Tees Valley Joint Health Scrutiny Committee

Accessing Specialist Community Perinatal Mental Health Services

July 2026

NHS
North East and North Cumbria

Perinatal & Maternal Mental Health service positioning in sector wide commissioned provision

Low to Moderate need

Universal Services	Psychological support
• Health visitors • Primary Care • Midwives • Community support • Family Hubs	• NHS Talking Therapies • Parent Infant mental health services
Enhanced Support	**Specialist Support**
• Birth Reflections • Bereavement midwives • Perinatal midwives • Obstetric mental health clinics • Enhanced health visiting • Early Help	• Maternal Mental Health Services • Specialist Community Perinatal Mental Health Team • Mother and Baby Unit

Moderate to Severe need

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Perinatal and Maternal Mental Health Objectives

1. Expanding Access: The overarching goal is to support over 66,000 women each year with moderate-to-severe or complex perinatal mental health (PMH) issues.

The NENC annual share of the national trajectory is **3,176 women per year**

In 2025/26 **2,435 women accessed services** which is a 21.8% above the ICB plan for the year

The ICB has increased investment to support an increase in access

Perinatal and Maternal Mental Health Objectives

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2. **Seamless Continuity of Care:** To bridge gaps between maternity and psychological services, NHS England has established Maternal Mental Health Services (MMHS). These pathways are tailored to actively treat birth trauma, tokophobia (severe fear of childbirth), and perinatal loss (including miscarriage and stillbirth).

The NENC had two **early adopter** sites testing MMHS

The ICB provided **investment** to scale up the early adopter model in stages.

Teesside services have **commenced delivery** with one hub across North and South Tees and Durham and Darlington are in the implementation process

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ICB commissioning intentions and implementation of investment in Tees Valley

- The ICB undertook a commissioning intentions exercise in 2024/25 to understand the current baseline and to assess if funding levels across the NENC provided an equity of service.
- Funding was provided for two areas of service provision in Tees Valley as follows:
  - **Perinatal:** Tees Valley Specialist Community Perinatal Mental Health Services
  - **Maternal Mental Health:** North and South Tees development and delivery and County Durham and Darlington development and delivery

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Tees Valley Specialist Perinatal Mental Health Service Overview

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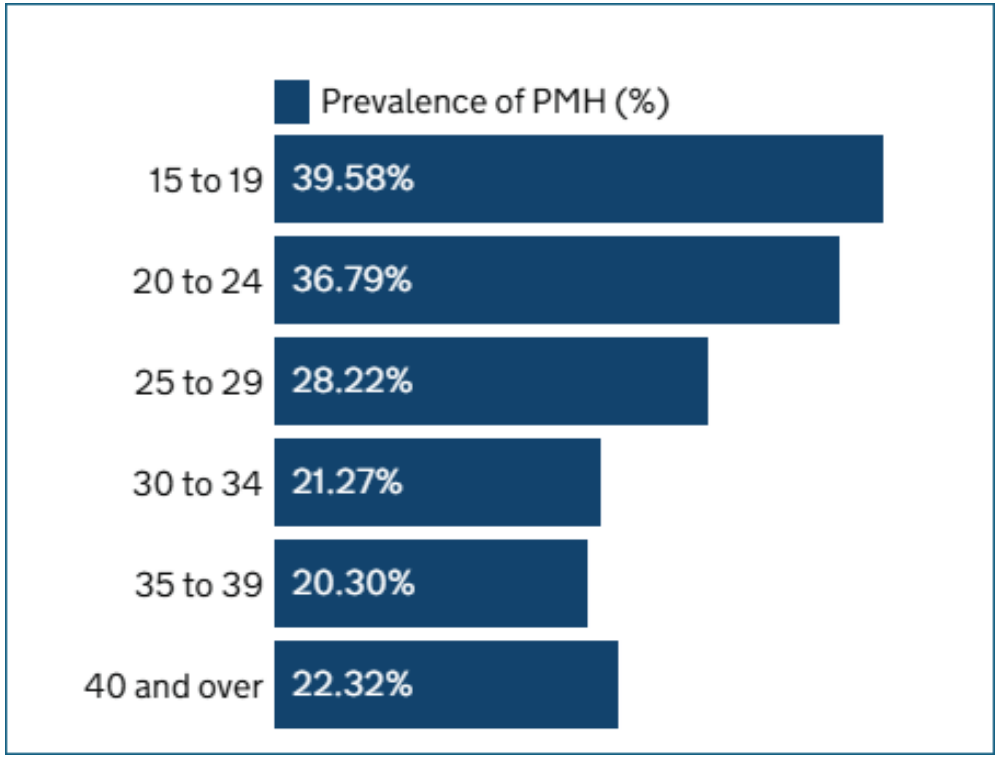
Perinatal Mental Health – Prevalence

The most recent published prevalence data indicates that the national average indicates 26% of women/birthing people will experience Perinatal Mental Health conditions.



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Overview of Services within Tees Valley

Mental health support to women with complex and severe mental illness during pregnancy and following birth.

Tees Valley

Birth Population – 6,690 (2016) – 5,853 (2022)

Darlington

Birth Population – 1,154 (2016) – 1,032 (2022)

Combined birth rate 7,844 (2016) – 6,885 (2022)

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Overview of Services within Tees Valley

We see women who are pregnant or postnatal up to 12 months (up to 24 months for those with an identified therapeutic intervention need) and these women have:

- Tried first line interventions
- Those with a significant mental health history
- Have a diagnosis of bipolar type, post partum psychosis, schizophrenia or any other psychotic illness
- Women who have had or currently have had an inpatient admission- including MBU
- Specialist prescribing advice
- Pre-conception advice

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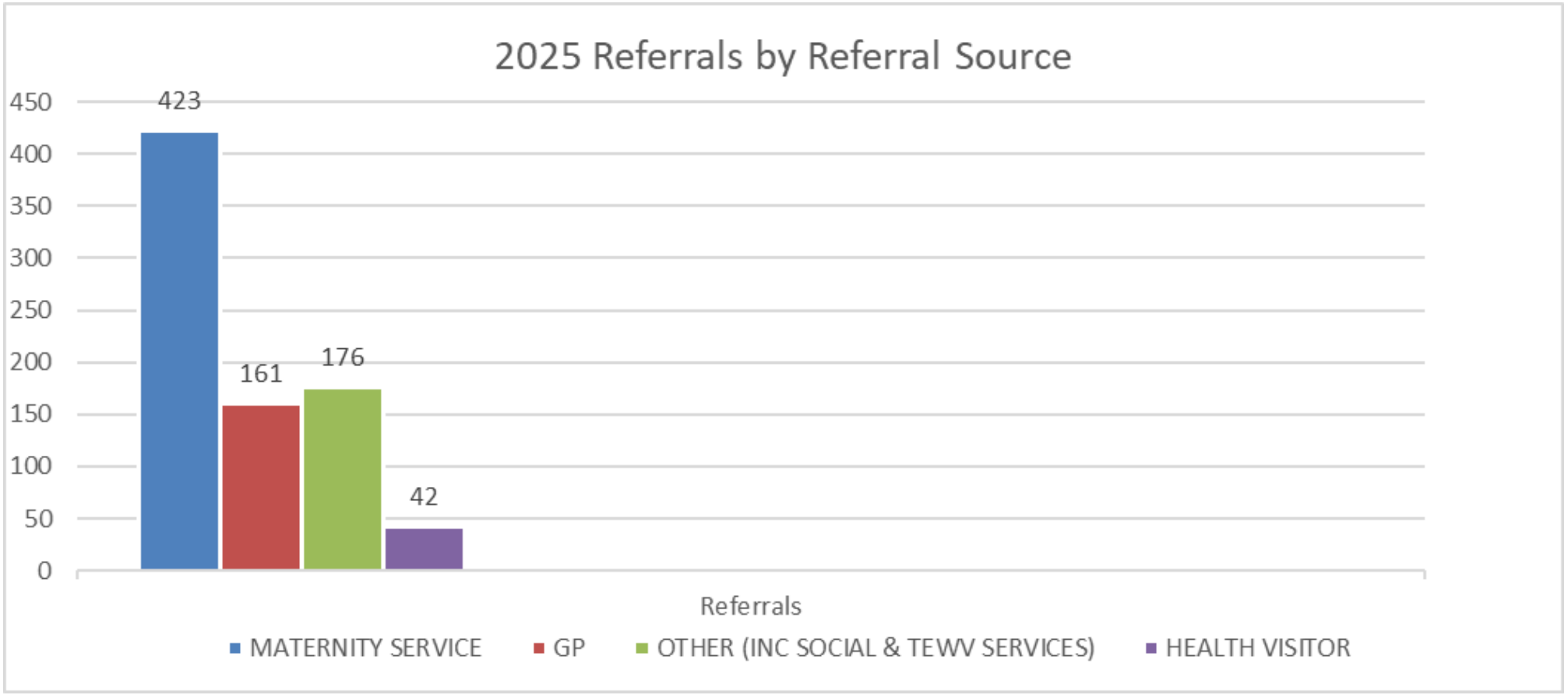
Referral Sources



Current Performance in Tees Valley

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Perinatal Mental Health Dashboard

Access

Version: 1.3

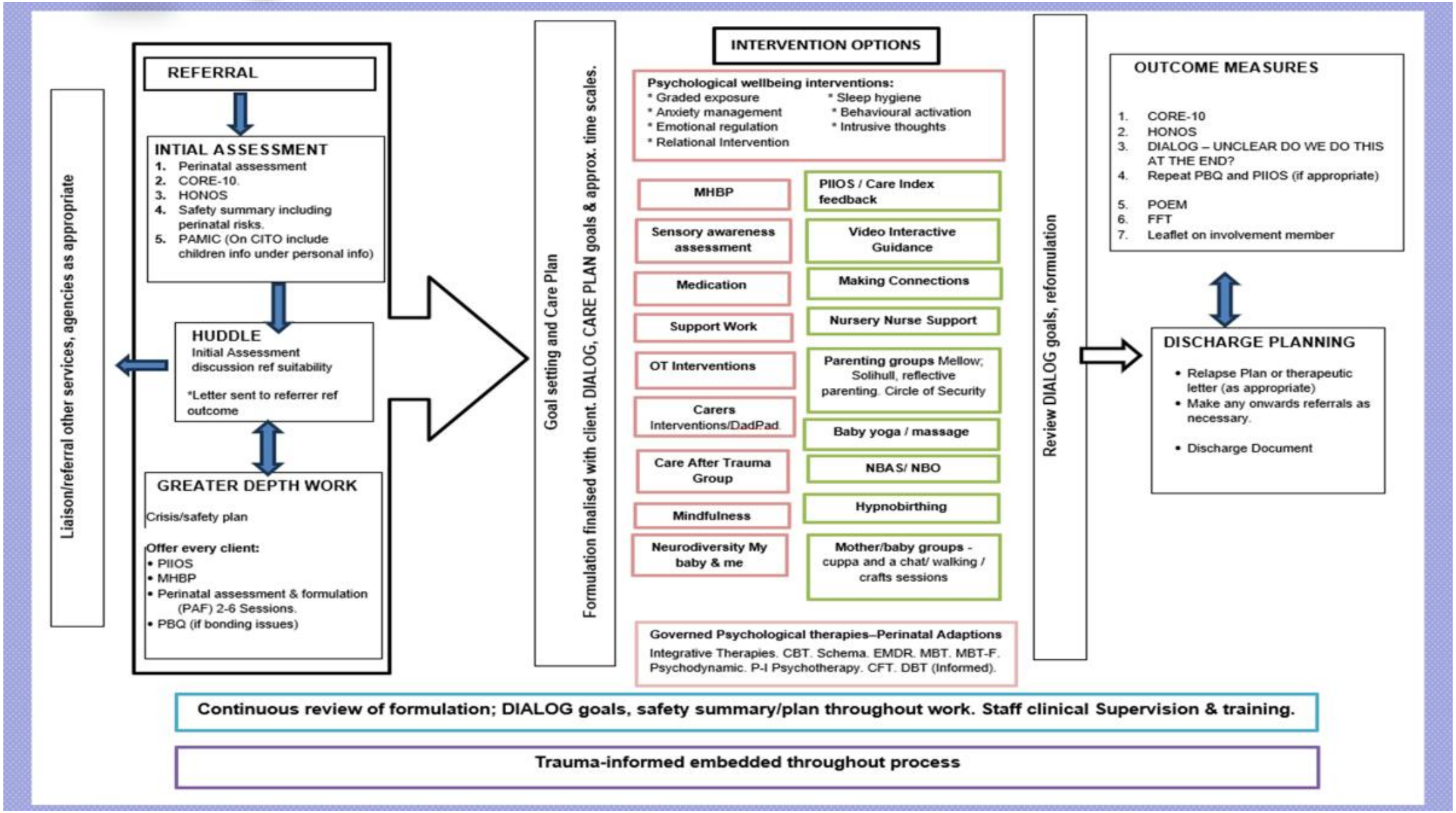
Organisati... Sub ICB | Organisati... NHS TEES VALLEY (16C)

'Access' is defined as at least one face to face or video conferencing 'contact' with a specialist perinatal mental health service at any point in the financial year. At a National level, women can only be counted once in each financial year, even if they receive multiple episodes of care.

Perinatal rolling 12 month access & Perinatal and Maternal Mental Health Services (MMHS) combined rolling 12 month access

*Specialist Perinatal Community Service only. MMHS data not yet flowing to data set

Pathway


Liaison/referral other services, agencies as appropriate
REFERRAL
INTIAL ASSESSMENT
1. Perinatal assessment
2. CORE-10.
3. HONOS
4. Safety summary including perinatal risks.
5. PAMIC (On CITO include children info under personal info)
HUDDLE
Initial Assessment discussion ref suitability
*Letter sent to referrer ref outcome
GREATER DEPTH WORK
Crisis/safety plan
Offer every client:
• PIIOS
• MHBP
• Perinatal assessment & formulation (PAF) 2-6 Sessions.
• PBQ (if bonding issues)
Goal setting and Care Plan
Formulation finalised with client. DIALOG, CARE PLAN goals & approx. time scales.
INTERVENTION OPTIONS
Psychological wellbeing interventions:
* Graded exposure
* Anxiety management
* Emotional regulation
* Relational Intervention
* Sleep hygiene
* Behavioural activation
* Intrusive thoughts
MHBP
Sensory awareness assessment
Medication
Support Work
OT Interventions
Carers Interventions/DadPad
Care After Trauma Group
Mindfulness
Neurodiversity My baby & me
PIIOS / Care Index feedback
Video Interactive Guidance
Making Connections
Nursery Nurse Support
Parenting groups Mellow; Solihull, reflective parenting. Circle of Security
Baby yoga / massage
NBAS/ NBO
Hypnobirthing
Mother/baby groups - cuppa and a chat/ walking / crafts sessions
Governed Psychological therapies–Perinatal Adaptions
Integrative Therapies. CBT. Schema. EMDR. MBT. MBT-F. Psychodynamic. P-I Psychotherapy. CFT. DBT (Informed).
Review DIALOG goals, reformulation
OUTCOME MEASURES
1. CORE-10
2. HONOS
3. DIALOG – UNCLEAR DO WE DO THIS AT THE END?
4. Repeat PBQ and PIIOS (if appropriate)
5. POEM
6. FFT
7. Leaflet on involvement member
DISCHARGE PLANNING
• Relapse Plan or therapeutic letter (as appropriate)
• Make any onwards referrals as necessary.
• Discharge Document
Continuous review of formulation; DIALOG goals, safety summary/plan throughout work. Staff clinical Supervision & training.
Trauma-informed embedded throughout process

Tees Valley MDT Provision

- Team Manager
- Consultant Psychiatrist
- Clinical Nurse Specialist/Advanced Nurse Practitioner
- Psychology & Psychotherapy
- Senior Mental Health Practitioners (Nurses, Social Worker, OTs)
- Occupational Therapist
- Nursery Nurse
- Support Worker and Assistant Psychologist
- Medical & Clinical administrators

Key areas of good practice

Support to patients:

- Pre Conception prescribing advice
- Specialist assessment, knowledge and skills around PMH
- Psychological wellbeing and governed therapies
- Evidence based Parent Infant interventions
- Partner's assessments offered
- Prescribing advice for patients on team caseload, and advice offered to other prescribers across DTV for pregnant and breast-feeding patients.

Key areas of good practice

Support and lead the wider internal and external systems:

- Teaching and training to Maternity staff, Mental Health teams, Urgent care, GP's, Trainees, Health Visitors & Local Authority staff.
- Safeguarding involvement with Local Authorities for both Children's & Adults services
- Formal links and joint working with the Mother and Baby Unit
- Family Hubs

Key areas of good practice

Teamwork:

- Experts by Experience and Involvement member groups
- Maternal Mental Health
- Collaborative working

Key areas of good practice

- Royal College of Psychiatrists' (RCPsych) Perinatal Quality Network (PQN)
- Tees Occupational Therapy (OT)
- Equality Diversity Inclusion working group.
- Read and reflect groups
- Support for doctoral research projects focused on Perinatal Mental Health.
- Recovery online- Perinatal mental health page Perinatal Mental Health information page - Recovery College Online
- Open University Supporting new mothers' mental health during the perinatal period | OpenLearn - Open University and Supporting parents through pregnancy and birth distress | OpenLearn - Open University

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Lived Experience

Journeys with Tees Perinatal Mental Health Team presented by Fern and Megan

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Jane & Courtney's Stories

Jane and Courtney received mental health support during their pregnancies and following the birth of their children.

It's important to talk
"Talking saves lives," says Courtney, who was referred into **Durham and Darlington Perinatal Mental Health Service** during her pregnancy, having previously had support from our Trust.

She has continued to work with the team following discharge from a mother and baby unit. She says: "Battling mental illness in silence is extremely difficult, with a newborn in tow it feels impossible. Talking is the way to get the help you need."

Jane also experienced recovery, through working with the specialist perinatal mental health service. She was asked at a midwife appointment if she would like to be under perinatal mental health during her pregnancy, due to having received mental health care previously. She says: "I didn't really know what it entailed but I am eternally grateful that I chose to be under perinatal."

Don't listen to people who say "just you wait." The women describe how the reality of parenthood can be different from what you may expect.

One of the tips Courtney gives is: "not to not listen to all the just you wait moments, as ultimately, everyone's experience during the perinatal period is different."

The two explore this experience in a poem they wrote to raise awareness.

Together, after speaking about their experiences and struggles, Courtney and Jane wrote the poem to highlight the emotional impact becoming a parent can have.

The pair hope the poem can raise awareness and understanding.

> **Battling mental illness in silence is extremely difficult, with a newborn in tow it feels impossible**

Jane & Courtney's Stories

Ask for support
If you're feeling anxious or depressed during pregnancy or after becoming a parent, the women recommend reaching out for support.

"Not being afraid to speak out and get the support you need is so brave," says Courtney. "When you're unwell it's a really scary place but having the correct support network in place is crucial. Family, friends and mental health nurses know the real well you. So, when you become unwell – like I did – they know to get you the correct help, even if you don't agree with it at the time," says Jane.

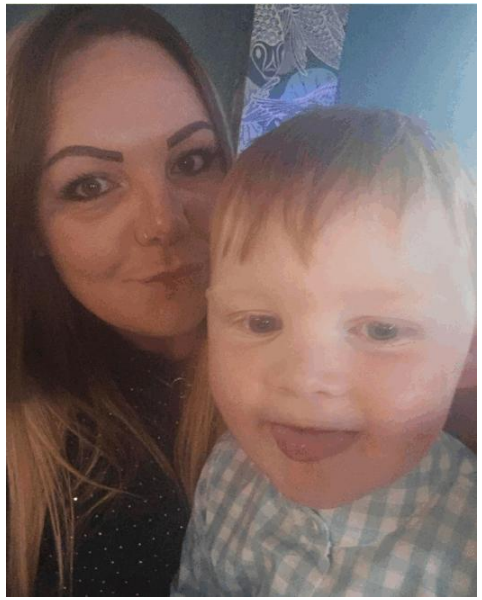
Be honest, even though it can be scary
"I think my biggest tip," says Courtney, "is to be honest no matter how scary that might be and to not be ashamed or afraid." Jane said: "People think the worst, however, with correct support you can be the most amazing mum."

Help and recovery is possible, although it may not feel like it now
Courtney says: "This work matters as I'm keen to help other people by using my lived experience. To advocate for hope and recovery when it feels like that isn't possible."

Jane shared: "The work really makes me proud of myself, from being seriously unwell to potentially helping others gives me a sense of purpose. I would really like to help other mothers like myself in the future."

Laura Wilkinson, Advanced Nurse Practitioner in the Durham and Darlington Perinatal Mental Health Service, says: "I'm really proud of Courtney and Jane. I feel so lucky to work with them again but in a different capacity. It's so important that women are able to use their voice during the most difficult times. Our experts by experience, like Courtney and Jane, want to help support and encourage women to reach out in order to help reduce the stigma attached to being unwell in the perinatal period.

"We are planning some very exciting future training events for staff using our experts by experience to help reduce stigma so hopefully we can reach more women in need and get them the service they all deserve to receive."



"I would really like to help other mothers like myself in the future"

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Recovery College online

Following a miscarriage …my initial feelings were excitement and relief — we were finally going to have a baby… After a few weeks of living on the high ..I began to experience intrusive and unwanted thoughts about harming my baby once he was born….I struggled to sleep or concentrate, became increasingly agitated, and my mood dropped significantly. Eventually, this led to very dark thoughts about ending my life once my baby was born.

At the time I found out I was pregnant; I was under the care of adult mental health services and was transferred to the perinatal mental health team. Through this, I built a trusting relationship with my community psychiatric nurse and psychologist, which became an essential source of support. The thoughts I was experiencing were of a sexual nature, fears that I would sexually abuse my baby. This is an incredibly taboo subject and something I found extremely difficult and shameful to talk about. It took a great deal of courage to admit these thoughts were there at all. Instead of being judged or dismissed, I was met with understanding, reassurance, and care. I felt listened to and supported and was reassured that these thoughts were a symptom of distress and anxiety, not a reflection of who I am or an indication that I was a bad or dangerous person.

In therapy, we also gently touched on my personal history and the trauma I experienced growing up. For the first time in my life, I felt I was in a safe enough environment to begin discussing this. Having that space has given me the foundations I need to process my trauma and to “package it up” in a way that allows me to deal with it safely, at my own pace.

Following discharge from the perinatal team I have been able to reflect on my involvement with them and have come to realise I am a mum who fought through something terrifying, and I’m still growing and healing. My bond with my baby boy is strong, loving, and real. I no longer see myself as the danger but as a mum who is simply trying her best.

To read more go to www.recoverycollegeonline.co.uk/topics/perinatal-mental-health

Patient Feedback

"The Perinatal group helped me escape for the time I was there and feel somewhat 'normal'. It made me realise I am not alone. The staff are lovely and make me feel safe."

The team offered me lots ….a craft group, first aid with nursery nurse, baby massage, a care after trauma group, a mindfulness group, and 1:1 schema therapy. These things got me through …. I don't think I'd be in the place I am today if it wasn't for the team. I didn't have any family or social support, so I felt a bit isolated and overwhelmed, but the team were always there to support me when I needed them.

Challenges & Opportunities

- Fall in birth rate
- Increasing complexity of patients
- Neurodiversity
- New MMHS (Maternal Mental Health Service)
- Missed appointments

Next Steps

- Continue to raise awareness of perinatal mental health
- To continue with the development of involvement member groups
- New MMHS
- Tees Valley service to 24 months

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Thank you

Any Questions?

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