

Perinatal Service Mental Health Service

Service Specification for Perinatal Mental Health Service

Title: Perinatal Mental Health Service
Scope
Geographical area served:- <ul style="list-style-type: none">• Women requesting/referred to deliver at the Royal Devon & Exeter Hospital (RD&E)• Exeter Mid and East predominately
Age: - <ul style="list-style-type: none">• Women of childbearing years• Anyone below the age of 16 (or in full time education, up to the age of 18) will be signposted to CAMHS by the Team
Gender:- <ul style="list-style-type: none">• Female
Diagnosis:- <ul style="list-style-type: none">• Positive pregnancy test• Moderate or severe mental health difficulties (please see Appendix)• Mild mental health difficulties would be assessed and signposted on to another service
Inclusion and exclusion criteria:-
Inclusion <ul style="list-style-type: none">• Positive pregnancy and up to 10 days after birth• Learning disability with Mental Health diagnosis• Moderate or severe Mental Health difficulties• Dual diagnosis – drug/alcohol
Exclusion <ul style="list-style-type: none">• Not pregnant• Recovery coordination will not be offered to women who already have an

<p>allocated recovery care coordinators</p> <ul style="list-style-type: none"> • Zero tolerance to abusive or aggressive language or behaviour in line with Trust policy • Any new referral for a women who is postnatal (signposted to appropriate Primary Care Mental health Service)
<p>Service Description</p>
<p>Aims: -</p> <ul style="list-style-type: none"> • To engage in consultation and training for mental health, maternity and other partner agencies to disseminate good practice • To reduce the impact of mental health problems on women and their families • To reduce the likelihood of mental health problems during pregnancy by proactively working with high risk population • To promote women and family centred care through collaborative working and encouraging and coordinating true multi agency working • To promote safeguarding children and adults • To measure what we do against good practice guidance
<p>Detail of Provision</p> <p>Specialist Multi Disciplinary Team is made up of: -</p> <ul style="list-style-type: none"> • Consultant Psychiatrist • Consultant Obstetrician • Specialist Midwives • Specialist Mental Health Practitioner • Admin Support • 5 days per week service from 8am – 4pm • Urgent response service - see women with highest level of need (assessed by team through triage of referrals) within 48 hours. If a more urgent response is required signpost to Crisis or Emergency Duty Team • Recovery co-ordination for women with complex mental health needs who are not already known to Perinatal Mental Health Service. • During pregnancy and 10 postnatal days only who have been assessed as likely to not require longer term mental health care • Shared Obstetric Consultant care for complex prescribing needs of those

women with serious mental health issues i.e. Psychosis, Schizophrenia or Bipolar Disorder.

- For those women with no other obstetric need they will not routinely be seen in an Obstetric Clinic. The Perinatal Mental Health Team can make an urgent referral to a Consultant Obstetrician at any time.
- Specialist midwifery for women dual diagnosis with substance misuse
- Provide expert advice to GP, midwifery, obstetricians and mental health colleagues who women are booked at the RD&E
- Create a training packages, based on perinatal, mental health curricular framework October 2006, for GPs, Midwives, Obstetricians & mental health Colleagues who predominantly refer women to the RD&E
- Consultant led complex case review on a weekly basis
- Create Intranet information site for women who use the service and clinicians who work within the Service

Model of Care

- Specialist multidisciplinary Perinatal Mental Health Service, to provide holistic recovery orientated care
- Actively engage with multi agencies as required
- Readily accessible to clinicians

Assessment Procedure

- Screening tool for all women delivering at the RD&E booked by Exeter Mid and East Devon
- Any other booked women from out of area to be referred in writing
- Daily triage by a member of the Team
- Offered appointment according to triage (48 hours - 2 weeks)
- Referrals are allocated based on risk/need.
- Those women requiring complex prescribing or who are presenting with relapsing mental illness would usually be assessed by the Consultant Psychiatrist.
- All other women would be assessed by the Perinatal mental Health Nurse.
- The Specialist Midwife will assess those women with complex social needs impacting on their emotional wellbeing & those women with dual diagnosis.
- Complex cases brought to the Perinatal Mental Health Clinical Team Meeting

<ul style="list-style-type: none"> • Full mental health assessment, incorporating birth planning, risk assessment and review of safeguarding concerns • Specific assessment procedures will be used where there are issues of substance misuse and eating disordered behaviours. Assessment inline with Exeter mid and East strategy • Letter sent to woman, copied to GP, midwife and other key professionals (with consent), which summarises the assessment and plan
<p>Care planning, Coordination & Management Process</p> <ul style="list-style-type: none"> • Weekly Perinatal Mental Health Clinical Team Meeting • Specialist clinician will provide recovery care coordination for women with complex mental health needs in pregnancy who are unlikely to need antenatal care coordination. • Specialist midwives will provide consultation regarding mental health and safeguarding concerns to the community midwives and will identify who is to be the Lead and support in care planning coordination • The Perinatal Mental Health Team will feed into the Vulnerable Babies Meeting • The consultant psychiatrist provides clinical consultation and advice, along with assessments for women with complex mental health needs
<p>Risk Assessment & Management</p> <ul style="list-style-type: none"> • DPT Risk Assessment Levels 1 & 2 • Clinical Team Meeting
<p>Outcome Measurement</p> <ul style="list-style-type: none"> • Peoples satisfaction for the Service (referrer and user) • Monitor and audit the number of women referred to the Service to ascertain whether we are inline with the National Average and if the Service provided is inline with NICE Guidelines • Serious Untoward Incident (SUI) and near misses
<p>Care & Treatment Interventions</p> <ul style="list-style-type: none"> • Everyone who is referred and assessed will have a psychosocial plan of care • Recovery care coordination plan with complex mental health needs • Specialist individualised mental health birth planning, as required • Letter documenting consultation, assessment and care plan • Risk benefit discussion regarding medication use during pregnancy and breastfeeding
<p>Psychological Interventions</p>

- Psychosocial nursing and midwifery (by midwives who have specialist knowledge and training)
- CBT and IAPT up 6 sessions (capacity dependent)
- Depression groups (capacity dependent)
- Knowledge of the psychological therapies available and signpost as appropriate

Medication

- Consultation with consultant psychiatrist
- Consultation with paediatricians for women taking polypharmacy medications
- Knowledge base of how to access the most up to date guidelines for medication prescription during pregnancy

Physical Treatments

- All routine antenatal care will be offered by community midwives
- In some instances, the mental health difficulties will impact on the pregnancy requiring advice and intervention by the Obstetric & Paediatric Team and Specialist Team will contribute to this
- Emergency physical treatment

Social Care Support

- Assessment of social needs and then sign posted to appropriate agency

Admission to Inpatient Mental Health Facilities

- Recommendation that specialist mother and baby units are used and women are given a choice about which location they would like to attend, in consultation with consultant psychiatrist

Health Promotion Activities (including infection control)

- Breast feeding promotion (working with medication possibilities)
- Smoking
- Alcohol and drug reduction management
- Exercise and lifestyle choice
- Sleep hygiene
- Nutritional advice
- Stress management and support network

<ul style="list-style-type: none"> • Social support network
<p>Training activities</p> <ul style="list-style-type: none"> • Specialist Perinatal Mental Health Team to be trained in Perinatal & Mental Health Circular Framework - Oct 2006 • Training packages to be developed for Exeter Mid and East midwives in the first instance • Specialist training maybe offered to outside agencies at an agreed cost
<p>Key relationships with other agencies/services</p> <p>GPs, Mental Health Services, DPT, Drug Action Team, Devon PCT, CYPS, health visitors, children’s centres, voluntary agencies and housing</p>
<p>Formal Working Relationships Between Services/Agencies</p> <ul style="list-style-type: none"> • All documents, protocols, screening tools, surveys and audits will be ratified by Maternity Governance
<p>Location: - RD&E</p>
<p>Key personnel, Including Staff Numbers, Qualifications or Competencies</p> <p>Operational diagram – insert here</p>
<p>Discharge Process: -</p> <ul style="list-style-type: none"> • Discharge from the Perinatal Mental Health Team will be discussed with each woman individually and any planning for discharge discussed at this point • If indicated, and with the woman’s consent, copies of the summary will be sent to relevant professionals
<p>Confidentiality & Consent Statement: -</p> <p>All professionals are signed up to the RD&E & DPT’s confidentiality policy</p>

Perinatal Mental Health Team- References

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