

# Scottish Government submission of 2 May 2023

PE2017/A: Extend the period that specialist perinatal mental health support is made available beyond one year

## Scottish Government Reply

The Scottish Government would like to begin by expressing how saddened we are to hear of the circumstances described by Ms Reid, the petitioner, regarding her close family member who has struggled with postpartum psychosis, and we appreciate Ms Reid raising this with us.

We would like to reassure Ms Reid that Mental Health remains an absolute priority for the Scottish Government and we are committed to ensuring equitable, coordinated access to mental health services for women, infants, and their families throughout pregnancy and during the postnatal period. Since 2019, the Scottish Government has invested over £26 million to improve and develop high quality statutory services and increase third sector perinatal and infant mental health provision across Scotland.

We recognise that the issues around perinatal mental health can be particularly complex and we have a range of different mechanisms in place to provide support. We have outlined some of these below in response to the specific points raised within Ms Reid's petition.

### **Amend section 24 of Mental Health (Care and Treatment), (Scotland Act) 2003 to extend maternal mental health support beyond one year.**

[Section 31 of the Mental Health \(Scotland\) Act 2015](#) provides an update to Section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003 which places a duty on Health Boards to provide "such services and accommodation as are necessary" to allow women with post-natal depression, or any other mental illness, to be admitted to hospital, accompanied by their child under one year old, where the Health Board is satisfied that doing so would be beneficial to the wellbeing of the child. This means that women have a legal right for the first 12 months post-birth, to be admitted to hospital with their infant. In practice, clinicians can and do use their professional discretion to offer treatment beyond

this point. However, we recognise that the petition is focused on the legal requirement.

All aspects of mental health law have recently been subject to a wide-ranging independent review commissioned by Scottish Ministers. The Scottish Mental Health Law Review (SMHLR), chaired by Lord Scott KC, reported in September 2022. This was a substantial 2-year piece of work which set out over 200 recommendations for reform to complex areas of law, policy and practice.

Cross-government work is now underway to carefully consider its recommendations and what further work might be required. We plan to provide an initial response to the report by Summer 2023. The response will set out next steps in progressing implementation of any reforms that are deemed necessary or beneficial to better protect or fulfil our international human rights obligations. It will particularly set out priority actions that will be taken in the short term. This will include any further potential amendments to Section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Any specific proposals for changes to the Act, will of course require careful consideration and our response will set out the approach that the Scottish Government will take to further engagement and policy development on this, and other recommendations regarding law reform. A key part of this work will be consideration of how to ensure that care is responsive to clinical need, with services remaining involved if the care they provide is most appropriate to the patient's clinical need. This may result in a definition of service duration where any specified cut off has built-in flexibility to allow for clinical need.

### **Introduce a family liaison function at adult mental health units across all health boards.**

The Scottish Government is committed to ensuring that those who need mental health services receive a high-quality level of care that is tailored to meet their individual needs. As such, the Scottish Government is developing quality standards for general adult secondary mental health services. We want to ensure that individuals, their families and carers know what they can expect from mental health services, ensuring a person-centred approach is at the heart of the approach.

A [draft set of these standards](#) has recently been out for public consultation, and we are currently refining them based on the feedback we received. This draft contains a standard (2.2 in the consultation document) which emphasises the importance of people's family and carers being involved in their care if they wish them to be, as we

recognise that this can form a vital part of the help and support that an individual may need.

Additionally, the importance of families is recognised within the context of perinatal mental health services. The [Perinatal Mental Health Network Scotland](#) (PMHN Scotland - a National Managed Clinical Network) has produced a series of pathways (and accompanying animations) to enhance access to services in a supportive, integrated manner. This includes recommendations for referrers to keep women and their families informed about specialist services and wider support/resources.

**Introduce specialised perinatal community teams that meet Perinatal Quality Network Standard Type 1 across all health boards.**

The Scottish Government is enhancing perinatal and infant mental health services by working with Health Boards across Scotland to further develop specialist Community Perinatal Mental Health services which provide assessment and care for women with moderate to severe mental health illness.

Since 2019, we have invested £8.2m in the development and implementation of these services to create help and support in every Health Board across Scotland. This has meant that there are new services in 11 Health Boards and a further 3 with expanded services.

The [Delivering Effective Services \(DES\) Report](#) (March 2019) describes a model of community perinatal mental health service provision which, for larger areas, should meet the Royal College of Psychiatrists' Perinatal Quality Network (PQN) Standards, as referred to in the petition question above. However, it also recognised the importance of tailoring services to the specific needs of areas of low population and more rural areas, to which the PQN standards are less easily suited. To help smaller boards develop appropriate services, DES recommended a regional model of service delivery. PMHN Scotland has also produced a service development guide for community specialist services, accompanied by a series of role definitions for specialist professionals and national care pathways to increase access to services. PMHN Scotland continues to work with teams to support them to join the Perinatal Quality Accreditation Network, where they are of a sufficient size to do so.

We are also rolling out integrated Infant Mental Health teams, and Maternity and Neonatal Psychological Interventions (MNPI) services to provide support to both parents and infants at the times it is most

needed. Currently there are 10 new Infant Mental Health services and a further 10 Health Boards offering new/expanded MNPI services.

**Establish a Mother and Baby Unit in North East Scotland.**

We are pleased to hear that Ms Reid's family member received excellent care at the Mother and Baby Unit in Livingston, West Lothian. Since 2019, the Scottish Government has invested over £2.5 million in Mother and Baby Units to improve women's experience of care and increase staffing levels. In 2020, we opened the Mother and Baby Unit Family Fund which helps families with expenses incurred when visiting a loved one admitted to a Mother and Baby Unit.

The Delivering Effective Services (DES) Report also recommended that Scotland would benefit from additional Mother and Baby Unit beds, and that these could be provided either through the expansion of the existing units, or through the creation of a new third unit in the north of Scotland.

The Scottish Government consulted on the best way to increase Mother and Baby Unit capacity in Scotland based on the recommendations made by DES. The [consultation report](#) was published in August 2022. The consultation and other data are currently being considered by National Services Scotland in an options appraisal to consider the potential for increasing Mother and Baby Unit capacity based on cost, equity of access, safety and sustainability of the service. The initial report from the options appraisal is expected in late autumn 2023.