

Leeds Perinatal Mental Health Pathway

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1.0 Introduction to Pathway – Scope and Purpose

Background and Evidence: During pregnancy and in the first year after birth, women can experience a range of mental health problems. Pregnancy and childbirth can also be a trigger for women experiencing wider psychological problems – perhaps for the first time. These problems are collectively termed ‘perinatal mental illness’. Common Mental Health problems in the perinatal period are estimated to affect around 15 – 20% of all women.

The impact of perinatal mental illness on babies and infants can be significant and far-reaching. Children of mothers who experience mental illness are at increased risk of prematurity and low birth weight along with behavioural problems and academic difficulties later in life. Even relatively mild illnesses, if left untreated can inhibit a mothers’ abilities to provide her baby with sensitive, responsive caregiving. Perinatal mental illness is a leading cause of maternal death.¹ Most perinatal mental health issues go unrecognised, and are under detected and under reported.

‘Improving the mental health and wellbeing of women and their children in pregnancy and the first postnatal year can have a dramatic impact on long-term outcomes for mothers, fathers, children, families and society’²

The Leeds Best Start Plan³ and the Leeds Maternity Strategy⁴ both direct a significant focus upon perinatal mental health and illness. There are many risk factors, which include: psychological and psychiatric factors, social and relationship support, personality factors, demographic and economic factors, stressful life events and obstetric and pregnancy factors. Protective factors include good relationships and social support, including from fathers and relationships with own parents, educational attainment, general health and wellbeing, economic stability, feeling safe and secure and high levels of self-esteem/self-efficacy. Access to good, coordinated antenatal care and support, with strong healthy relationships of trust between women, families and professionals facilitates early identification and care.

Scope of this pathway: This pathway is specifically for women where there are concerns about their emotional and mental health in pregnancy and in the postnatal period, up to the end of the baby’s first year. It is supported by professional and service policies and protocols and cross-references to other related pathways, as identified and necessary.

Purpose of the pathway:

- To maximise and standardise timely evidenced based care and support for women who have emotional or mental health problems during or after pregnancy.

¹ MBRRACE – UK Confidential enquiries into maternal deaths and morbidity Dec 2015

² Maternal Mental Health Alliance 2014

³ Leeds Best Start Plan 2015-2019

⁴ Maternity Strategy for Leeds 2015-2020

- To identify and intervene to help parents to psychologically adjust to pregnancy and parenthood, facilitate a mentally healthy pregnancy and postnatal period.
- To facilitate bonding between mother and baby enabling her to be sensitive and attuned to the baby's emotions and needs.
- To ensure pre pregnancy planning for those with previous or existing mental illness.

2.0 Pathway Developments and Review

The pathway has been developed by a multi agency, multi professional group, chaired by Dr Gopi Narayan (PNMH Mother & Baby Unit Consultant) and including representatives from Maternity, Adult Mental Health, Children's Social Care, Health Visitors & Early Start and Voluntary Sector services, facilitated by the Leeds South and East CCG. National strategy, policies and guidelines including NICE guidelines on Antenatal and Postnatal Mental Health, have been utilised in its production. The draft pathway was subject to consultation with the PNMH service user reference group and their views have influenced its development. The pathway will be subject to continuous review to take account of new developments, policy, guidelines and new evidence, including from service users. It will be fully reviewed no more than 12 months after completion.

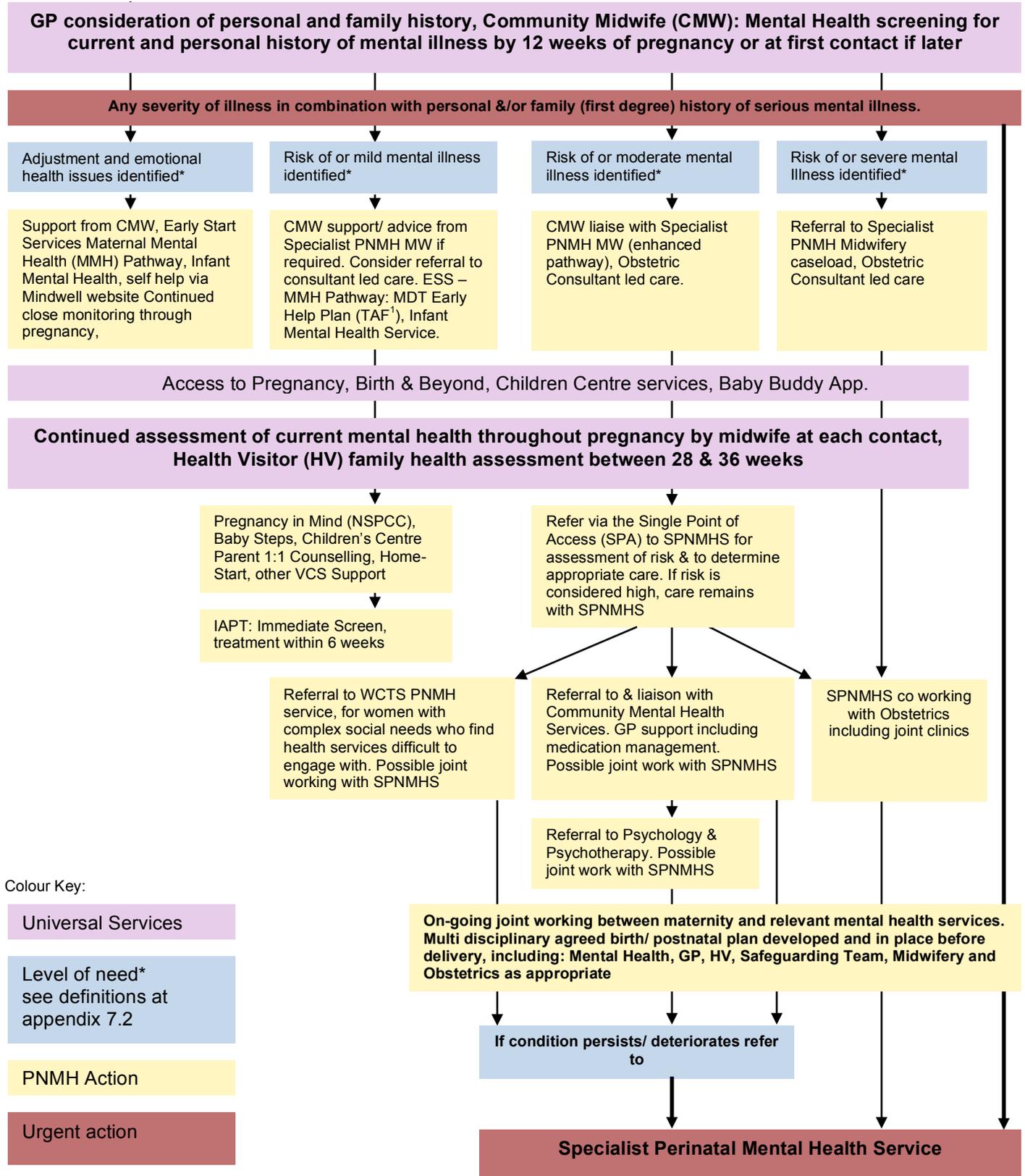
3.0 Pathway Principles:

- Places the women/mother, her baby and family at the centre of care, from pre pregnancy to the end of the first year of the baby's life.
- Supports early identification of mental health need and supports delivery of care through an emphasis on prevention and early support services.
- Matches care and services to the individual needs of women, babies and families.
- Promotes provision of consistent information for parents to enable them to access appropriate universal support services.
- Supports individual, flexible and personalised care and continuity, providing seamless services and smooth transitions between different service elements.
- Supports partnership between maternity, mental health, early start, local authority children's and voluntary sector services.
- Supports clarity of communication between professionals, partner organisations and families.
- Clarifies and supports confidential information sharing as required between professionals.
- Clarifies and supports consistency in terminology across services and partners.
- Clarifies the roles and responsibilities of different professionals and services, including the role of the lead professional/coordinator of care.

- Is supported by a training and development framework to ensure confident and competent practitioners who recognise the potential impact on the infant, as well as the women, of perinatal mental health.
- Is supported by and establishes links to other relevant pathways (including: Early Start Maternal Mental Health, Responsive Parenting and Infant Mental Health Pathways, Drug and Alcohol in pregnancy, Learning Disability, Asylum seekers and refugees, Teenage Pregnancy, Domestic Violence, Bereavement, PTSD and Birth Trauma and Safeguarding Children and Vulnerable Adults).

4.1 Leeds Perinatal Mental Health Pre Pregnancy and Antenatal Care Pathway

Pre-pregnancy advice, counselling and planning support for women with existing mental illness: GP, Specialist PNMH Service and CMHT



Colour Key:

Universal Services

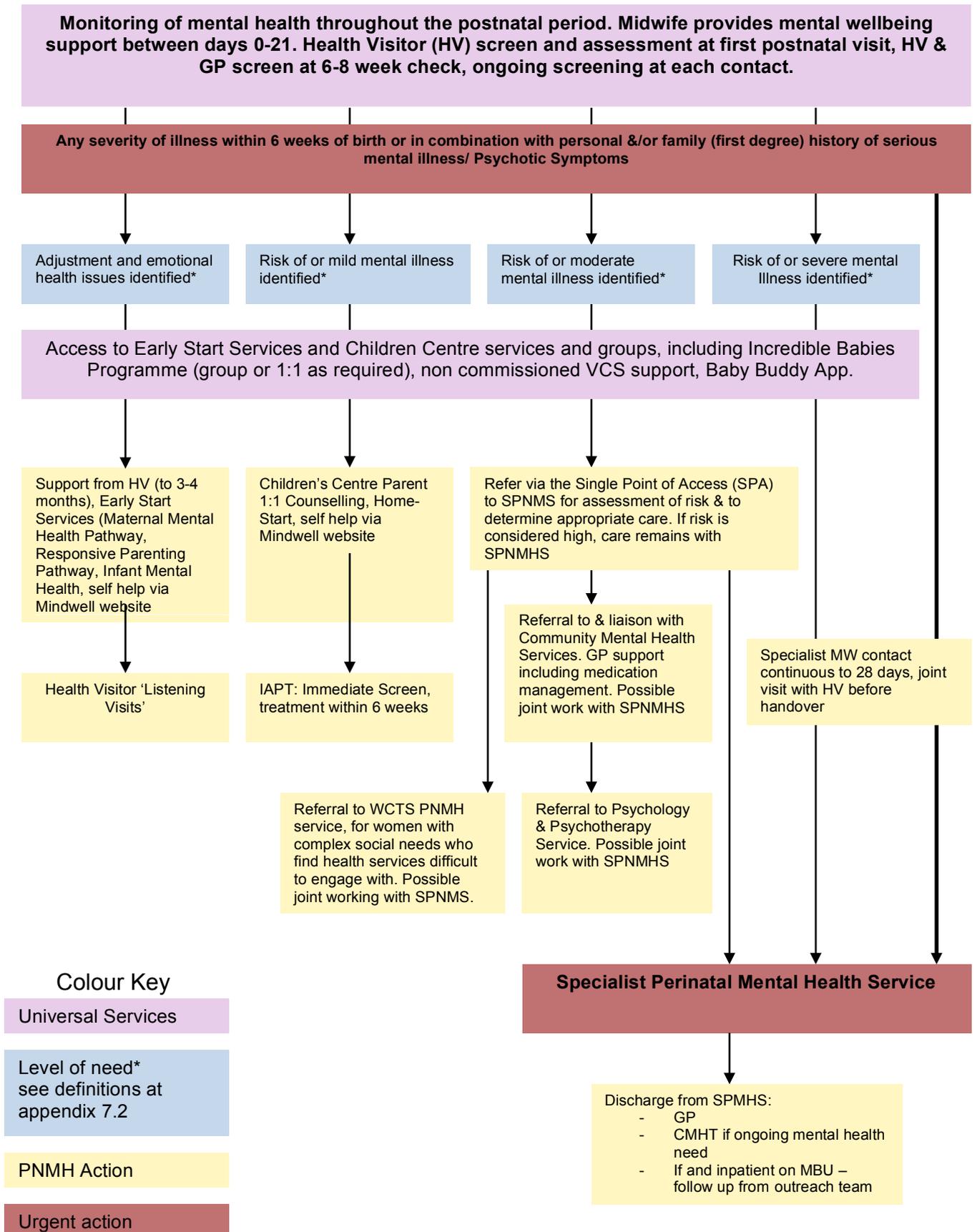
Level of need* see definitions at appendix 7.2

PNMH Action

Urgent action

¹TAF – Team Around the Family

4.2 Leeds Perinatal Mental Health Postnatal Care Pathway



NB: The care of Teenage Parents will follow the same pathway, however midwifery care will be provided by the Teenage Pregnancy Team and mental health care should be accessed through the Mindmate Single Point of Access.⁵ Where Child and Adolescent Mental Health Services (CAMHS) are involved, they may work in liaison with the SPMHS. Inpatient care, if required, can be provided in the specialist Mother and Baby Unit if appropriate and in close co-ordination with CAMHS services.

[A directory of Perinatal Pathway related services and referral information can be found at Appendix 1: Page 21](#)

5.0 Roles and Responsibilities (for contact and referral details please see appendix 7.1)

5.1 Primary Care (GP)

- Offers pre conception advice, in particular for women with an existing mental illness, including advice and support regarding medication during pregnancy, liaising with specialist perinatal mental health team for women with severe mental illness.
- Ensures that the midwife is informed of all relevant personal (and where know, family) history of mental illness.
- Maintains a dialogue regarding the support needed with the community midwife throughout pregnancy and the Health Visitor in the postnatal period.
- Is alert to any emerging mental health problems at all contacts during the perinatal period: Proactively enquires about emotional and mental health, and remains alert to 'cues' which may indicate problems throughout the first year after the baby is born.
- Screens for any mental health problems at the routine 6-8 week post birth check.⁶

5.2 Community Midwifery Service (CMW)

All pregnant women have a named midwife throughout their pregnancy. They may access the service directly themselves, getting details from their local children's centre, or via their GP.

Community midwives:

- Acts as the Lead Practitioner throughout pregnancy to coordinate care and support the woman to navigate her care. Maintains two-way communication with all other professionals contributing to the woman's care.

⁵ <https://www.mindmate.org.uk/im-a-professional/leeds-mindmate-single-point-of-access/>

⁶ Royal College of General Practitioners: Perinatal Mental Health Toolkit
<http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

- Takes a full health history including mental health and performs screening using Whooley and GAD-2 screening tools at the first appointment with a woman. If further concerns arise, a GAD-7 and PHQ-9 will be completed and appropriate action taken dependent on outcomes.
- Discusses emotional wellbeing with every woman at every appointment.
- Develops and maintains a relationship with woman that supports her to feel confident to disclose any mental health concerns.
- Repeats the GAD-7 and PHQ-9 at timetabled appointments during pregnancy and in the postnatal period, for any woman who has answered positively to previous scoring.
- Signposts and gives active support to access other services as indicated by the level of need, risk and illness and in line with the perinatal mental health pathway.
- Links to the Specialist Perinatal Midwife for advice and support.
- Provides information and ongoing support and encouragement for women and their partners, to engage with universal children's centre services, in particular preparation for parenthood.

5.3 Specialist Perinatal Midwifery Service (Specialist PNMH MW)

- Provides a specialist community based mental health midwifery service to support other maternity and mental health professionals, as well as providing individual care to some women as required.
- Provides advice and support to community midwives regarding their caseloads and regarding women with mild to moderate mental illness.
- Following referral from the Community Midwife, the Specialist PNMH MW service will provide individualised case loading midwifery care for women with severe mental health issues and liaise with obstetric and mental health services.
- Acts as the Lead Practitioner throughout pregnancy, to coordinate care and support the woman to navigate her care. Maintains two-way communication with all other professionals contributing to the woman's care.
- Contributes to perinatal mental health training for midwives.
- Works closely with mental health services, in particular, works jointly with the Specialist Perinatal Mental Health Service and the Mother and Baby Unit (see below).

5.4 Obstetrics

All pregnant women with mental illness identified as being in the moderate or severe risk category will have Consultant led Obstetric care that will include.

- Review in the antenatal clinic at booking, their past obstetric history and medical history assessed, medications reviewed to discuss risk/benefit and effects of those medications on/during the pregnancy.

Any further investigations required during the pregnancy, in light of medication effects will be planned at this appointment.

- Those women in whom there is a pre existing severe mental illness or those at risk of severe mental illness will be referred to the Joint Obstetrics/Psychiatric clinic run jointly by Dr J Pierce (Obstetrician with a Special Interest in PNMH) and Dr Gopi Narayan (Perinatal Mental Health Psychiatrist). The mother's care coordinator (Community Psychiatric Nurse from either the SPNMHS or CMHT) and the SPNMW will usually also attend. This ensures good communication and coordinated care between midwifery, obstetric and psychiatric services so that any changes in mood/circumstance and developing illness can be identified early and to minimise risk of recurrence of mental illness.
- A care plan for management of delivery (which includes actions if acute illness were to develop) and postnatal care will be produced in conjunction with the woman before 32 weeks gestation. This care plan is shared with all professionals involved.

5.5 Health Visiting (HV), Early Start Teams (EST) & Children's Centres (CC)

All families will have an allocated named Health Visitor, from late in their pregnancy. HVs provide information and ongoing support and encouragement for women and their partners, to engage with universal children's centre services. HVs are part of the Early Start Teams, located in clusters across the city. The **Maternal Mental Health**⁷ pathway describes how Early Start Teams will support families, as part of the delivery of the four tier family offer, from the antenatal stage through to the child being 5 years of age.

- As part of Universal Healthy Child programme (2009) HVs routinely provide a comprehensive Antenatal Family Health Assessment between 28 and 38 weeks in pregnancy, followed by a Birth Visit around the 14th day post-delivery and a 6 – 8 week visit. These assessments are based in a client centered, solution focused, strengths based approach, which assesses risk and acknowledges resilience in all families.
- As part of this assessment the two World Health Organisation (WHO) and GAD 2 screening questions are always asked. If the response to these questions indicates that a women may be experiencing emotional or mental health problems, the PHQ-9 and/ or GAD-7 assessment tools will be completed. The screening tools can be completed at any time, if the woman seems reluctant at the first visit.
- Community Nursery Nurses and Family Outreach Workers who have attended the appropriate training, will also complete the PHQ-9 and GAD-7, in situations where the indications are that someone attending the children's centre or that they see at home, is suffering distress or is unwell because of emotional difficulties. They will support the person in the moment, supporting self-referral to other specialist services or GP

⁷ Maternal Mood Early Start Handbook: May 2015

if they want to and referring back to the named HV through the Early Start referral process

- The assessment, together with exploration of severity, frequency and duration of symptoms, past history of mental health difficulties, family history of mental health difficulties, impact on functioning, responsiveness to the baby's cues/interacting with the baby and social situation, will add to the assessment, including consideration of serious suicide risk. For anyone scoring less than **8 – 9 GAD– 7** and less than **9 – 10 on the PHQ–9** who have no strong suicidal thoughts, four HV listening visits will be offered.
- If further intervention is needed then referral to appropriate services as determined by the pathway will be undertaken.
- As part of the Universal 6–8 week contact an Early Attachment Observation will be carried out in the home. This assessment quickly highlights parent/baby relationship difficulties that can occur at any time but can be more common alongside Maternal Mental Health difficulties. In addition the Early Attachment Observation is always carried out as part of the listening visit intervention.
- Early Start Team members meet weekly to share information and decide on the best person to deliver care or to co-ordinate shared care services. The HV or a member of the Early Start Team will act as the Lead Practitioner for the first year of the child's life, where there is an identified mental health need. They will coordinate care and support the woman to navigate her care, maintaining two-way communication with all other professionals contributing to the woman's care.
- Jointly run Pregnancy, Birth and Beyond antenatal sessions and Baby Clinics in Children's Centres can identify people requiring support quickly. These services also help introduce the local services that parents can access as they choose.
- Support provided by the Early Start teams can include Family Outreach worker contact and support and encouragement to attend any groups run by the local Children's Centre's.

Children's Centres provide a range of services to support parents, as well as childcare. Groups run at local Children's Centres may include:

- **Incredible Babies**⁸ – a six session 'The Incredible Years Parents and Babies' programme which supports parents and their babies.
- **Baby massage** - Sessions that encourage and teach the primary caregiver to have a special time to communicate verbally and non-verbally with babies.
- **Stay and play sessions** – which provide social contact with other parents locally and often provide activities to do with the children.

⁸The Incredible Years: Parents and Babies Programme.
<http://incredibleyears.com/programs/parent/babies-curriculum/>

- Local one to one **Parent Counselling Services** can be accessed via the Children's Centre services.

Other Early Start Pathways may be referred to if mental health difficulties impact on other aspects of parenting including the Responsive Parenting Pathway, Domestic Violence, Infant Mental Health and Bereavement.

5.6 Infant Mental Health Service (IMHS)

The Infant Mental Health Service is a citywide service working with pregnant women and infants up to 24 months, where there are serious concerns about the attachment relationship. It is a multi-disciplinary team including Consultant Clinical Psychologist, Infant Mental Health Practitioners, and Health Visitors.

Infants with a parent who has a mental illness, including depression or anxiety are at an increased risk of experiencing difficulties in the caregiving relationship, which can result in attachment difficulties.

- The service offers training, face-to-face and telephone consultation, joint visits and direct work with those families with an identified need for higher level therapeutic intervention. Psycho educational intervention focuses more on the infant with explicit attention to parent-infant interaction and relationship building. Understanding of babies is promoted with regard to their states, behaviour and cues. Resources used may be the 'Understanding Your Baby' Booklet, The Social Baby DVD and NCAST tools including video feedback.
- Where there are maternal health issues that are impacting negatively on the attachment relationship, parent-infant psychotherapy such as CBT (Cognitive behavioural Therapy) CAT (Cognitive Analytical Therapy) and 'Watch, Wait and Wonder' are examples of interventions most commonly adopted.
- Relationship difficulties between the primary caregiver and infant maybe identified via the Early Attachment Observation carried out by Health visitors at the 6-8 week contact, or during routine Maternal Mood Assessments.
- Referrals for direct specialist work with families can come from midwives, health visitors, CAMHS practitioners and specialist community pediatricians. It is recommended that referrers telephone first for discussion and advice, prior to sending a referral.

5.7 Mindwell

MindWell is the single internet based place for information about mental health in Leeds. It provides a portal for anyone living or working in Leeds, including all professionals, to get quick, easy and direct access to up-to-date mental health information, including:

- Clear, accurate information about support and services available in Leeds, including a section specifically for pregnant women and their partners and new parents.

- Information about a range of common mental health problems such as anxiety and stress.
- Self-help tools and information including downloadable resources, videos and animations.

MindWell is city-wide and brings together resources, materials and knowledge from across the NHS in Leeds, Leeds City Council and the third sector.

<https://www.mindwell-leeds.org.uk>

5.8 IAPT

The Leeds IAPT service provides psychological support and treatments (sometimes called talking therapy) for adults, including women in the perinatal period, with common mental health problems, such as depression and anxiety. The range of psychological therapy interventions offered follows NICE guidelines and types of therapy to be offered are discussed during initial assessment/screening. This can be online, telephone or, where needed, face to face. Following this advice is given as to the best treatment for that individual. This may also lead to referral on to other more appropriate services.

If the presenting problem is IAPT suitable then treatments range from step 2 psychoeducational classes, computerised CBT and guided self help, to step 3 therapies, that include CBT, IPT, DIT, Counselling for Depression and EMDR.

The service:

- Prioritises women who are pregnant or in the first year after the birth of their baby, within the generic pathway for screening and treatment. It offers a flexible approach to providing effective psychological therapy to mothers, including appointments at varied venues, times and days of the week and always tries to accommodate an individual's needs, while taking into account their level of priority.
- Provides timely screening and assessment for women in the perinatal period, which can be online at the convenience of the woman (this will be reviewed within five working days), telephone or face-to-face.
- For women in the perinatal period the aim is to start treatment within 4 weeks of assessment.
- Leeds IAPT is at the early stages of developing a specific perinatal group.
- While waiting for individual therapy, women are encouraged and directed to various resources, either written or online to assist in managing their difficulties in preparation for therapy. They can also access online seminars for CBT and IPT found on the Leeds IAPT website.
- If a woman is close to delivery she would still be offered therapy but if it is mutually agreed that the timing of this may increase her stress, or a break in therapy would occur, the service might advise a 'pause' or discharge with a fast track back into the service once the woman is able and ready to engage. If a woman feels unable to engage at this time, the focus would be on stabilisation of emotions and support in

liaison with midwifery and early start services. Encouragement will be given to re-engage with the service after the birth, which should be supported by Early Start and HV services.

- Children present in therapy are likely to interfere with the woman's ability to focus on therapy therefore reliable childcare is desirable. However, if this is not available it does not always exclude a woman from attending her appointment. In the event that it is not possible to arrange childcare, for example, breastfeeding women, the clinician will discuss this with the woman and with their line manager to agree on a case-by-case basis, a plan to facilitate access to treatment. This may include for example and where appropriate, cCBT or allowing attendance as a temporary measure. Due consideration should be given to the age of the child and the impact on the success of therapy. It is however not possible to accommodate children in a step 2 class or step 3 group or appointments with Northpoint Wellbeing.
- Therapy is limited to 20 weeks.
- Leeds IAPT do not routinely offer home visits but if there are clinical indications that this would be the most appropriate intervention at the start of therapy this will be considered on a case by case basis.

5.9 Community Mental Health Teams (CMHT)

- GPs, and other health and social care professionals can make a referral to the CMHT via the Leeds and York Partnership NHS FT Single Point of Access (SPA). Referrals of women with severe mental illness will normally be made directly to the specialist perinatal mental health services. Women with long standing mental health needs will usually be managed by CMHT with the specialist perinatal services providing input as appropriate.
- CMHT duty desk will offer same day triage and allocation for assessment for appropriate referrals. The referral information required to ensure a robust allocation process would include reason for current referral, previous mental health history, current and historical risk, details of pregnancy and any related physical health issues, current medications, details of other children and details of other professionals involved. If the referrer does not provide this information, the CMHT duty desk will prioritise gathering this to inform an appropriate triage decision.
- A routine assessment will be offered within 14 days to an expectant mother with a history of mental illness or perinatal/post-natal mental health issues, even where there are lower risks. However if there are clear identified risks, an allocation for more urgent assessment will be made.
- Following assessment and formulation, the care programme approach (CPA) is the framework utilised to support effective care planning, coordination of joint working with other agencies such as the HV team, midwife, Early Start Teams, Children's Centres, schools and social services, risk assessment and crisis planning.
- The CMHT will liaise with or refer to the specialist perinatal service where appropriate.

- Should risks related to the expectant mother's mental state increase, the care coordinator will increase contact and liaise with the multidisciplinary team and other agencies as appropriate, including safeguarding.
- The CMHT will offer an assessment of support needs for carers/partners and signpost to appropriate agencies.
- Women of childbearing potential that are already engaged in treatment with the CMHT, will proactively be offered preconception advice about how their mental health problem and how its treatment might affect them or their baby if they become pregnant. Prescribing of any psychotropic medication for women of childbearing age will take into account up to date safety information. As a minimum CMHT standard, preconception information will be provided during the annual CPA care plan review. For service users who become pregnant or are actively considering become pregnant, an appointment would be proactively offered with a consultant psychiatrist to support this with appropriate liaison with specialist perinatal mental health team and pharmacy services.
- The CMHTs will provide a named perinatal mental health leads and link to each Early Start Team, to ensure close working and coordinated care.

5.10 Psychology and Psychotherapy Services (PPS)

The Psychology & Psychotherapy Service is integrated into the CMHTs within Leeds & York Partnership Trust. The main focus of the service is to both enhance and provide psychological input in the care pathway of people referred into the CMHTs. The service also continues to offer a step four level of intervention within the IAPT pathway. It offers an assessment and therapy service for people experiencing more severe levels of mental health difficulties and with more complex presentations. The service does not provide direct referral access to GPs, other primary care practitioners and other NHS staff.

Within the CMHT role, the service offers access to psychological consultation, assessment and therapy to the Specialist Perinatal Mental Health Service.

Psychological therapies offered by the service include: Cognitive behavioral psychotherapy (CBT), psychodynamic psychotherapy, cognitive analytic psychotherapy (CAT), family therapy, interpersonal psychotherapy (IPT), EMDR, Acceptance and Commitment therapy (ACT).

For referrals of women who are pregnant or in the first 12 months post-partum, through CMHTs, Specialist Perinatal Mental Health Team or via IAPT the following principles apply:

- A priority appointment for a psychological assessment is offered.
- The appropriateness of undertaking psychological therapy will be assessed in the context of the individual's pre-existing mental health difficulties, current level of mental health stability, need for immediate psychological intervention and risk of further destabilisation of mental health functioning.

- Where psychological therapy is subsequently offered, PPS staff will liaise with other clinicians and health and social professionals involved in an individual's care.
- Where psychological therapy is considered appropriate but where it is recommended that this be delayed whilst an individual focuses on the demands of pregnancy and birth, PPS staff may offer interim appointments if needed and liaise with other involved staff as appropriate until the point when full engagement in therapy is more appropriate.
- When it is considered psychological therapy would not be appropriate or could increase the risk of further deterioration in an individual's mental health, the service would engage with other involved staff in considering what interventions may be most helpful at that time
- The service has as its main focus, the need to support the well-being of the mother, the family and the baby during the time of significant change and this will underpin any clinical decision-making.

5.11 Specialist Perinatal Mental Health Service (SPNMHS) - including Mother and Baby Unit (MBU)

Yorkshire and Humber mother and baby unit:

This is an 8 bed regional service, which allows for the admission of women with severe mental illness along with their babies, with the aim of ensuring that women are not unnecessarily separated from their infant when a psychiatric admission is required and that access to treatment is rapid and without delay. The unit provides:

- Appropriate physical and psychological care for mothers in late pregnancy and the first post-natal year that are experiencing serious mental illness
- Promote the mother infant relationship by providing supervision, support and assistance to the mother in order that the physical and emotional needs of the infant can be safely met
- A range of therapeutic interventions to meet their needs
- The unit works with Specialised Perinatal Community Psychiatric Teams to ensure that proper follow-up support and treatment is in place once the mother has been discharged.

Yorkshire and Humber Regional Outreach Service:

The Outreach service comprises a multidisciplinary team with specialist skills in perinatal mental health to facilitate discharge and prevent avoidable relapses and re-admission from the mother and baby unit.

The service provides a pre-conception counselling clinic, management advice for clinicians, primarily for high-risk pregnant women within the Region and follow-up of women discharged from the in-patient unit.

Leeds Specialist Perinatal Community Mental Health Team

Provides a specialist perinatal community mental health services linked to the Mother and Baby Unit and Outreach Services, for women in late pregnancy

and the postpartum year who are seriously mentally ill, to ensure that the special needs and additional risks to mothers and infants will be met.

The team provide assessment and care of women in pregnancy and the postpartum year who meet the following criteria:

- Women discharged from the Specialist In-Patient Mother and Baby Units (3 months post discharge).
- Women with the following conditions who are at high risk of admission to an in-patient Mother and Baby Unit: bipolar affective disorder, schizo-affective disorder and other psychoses and (in conjunction with adult community teams), severe depressive illness, severe anxiety disorders.

Exclusion criteria:

- Women with personality disorder, significant learning disability, substance misuse or eating disorder (unless they are also suffering from, or there is suspected, serious mental illness as above).
- Women suffering from a condition of mild to moderate severity.
- Women whose infant is over one year old.
- Women aged 16-18 years would normally be managed by the CAMHS. Joint working may be considered if the perinatal psychiatric disorder dominates the clinical picture.
- Women where it is unlikely that they will retain the care of the child after birth.

Medical staff provide expert information and advice to other professionals e.g. regarding the use of psychotropic medication in pregnancy/breast feeding.

Urgent Care

Pregnant and postnatal women with mental health problems presenting to LTHT Accident & Emergency departments will be seen by the Acute Liaison Psychiatry Service team (ALPS). Women who are inpatients on maternity wards of the both Leeds General Infirmary and St James University Hospital, will normally be referred to the Hospital Mental Health Team (HMHT) except for those women who have self-harmed, who are seen by the ALPS.

5.12 Women's Counselling & Therapy Service (WCTS)

Women's Counselling and Therapy Service (WCTS) offers psychological therapies specialised for women. This can be particularly important in the perinatal period when experiences, such as gender based violence or gender specific issues are impacting on mental health.

WCTS's expertise is with vulnerable and 'hard-to-reach' women with Moderate - Moderately Severe mental health problems – often of long standing duration - and complex presentations. The service has a track record of excellent outcomes with women who struggle to access or engage with more mainstream services for a variety of reasons.

Women in the main have significant trauma in their histories (e.g. child sexual abuse, neglect or violence; sexual assault, rape, FGM or trafficking; domestic violence; multi-generational poverty; pregnancy or birth trauma, bereavement; etc.). Women may also have complex needs. They may still be at risk of domestic violence and abuse and or have other challenges such as learning disabilities, self-harm behaviours, substance misuse issues, homelessness, debt, etc. Many have significant experience of social care involvement as a child and or as an adult; some have experienced successive removals of their children into care. The majority of women accessing the service are from deprived areas of Leeds; around a quarter are from BME communities.

- WCTS offers one-to-one and group therapy as well as a range of therapeutic and psycho-educational groups, and peer support activity. The service can offer limited support with wider health and social care needs where these are impacting on the therapy.
- Practitioners are, in the main, qualified in psychotherapy to Masters level, professionally registered or accredited, and experienced. Additionally, some staff are also qualified social workers. Staff receive regular high-level clinical supervision and engage in continuing professional development. The service works towards ensuring cultural competence, particularly in reference to pregnancy, birth and parenting.
- On referral, triaging may include contact with the women herself or others involved in her care. A face to face assessment (1-3 sessions) is offered which includes consideration of wider health and social needs alongside mental health difficulties / psychological needs. The assessment has a meaningful risk assessment at its core.
- The service is 'tolerant' to disrupted engagement understanding that this might be as a result of previous experiences and will offer a range of appointments under a 'determined engagement' approach. We use a range of methods to engage clients and provide as accessible a service as possible including use of text messaging, telephone sessions and flexible appointments, female translators and where a woman is destitute may offer support with travel and childcare.
- Where at triage or on assessment another service seems best placed to offer support at that time this is discussed with the woman and where appropriate support to access that service is given.
- Where service is agreed upon, therapists liaise, often extensively, with other professionals involved in a woman's care.
- WCTS offers the following within the perinatal pathway: Weekly individual counselling and psychotherapy. From between six and 20 sessions (occasionally longer and sometimes with breaks around the birth period) including short-term work focused on mental health stabilisation, emotional and psychological well-being. Psychotherapies have a relational focus; psychodynamic psychotherapy, CBT, EMDR and Parent-Infant Psychotherapy (where the focus is on the relationship between parent and baby) are all offered. Creative arts methods can be employed to support women who struggle, initially or at times, to express themselves verbally.

- The therapy aims to facilitate the expression of feelings and thoughts as healthily as possible then provides support to problem solve to manage and contain. Work around attachment is central to building attachment to the pregnancy and baby. The overall aim is to minimise the impact of mental health problems on women and babies during this critical (perinatal) period.

5.13 Voluntary Sector Services (VCS)

5.13.1 Home-Start Leeds

Home-Start Leeds offers a home visiting family support service for families who are experiencing difficulties. Helping parents give their children the best start, the service uses volunteers, recruited from all communities, to support parents as they increase their confidence and ability to cope and build better lives for their children and themselves. The Home-Start approach has a proven, lasting, positive impact on the development of children and the health and well being of the family.

- Volunteers, who are usually parents themselves, are recruited with immense care, are highly trained and supported & supervised by highly skilled paid coordinators.
- Volunteers visit families in their own home regularly (usually weekly). Through spending this time with the family, they develop trusting, supportive relationships, offering friendship, practical help, a listening ear, encouragement and support tailored to the needs of each family.
- Volunteers also offer practical help, encouraging and supporting families to attend appointments, do their shopping and plan & preparing meals, making the home safe for the children and encouraging them to join in local social, fun and learning activities like outings to the park and children's centers to meet other families.
- When necessary they will accompany families to meetings and appointments i.e. GP's, health, CAB, social work meetings, offering that often essential moral support.
- Volunteers work restoratively with parents to help them overcome their stresses and challenges, seek the help they need and enjoy their children and family life.

5.13.2 NSPCC

Pregnancy in Mind is an evidence based preventative mental health service for parents-to-be. The service is designed to support parents who are at risk of, or experiencing mild to moderate anxiety and depression during pregnancy and the first year after birth. Parents-to-be are able to attend between 12 and 28 weeks gestation (the middle trimester of pregnancy).

- Pregnancy in Mind has 2 core elements:
 - an antenatal group intervention delivered by professionals during the middle trimester of pregnancy

- a peer support programme delivered by a team of volunteers and a volunteer manager that takes place both in pregnancy and across the first year after birth.
- Pregnancy in Mind aims to protect against the impact of parental anxiety and depression during the perinatal period through building relationships, knowledge and skills, which will help parents to manage any difficulties they are experiencing. The ultimate objective of this service is to build parents' capacity to provide sensitive, responsive care to their babies - and help parents keep these new skills up as their children develop. This contributes to our overall goal of ensuring that babies are safe, nurtured and able to thrive.
- The programme is underpinned by 5 core evidence-based themes:
 - mindfulness meditation
 - active relaxation
 - psycho-education and coping skills
 - social-support
 - tuning-in to baby (also called mind-mindedness).

5.13.3 Other Non Commissioned VCS Services

The city has a richness of support & specialist services for children, parents & families provided by Third Sector (VCS) organisations, both commissioned and non-commissioned.

They offer a comprehensive range of high quality services & support for parents & families, social/emotional/counseling/therapeutic, from conception.

Third Sector organisations are particularly effective in engaging positively with families that are anxious or reluctant to engage with statutory services outside this pathway. The more informal, flexible and accessible approach the services are able to offer, often results in more effective subsequent engagement with specialist/statutory services.

Information about Third Sector (VCS) children's & adult services, referrals, location and contact details: <http://www.doinggoodleeds.org.uk> & <https://www.mindwell-leeds.org.uk> as well as via local Early Start Services and GP Social Prescribing pilots.

6.0 Information Sharing and Confidentiality

Where information needs to be shared between professionals from different organisations, to ensure the seamless delivery of services for the woman and her family, discussion should take place with the woman regarding what information needs to be shared and why. Verbal consent should be obtained and documented in her records. Care should be taken to ensure that access to personal information is restricted to that which is necessary to provide the holistic care needed and facilitate shared care between the services for the perinatal period.

Review date: no later than December 2017

7.0 Appendix

7.1 Directory of Pathway related services and referral information

Baby Steps

Baby Steps is for new parents who are more likely to need extra help, and less likely to access antenatal education.

Via midwifery referral to

babysteps@leeds.gcsx.gov.uk

or via telephone to Nas Draxler 07712217168, Tracey Colley 07712217122, Katy Cavell 07712217120, Rachel Smith 07712217121, Diane Butterworth 0771 2217 119

Children's Centres

Children's Centres cover the city and are open to all expectant parents and families with children under five.

To find a local Children's Centre address and telephone numbers:

<http://familyinformation.leeds.gov.uk/childrenscentres/Pages/default.aspx>

Community Mental Health Services

All referrals are via the Single Point of Access (SPA):

Phone: 0300 300 1485

Email: referral.lypft@nhs.net

Post: Referral Administration Office, Leeds and York PFT, The Becklin Centre, Alma Street, Leeds, LS9 7BE

Referral forms are online: <http://www.leedspft.nhs.uk/professionals/SPA>

For discussion and advice:

SSE CMHT duty desk: 0113 8550640

ENE CMHT duty desk: 0113 8556189

WNW CMHT duty desk: 0113 8550930

Community Midwifery

Any woman can access midwifery services by requesting an appointment via her GP surgery or by asking at a local Children's Centre.

<http://www.leedsth.nhs.uk/a-z-of-services/leeds-maternity-care/>

Health Visiting and Early Start Services

To find details and local services:

<http://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/health-visiting-early-start-service/>

<http://www.leeds.gov.uk/docs/107%20-%20Early%20Start.pdf>

Home Start Leeds:

To make a referral:

- Referrals to our service should only be made with the consent of the family.
- Referrals can be made for families expecting a baby and/or have a child under 7 years.

Via telephone (details below), a paid coordinator will take all the information needed over the telephone to enable them make an initial home visit.

Coordinators are also available to attend team meetings/practitioner groups, to give more information about the services offered and answer questions.

To make a referral or to arrange a meeting:

Telephone: 0113 2442419 or e-mail: office@home-startleeds.co.uk

IAPT:

For referral information see:

<http://www.leedscommunityhealthcare.nhs.uk/iapt/home>

Email: leedsiapt@nhs.net

Phone: 0113 843 4388

This email can also be used by healthcare professionals to refer to the service.

Infant Mental Health Service

The IMHS is a citywide service working with families up to the child's second birthday. Referrals are accepted from Midwives, Health Visitors, and CAMHS Practitioners.

To discuss a referral or other services offered phone: 0113 8430841

Mindwell

<https://www.mindwell-leeds.org.uk>

Mindmate and child and young persons Single Point of Access (SPA)

<https://www.mindmate.org.uk/im-a-professional/leeds-mindmate-single-point-of-access/>

To make a referral:

Via phone by calling 0113 376 0324 between 9am and 5pm, Monday to Friday, or by email – ensure a patient information leaflet (available via the link above) is provided and gain consent: referral via the form (also via the link above) with as much information as possible from the young person and/or their family. Email completed forms to leeds.mindmatespa@nhs.net. You must use a secure email address (e.g. nhs.net, gcsx.gov.uk) that is monitored regularly.

NSPCC – Pregnancy in Mind

Midwife or self-referral directly via telephone: 01274 381440

Obstetrics

Access is via the Community Midwifery Service (see above)

Psychology and Psychotherapy Services

Access is via the CMHT, see above.

Specialist Perinatal Mental Health Midwifery

Access is via the Community Midwifery Service (see above)

Specialist Perinatal Mental Health Team

Referral information and referral form are available at:

http://www.leedsandyorkpft.nhs.uk/our_services/Specialist-LD-Care/Perinatal_Mental_Health

Telephone: Out-patients: 0113 855 5505, Mother and Baby Unit: 0113 855 5509, Community Nurses: 0113 855 5650, Fax: 0113 855 5506

Women's Counselling and Therapy Services

Referral information and referral form are available at:

<http://www.womenstherapyleeds.org.uk>

Telephone: 0113 245 5725

7.2 Mental Illness definitions

Adjustment and emotional health:

Women who experience an inability to adjust well to pregnancy/ becoming a parent, a distress reaction that lasts longer than or is more excessive than would normally be expected but does not significantly impair function.

Depressive episode:

In typical mild, moderate, or severe depressive episodes, the woman suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression is worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

- **Mild depressive episode:**

Two or three of the above symptoms are usually present. The woman is usually distressed by these but will probably be able to continue with most activities.

- **Moderate depressive episode:**

Four or more of the above symptoms are usually present and the woman is likely to have great difficulty in continuing with ordinary activities.

- **Severe depressive episode:**

An episode of depression as described, but with the presence of hallucinations, delusions, psychomotor retardation, or stupor so severe that ordinary social activities are impossible; there may be danger to life from

suicide, dehydration, or starvation. The hallucinations and delusions may or may not be mood-congruent.

Agoraphobia:

A fairly well-defined cluster of phobias embracing fears of leaving home, entering shops, crowds and public places, or travelling alone in trains, buses or planes. Panic disorder is a frequent feature of both present and past episodes. Depressive and obsessional symptoms and social phobias are also commonly present as subsidiary features. Avoidance of the phobic situation is often prominent, and some agoraphobics experience little anxiety because they are able to avoid their phobic situation

Social phobias:

Fear of scrutiny by other people leading to avoidance of social situations. More pervasive social phobias are usually associated with low self-esteem and fear of criticism. They may present as a complaint of blushing, hand tremor, nausea, or urgency of micturition, the patient sometimes being convinced that one of these secondary manifestations of their anxiety is the primary problem. Symptoms may progress to panic attacks.

Panic disorder [episodic paroxysmal anxiety]:

The essential feature is recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. As with other anxiety disorders, the dominant symptoms include sudden onset of palpitations, chest pain, choking sensations, dizziness, and feelings of unreality (depersonalization or derealisation). There is often also a secondary fear of dying, losing control, or going mad. Panic disorder should not be given as the main diagnosis if the patient has a depressive disorder at the time the attacks start; in these circumstances the panic attacks are probably secondary to depression.

Generalised anxiety disorder:

Anxiety that is generalised and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances (i.e. it is "free-floating"). The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, light-headedness, palpitations, dizziness, and epigastric discomfort. Fears that the patient or a relative will shortly become ill or have an accident are often expressed.

Obsessive-compulsive disorder:

The essential feature is recurrent obsessional thoughts or compulsive acts. Obsessional thoughts are ideas, images, or impulses that enter the patient's mind again and again in a stereotyped form. They are almost invariably distressing and the patient often tries, unsuccessfully, to resist them. They are, however, recognized as his or her own thoughts, even though they are involuntary and often repugnant. Compulsive acts or rituals are stereotyped behaviours that are repeated again and again. They are not inherently enjoyable, nor do they result in the completion of inherently useful tasks. Their function is to prevent some objectively unlikely event, often involving harm to

or caused by the patient, which he or she fears might otherwise occur. Usually, this behaviour is recognised by the patient as pointless or ineffectual and repeated attempts are made to resist. Anxiety is almost invariably present. If compulsive acts are resisted the anxiety gets worse.

Severe Mental Illness:

Includes schizophrenia and other psychoses, bipolar disorder, schizoaffective disorder and severe depressive episodes requiring inpatient treatment.

- **Post Partum Psychosis:** symptoms: Hallucinations, delusions, confusion, excitement, lack of insight. Usually rapid onset and occurs within 4 weeks postpartum.

7.3 Pathway Development Group Membership

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Jon Davis, IAPT, Northpoint
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7.4 Additional References

IAPT: Positive Practice Guidance – Perinatal. March 2013

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National Institute for Health and Care Excellence (NICE): Antenatal and postnatal mental health: Clinical management and service guidance, June 2015. <https://www.nice.org.uk/guidance/cg192>

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