mental health problems and their families receive mental health care and support
- Raise awareness of postnatal mental health problems and organise early management and treatment
- Provide mental health advice to colleagues and to women and families, and act as a resource on issues relating to the identification, assessment and mgt of MH problems
- Clinical links are to specialist perinatal mental health services in hub hospitals and liaison psychiatry services in spoke hospitals

Presentation on the Role of the Mental Health Midwife in Specialist Perinatal Mental Health:

- [http://hse.ie/eng/services/list/4/Mental_Health_Services/Specialist-Perinatal-Mental-Health/Mental-Health-Midwife-Presentation.pdf](http://hse.ie/eng/services/list/4/Mental_Health_Services/Specialist-Perinatal-Mental-Health/Mental-Health-Midwife-Presentation.pdf)