

# Specialist Perinatal Mental Health Team Assessment

## Ask. Assess. Act

Match the care to the need  
Right Care. Right Time. Right People

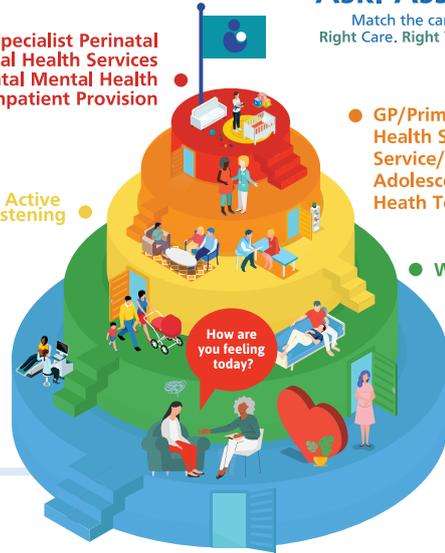
Specialist Perinatal Mental Health Services  
Perinatal Mental Health Teams & Inpatient Provision

GP/Primary Mental Health Support Service/Community/Adolescent Mental Health Teams

Active Listening

Watchful Waiting

Universal



ASK- How are you feeling today?



Assess - offer further screening using the EPDS and/or GAD-7, professional judgement and discussion with the woman. If a referral to the Specialist Team is required, please offer additional screening using the PHQ-9

Level 1

Level 2

Level 3

Level 4

Level 5

Act - 'match' the care to the need  
Right Care Right Time Right People



Universal

Watchful Waiting

Active Listening

GP/PMHSS/  
CMHT/ CAMHs

Specialist Perinatal Mental Health Services  
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Need for **specialist perinatal mental health assessment**? The safety of the baby and any other children is paramount and his/her needs must be assessed immediately prior to a referral to any perinatal mental health team/services.

Discuss referral with specialist perinatal mental health team

Referral accepted





Referral form **completed** by referrer

Referral form **emailed/hard copy sent and received**

Referral form assessed by specialist perinatal mental health team and allocated to practitioner for assessment

**Contact made** with the woman referred and assessment arrangements agreed



Triage assessment undertaken. **Plan of care** discussed and agreed with all involved in providing care for the woman.

If appropriate, a **Perinatal Mental Health Birth Plan** meeting with the woman and community or specialist midwife will be held **between 28-32 weeks**

Letter **confirming plan** sent to the woman. Copy of triage assessment sent to referrer, GP and any practitioner involved



**Significant indication** of risk noted

Copy of the triage/birth plan sent to the safeguarding midwife

