

Perinatal Joint Working Framework

Introduction

Perinatal mental health services: Recommendations for the provision of services for childbearing women (CR232; Sept 2021) recommends that *'Arrangements are in place so that when a woman already under their care, because of a long-standing serious mental health problem, becomes pregnant, she is referred to a community perinatal mental health team and that an agreement is then made regarding joint working and lead management (based on the woman's clinical needs and local models of care)'*.

This document has been produced to help clarify the nationally agreed minimum standards of care that need to be delivered to women with mental health needs in the perinatal period. It compliments existing documents (see reference) and provides a structured framework. Completing this document should not constitute a 'tick box exercise' and best practice would recommend that a joint meeting and open and transparent conversation take place that aims to keep a women and her family's needs central to decisions about care delivery.

When should this document be used?

A woman is known to a secondary care mental health service and comes into the perinatal period and therefore may require perinatal specific support/intervention.

A woman who is under the care of the specialist perinatal mental health service and requires input from another secondary care mental health services specific to her needs.

In both the above, there is an acceptance that the women's needs may require input from more than one service.

This document should be utilised as early as possible in the perinatal period and may need to be repeated e.g. completed first in the antenatal and then postnatal period.

How should this document be used?

Ahead of the review, the women should be informed that services will be discussing her care needs with her. She should be offered up to date, relevant information about who these services are, what they provide (send service information leaflets or similar) and who will be present at the review. Women should also be informed, where joint working is agreed, which service will 'lead' on the coordination of her care.

The women should be informed that purpose of the meeting is to understand her needs and who is best placed to meet these needs. The document should then be followed, needs identified, and agreement made about which service will be responsible for meeting this need.

Duplication of work should be avoided, and the women and her family's wishes should always be taken into consideration. This document is intervention focused and should sit alongside a care plan which is patient focused, based on the patient's goals rather than needs.

The completed document should be shared with the relevant teams, women and other relevant agencies involved in the patients care e.g., maternity/health visiting.

The document should be placed in a prominent location in her notes and align closely to her overarching care plan.

Resolving Differences of Opinion

Teams may differ in their views on how to approach care. Any concerns should be escalated to senior clinical leads in the teams who should seek to resolve any issues through discussion.

Service user preparation

It is advised that ahead of a joint meeting, service users are given the below listed prompts to help them in the meeting.

This is about your care and your needs so seek clarification from professionals if anything is unclear to you, doesn't make sense or if you disagree. Your voice and opinion are very important.









Questions you might wish to ask in the meeting:







- Which services are working with me and where are they located?
- Who will have overall responsibility for leading my care?
- Which service/who should I contact in an emergency?
- What will joint care look like and what will each service be offering to me?
- Will I have a care/safety plan and who will help me to develop this?
- How do I raise concerns I might have during my care?
- Will my family receive any support and which service will provide this to them?

Document development and review

This document was produced by the North West Coast Clinical Network for Perinatal Mental Health. This document will be reviewed on a yearly basis, or in line with updates to relevant PQN and NICE documentation, whichever is earlier. For more information or to provide comments and feedback on the use of this document in practice, please email: Bethany.Luxmoore@nhs.net

Next date of scheduled review: January 2024







Medical review: Discussions around medication during pregnancy or breastfeeding, monitoring of side effects	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Lead Service/Lead Professional: Ensuring the care plan is delivered, monitoring mental health, and delivering interventions.	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Crisis Management: Co-producing a safety plan, providing telephone support within and out of working hours and urgent home treatment when required.	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Referral to Perinatal Mental Health Midwife: To liaise with midwifery services and give mental health specific additional antenatal appointments.	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	

Contact Health Visiting: To liaise with local Health Visiting services around the coordination of care in the postnatal period.	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Perinatal MH Birthing Conversation: Considers how mental health issues can impact birth and post-partum planning (needs to be completed before 32 weeks)	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Monitoring high risk patients in the post-natal period: Women at high risk of serious illness should be assessed after birth and regularly thereafter until the period of maximum risk has passed	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	

<p>Deliver NICE Guidance care to Women with First Episode Psychosis including:</p> <p>Family members of adults with psychosis or schizophrenia are offered family intervention.</p> <p>Adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis (CBTp)</p> <p>Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.</p> <p>Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes and help to stop smoking.</p> <p>Adults with psychosis or schizophrenia have specific comprehensive physical health assessments</p> <p>Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.</p>	<p>✓</p> <p>Need identified</p>	Who will deliver this?	
	<p>✗</p> <p>No identified need</p>	Who will continue to monitor potential need?	

Assess Parent-infant relationship: Discuss and consider Parent-Infant relationship and complete PBQ.	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Offer Parent-infant interventions: These include Video interactive Guidance (VIG), Watch Wait Wonder, Baby massage, Circle of Security.	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Psychological Therapy: Women identified as requiring a formal psychological intervention are offered an assessment with a qualified psychological practitioner and any treatment commenced within 28 days of the assessment. Psychological therapy can include Cognitive Behavioural Therapy (CBT), Compassion Focused Therapy (CFT), Eye Movement Desensitisation Reprogramming (EMDR), Cognitive Analytic Therapy (CAT), Mentalisation Based Therapy (MBT), Dialectical Behavioural Therapy (DBT)	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	

Occupational Therapy: Support with transitions of roles, organisation and planning and improving social integration	✓ Need identified	Who will deliver this?	
	✗ No identified need	Who will continue to monitor potential need?	
Couples and family Therapy: Working with families to help the understand each other and communicate better	✓ Need identified	Who will deliver this?	
	✗ No identified need	Who will continue to monitor potential need?	
Wellbeing and social integration: The team provides information and encouragement to patients to access local organisations for peer support and social engagement.	✓ Need identified	Who will deliver this?	
	✗ No identified need	Who will continue to monitor potential need?	
Carers Assessment: Partners/significant others are advised on how to access a statutory carers assessment, provided by an appropriate agency. Consider Partner Specific needs assessment as offered by Specialist Perinatal Services.	✓ Need identified	Who will deliver this?	
	✗ No identified need	Who will continue to monitor potential need?	

Safeguarding Children Consider nominating an individual to lead Mental Health Services representation in statutory meetings e.g. child protection conferences. Consider the need for a referral to appropriate level of service e.g. Early Help.	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Safeguarding Adults	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	
Additional information Consider any additional needs for those with: <ul style="list-style-type: none"> Disordered eating; Substance misuse problems; Complex trauma or personality disorder; A learning disability. 	 Need identified	Who will deliver this?	
	 No identified need	Who will continue to monitor potential need?	

References:

Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance (nice.org.uk) Page 17 table for EIT summary

<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2021-college-reports/perinatal-mental-health-services-CR232>