

# Citizen Participation and Public Petitions Committee

11th Meeting, 2023 (Session 6), Wednesday  
28 June 2023

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

<b>Petitioner</b>	Margaret Reid
<b>Petition summary</b>	Calling on the Scottish Parliament to urge the Scottish Government to: <ul style="list-style-type: none"><li>• amend section 24 of Mental Health (Care and Treatment) (Scotland) Act 2003 to extend maternal mental health support beyond one year,</li><li>• introduce a family liaison function at adult mental health units across all health boards,</li><li>• introduce specialised perinatal community teams that meet Perinatal Quality Network Standard Type 1 across all health boards, and</li><li>• establish a Mother and Baby Unit in North East Scotland</li></ul>
<b>Webpage</b>	<a href="https://petitions.parliament.scot/petitions/PE2017">https://petitions.parliament.scot/petitions/PE2017</a>

### Introduction

1. This is a new petition that was lodged on 3 April 2023.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition can collect signatures while it remains under consideration. At the time of writing, 580 signatures have been received on this petition.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe C** of this paper.
6. The Committee has also received a written submission from Tess White MSP which is included at **Annexe D** of this paper.

## Action

The Committee is invited to consider what action it wishes to take on this petition.

**Clerk to the Committee**

## Annexe A

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

#### Petitioner

Margaret Reid

#### Date Lodged:

03/04/23

#### Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to:

- amend section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003 to extend maternal mental health support beyond one year
- introduce a family liaison function at adult mental health units across all health boards,
- introduce specialised perinatal community teams that meet Perinatal Quality Network Standard Type 1 across all health boards, and
- establish a Mother and Baby Unit in North East Scotland.

#### Previous action

I contacted one of my North East regional MSPs in December 2021 who raised the situation during First Minister's Questions. I contacted another North East regional MSP, Tess White MSP, in early 2022 about maternal health services and she has been supporting us on the issues raised in this petition in the intervening period.

#### Background information

A member of my family who lives in NE Scotland, developed postpartum psychosis and relapsed after receiving initial treatment at a Mother and Baby Unit. Her experience shows that difficulties with maternal mental health are not just confined to the first year of motherhood.

After being diagnosed with postpartum psychosis, she and her baby were admitted to the Mother and Baby Unit in Livingston. They received exceptional care, while her family were kept up-to-date with her treatment and progress.

However, she experienced a relapse some months later and was sectioned in a mental health unit. Her experience was profoundly different to the MBU where she had made so much progress. She said to me that 'it was like living a nightmare; the whole experience just didn't seem real.'

To watch someone you love be so ill, to put her in the hands of a system with people you should be able to trust, and be let down so badly is one of the hardest experiences of my life. It has driven me to make change.

## Annexe B

The logo for SPICe, featuring the text 'SPICe' in a white, sans-serif font on a dark purple background.

The Information Centre  
An t-Ionad Fiosrachaidh

### Briefing for the Citizen Participation and Public Petitions Committee on petition PE2017: [Extend the period that specialist perinatal mental health support is made available beyond one year](#), lodged by Margaret Reid

#### Brief overview of issues raised by the petition

The petition is calling on the Scottish Parliament to urge the Scottish Government to:

- amend section 24 of Mental Health (Care and Treatment), (Scotland Act) 2003 to extend maternal mental health support beyond one year
- introduce a family liaison function at adult mental health units across all health boards
- introduce specialised perinatal community teams that meet Perinatal Quality Network Standard Type 1 across all health boards
- establish a Mother and Baby Unit in North East Scotland

#### Background

Perinatal mental health problems are mental health problems which occur during pregnancy and up to one year after a child's birth. This includes new problems. It also includes the recurrence of existing problems. The period around birth is a time of increased risk for women who have a history of mental health problems.

The [Royal College of Psychiatrists](#) notes around one in five pregnant women will have a mental health problem during their pregnancy, and in the year after they have a baby. For about five out of 100, this will be a serious mental health problem.

The [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) (as amended by the [Mental Health \(Scotland\) Act 2015](#)) is the main mental health legislation in Scotland. The [Mental Health \(Scotland\) Act \(2015\)](#) introduced a duty to provide mothers with the right to be admitted to a specialist mother and baby unit, jointly with her infant, if they need inpatient mental health care.

The Scottish Government commissioned a review of [Scottish Mental Health Law. This has recently published its final report](#) but – at the time of writing – the Scottish Government has not yet responded to the report. The Review recommended that:

“The duty in section 24 of the Mental Health Act to support mothers in hospital with postnatal depression and similar conditions should be broadened to ensure a wider range of in-patient and community supports for parents who need perinatal mental health care and their children”.

## Mother and Baby Units (MBUs)

There are currently two Mother and Baby Units in Scotland (St John’s Hospital in Livingston and Leverndale in Glasgow), which have six beds each.

In 2019 the Perinatal Mental Health Network Scotland, a National Managed Clinical Network, published a [needs assessment and service recommendations for specialist and universal perinatal mental health services](#). This recommended that an:

“additional two to four MBU beds should be provided on one or other existing MBU site, divided between both, or in a third MBU located in the north of Scotland. To be viable, a third MBU should have a minimum of four beds. The Scottish Government and NHS boards should conduct an option appraisal to meet this additional need as part of a national implementation plan.”

In February 2022 the Scottish Government [consulted on how to increase Mother and Baby Unit provision or equivalent services](#) to support women

with severe mental illness during the perinatal period and their infants, and a [consultation summary report](#) was published.

In its submission to the Committee the Scottish Government stated that:

“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.”

## Community specialist perinatal mental health services

In relation to community services the [needs assessment and service recommendations for specialist and universal perinatal mental health services](#) recommended that:

“All NHS boards should have community specialist perinatal mental health provision. The specific model will be dependent on birth numbers, socio-demographic and geographical needs and, for smaller boards, may be provided in part by boards collaborating together through regional structures. Sessional time for some highly specialised staff may also be provided through regional collaboration. The Scottish Government should ensure that implementation of this work and longer term roll-out is included in a national delivery plan as soon as practicable.”

The Scottish Government published a [perinatal and infant mental health update report](#). This includes an update on the services available in each health board area, at August 2022. This reported that in 2022 there were 14 Community Perinatal Mental Health Teams (three expanded, nine new and two in development). However, a report from May 2023, by the [Maternal Mental Health Alliance](#), reported that only two out of 14 (14%) of Scottish health boards met Perinatal Quality Network Standards Type 1. The Royal College of Psychiatrists publishes [Standards for Community Perinatal Mental Health Services](#). A recent report by the [Maternal Mental Health Alliance](#) reported that only two out of 14 (14%) of Scottish health boards met Perinatal Quality Network Standards Type 1.

The [Maternal Mental Health Alliance](#) also found that 46% of health boards predicted there would be an underspend against their estimated

budget for 2022-23. In many cases this was attributed to recruitment issues and/or vacant posts.

## Scottish Government action

In 2017 [the Perinatal Mental Health Network Scotland \(PMHN Scotland\) was established as a National Managed Clinical Network \(a network of specialist staff working together\).](#)

PMHN Scotland published [Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services](#), in March 2019. This report assessed the state of perinatal mental health services in Scotland in 2019 and made recommendations to improve care.

In 2019, the Scottish Government established a [Perinatal and Infant Mental Health Programme Board](#) this was intended to oversee, provide strategic leadership and have overall management of the delivery of improved perinatal and infant mental health services.

As mentioned previously an [update report](#) was published in January 2023 and an options appraisal to consider the potential for increasing Mother and Baby Unit capacity is expected in late autumn 2023

## Scottish Parliament action

The Health, Social Care and Sport Committee undertook [a short inquiry into perinatal mental health in Scotland in 2021](#). Its report made 55 recommendations including ones about the provision of services in the north of Scotland and extending services beyond one year of birth.

“ [...] the Committee is concerned by evidence of significant inconsistencies in accessibility of MBUs across different NHS board areas and the lack of provision in the north of Scotland, which means mothers are having to travel long distances to access an MBU. It is equally concerned by an apparent lack of awareness from referrers in certain areas of the country of services available from MBUs.

The Committee calls on the Scottish Government to set out the rationale around decisions not to establish MBUs in some parts of the country, particularly in highly populated NHS boards such as NHS Grampian.



The Committee looks forward to seeing the outcome of the options appraisal of MBU capacity in Scotland. Based on the evidence received, it believes there is a strong and compelling case for the establishment of a new MBU serving the north of Scotland.”

The Committee also recommended “the Scottish Government undertake work to ensure NHS boards improve the integration and continuity of perinatal mental health services in the longer term for those families that need it. The Committee believe this should not be restricted to the one year period following the birth of a child” (recommendation 26). The [Scottish Government responded to the report](#) in March 2022. In relation to extending the services beyond one year it said:

“Currently, in relation to specialist perinatal mental health, the perinatal period is defined as pregnancy and the first 12 months after birth. This is reflected in section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003 and further amended in section 31 of the Mental Health (Scotland) Act 2015. We are working with the Perinatal and Infant Mental Health Programme Board and Managed Clinical Network to consider the parameters for perinatal mental health support within Scotland as part of Programme Board transition planning. 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. The application of this will be considered as part of the service specification.”

There have also been a number of parliamentary questions on the subject including (S6T-00687): To ask the Scottish Government what action it will take to provide local support to new mothers who require a specialist mental health bed with their baby, following recent reports that many are having to travel hundreds of miles in order to receive the treatment that they need.

In response the Minister for Mental Wellbeing and Social Care said:

“We have been working closely with colleagues in health boards in the north of Scotland to support the development of community services in their areas, so that the right support can be provided at the time when it is needed. In recent months, NHS Highland and NHS Grampian have launched their community perinatal mental health teams, which will improve access to specialist treatment.”

SPICe has published a blog on [Maternal Mental Health](#) and [an update blog](#) in November 2021.

**Lizzy Burgess**

**SPICe Researcher (Health and Social Care)**

04/05/2023 updated 21/06/2023

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at [spice@parliament.scot](mailto:spice@parliament.scot)

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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## Annexe C

### 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 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.

## Annexe D

### Tess White MSP submission of 14 June 2023

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

I have supported my constituents Margaret Reid and her sister regarding the difficult and traumatic issues raised in PE2017 since February 2022. I have permission from Ms Reid and her sister to share details of their story in this submission.

Ms Reid's sister was sectioned in Carseview Hospital in NHS Tayside and separated from her children after she experienced a frightening relapse in her postpartum psychosis. This was following successful treatment in a Mother and Baby Unit (MBU) in Livingston, although she was treated miles from her home in the North of Scotland. When Ms Reid's sister's condition got worse, she could not be admitted to a Mother and Baby Unit for a second time because her child was too old.

#### **Transition to general adult services in NHS Tayside**

The perinatal period refers only to pregnancy and the first 12 months after childbirth. For many mothers with mental ill-health, the 12-month mark is a precipice where the nature of support changes or falls away.

Ms Reid's sister found that the transition from perinatal mental health services to adult mental health services was abrupt and distressing. It was also very hard for her family, who felt isolated and received little contact from staff. Ms Reid had to drive to the facility to speak to clinical staff in person about her sister's condition and treatment, which is why she is calling for a family liaison function in mental health units.

Ms Reid shared with me that her sister was "frightened, confused, and very, very scared" in the mental health unit, which deals with every type of mental ill health. Her experience in Carseview was profoundly different to the Mother and Baby Unit, and she felt that Carseview did not offer the "healthy environment" she needed to get better and focus on her recovery. Crucially, she was separated from her young daughter.

The Independent Inquiry into Mental Health Services in NHS Tayside by Dr David Strang, published in July 2020, recognised that "the physical

space, fabric, decoration and atmosphere at Carseview Centre are not conducive to a welcoming and safe space.” The inquiry also found that patients reported that “their interactions with others on the wards...have been difficult and, at times, frightening.”

A report published in January 2023 by the Independent Oversight and Assurance Committee on progress towards implementing Dr Strang’s 49 recommendations found that NHS Tayside had failed to fully rectify 31 of the 49 issues identified.

### **Extending the period that specialist mental health support is made available**

The Scottish Parliament’s Health, Social Care and Sport (HSCS) Committee’s 2021 inquiry into perinatal mental health recommended that mental health support “...should not be restricted to the one-year period following the birth of a child”.

The Scottish Government acknowledged the recommendation from the HSCS Committee, highlighting that it is considering the parameters for perinatal mental health support with the Perinatal and Infant Mental Health Programme Board. This is welcome, but the Programme Board concluded in March 2023 and no clear progress has been made towards the implementation of this recommendation. No new oversight announcements have been made and the Scottish Government has advised that these are still “under development”.

In the meantime, the Scottish Government has not yet responded to the Scottish Mental Health Law Review Final Report, which was published in September 2022. One of the report’s recommendations addressed issues around access to maternal mental health treatment, recommending that: “The duty in section 24 of the Mental Health Act to support mothers in hospital with postnatal depression and similar conditions should be broadened to ensure a wider range of in-patient and community supports for parents who need perinatal mental health care and their children.”

While recognition that maternal mental ill-health is not restricted to the first twelve months of motherhood is welcome, the slow pace of change demonstrated by the Scottish Government is a source of frustration and concern for my constituent.

### **Research from the Maternal Mental Health Alliance**



A new report from the Maternal Mental Health Alliance published in May 2023 shows that only 14 per cent of health boards in Scotland offer the highest standard of specialist perinatal mental health teams. That is the equivalent of two health boards – NHS Lothian and NHS Greater Glasgow and Clyde. Women living outside big population centres and the Central Belt are having to contend with the reduced availability of perinatal mental health care services.

The report also found that 46 per cent of health boards predicted there would be an underspend against their estimated budget for 2022-23, with recruitment issues highlighted as the main reason for the underspend. These recruitment challenges and their impact on the delivery of perinatal and infant mental health services are extremely concerning.

### **Mother and Baby Units**

There are only two Mother and Baby Units in Scotland's Central Belt, each with six beds. This puts women in the North of Scotland at a geographical disadvantage – they can access treatment in the MBUs, but they must leave their older children and family support system behind.

While it is positive that a recent consultation showed overwhelming support for an MBU in the North East, the Scottish Government must take urgent action to take this forward and make it a reality. Consideration should also be given to capacity in MBUs for mothers with older and mobile babies, as there is anecdotal evidence that MBUs cannot adequately accommodate them in some cases.

I thank the Citizen Participation and Public Petitions Committee for its consideration of PE2017.