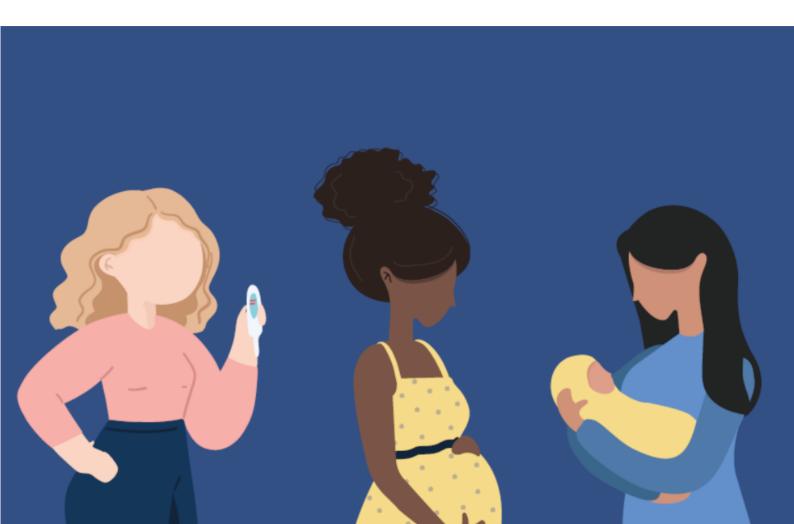


# Levels of Care and Service Referral Criteria

(EPDS / Psychometrics are a guide only – always consider in line with clinical presentation)



### Perinatal Red Flags and Risk Indicators

- Presenting in the first four weeks post-partum (highest risk period for presenting psychosis)
- New feelings and thoughts, which they have never had before, which make them disturbed and anxious?
- Sudden deterioration of mental health presentation
- Thoughts of violent method of suicide
- Thoughts of absconsion
- Are they feeling incompetent, as though they can't cope or estranged from their baby? Are these feelings persistent?
- Do they feel that they are getting worse or at risk of getting worse?
- · Previous history of suicide or self-harm
- Self harm or suicide attempts during pregnancy
- Any thoughts of harm to child or psychotic thoughts relating to child increases risk
- Fluctuation in presentation

| Category  |        | Mental Health | Screening Outcome |              |         |                |
|-----------|--------|---------------|-------------------|--------------|---------|----------------|
| Intensive | Tier 2 | Pathway<br>7  | Moderate-Severe   | EPDS:<br>20+ | GAD: 15 | PHQ9:<br>20-27 |

#### Possible Presentation and Accepting Referral Criteria

**MENTAL HEALTH PRESENTATION:** Diagnosis of serious mental illness; Previous history of **severe** perinatal illness, for example severe post-natal depression or post-partum psychosis; Presenting with new symptoms of mental illness during the perinatal period or marked exacerbation of pre-existing mental illness that is life limiting; Psychological difficulties specifically related to perinatal period, for example birth trauma, tokophobia, severe attachment difficulties; History of mild/moderate mental illness **with** significant risk history (suicide/self harm).

Referrals outside of the formal referral criteria can be accepted at the discretion of the service based on the clinical needs of the individual service user and following consultation with the referrer.

**Pre-conception:** planning to have children and has a severe mental illness or on multiple psychotropic medication (PATHWAY 1)

**ADDITIONAL CONTRIBUTING FACTORS WHICH MAY BE PRESENT ALONGSIDE MENTAL HEALTH PRESENTATION:** Self-neglect; Tokophobia; Neonatal risk; Harm to others; Current medication; Drug and alcohol issues; Safeguarding risks; Pervasive guilt/hopelessness; New or persistent beliefs or inadequacy as a mother; Current domestic abuse/vulnerability; Neurodivergent; Homelessness/Sleeping rough; Women who have not responded to treatment by Primary Care Mental Health Support Services.

#### Suggested Interventions

- Psychological interventions via Specialist Perinatal Mental Health Team (PATHWAYs 7 and 8)
- Psychological interventions via Integrated Psychological Therapies Service (IPTS) (PATHWAY
  10)
- Possible joint working with Crisis Resolution Home Treatment Teams
- Possible joint working with Community Mental Health/ Children and Adolescent Mental Health Teams (PATHWAYS 7 and 8)
- Possible referral and admission to MBU (PATHWAY 9)

| Category         |        |              | Mental Health | Screening Outcome |        |                |
|------------------|--------|--------------|---------------|-------------------|--------|----------------|
| Enhanced<br>Plus | Tier 1 | Pathway<br>6 | Moderate      | EPDS<br>15-20     | GAD 10 | PHQS 15-<br>19 |

#### Possible Presentation and Accepting Referral Criteria

**MENTAL HEALTH PRESENTATION:** Current severe mental illness – Mental health stable; History of moderate mental illness with moderate risk history (suicide/moderate risk self-harm); Family history of severe mental illness – Psychosis/Bipolar; Moderate fear of childbirth; Moderate Perinatal OCD; Moderate anxiety; Moderate depression; Moderate PTSD regarding childbirth.

**ADDITIONAL CONTRIBUTING FACTORS WHICH MAY BE PRESENT ALONGSIDE MENTAL HEALTH PRESENTATION:** Traumatic birth; Attachment issues; Changes in family circumstances; Relationship issues; Childhood sexual abuse; History of still birth, neonatal death or Sudden Infant Death; Drug and alcohol issues; Neurodivergent; Young mother.

#### **Suggested Actions**

- Referral to GP for Pre-conceptual care (PATHWAY 2)
- Referral to GP (PATHWAY 6)
- Psychological interventions via Local Primary Mental Health Support Services (Pathway 10)
- In addition to consider appropriateness of referral/ self-referral to Team Around the Family/ Community Voluntary Services.

Consider presentation and impact on daily life/intensity and risk.

| Category |        |              | Mental Health | Screening Outcome |       |                |
|----------|--------|--------------|---------------|-------------------|-------|----------------|
| Enhanced | Tier 1 | Pathway<br>5 | Mild          | EPDS<br>13-14     | GAD 5 | PHQS 10-<br>14 |

#### Possible Presentation

**MENTAL HEALTH PRESENTATION:** Mild mental health presentation; Low mood; Mild depression; Mild anxiety.

**ADDITIONAL CONTRIBUTING FACTORS WHICH MAY BE PRESENT ALONGSIDE MENTAL HEALTH PRESENTATION**: Low social support; Perceived trauma during childbirth; Mild attachment concerns; Communication issues; First time mother; Unplanned pregnancy; Poor socio-economic situation; Father's mental health status; Very low birth weight (less than 150gm); Baby's disability/illness; Cultural issues; Neurodivergent.

#### Suggested Actions

- Emotional Wellbeing Listening Visits (Listening visits) (PATHWAY 5)
- Signposting to Stress control and/or Active Your Life or equivalent
- Written information self-help guides (IAWN website); Community Voluntary Services;
  Voluntary
- Online resource Silver Cloud.

| Category          |          |              | Mental Health | Screening Outcome |          |  |
|-------------------|----------|--------------|---------------|-------------------|----------|--|
| Universal<br>Plus | Tier 0/1 | Pathway<br>4 | Mild          | EPDS<br>10-12     | PHQS 5-9 |  |
|                   |          |              |               |                   |          |  |

#### Possible Presentations

**MENTAL HEALTH PRESENTATION:** Low mood; Mild depression; Mild anxiety (not life limiting).

#### ADDITIONAL FACTORS WHICH MAY BE PRESENT ALONGSIDE MENTAL HEALTH

PRESENTATION: Tearfulness; Financial difficulties; Relationship issues; Housing difficulties;

Substance issues; Neurodivergent; Wanting general counselling.

#### **Suggested Actions**

- Watchful waiting (PATHWAY 4)
- Signposting to community groups and appropriate services; Housing; Citizens Advice Bureau;
  Counselling; Drug and alcohol services
- Online resources Enjoy your bump, Enjoy your Baby, Enjoy your Infant; Living Life to the Full; Community Voluntary Services.

| Category  |        |              | Mental Health | Screening Outcome |  |          |
|-----------|--------|--------------|---------------|-------------------|--|----------|
| Universal | Tier 0 | Pathway<br>3 | Nil           | EPDS<br>0-9       |  | PHQS 0-4 |

#### Possible Presentations

Neurodivergent; No evidence of mental health difficulties.

Pre-conceptual care via GP (PATHWAY 2)

Pre-conceptual care via Specialist Perinatal Mental Health Team (PATHWAY 1)

#### **Suggested Actions**

- Signpost to Every Child Your Child Your Pregnancy and Birth <u>Parent Information Resources</u> <u>Every Child (everychildwales.co.uk)</u>
- Community Groups and Voluntary Services in your local area

## Please note: Specialist Perinatal Mental Health Teams do not accept referrals for:

- Women with brain injury or other organic disorder including dementia
- Women with neuro developmental disorder, learning disability or substance misuse unless they otherwise meet standard referral criteria outlined above
- ullet Women whose mental health needs can be safely managed within Wales Perinatal Mental Health levels 1 4
- The service does not provide statutory parenting assessments, local authority remains responsible for the over assessment of parenting where safeguarding concerns exist.

Referrals that do not meet the threshold for the Specialist Perinatal Mental Health Team will be returned to the referrer with appropriate guidance on the levels of care and signposting advice and, all referrers will receive written confirmation regarding the outcome of the referral that they have made to the specialist team, within 14 days of referral.