

SPECIALIST MENTAL HEALTH MIDWIVES

What they do and why they matter



MATERNAL MENTAL
HEALTH ALLIANCE
Awareness Education Action

NSPCC 
Cruelty to children must stop. **FULL STOP.**



The Royal College of
Midwives



THIS DOCUMENT

Specialist Mental Health Midwives have a crucial role in effective perinatal mental health care. However, there are currently many maternity services without this important position, and where Specialist Mental Health Midwives do exist there are differences in their role, skills and experience. This document aims to help address this gap, by explaining why Specialist Mental Health Midwives are needed, and what they do. It is intended as a resource for maternity managers and commissioners looking to introduce or strengthen the Specialist Mental Health Midwife role in their local service. We hope that it will aid discussions and lead to improvements in local provision.

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FOREWORD

We want to do everything we can to make sure women and families get as much support as possible throughout pregnancy and beyond. That is why the Mandate from the Government to NHS England includes an objective for NHS England to work with partner organisations to reduce the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support.

Specialist mental health professionals and midwives are crucial in helping women at risk of suffering from depression and other perinatal mental health problems. According to the plans, which will be set out in the Department of Health's mandate to Health Education England, HEE will ensure pre and post registration training in perinatal mental health to enable there to be specialist staff available for every birthing unit by 2017.

This means women will be much more likely to get the help and support they need, which will go on to have huge benefits for families and children.

Dan Poulter,
Parliamentary Under Secretary of State for Health

Mental health during pregnancy and post birth is a major individual, family and public health issue. Treatable, and often preventable, mental illnesses are causing substantial suffering, disability and death of mothers, and jeopardising the future wellbeing and life chances of their children.

Tackling perinatal mental health problems is everybody's business. With the right action from midwives, obstetricians, GPs, health visitors, specialist mental health services and others, much of the harm done by these disorders can be prevented. All professionals and services in contact with women at this crucial time in their lives must work together in a coordinated way to prevent illness in women who are known to be at risk, to recognise the whole range of mental health problems when they are present, and then to act quickly and effectively.

The Maternal Mental Health Alliance supports the creation of Specialist Mental Health Midwife posts, to enable every maternity service to better respond to the needs of women at risk of, or suffering from,

maternal mental health problems. We believe that Specialist Mental Health Midwives are a critical part of effective perinatal mental health care pathways, and we call for the creation of these posts in every maternity service.

Alain Gregoire
Chair, Maternal Mental Health Alliance

Midwives play a central role in promoting the emotional wellbeing of women and their babies and in ensuring that all women with a mental illness get appropriate and timely care. Specialist Mental Health Midwives can provide expert advice to colleagues and to women and their families, and act as a resource on issues relating to the identification, assessment and management of mental health problems during pregnancy or after birth. This is why the RCM supports the call for a Specialist Mental Health Midwife in every maternity service in the UK. Specialist Mental Health Midwives are crucial if we are to support and help women, and to ensure that they receive appropriate, high quality care.

Cathy Warwick
Chief Executive, Royal College of Midwives

At the moment, families affected by perinatal mental health problems are subjected to a 'postcode lottery', which determines whether they get the right help. In some local areas there are good services in place, but in others there are gaps and families cannot access the help they need. The NHS is not delivering on its mandate to reduce the incidence and impact of perinatal mental illness.

We believe that every maternity service should have a Specialist Mental Health Midwife to champion the needs of vulnerable women and their families, drive up the capacity of maternity services to deal with mental health problems, and ensure there are suitable pathways of care in each local area. Good maternal mental health is critical to ensuring that every baby is safe, nurtured, and able to thrive.

Chris Cuthbert
Head of Strategy and Development, NSPCC



INTRODUCTION

More than 1 in 10 women will be affected by a mental illness during pregnancy or after the birth of their baby¹. This means that each year in the UK more than 70,000 families will experience the impact of these illnesses. A wide range of mental health problems can occur at this crucial time in the lives of women and their families, including depression, anxiety disorders such as panic attacks and obsessive compulsive disorder, bipolar disorder, postpartum psychosis and post-traumatic stress disorder. Pregnancy and childbirth can also be a trigger for women experiencing or acknowledging wider psychological problems for the first time. Sometimes the term 'postnatal depression' is used to refer to all mental health problems experienced by women in the perinatal period, but this can be misleading as it is just one of a number of conditions.

If perinatal mental illnesses go untreated they can have a devastating impact on women and their families. In extreme cases, these illnesses can be life threatening – they are one of the leading causes of maternal death in the UK². These conditions can affect babies in pregnancy, as stress hormones pass through the placenta and affect foetal development³. After birth, they can influence the way that a mother interacts with and cares for her baby, and can increase the risk that children will experience behavioural, social or learning difficulties and fail to fulfil their potential. For example, maternal postnatal depression is associated with increased adverse, long lasting, cognitive and emotional changes in the child.⁴

However, with good care most women, their relationship with their infant and the child's development all make a good recovery. Trained and skilled professionals can often prevent the onset, escalation and negative impact of perinatal mental illnesses, through early identification and expert management of a woman's condition. Early and effective action can save lives and distress, and reduce the risks of disadvantage to dependent children.

Women who are at risk of, or are suffering from, perinatal mental health problems require a range of different support depending on their needs. This might range from community based therapeutic support for women with mild and moderate conditions, through to medication and in-patient care for those with more

severe illnesses. In all cases, it is important that services recognise the important role that fathers and other family members play in supporting women with perinatal mental illnesses, and also act to mitigate the impact of illness on infants, and other children and family members. To ensure that these women are given the appropriate support at the earliest opportunity, there must be clear pathways of high quality, skilled and expert care in place in each local area.

Universal services - midwives, GPs, nurses and health visitors – are a crucial part of these care pathways. These professionals have regular contact with nearly all families during pregnancy and the postnatal period and have a critically important role in identifying mothers who are at risk of illness, or are suffering from any mental health problem, and ensuring that these women get the support or care they need at the earliest opportunity. If we are to reduce the harm caused by perinatal mental illnesses in England, a significant change is needed in the way universal services are delivered so that mental health is given parity of esteem with physical health, and more health professionals become confident and competent in detecting, discussing and dealing with mental illnesses.

This document focuses specifically on Specialist Mental Health Midwives. These professionals are important local leaders who help to drive efforts to ensure that women with perinatal mental health problems get high quality care within maternity services, and beyond. Specialist Mental Health Midwives are champions and advocates for these women. They help to develop local care pathways; provide training and advice and support for other maternity staff, and provide women with additional specialist support where required. They have a crucial role in effective perinatal mental health care.

The NHS Mandate sets an objective to “work with partner organisations to ensure that the NHS... reduces the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support”. Specialist Mental Health Midwives in every maternity service, promoting parity between physical and mental health in maternity care, improving midwife knowledge and skills, developing pathways, supporting colleagues and mothers and their families, will play a valuable part in delivering on this mandate.



THE VALUABLE ROLE OF ALL MIDWIVES IN IMPROVING PERINATAL MENTAL HEALTH

Midwives have a unique opportunity to identify women who are at risk of, or are suffering from, perinatal mental illness, and to ensure that these women and their families get the care they need at the earliest opportunity. The wider role of all midwives in improving maternal mental health includes:

▶ **Raising awareness**

Ensuring that pregnant women and their partners know about how to maintain and enhance their psychological well being, the signs of emerging mental health problems and illness, and what to do if these problems occur.

▶ **Tackling stigma**

Reducing the stigma and discrimination associated with poor mental health through being confident, open and knowledgeable in their routine care of the mental, as well as physical, health of women.

▶ **Strengthening emotional wellbeing**

Providing sensitive and supportive antenatal and postnatal care that increases parents' emotional wellbeing and self-efficacy, and reduces anxiety.

▶ **Promoting emotional wellbeing**

Supporting and enabling women to maintain and enhance their own emotional wellbeing and reduce their vulnerability to mental illness; for example, by creating an emotional wellbeing plan that fosters mental, physical and social activity.

▶ **Building trust**

Building strong trusting relationships that help women to feel confident in speaking out if they are unwell and increase the likelihood that a midwife will identify any problems that arise.

▶ **Identifying risk and current wellbeing**

Discussing and documenting details of women's past and current mental health, and being sensitive to any indicators that this may be deteriorating. Midwives can use validated tools, such as the Whooley questions or Edinburgh Postnatal Depression Scale to strengthen their skilled clinical assessment.

▶ **Securing appropriate care**

Signposting or referring women for additional care, if this is required, and supporting women to access this care.

▶ **Supporting family members**

Midwives need to be sensitive to the negative effects that poor maternal mental health can have on infants, partners and other family members, and take actions to mitigate this if necessary. They can have a valuable impact by fostering emotional and practical support from partners and other family members, and encouraging women to enhance their social networks through antenatal and postnatal activities.



CHALLENGES FACING MIDWIVES TODAY

To provide high quality, holistic care for women, midwives need clinical knowledge, skills, experience, confidence, and enough clinical time to use these effectively.

All midwives should receive pre- and post-registration education that enables them to know why, how, when and where to provide prediction, prevention, identification, care and referral for women with mental health problems. Alongside this knowledge, training must also equip midwives with the skills and confidence to talk with women and their families about their mental health. Sadly, there is a wealth of evidence to show that the quality and quantity of education currently received is not good enough^{2,5,6}. Recent research showed that 23% of maternity professionals had received no education on maternal mental health⁷.

There is also evidence that midwives are not confident that they can support women with mental health problems, and that this affects the care they provide. For example, researchers have found 'positive resistance' from midwives to asking women about their mental health because they are afraid that they could uncover issues that would be difficult to resolve⁵. In a recent survey of over 2000 health professionals about perinatal mental illness, respondents described a lack of confidence due to poor or insufficient training, undocumented histories in maternity notes, poor continuity of care, lack of support services and the reluctance of women to discuss their mental health issues⁷.

The way in which maternity services are organised also influences how effectively midwives respond to women's mental health needs, particularly their ability to provide continuity of care. If a service is run in a way that enables a woman to see the same midwife at all or most of her appointments, she is more likely to feel able to disclose concerns about her mental health. However, evidence shows that too many women do not receive continuity of care, and that this makes it harder for women to discuss their mental health with a midwife.^{xi,xii} In addition, a low priority given to mental health in some maternity services leads many midwives to omit this aspect of care when clinical time is short; in some services contact time

between women and midwives is prioritised largely to those with physical health risk or needs.

Whilst this document focuses specifically on the role of midwives, it is important to note that maternity services are necessary, but not sufficient on their own, for good mental health care of women in pregnancy and postnatally. Women with the more severe mental illnesses often need expert care from specialist perinatal mental health teams in the community, or inpatient mother and baby units. A recent NSPCC report showed that there are substantial gaps in this specialist care across the UK⁸. More must be done to close these gaps, but midwives should not hold back from doing what they can just because they don't have local specialist perinatal mental health services: others, such as GPs and general adult mental health services can also support them.



THE ROLE OF SPECIALIST MENTAL HEALTH MIDWIVES

Specialist Mental Health Midwives are expert midwives and local champions who lead work with maternity service commissioners and providers to ensure that women with perinatal mental illnesses and their families receive the specialist care and support they need during pregnancy and in the postnatal period. They support their maternity team colleagues to ensure that services deliver the best possible personalised care to these women and their families to optimise their mental health. Their role has many parts:

► Education and Training

Coordinating and delivering education and training to build the confidence, knowledge and skills of all midwives, enabling them to better support women's mental health in pregnancy and postnatally.

► Advice

Providing midwives and other clinicians with an easily accessible source of information and advice, helping them to make better decisions about women's care and safety. In a recent survey, nearly half of maternity professionals said that they wished they had a colleague with specialist knowledge in maternal mental health to turn to.

► Champions

Ensuring that local professionals know that perinatal mental illness is everybody's business and fostering their contributions to effective pathways of care. They work as champions and advocates for families affected by perinatal mental illness to improve services in the local area, and help in individual cases to ensure the family receives the support they need. They highlight gaps in local provision, and help commissioners and managers understand what changes are needed, and why.

► Point of Contact

Acting as a point of contact for social services, health visitors, obstetricians, GPs and mental health services, helping to coordinate care for women and improving awareness and understanding amongst professionals. This does

not replace, but rather supports, the role of all midwives in caring for the mental health of the women and families they work with.

► Quality Improvement

Leadership in fostering and assuring quality in their service, ensuring that policies, procedures and practice relating to maternal mental health are of high quality and are in line with the latest national policies, evidence and best practice. They might, for example, review the curriculum for antenatal education to ensure that perinatal mental health is covered accurately and sensitively, or audit the maternity component of local perinatal mental health pathways and NICE Guideline adherence. They encourage innovation and participation in research to continuously develop and improve knowledge and services.

► Integrated Care

Many agencies and professionals play a role in supporting women and their families affected by perinatal mental illness. Specialist Mental Health Midwives can bring people together to improve the quality, consistency and coordination of care. They help to ensure that important information about women and their families is shared effectively and that women with mental illnesses receive high quality coordinated support.

Specialist Mental Health midwives take a strategic role in their local area, working closely with their local perinatal mental health team and others to ensure that there are clear integrated pathways of care for women with perinatal mental illness, and to regularly review and improve these pathways. These integrated care pathways will set out the journey that women with, or at risk of, a perinatal mental illness can expect. They will set out which evidence based services are available for women in the area, as well as the guidelines and protocols for ensuring that women receive the right care, in the right order, at the right time. The existence of clear care pathways will help other midwives know how they can help women to access appropriate and timely support.

► Specialist Support

As well as working to improve systems and services, Specialist Mental Health Midwives also provide direct support and expert advice to some women in addition to their standard midwifery



care, if this is required. The way in which they offer this care will vary, depending on the local service structure and care pathways, wider local context, and needs of the population, for example offering a specialist clinic, a 'triage' service, telephone support, weekly case meetings or joint appointments with the woman's own midwife.

Their relationships with other services allows them to help women navigate the system and ensure that they get appropriate and timely specialist care. In doing so, they can save time for other midwives, who no longer have to deal with difficulties in coordinating care with other services. They also improve efficiency for other services by ensuring that they receive appropriate referrals.

Specialist Mental Health Midwives also inform and coordinate the advice provided by the maternity service to women with milder mental health problems who don't need specialist care.

Specialist Mental Health Midwives play a crucial role in improving the quality of maternity services and supporting the development and implementation of integrated pathways of care for women with perinatal mental illness. They are a critical part of multiagency perinatal mental health clinical pathways. However they are neither a substitute for specialist perinatal mental health care, nor for the mental health care delivered by all midwives. Mental health care is a core part of the role of all midwives: good maternity care means achieving good maternal mental and physical health, thereby improving outcomes for women and their families in this generation and the next.



MINIMUM STANDARDS AND EXPECTATIONS

Specialist Mental Health Midwives are often part of a team of specialist midwives, each coordinating care for a specific group of vulnerable women and their families. They also work closely with named safeguarding midwives who have responsibility for the protection of vulnerable babies.

To carry out their role effectively, Specialist Mental Health Midwives must be supported at a senior level in the organisation to ensure that mental illness is seen as 'core business' and supported by the service at all levels. They should have high quality, in-depth training in perinatal mental illness, and should refresh this training regularly. They should receive regular supervision from both senior midwives and a specialist perinatal mental health clinician.

At present, there is considerable variability in the knowledge, skills and expertise of people in this role. There should be minimum standards of training and experience required for midwives to become Specialist Mental Health Midwives, which ensure that they have a good knowledge of maternal and infant mental health, and how to support families affected by perinatal mental illness. The Maternal Mental Health Alliance will support the development of training for Specialist Mental Health Midwives in the future.

There is great variability in job descriptions for Specialist Mental Health Midwives across services. We have therefore proposed a template (see appendix), which can be adapted by local employers. It does not include the core responsibilities and skills that apply to all midwives, and will need to be tailored to local circumstances.

A SPECIALIST MENTAL HEALTH MIDWIFE IN EVERY MATERNITY SERVICE

This document has set out the role and value of Specialist Mental Health Midwives, explaining how they can help maternity services to improve the care provided for women with perinatal mental illnesses, and illustrating the value of these midwives to parents and other professionals.

We believe that every woman should have access to a maternity service which is supported by a Specialist Mental Health Midwife, who can – should she become unwell - help to ensure that she, her baby, and the rest of her family get the best possible care. However at the moment, this is not the case. Research by the NSPCC suggests only 27% of maternity services have a dedicated Specialist Mental Health Midwife⁸. We also know that some Specialist Mental Health Midwives do not feel they have sufficient knowledge and experience needed to carry out their role effectively.

Perinatal mental illness is a serious public health issue and demands attention. If midwives without specialist training are left to support families affected by perinatal mental illness on their own, it is less likely that families will receive the care and support they need. Specialist Mental Health Midwives support and empower their colleagues, reduce the demands on mainstream maternity services, and ensure that women and their families receive the best care.

The UK has examples of some of the best perinatal mental health services in the world, but many women and their infants receive poor quality services or nothing at all due to the gaps in provision. Our vision is to create a world-class system where all women who are at risk of, or are suffering from, mental illness are identified at the earliest possible opportunity and given appropriate and timely expert care that prevents their illness from occurring or escalating, and minimises the harm suffered by them and their families. Specialist Mental Health Midwives will help to achieve this vision. It is high time that there was parity between physical and mental conditions - particularly in the perinatal period, given the serious negative impact of mental illness on mother, child and the wider family.

Securing Specialist Mental Health Midwives in every maternity service will take us one step closer to removing the postcode lottery of care, delivering on the NHS mandate, and ensuring all mothers and babies are safe, nurtured and able to thrive.



APPENDIX A: CASE STUDY - SPECIALIST MENTAL HEALTH MIDWIFE IN KENT

For the last three years, Kent has had a Specialist Mental Health Midwife. This position is funded by the maternity services at Medway NHS Foundation Trust.

Women who are experiencing mental health problems during pregnancy or after birth are referred to the Specialist Midwife who will meet them and their partners for a one hour appointment to discuss their mental health needs; talk to them about how best to manage their psychological difficulties advise them on the support available locally, and make referrals to specialist services if needed. Referrals come from other midwives, as well as GPs, obstetricians, social workers and health visitors.

Since the development of this position, women and their families have experienced much more coordinated support to help them to improve their mental health. Before this position existed, women were often 'bounced' from one service to another because they did not meet the threshold for particular services, or because they had not been referred in the most appropriate way. Now the Specialist Midwife can ensure that when women do need additional support, they are referred to the appropriate services and the quality of the referral is high. This means women get more timely support and also saves time for other midwives, GPs and obstetricians

In addition to her work with individual women, the Specialist Midwife:

- ▶ Provides mental health training to midwives and other maternity staff.
- ▶ Develops strong working relationships with other services.
- ▶ Is a key member of the perinatal mental health clinical network, which brings together all services for women with perinatal mental illness.
- ▶ Sits on a subgroup of the Children's Trust to ensure that children's services consider the needs of families affected by perinatal mental illness.

"Working with postnatal women who have severe mental illnesses is always challenging and time consuming. While as midwives we are expected to be experts in all areas of midwifery, we may only encounter these women a few times over our whole career and this does not make us an expert. Knowing that we have a specialist midwife for Mental Health is a comfort to ward based midwives who can rely on extra help and support at times when we really need it – for example on those rare occasions when the patient's health is deteriorating so much that she needs to be admitted under the Mental Health Act. We know that our specialist midwives will take some of the load from the ward based midwives allowing us to continue providing appropriate care to all mums and babies. If we did not have midwives in this role there would be a void in our service provision."

Wendy, Ward Sister

"I have slightly higher anxiety, and questions whirl around my head over and over again ... I feel that general midwives, although excellent at what they do, did not have the time, some of the answers, and specialist knowledge in mental health to help put my mind at ease.

The most important thing for my mental wellbeing and the wellbeing of my baby is to stay as calm, relaxed and prepared as I can possibly be. I truly believe that if I didn't have the Specialist Mental Health Midwife, and perinatal mental health team, that I wouldn't be as relaxed or prepared as I feel. They all spent so much time working through my anxieties.

My 'normal' midwife appointments made sure all was going well within my body and baby, which is wonderful, but not my head, which is just as important."

Mum with a Mental Illness.

"The Mental Health midwife is an essential part of the Obstetric team. She can combine obstetric knowledge with psychiatric knowledge. Every time I have a patient with some sort of psychiatric issues, the mental health midwife is available straight away. She is a really big support for the department and a source of big reassurance for the patients."

Gemma, Obstetrician



APPENDIX B: SUGGESTED JOB DESCRIPTION

Job Summary:

This is a key, organisation-wide role in developing and maintaining high standards of care for women with mental health problems in pregnancy and the postnatal period, and their families. You will have a high level of relevant expert knowledge and skills, which you will use to manage, develop and lead care for pregnant and new mothers with mental health needs.

You will be responsible for providing extra support and care to some pregnant women with more severe mental health problems, in partnership with their own midwife and the specialist perinatal mental health team. You will work closely with women and their families to plan and coordinate their care based on their individual needs.

You will provide a link between the maternity service and other services involved in mental health care women, including the local primary care therapy service (IAPT) and perinatal mental health team. You will ensure that relevant pathways, policies and processes for women with, or at risk of, mental illness are developed, implemented and audited. This will involve working with a range of relevant professionals, services and agencies.

You will support your colleagues through coordinating and providing training and guidance in maternal mental health for key maternity staff, to enable them to provide holistic care that optimises mental as well as physical health.

Responsibilities

Clinical Care

- ▶ Support, assist and advise women with, or at risk of, perinatal mental illness and their families to supplement the care provided by their midwives where necessary, for example working with women and their midwives to develop individual care plans, and making referrals to additional specialist support where required.
- ▶ Act as an advocate for women to ensure they get the specialist mental health care they need.

- ▶ Liaise with mental health services, and other services and partner agencies to ensure that women with severe mental illness are receiving active and effective care.

Advice and Training

- ▶ Act as a resource for all staff involved in maternity care (including obstetricians, midwives, student midwives and maternity support workers). Provide evidence-based advice, support and information with regards to the appropriate management and referral of women with mental health problems and their families.
- ▶ Develop and coordinate training programmes for staff, and participate in the induction of new staff.
- ▶ Participate in the training of midwives, obstetricians, health visitors, GPs and other agencies as required.
- ▶ Ensure midwives are aware of care pathways for women with mild, moderate and severe mental illness and deliver their contribution to these, including the provision of information and support, and the prediction and detection of mental illness.
- ▶ Attend pre-birth meetings, whether these are led by obstetricians and midwives or social care, in order to support colleagues in providing reports, and to help formulate a birth plan and a family support/child protection plan.
- ▶ Provide a visible, accessible and authoritative presence, acting as a professional role model by providing leadership and support within multidisciplinary and midwife teams.

Service Development/Quality Assurance

- ▶ Work with colleagues to ensure that there is routine screening and early identification of women with, or at risk of a mental illness.
- ▶ Work with colleagues to ensure that women and their families receive appropriate information about mental health and illness in a sensitive way.
- ▶ Ensure that all policies and guidelines relating to women with perinatal mental illness are evidence based and appropriate, and that they are adhered to.



- ▶ Support and assure the implementation of guidelines by statutory and professional bodies as they relate to mental illness.
- ▶ Collate, analyse and report on information about the quality of service provided to women with mental illness.
- ▶ Use research to support evidence-based practice and shape the strategic direction of support for women with mental illness and their families.
- ▶ Identify areas for research, audit and development relevant to mental health. Initiate and participate in research and clinical audit programmes, and encourage other midwives to do the same.

Partnership working and development of pathways

- ▶ Provide a link between midwives, GPs, health visitors, obstetricians, specialist mental health services and other agencies in relation to the care of pregnant women and new mothers with mental health problems.
- ▶ Liaise with other services to improve service provision for women with mental illness and their families, and promote integration of services.
- ▶ Develop comprehensive care pathways for women and families affected by mild, moderate and severe maternal mental health problems in active collaboration with specialist perinatal mental health services and other providers of mental health services (e.g. GPs, Health visitors, IAPT services, 3rd sector organisations).
- ▶ Be actively involved with relevant hospital and community mental health teams. This includes attending team meetings and planning meetings where appropriate.

Knowledge and development

- ▶ Develop and maintain up-to-date research based professional knowledge about maternal mental health.
- ▶ Understand the impact of poor maternal mental health on infants and other family members, and the role that maternity services can play in mitigating this.

- ▶ Develop and maintain a basic working knowledge of mental health legislation, policy and guidance.
- ▶ Develop and maintain knowledge of the impact of common psychiatric medications on women and babies during pregnancy and breastfeeding, and have links to experts (specialist perinatal psychiatrists and pharmacists) to keep this knowledge up to date and seek additional information where required.
- ▶ Have up to date knowledge of local services available to pregnant women in relation to their mental health needs.

Person Specification (in addition to those normally expected of a midwife)

- ▶ Specialist knowledge and experience in maternal and infant mental health, developed through training and practice
- ▶ Additional qualification in mental health or counselling qualification
- ▶ A specialist interest in mental health
- ▶ Evidence of delivering high quality teaching to staff groups
- ▶ Evidence of multiagency working
- ▶ An excellent clinical record
- ▶ Proven leadership skills
- ▶ Evidence of ability to influence and motivate others



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