Version: 2.2

Last updated: 17 March 2021

**Perinatal Mental Health Service**

**Information for Referrers**

The Perinatal Mental Health Service offers specialised treatment to women experiencing significant mental health difficulties during pregnancy or if they have a child below one year of age.

If you are worried about a woman developing a mental health problem during pregnancy or in the first year following the birth of their child then please get in touch. We can provide telephone advice, face to face assessments for patients, care co-ordination, groups and signposting to other services that might be able to help.

Whilst we do not accept referrals from non-health professionals we do offer advice to all professionals working with families in the perinatal period. We can help signpost you, or request you support a woman to meet with their health professional to ensure that a referral is made.

A referral should be made early in the pregnancy and at the latest, by the end of the second trimester in the following circumstances:

* Previous history of puerperal psychosis
* Diagnosis of bipolar affective disorder
* Diagnosis of schizophrenia
* Previous severe depressive episode/post-natal depression-requiring treatment in hospital/secondary care.

For routine referrals with no associated risks, the following should be considered within primary care before making a referral:

* Increased support from health visitor/maternity support midwife
* Referral to children’s centre/intensive family support service
* Primary care counselling
* Trial of medication where appropriate

We aim to see routine referrals within 14 days and urgent referrals within 48 hours. In cases of suspected puerperal psychosis we aim to see the patient the same day.

We cannot accept urgent referrals or undertake assessments outside of office hours, which are Monday to Friday, 9am to 5pm.

In urgent cases (for example, suspected puerperal psychosis or risk of suicide) if we cannot facilitate an urgent assessment, a referral to the crisis resolution home treatment team will be necessary. **Urgent referrals must be discussed with a member of the duty team.**

We can only accept referrals where the patient consents to assessment. If a patient does not consent, their GP will need to assess whether a Mental Health Act assessment is appropriate.

Please contact us on 0113 855 5505 Monday – Friday between the hours of 9-5pm.

**Additional health services for pregnant women**

There are a number of additional health services that can provide pregnant women with mental health and other forms of support:

**Leeds Mental Wellbeing Service (formerly IAPT)**

This service provides support and psychological therapies for common mental health problems, such as anxiety and depression. It offers a range of evidenced-based psychological interventions, including group-based and 121 therapies, classes, one-off sessions and online support options.

Visit [www.leedscommunityhealthcare.nhs.uk/our-services-a-z/leeds-mental-wellbeing-service](http://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/leeds-mental-wellbeing-service)

Telephone:**0113 843 4388**

Email:[leeds.mws@nhs.net](mailto:leeds.mws@nhs.net)

**Pregnancy in Mind**

Pregnancy in Mind is an NSPCC-led preventative mental health service designed to support parents who are at risk of or experiencing mild to moderate anxiety and depression during pregnancy.

Visit <https://learning.nspcc.org.uk/services-children-families/pregnancy-in-mind>

Telephone: 01274 381440

**Baby Steps**

Baby Steps is an evidence-based perinatal group education programme run by Leeds City Council for families with additional needs and at risk of poor outcomes.

Visit <https://www.leeds.gov.uk/docs/Baby%20Steps.pdf>

Telephone: 0113 3788533

Email: [babysteps@leeds.gov.uk](mailto:babysteps@leeds.gov.uk)

**Birth Matters**

This is run by Leeds Teaching Hospitals and provides support for women who are experiencing anxiety around mode of delivery.

Visit [www.leedsth.nhs.uk/a-z-of-services/leeds-maternity-care/what-we-do/birth-matters-clinic](http://www.leedsth.nhs.uk/a-z-of-services/leeds-maternity-care/what-we-do/birth-matters-clinic/)

**Referral Form**

**Referral Form for Professionals**

|  |  |
| --- | --- |
| Date of referral |  |

**Reason for referral (please mark with an x where appropriate)**

|  |  |
| --- | --- |
| Assessment/treatment and advice |  |
| Pre-conception counselling |  |

|  |  |
| --- | --- |
| Urgent |  |
| Routine |  |

**Referrer (your) details**

|  |  |
| --- | --- |
| Name |  |
| Contact number |  |
| Organisation |  |
| Address |  |
| Post code |  |
| Email address |  |
| Relationship to service user (i.e. General Practitioner) |  |
| Please confirm the service user has consented to referral |  |

**Patient details**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| NHS Number |  |
| Home address |  |
| Post code |  |
| Preferred contact number(s) |  |
| Next of Kin |  |
| Ethnicity |  |
| Language |  |
| Is an interpreter required? Or does the patient have or require an advocate? |  |
| Is the patient a Military Veteran? |  |
| Does the patient have any transport requirements? |  |

**Children’s Details**

|  |  |
| --- | --- |
| Full name(s) |  |
| Date of birth (s) |  |
| Home address (if different from mother’s) |  |
| Post code |  |
| EDD (if pregnant) |  |

**Other involved professionals**

|  |  |
| --- | --- |
| **Professional groups** | **Named contacts** |
| GP |  |
| Midwife |  |
| Health Visitor |  |
| Children’s Social Worker |  |
| Adult Social Worker |  |
| Is the patient accessing private healthcare or therapeutic input |  |

**Current mental health difficulties**

|  |
| --- |
| **Please provide as much information below as possible about the current mental health of the patient e.g. mood, anxiety, obsessional symptoms, psychotic symptoms, sleep, appetite etc.)** |
|  |
| **Suicidal Ideation/plans** |
|  |
| **Please describe mother’s relationship with infant (if appropriate)** |
|  |
| **Breastfeeding? Delete as appropriate: Yes/No** |
|  |
| **Child protection concerns (if identified, referrer to discuss with CP supervisor/refer to children’s social care)** |
|  |
| **Current medication (including start dates for psychotropic medication)** |
|  |
| **Past psychiatric history** |
|  |
| **Drug and alcohol misuse** |
|  |
| **Additional information (anything else we need to know?)** |
|  |

Please send the completed referral form via secure email to: [perinataldutydesk.lypft@nhs.net](mailto:perinataldutydesk.lypft@nhs.net)

***Office use only***

|  |  |
| --- | --- |
| ***Advice Only*** |  |
| ***Referral*** |  |

|  |  |
| --- | --- |
| ***Assessor Type: (Medic, Practitioner, Joint)*** |  |
| ***Assessment Type: f2f hv, f2f PSL, Zoom, Telephone*** |  |
| ***Priority (admin please change this on Care Director if it is different to when it was received)*** |  |