

Specialist Perinatal Mental Health Service

Referral Criteria and guidance for referrers

The team welcomes referrals for women registered with a GP and living in Leicester, Leicestershire and Rutland, with a significant mental illness during the perinatal period. Please consider referring women to VitaMinds for mild to moderate mental illness.

We ask that referrers take time to familiarise themselves with the Specialist Perinatal Mental Health Pathway and referral criteria, so as to ensure women are receiving the most appropriate care, in a timely manner.

Inclusion criteria:

Women who are planning a pregnancy, pregnant or in the postnatal period who have an existing mental illness and women who develop a severe mental illness during the perinatal period, or have identified risk factors for major mental illness in the postnatal period. This includes:

- 1) Pre-pregnancy advice and assessment for high risk women (i.e. those on mood stabilising or antipsychotic medication, or with a history of bipolar disorder, schizophrenia or postpartum psychosis)
- 2) Pregnant women with a personal or family history of bipolar affective disorder, or postpartum psychosis.
- 3) Pregnant or postnatal women who develop a complex/moderate or severe mental illness.
- 4) Previous perinatal mental illness treated by psychiatric services.
- 5) Women with other serious non-psychotic illness that severely impact on daily functioning and care of baby.
- 6) Medication advice for pregnant or breastfeeding women who are prescribed psychotropic medication for psychiatric purposes.

- **Women within nine months of childbirth with any of the above illness. Anybody referred outside this timeframe will be discussed on an individual basis.**

- Where a pregnant or postnatal woman is already open on the caseload of mental health services, the perinatal mental health team can offer joint management, as appropriate to the woman's needs.

- Any woman who is admitted to a regional mother and baby unit with a perinatal illness will be seen by the perinatal mental health team on discharge.

Exclusion criteria:

- Women with a primary diagnosis of organic disorder, or drug and/or alcohol misuse or a learning disability, will only be considered if there is also co-morbid mental illness.

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Guidance for referrers

You can refer any woman resident in the Leicester, Leicestershire and Rutland area.

1. Women can be referred from pre-conception until 12 months postnatal, the service will decide on referrals between 9-12 months postnatal on a case by case basis.
2. Referrals are essential for women with current or previous:
 - schizophrenia/schizoaffective disorder
 - previous postpartum psychosis
 - severe depression/psychotic depression
 - other psychotic illness
 - family history of postpartum psychosis
 - bipolar affective disorder

These women should be referred even if they are currently well.

4. Referrals are also accepted for women with other moderate, severe or complex mental illness. Such as post-traumatic stress disorder, severe anxiety disorders, obsessive compulsive disorder and personality disorder.
5. If a woman is prescribed a mood stabiliser, please state this in the referral so that these women can be prioritised and urgent advice given regarding medication.
6. The service only works with women who cannot effectively be managed within primary care.
7. The service will work jointly with the community mental health services (CMHT) held cases.
8. If the woman is a psychiatric inpatient during pregnancy or the postnatal period, she should be referred so that the perinatal mental health service can see her during admission, ensure she has antenatal care if she is pregnant and that she is followed up on discharge from the inpatient unit.
9. If substance misuse is the primary problem, please refer to local drug and alcohol misuse services. We can work jointly with substance misuse services if the woman also has a severe mental illness.
10. For women with primary eating disorder diagnosis, please refer to the eating disorder service however, we will joint work if there's a co-morbid severe mental illness.

How to refer or obtain advice

Please put as much information as possible on the referral form. The completed referral form should be sent by email to lpt.perinatalreferrals@nhs.net

The perinatal mental health service office is open from 9am-5pm Monday to Friday.

A duty worker is available for telephone advice from 9am-4.30pm Monday to Friday to discuss and advise on potential new referrals or women known to the perinatal mental health service. Telephone: duty worker on **0116 225 6846**.

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Once the referral has been accepted it will be reviewed by the team and an initial assessment to gather further information is made with the women via attend anywhere online appointments system. The woman will receive a letter with the outcome of the acceptance within two weeks. A key worker will be allocated and will be in contact with the women to arrange an initial appointment with her or a medical review may be arranged. A copy of the letter will be sent to the referrer and any other relevant professional involved in the patient's care and treatment.

If assessment is not considered necessary, referrers will be informed of the decision and offered advice and directed to other appropriate services.

Please note that consent must be obtained before a referral is made, as the service is unable to work with women who have not consented. If there is significant concern about a woman who does not wish to be referred the duty worker can be contacted for advice.

Important to remember that you can re-refer at any time throughout the perinatal period if you have any concerns and please call for advice at any time if you are unsure.

For urgent referrals outside our opening hours:

- urgent referrals from maternity inpatients - contact the psychiatric on call rota system
- urgent referrals for women in the community - contact the GP or NHS 111
- Our Mental Health Central Access Point is a 24/7 phone helpline 0808 800 3302 which can provide direct help or signpost callers to a range of other services.

Red flags and risk indicators

Red flags

- Recent significant changes in mental state or emergence of new symptoms.
- New thoughts or acts of violent self-harm and/or suicidal ideation/intent
- New and persistent expressions of incompetency as a mother or estrangement from the infant.
- Ensure that referral with mental health concerns on more than one occasion is considered a 'red flag' which should prompt clinical review, irrespective of usual access thresholds or practice. (MBRACE 2020)

Perinatal risk indicators (antenatal and postnatal period)

- Women with a history of bipolar disorder, schizophrenia, and severe depression, other psychotic disorder or previous inpatient/crisis care should be referred to the perinatal team; this group is at increased risk of severe postpartum episodes.
- Women with a family history of a first degree relative with bipolar disorder or puerperal psychosis should be referred even if presenting with mild symptoms of mental disorder.
- Antenatal presentation can be a predictor for post-natal episode of mental ill health; discuss all antenatal referrals with perinatal team.

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- High risk period is 1-10 days post-natal but the threshold should be lower for women up to 10 weeks postnatally.
- Women who are presenting with uncharacteristic symptoms and marked changes to normal functioning. This can include symptoms of confusion and general perplexity.
- Partner, family or friends report significant change in presentation and acting out of character.
- Older professional women with depression who appear to be functioning at high level.
- Women who present with anxiety/panic attacks or unusual or overvalued ideas (ideas that seem out of context or extreme)