



# **Specialist Perinatal Mental Health Services: Our future**

*Report on the  
Perinatal Mental Health Education, Training  
and Research (PMHETR) Centre - Exploratory  
Roundtable Conference*



Office of the National Clinical Advisor and Group Lead for Mental Health  
Health Service Executive | Dr Steevens' Hospital | Dublin 8 | DO8 W2A8

*The report presents the key issues that emerged at the Roundtable Conference on the 'Specialist Perinatal Mental Health Services in Ireland: Our future' and may be cited as follows:*

Hannon, S. Daly, D. Cooney, C., Jairaj, C., Duffy, R. (2024). Specialist Perinatal Mental Health Services in Ireland: Our future. The need for the establishment of a Perinatal Mental Health Education, Training and Research (PMHETR) Centre - Exploratory Roundtable Conference.

## Acknowledgements

Thanks to:

The Trinity Centre for Maternity Care Research (TCMCR) 19 June 2024, School of Nursing and Midwifery, Trinity College Dublin. DO2 T283.

The Office of the National Clinical Advisor and Group Lead for Mental Health, Health Service Executive, Dr Steevens' Hospital, Dublin. DO8 W2A8 for funding the refreshments provided.



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

**The Trinity Centre for  
Maternity Care Research  
(TCMCR)**

*School of Nursing and  
Midwifery  
Trinity College Dublin*

---



## Contents

<b>1. Introduction</b> .....	<b>4</b>
<b>2. Background</b> .....	<b>4</b>
<b>3. Findings from the Roundtable: Needs and Recommendations</b> .....	<b>6</b>
<b>3.1 Education</b> .....	<b>6</b>
3.1.1 <i>All healthcare professionals</i> .....	6
3.1.2 <i>Women, their partners, and family</i> .....	8
3.1.3 <i>SPMHS staff</i> .....	9
<b>3.2 Training</b> .....	<b>11</b>
3.2.1 <i>SPMHS providers</i> .....	11
<b>3.3 Research</b> .....	<b>12</b>
3.3.1 <i>Supporting SPMHS providers to conduct research</i> .....	13
3.3.2 <i>Improving Irish specific data and research</i> .....	15
<b>4. Next steps</b> .....	<b>17</b>



## 1. Introduction

The Specialist Perinatal Mental Health Services (SPMHS) Model of Care was launched in 2017 and there has been considerable development of perinatal mental health services since its implementation. A steering group was formed in 2024 to oversee a refresh of the Model of Care. This will focus on the further development of clinical services across hub and spoke sites so that women can access directly provided specialist perinatal multidisciplinary mental health care nationally. It is clear that a structured coordinated ongoing programme of mental health education and training is required to meet the needs of a wide range of healthcare staff that provide care and support to women in the perinatal period. The steering group is examining the option of developing a National Centre for Specialist Perinatal Mental Health Training, Education and Research to facilitate the delivery of this programme and to foster a programme of national research to support best clinical practice.

## 2. Background

In October 2023, the Trinity Centre for Maternity Care Research (TCMCR) facilitated a 'Roundtable Research Talks' event. This event brought together over 40 diverse stakeholders from a range of health and social services, consumer advocacy, special interest, and community groups, all with a shared interest in improving mental health services for women, children and their families. The event aimed to provide a space to promote new conversations, partnerships, collaborations and project development among these groups whose research and service provision interests align.

One of the collaborations that emerged from this event was between members of the TCMCR and the Clinical Lead of the SPMHS Model of Care, Dr Colm Cooney. This partnership focused on improving perinatal mental health education, training and research, and the collaboration resulted in the joint



facilitation of a consultation process to explore the insights and professional expertise of healthcare professionals working in the SPMHS.

In order to explore the future of SPMHS in Ireland, healthcare professionals working in the SPMHS around Ireland were invited to participate in an exploratory roundtable discussion exploring the development of services with a particular focus on the development of a Perinatal Education, Training and Research Centre. Thirty participants; clinical nurse specialists, midwives, clinical midwife specialists, advance midwife practitioners, social workers, occupational therapists, psychologists, and psychiatrists, contributed to the discussion, and this report presents the key issues that emerged. These professionals convened to identify the education, training and research needs within the SPMHS in Ireland and the wider group of healthcare professionals who provide care and support to women in the perinatal period and to make recommendations about how these needs could be met.

The Exploratory Roundtable Conference took place on 19 June 2024. The event comprised an introduction from the Clinical Lead on the current state of the SPMHS, and why a national centre co-ordinating activities relating to education, training and research was needed. This was followed by a presentation on educational needs of service providers by Dr Richard Duffy, Rotunda Hospital, and a presentation on the importance of having a perinatal mental health research programme by Dr Chaitra Jairaj, Coombe Hospital. Each presentation was followed by comments, thoughts and suggestions from participants. Participants then worked in three groups to discuss national education, training and research priorities.



### **3. Findings from the Roundtable: Needs and Recommendations**

The exploratory roundtable collected information in relation to the current state of education, training and research in relation to perinatal mental health in Ireland and anticipated future requirements. Key issues specific to, and overlapping between, the areas of education, training and research that were discussed among the groups are outlined below.

#### ***3.1 Education***

Participants identified three groups of people who may benefit from educational material or courses developed by the PMHETR centre and included healthcare professionals in both the maternity hospital and in the community, women, their partners, and family, and SPMHS staff.

##### ***3.1.1 All healthcare professionals***

There was shared agreement concerning the need for educational material to assist all healthcare professionals who have contact with women in the perinatal period, such as GPs, PHNs, CMHTs, general psychiatry, psychologists, student nurses and midwives, pharmacists, and social workers. Additionally, non-healthcare professional groups who work for and with mothers and families may benefit from access to educational material on perinatal mental health, such as fertility services, family resource centres and other community support groups aimed at supporting families, parents and infants.

#### ***Key issues***

- A common issue mentioned by SPMHS providers is that women stop taking prescribed medications abruptly when they discover that they are pregnant, without first obtaining the



information and support from a qualified mental healthcare professional. SPMHS providers also noted that women occasionally report that cessation of medications was advised by another health professional, other than a member of the SPMHS team. Additionally, some women reported that they had experienced being questioned by healthcare professionals about their continued use of medications *after* receiving information from a SPMHS provider of the risks, benefits and safety.

SPMHS providers acknowledged that there are few resources available regarding psychotropic medication use during pregnancy even for healthcare professionals working within the SPMHS. Healthcare professionals working in the SPMHS have the advantage of consulting with colleagues with expertise on medication use that other healthcare professionals do not have. Limited access to information and concerns about risk may, understandably, result in hesitation among GPs and community psychiatrists to prescribe or advise continuation of medication use during pregnancy.

- Disparate information and non-standardised education on perinatal mental health means that there is variation in the level of knowledge regarding perinatal mental health across professions. In addition, there is very limited continuous professional training (CPT) or Continuous Medical Education (CME) materials relating to perinatal mental health that are available on HSELand for all healthcare professionals.

*Recommendations:*

- ❖ Concise, up-to-date, evidence-based educational materials on the ‘what is known’ about the risks and benefits of the limited range of psychotropic medications that are prescribed during pregnancy would benefit all healthcare professionals and the women in their care. Additionally,



these educational materials would complement the educational needs of healthcare professionals who provide care in the SPMHS but who do not have specific expertise in medication use.

- ❖ An understanding of the educational needs of individual healthcare professionals is needed. This can enable the development of bespoke educational material for different stakeholders' needs ranging from broad to specific questions around perinatal mental health, and covering mild to severe perinatal mental health problems.
- ❖ The PMHETR Centre may host a shared platform with educational materials that are developed for specific key healthcare professionals that are standardised to a high quality. This may also function as a directory of resources that can be available nationally.

### *3.1.2 Women, their partners, and family*

SPMHS providers would like to see the PMHETR Centre develop and provide educational materials about perinatal mental health for public consumption.

#### *Key issues:*

- Perinatal mental health education is available for patients in Maternity Hospitals but for some the information may be lost within the volume of additional information that women receive during pregnancy. In addition, other women may feel that the information is not relevant to them.
- Some women with specific needs may experience barriers to accessing educational materials, for example literacy or language barriers.
- There are few resources for partners or family members who are part of women's social support network in the perinatal period. Specifically, it was highlighted that educational materials that



could improve their awareness of mental health problems in their partner and where to seek relevant support. While there is increasing evidence of the prevalence of paternal mental illness in the postpartum period the groups noted the limited awareness of this among fathers.

*Recommendations:*

- ❖ Publically available educational resources for all women of childbearing age should be prioritised, to improve women's awareness of mental health issues before they become pregnant.
- ❖ Careful consideration of media mode used to disseminate educational material to women and the public to optimise awareness with a tailored approach, for example use of short videos for younger audiences and individuals who struggle with text-based formats and the translation of materials into multiple languages to reduce barriers for immigrant women and their supporters.
- ❖ Educational material for partners and extended family to enable them to identify mental health problems as they emerge and to support women to obtain professional care would be beneficial to women and their families. In addition, educational resources to raise awareness of perinatal mental disorders to ensure early identification and treatment.

*3.1.3 SPMHS staff*

The exploratory workshop identified two areas for educational development for SPMHS staff that overlapped with training. First, further education to build research skills and second, education to keep pace with changing population demographics in Ireland



*Key issues:*

- SPMHS providers have varying levels of research skills, knowledge and experience, and require further education to undertake research roles.
- SPMHS providers noted that there is an increasing number of women attending services with multiple complex needs.

*Recommendations:*

- ❖ SPMHS providers require educational resources to improve their research skills and build confidence in their ability to conduct high quality and reliable research. Specific recommendations for research education are outlined in section 3.3.
- ❖ Two strands of education for SPMHS staff were highlighted:

1. Education for new staff focussing on the provision of essential information for managing perinatal mental health problems.
2. Up skilling SPMHS staff with more specialised perinatal mental health training.

SPMHS providers' highlighted a number of educational needs to advance their clinical skills in providing a high standard of care to women with complex needs including an increased knowledge base about the specific needs of certain groups including women who are experiencing homelessness, domestic violence and coercive control, women with neuro-diversity (Attention Deficit Hyperactivity Disorder- ADHD, Attention Deficit Disorder- ADD, or Autism), women with eating disorders and addiction or substance use problems. Additionally, SPMHS providers noted that they would like educational materials addressing care needs of same-sex partners and LGBT maternity



service users, and for individuals involved in a surrogacy process or assisted conception.

## **3.2 Training**

Participants identified how a PMHETR centre could help to upskill staff to help them identify and understand perinatal mental health problems in the women they care for and listed some key areas for training.

### *3.2.1 SPMHS providers*

Participants provided a comprehensive list of training topics that they felt would benefit clinical practice. Several remarked on the need for training time to be protected and funded. Additionally, they drew attention to the importance of ensuring that training opportunities are provided to all SPMHS providers throughout Ireland as they observed that, currently, there are geographical disparities in the provision of training and education opportunities.

Participants suggested that the PMHETR Centre could assume a coordinating role in ensuring that recommended training courses and materials are underpinned by evidence-based research, and that training is available to all relevant SPMHS professionals nationally. Additionally, participants proposed that the PMHETR collate a selection of training courses into a Perinatal Toolkit or suite of resources that would be made available to all Perinatal Mental Health Teams.



### *Suggested training courses:*

- Risk assessment and management (Breakaway technique)
- Birth Trauma Recovery (BTR).
- Group facilitation training.
- Decider skills.
  
- Motivational interview.
- Trauma Informed Care (TIC).
- Video Interactive Guidance (VIG).
- Compassion Focused Therapy.
- Circle of Security.
- Mellow Bumps.
- Cognitive Behavioural Therapy (CBT)
- Dialectical Behavioural Therapy (DBT)
- Working with services users online

### *Additional areas for training:*

- Mentor/mentee programs to facilitate 'lived professional experience' training.
- Communication and counselling skills.
- Cultural sensitivity training.
- Conducting local audits and research skills
- Shared learning.
- Brief interventions.
- Use of standardised assessment tools.
- Training for all maternity healthcare professionals on making referrals to the SPMHS.

### *3.3 Research*

Discussions on the topic of research addressed several interrelating issues. Participants highlighted the importance for policy and practice to be underpinned by research, while also referring to the notable paucity of Irish-based data and research. Furthermore, there is limited research available on key issues or specific populations within Ireland in the perinatal period. The participants acknowledged that gaps and absences in the research are, in part, due to the limited funding that has been made available for conducting research in this area. Additionally, a range of barriers to conducting research was identified, and potential actions to navigate these were suggested.



### *3.3.1 Supporting SPMHS providers to conduct research*

#### *Key issues:*

- There is a knowledge gap for many professionals in the SPMHS as to how to conduct research, from securing funding, navigating ethics applications and meeting data protection requirements, knowledge on methodologies, analysis of data, to dissemination. Knowing how and where to source research support was mentioned as a challenge, and some SPMHS providers would like support to develop their research skills to gain confidence in their ability to conduct research.
- Some professionals have protected time to conduct research within their professional role/contract, whereas others do not. Furthermore, while Advance Midwife Practitioners (AMPs) and Advance Nursing Practitioners (ANPs) have a research remit within their role, it is rare for them to conduct and complete research because of their large clinical workload.
- Building a multi-disciplinary research team also faces challenges. The fragmented nature of the healthcare system means that connecting with a range of healthcare professionals, who may be able to add expertise to research projects, is difficult at times. Building multi-disciplinary co-operation will require a cultural shift to support this. Although achieving integrated healthcare services is noted as an aim in several policy documents, it is not common for professionals to take a broader interest in topics/issues that are not directly in their area of expertise/ priority.



*Recommendations:*

- ❖ The PMHETR Centre could support perinatal mental health research by providing research education and training to SPMHS providers and by facilitating research networking events.

Research support avenues may include:

- Research skills classes/ modules that address the different stages of the research process.
  - A research mentorship program connected with a university. Universities links would be beneficial in regards to access to research expertise and wider sources of support.
  - A research forum with in-person events to support relationship building. The research forum could also support the identification of research priorities focusing on projects that address knowledge gaps specific to an Irish context.
  - Local partnerships.
- ❖ The PMHETR Centre could take an advocacy role to call for an expansion of protected time for other healthcare professionals.
  - ❖ The PMHETR Centre must aim to bring positive change and foster improved integration and inter-disciplinary relationships to benefit knowledge advancement and clinical practice, and sharing of up-to-date research and evidence. The PMHETR Centre could achieve this through the active involvement of all perinatal healthcare professionals, as well as voluntary or community organisations. Inviting all perinatal healthcare professionals and other stakeholders ‘to the table’ at the earliest possible stage in the development of the PMHETR Centre is likely to foster the ‘buy-in’ that has benefited the development of healthcare services in other areas, and ensure positive working relationships. Ensuring that all healthcare professionals have a say in identifying, and perhaps developing, the educational materials specific to their perinatal mental health education needs may improve uptake and engagement. Additional avenues to



promote allied professional engagement with the PMHETR Centre include yearly information-sharing events, the development of e-magazines, and nominating GP and PHN liaisons who may act as perinatal mental health champions.

### *3.3.2 Improving Irish specific data and research*

#### *Key issues:*

- The HSE ethics application process is difficult to navigate particularly for researchers intending to produce nationally relevant data. Application requirements differ by region, committee sitting dates are infrequent in some locations and application forms mainly focus on clinical trial research as the default.
- Sourcing up-to-date Irish-specific data and research can be a challenge. It is unclear for many SPMHS providers what perinatal mental health data are currently available, what kind of research is taking place, and how to access findings.
- There are few published findings on women's perinatal mental health in Ireland and findings from other countries may not be transferable to an Irish context. For example, the demographics of migrant women giving birth in Ireland are different to those in the United Kingdom; therefore, strategies to reach minority women developed in a UK context may not be as effective in Ireland. Additionally, there are structural differences in the UK and Irish healthcare systems, and there are many gaps in knowledge that need to be addressed through research with populations within Ireland, for example the prevalence and experience of perinatal mental health problems among Traveller women and migrant women, and Irish specific research is needed to develop contextually appropriate policy and practice.



*Recommendations:*

- ❖ The PMHETR Centre could take a leading role in advocating for a standardised research applications process across regions. This would facilitate wider recruitment of research participants at both a local and national level, facilitate service evaluation projects and help to determine national priorities for perinatal mental health research to provide evidence-based best practice clinical care.
- ❖ The PMHETR Centre could create and co-ordinate a national repository of Irish-based perinatal mental health research projects. This could include a collection of all currently available published research (dissemination of Irish based findings), and a collation of active research projects in progress (data collection/availability and research trends).
- ❖ The PMHETR Centre could also play a role in attracting and sourcing funding for research, and in setting a research agenda to address knowledge gaps both in an Irish context and in perinatal mental health research more broadly.



## 4. Next steps

The Specialist Perinatal Mental Health Services (SPMHS) Model of Care is currently being reviewed and updated. The findings from this conference are a very important first step and will be used to inform the refresh of the Model of Care and the strategic approach to the development of a Perinatal Mental Health Education, Training and Research Centre. The roundtable discussions strongly endorsed the need for a centre to provide mental health education and training of all staff who provide care to women in the perinatal period and highlighted the need for a coordinated approach to research in this area. This document will form the basis for discussions of the steering group to guide the planning of an Education, Training and Research Centre. There are a number of important issues that will need to be addressed including where such a centre should be based, which university it should be linked with, what staffing will be required initially to set it up and how funding would be sourced to support it. However, the benefits of centralised high quality training and education for service providers who care for women with perinatal mental health problems are enormous. In addition, a national programme of research supported and facilitated by such a centre would have huge benefits in informing evidence based high quality clinical care to women who experience mental health problems in the perinatal period.



## Appendix 1

### Areas of research interest identified by participants in the exploratory roundtable

---

- Knowing the risk and benefits of medication.
- Alternative care arrangements for the infant in the case of maternal mental illness.
- Understanding experiences and needs of ethnic minorities (such as traveller women, and immigrant communities).
- Social determinants of perinatal mental health.
- Understanding clinical pathways to create truly integrated care, and potentially multi-agency interventions. For example: SPMHS to CMHT transitions/ pathways.
- Perinatal admissions to general psychiatric hospitals in Ireland.
- Eating disorders in the perinatal period.
- National provision of mental health resources for different groups.
- Benefits or risks of peer support in the perinatal period.
- Trauma informed care: What services are doing well and what they are not doing well.
- Experiences and needs of high-risk groups: What are MH services doing to reach at risk groups, what are the pathways available, how and are women accessing services, what is the mortality risk for at risk women in nationally within Ireland.
- Irish specific, national statistics for PMH disorders (what do we know and what are the trends).
- Unmet needs; Understanding who is being served and not served by the current model in Ireland (Who are we holding outside of our remit? And what are women's needs, gaps, stigma, and fear, ethnic minority groups etc.).
- Service based research: Understanding and addressing consistencies and inconsistencies in services between locations to bring all sites up to an identified standard.
- Service user perspectives: Qualitative and quantitative research, service evaluations, Public and Participant Involvement (PPI) in research.



Produced by the Trinity Centre for Maternity Care Research (TCMCR) and the Office of the National Clinical Advisor and Group Lead for Mental Health, Health Service Executive.



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

**The Trinity Centre for  
Maternity Care Research  
(TCMCR)**

*School of Nursing and  
Midwifery  
Trinity College Dublin*