Cumann Síceolaithe Éireann
Special Interest Group in Perinatal and Infant Mental Health

Position Paper on the Revision of the Model of Care in Perinatal and Infant Mental Health (PIMH) in Ireland

This position paper is submitted by the Psychological Society of Ireland's Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) to inform the forthcoming revision of Ireland's Model of Care for Perinatal Mental Health Services. It calls for the explicit expansion of psychology within perinatal services and the formal integration of infant mental health (IMH) as a core function of care.

The paper provides background and rationale, and points out seven priority areas, making recommendations on each:

Recommendations:

1. Expand the role of psychology in perinatal mental health.
2. Align staffing levels with international benchmarks.
3. Strengthen cross-sector integration across universal, primary, and specialist services.
4. Enhance structures for leadership, supervision, and evaluation.
5. Embed infant mental health within perinatal teams.
6. Establish a Mother and Baby Unit (MBU) in Ireland as a matter of urgency.
7. Inclusion of partners in the revised Model of Care.

Background and Rationale

Perinatal mental health issues affect about one in five women during pregnancy or within the first year after birth, with serious consequences for both parent and baby (NICE, 2014). Early detection and timely specialised interventions lower morbidity and reduce long-term risks for child development and maternal health (Howard & Khalifeh, 2020). The 2017 Health Service Executive (HSE) Model of Care marked a significant step forward, establishing specialised perinatal teams and advocating for Mother and Baby Units (HSE, 2017). Thousands of women and families have since benefited.

However, despite these improvements, service capacity is still inadequate, and psychology staffing remains below international best-practice standards (Royal College of Psychiatrists, 2021). Additionally, the economic impact of untreated perinatal mental health problems is substantial: United Kingdom (UK) research (LCentre for Mental Health) estimates these problems cost society around £8.1 billion for each birth cohort over the long term (Bauer et al., 2014). On the other hand, growing evidence supports investing in early parent–infant relationship support (McKay, 2025). Overall, these findings demonstrate that integrating infant mental health and parent–infant relationship services into perinatal care is both clinically and economically sound.

The Role of Psychology in Perinatal Mental Health

Psychologists bring distinctive expertise to perinatal and infant mental health services. Their contributions span complex psychological assessment, case formulation, delivery of evidence-based therapy, outcome measurement, service evaluation, and workforce training (BPS, 2016; BPS, 2019). They are well placed to deliver and adapt interventions across the perinatal continuum—from antenatal care to postpartum support—addressing conditions such as perinatal post-traumatic stress disorder (PTSD), perinatal anxiety and mood disorders, and difficulties in parent–infant attachment.

Psychologists are trained to deliver a broad range of evidence-based interventions across individual, dyadic, and group formats. These include Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT), Compassion-Focused Therapy (CFT), Eye Movement Desensitisation and Reprocessing (EMDR), and parent-infant or family-focused interventions, which can be tailored to meet perinatal and neonatal needs within a stepped-care framework. Beyond direct clinical work, psychologists support multidisciplinary teams through supervision, consultation, and collaborative risk formulation, helping to ensure safe and effective service delivery (RCPsych, 2015).

Women often express a clear preference for psychological support over more medicalised interventions such as pharmacology during the perinatal period (Westlake, Manchanda & Maxwell, 2023). This stated need reinforces the critical role of psychologists in the development and delivery of high-quality therapy for parents during this time. Within multidisciplinary teams, psychologists' expertise complements that of other disciplines, allowing for holistic formulations and interventions that address psychological, relational, and systemic factors affecting family wellbeing. Their perspective can provide a valuable counterpoint to a medical viewpoint, emphasising relational, contextual, and societal factors alongside the needs of the parent and infant.

Psychologists also provide case consultation and reflective supervision to other mental health and social care professionals. Their unique ability to support the development of therapeutic skills across the workforce is a core strength of their multidisciplinary team working.

Recommendation 1: Expand the role of psychology in perinatal mental health

Psychologists should be recognised as core senior members of all specialist perinatal mental health multidisciplinary teams. Their roles should be clearly defined across assessment, intervention, supervision, and service evaluation, ensuring that psychological and relational perspectives consistently inform team-based care.

Expansion of Psychology in Specialist Perinatal Mental Health Services

Adequate staffing levels are essential not only to meet clinical demand but also to sustain the core functions of training, supervision, reflective practice, and service evaluation. Without this investment, the quality, accessibility, and relational integrity of perinatal care will continue to vary across the country.

The current model of care does not reference psychology staffing across different professional grades. This represents a significant gap, as the roles and responsibilities of psychologists differ significantly across staff grade, senior grade, principal grade and director levels A comprehensive psychology structure within the SPMHS is necessary to ensure appropriate clinical delivery, governance, leadership, supervision and service development.
The PSI Special Interest Group for Perinatal and Infant Mental Health (SIGPIMH) advocates for a strategic, system-wide investment in the upskilling and expansion of psychology within Ireland's SPMHS. Building domestic capacity will strengthen workforce sustainability, ensure equitable access to psychological expertise, and advance the development of perinatal and infant mental health services nationally. In particular, SIGPIMH advocates for the inclusion of Principal Manager and Principal Specialist Grade Psychologist within the revised model of care to provide oversight for the strategic development of psychology across the perinatal services.

Recommendation 2: Align staffing levels with international benchmarks

Psychology should be embedded as a core, adequately resourced discipline within all Specialist Perinatal Mental Health Services in Ireland. This requires increasing the ratio of psychologists to align with international benchmarks, extending provision beyond hub sites to all spoke locations, and developing senior leadership posts (Principal Psychologists) to ensure supervision, workforce development, career progression pathways and the delivery of consistent, high-quality care across the perinatal services.

Psychology Staffing in Relevant International Jurisdictions

Ireland's current psychology staffing for specialist perinatal mental health services remains below international best-practice standards. Within the HSE's *Perinatal Mental Health Model of Care* (2017), the current ratio is approximately one whole-time equivalent (WTE) psychologist per 10,000 births. Moreover, psychology roles are limited to perinatal hub sites, meaning that women

attending spoke sites currently have no direct access to psychological assessment or intervention.

By contrast, both the British Psychological Society (BPS, 2019) and the Royal College of Psychiatrists (RCPsych, 2021) recommend significantly higher staffing levels - see Table 1 below for an outline of differences in staffing in Ireland, England and Scotland.

Table 1

Psychologist Staffing Rations in Ireland, England and Scotland

Region / Framework	Recommended / Actual Staffing Ratios	Additional Roles Recommended	Source
Ireland (HSE Perinatal Model of Care, 2017)	1 WTE Psychologist per 10,000 births		HSE (2017)
England (BPS / RCPsych guidance)	0.6–0.7 WTE Consultant Psychologist + 3.0 WTE Senior Psychologists per 10,000 births	Psychological therapists; Parent–infant psychotherapists	BPS (2019); RCPsych (2021)
Scotland (RCPsych, 2021)	0.7 WTE Consultant Psychologist plus 2 WTE Senior Psychologists per 5,000 births (Community) + 0.6 Consultant Psychologist per 3,000 births (Maternity/Neonatal) + 0.5 Consultant Psychologist per 6-bed MBU	Psychological therapists; Parent–infant psychotherapists	RCPsych (2021)

Recommendation 3: Strengthen cross-sector integration across universal, primary, and specialist services

Strengthen primary care psychology within perinatal pathways to ensure equitable access to early intervention, stepped-care supports, and continuity of care between community and hospital-based services. This should be achieved through enhanced cross-sector integration across universal, primary, and specialist tiers, enabling a seamless, relationship-focused continuum of care for parents and infants. Funding should be ring-fenced to pilot perinatal-specific primary care psychology posts within the new postnatal hubs in order to determine the effectiveness of these community resources.

Primary Care Psychology and Stepped Care

Primary care psychology is a vital component of the perinatal mental health ecosystem. By providing early identification, screening, and low-intensity interventions, primary care psychologists prevent escalation to specialist services and promote continuity of care following discharge from hospital teams (Hannon et al., 2022). The 2017 Model of Care recognised this

role, highlighting the importance of embedding psychology within community-based pathways (HSE, 2017).

This approach aligns with wider Irish health policy, including Sláintecare and First 5, both of which prioritise integrated, community-oriented models of care (Government of Ireland, 2019), in-turn promoting equity in service accessibility. The MAMMI (Maternal health And Maternal Morbidity in Ireland) study further underscores the persistence of maternal stress and depressive symptoms across the first postpartum year and the protective effects of accessible social and psychological support (Hannon et al., 2022).

Recommendation 4: Enhance structures for leadership, supervision, and evaluation

Develop and fund a national training, supervision, and research framework for perinatal and infant mental health. This framework should include protected time and resources for clinical supervision, workforce development, and multidisciplinary research participation—overseen by psychology leadership for therapy and therapeutic governance to ensure consistent quality, safety, and adherence to evidence-based practice across all services.

Training, Supervision, and Research

The delivery of safe, effective, and evidence-based perinatal and infant mental health services depends on sustained investment in training, supervision, and workforce development. International guidance emphasises the importance of protected supervision time, funded specialist training pathways, and clear governance structures to ensure quality and consistency across services (RCPsych, 2017; Brocklesby & Scales, 2023). Developing a national training curriculum would promote fidelity to evidence-based models, strengthen workforce capacity, and enhance sustainability across the perinatal and infant mental health system.

Equally, ongoing research and service evaluation are essential to ensure that Ireland's perinatal and infant mental health services remain responsive, evidence-based, and outcome-focused. Current priorities include evaluating the integration of infant mental health approaches, assessing the impact of staffing models, and measuring outcomes for parents and infants (Hannon et al., 2022). However, there is inequality in the time and funding available for different disciplines to engage in research— medical staff, particularly doctors, currently lead most research activity, largely because protected research time and funding are built into their contracts (HSE, 2019).

Expanding access to research opportunities for psychology and allied health professionals would foster cross-disciplinary collaboration, strengthen the evidence base, and support innovation. Embedding a culture of research, supervision, and reflective practice across all disciplines will not only enhance service quality but also ensure that Ireland's perinatal and infant mental health services continue to evolve in line with best international practice.

Recommendation 5: Embed infant mental health within perinatal teams

Infant mental health (IMH) should be fully integrated into all perinatal mental health pathways through dedicated staffing and universal training, with routine access to infant-focused assessment, parent–infant interventions, and cross-sectoral care spanning CAMHS, obstetrics, neonatology, and primary care.

Infant Mental Health

Infant mental health (IMH) refers to the infant's capacity to experience, express, and regulate emotions, form secure relationships, and engage in play and learning—capacities which are inextricably linked to the quality of the parent–infant relationship (Brocklesby & Scales, 2022). Early parental attunement, co-regulation, and sensitive caregiving are critical to brain development and lay the foundation for resilience and wellbeing (Schore, 2005; National Research Council & Institute of Medicine, 2000). When parental mental health difficulties disrupt these processes, infants are at greater risk for attachment insecurity and later psychological difficulties (Manning & Gregoire, 2006).

Perinatal mental health teams are ideally placed to identify risks to and support parent-infant relationships. Specialist skills in IMH can come from within the multi-disciplinary team; however, there is a need to protect time for this work, provide training and integrate IMH into case management for teams to develop the capacity to undertake this timely work in a meaningful way.

Embedding IMH within perinatal care via universal staff training, reflective supervision that holds the infant in mind, and dedicated IMH roles would ensure that infants are not an afterthought, but recognised as patients in their own right, with entitlements to early assessment and intervention (Paul, 2023). Cost-effectiveness studies demonstrate that early IMH interventions reduce the burden on later services by mitigating the long-term effects of untreated early adversity (Hannon et al., 2022).

Recommendation 6: Establish a Mother and Baby Unit in Ireland as a matter of urgency

The key recommendation of the original model of care in perinatal and infant mental health (HSE, 2017) to develop a Mother and Baby Unit (MBU) should be prioritised and completed within a reasonable timeframe. The development of an MBU, or multiple MBUs, should allow for population growth and should meet the needs of mothers, infants and their families.

Mother and Baby Unit (MBU)

There is currently no MBU on the island of Ireland. The need for inpatient admission nationally impacts only a minority of women annually; some women do require inpatient admission for severe mental illness, and this currently necessitates a separation of mother from infant. Duffy, Hinds and Cooney (2023) highlight that the failure to develop an MBU is the most significant element of the Irish model of care in perinatal mental health (2017) yet to be implemented.

SIGPIMH holds that it is imperative that, where women require inpatient care, they should be admitted, with their infants, to facilities that can ensure the baby is safely cared for, avoiding disruption to the developing mother-infant relationship (Government of Scotland, 2019).

Recommendation 7: Inclusion of partners in the revised Model of Care

Including partners within the revised model of care is essential to delivering family-centred support. Perinatal mental health difficulties affect the wider family system, with evidence demonstrating that partners are themselves at increased risk of anxiety, depression, and post-traumatic stress, particularly in the context of birth trauma; in such circumstances, both parents may require psychological support.

Partner Involvement in Perinatal Care

Involving partners in assessment, formulation, and intervention can improve outcomes for the mother, infant, and wider family unit, while also strengthening early attachment and infant development—particularly within infant mental health interventions, where the quality of caregiving relationships is central. However, it is also necessary to acknowledge current resource constraints within specialist perinatal mental health services in Ireland, which are primarily commissioned to provide care to the birthing parent.

Accordingly, partners should be actively welcomed and offered appropriate engagement, including opportunities for psychoeducation and, where indicated, brief screening for mental health difficulties. Services should remain transparent about the limits of their remit and ensure that partners are sensitively signposted to appropriate supports, such as general practice, primary care psychology, and relevant community or voluntary sector organisations. This balanced and compassionate approach would promote meaningful inclusion of partners while maintaining clarity regarding service capacity and recognising their integral role in parental recovery and infant wellbeing.

The revised model of care should adopt a family-centred approach that actively includes partners when appropriate and values the role of partners in supporting maternal and infant mental health, while recognising service capacity and limitations of current service provision.

Conclusion

Ireland has made significant strides in developing perinatal mental health services since the publication of the 2017 Model of Care, yet gaps remain that undermine equity, accessibility, and sustainability. The development of additional psychology posts, including principal grade posts, the establishment of infant mental health as a central focus, and the urgent creation of a Mother and Baby Unit are critical next steps. International best-practice models demonstrate that adequately resourced, multidisciplinary, and psychologically informed services not only improve outcomes for parents and infants but also reduce the long-term burden on healthcare and social systems (RCPsych, 2021; BPS, 2019).

By adopting the recommendations outlined in this paper, including investment in staffing, training, supervision, and research, Ireland has the opportunity to deliver a world-class model of perinatal and infant mental health care. In doing so, the revised Model of Care can ensure that every parent and infant has access to the right support, at the right time, in the right place.

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