How can we improve the identification of Perinatal Mental Illness?

Stephen Hamilton
Jan/Feb 2014
Do women feel they suffer poor mental health during the perinatal period?

PATIENT OPINION
Bounty Word of Mum Survey

• 3 in 10 mums or mums-to-be suffered from the symptoms of depression or anxiety during their most recent pregnancy.

• Of those who did suffer, just 2 in 5 sought the help of a healthcare professional.

• Those who spoke with a healthcare professional tended to find them to be helpful.

Bounty’s Word of Mum™ Omnibus Survey, Sept 2011
Nearly a quarter of women felt that they have suffered from depression/anxiety in pregnancy.

Q: Do you feel that you suffered from the symptoms of depression or anxiety during your current/most recent pregnancy?

Base: All mums and mums-to-be (2,088)

- Yes, 24
- No, 71
- Don’t know, 4
- Rather not say, 2

Bounty’s Word of Mum™ Omnibus Survey, Nov 2013
Medication should never be used for pregnant women with mental health problems

A child's risk of emotional, behavioural or learning difficulties is slightly higher if a mother has suffered from mental health problems in pregnancy.

Severe stress, anxiety or depression while pregnant can marginally increase the risk of a baby being born earlier or smaller.

Psychotherapy can be an effective treatment for mental health problems.

Medication can be an effective treatment for mental health problems.
Most are comfortable with seeking help for mental health concerns

Q: Thinking now about mental health problems, how much do you agree or disagree with the following statements?

Base: All mums and mums-to-be (2,088)

- Agree strongly
- Agree slightly
- Neutral
- Disagree slightly
- Disagree strongly
- Don’t know

If a friend had a mental health problem during pregnancy, I'd know where to direct them for help

- 18 agree strongly
- 40 agree slightly
- 12 neutral
- 17 disagree slightly
- 9 disagree strongly
- 4 don’t know

58% agree

I would be happy to talk to my midwife or GP if I had concerns about my mental health in pregnancy

- 40 agree strongly
- 41 agree slightly
- 8 neutral
- 6 disagree slightly
- 2 disagree strongly
- 2 don’t know

81% agree

I was given information about mental health as well as physical health during my pregnancy

- 16 agree strongly
- 27 agree slightly
- 7 neutral
- 15 disagree slightly
- 17 disagree strongly
- 18 don’t know

43% agree

I feel confident that my midwife or GP would be able to help me, or put me in touch with someone who could

- 40 agree strongly
- 39 agree slightly
- 10 neutral
- 6 disagree slightly
- 2 disagree strongly
- 2 don’t know

79% agree

I worry that my baby would be taken away from me if I spoke about any mental health concerns

- 8 agree strongly
- 18 agree slightly
- 18 neutral
- 26 disagree slightly
- 26 disagree strongly
- 4 don’t know

26% agree

Bounty’s Word of Mum™ Omnibus Survey, Nov 2013

Perinatal Mental Health
Netmums 2013 Survey

11. Did you see a GP?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>40.2%</td>
<td>616</td>
</tr>
</tbody>
</table>

13. Did a GP, midwife or health visitor (or other) confirm you were unwell ie give you a diagnosis?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, i didn't have confirmation</td>
<td>39.7%</td>
<td>603</td>
</tr>
</tbody>
</table>
Netmums 2013 Survey

15. Before you were ill, did anyone explain to you that depression/anxiety are common at this time in a parent's life, and how to spot the signs? (choose those that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one talked to me</td>
<td>44.8%</td>
<td>683</td>
</tr>
</tbody>
</table>

16. Did you ever hide or cover up how bad you were feeling when asked by a health professional?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I hid the fact</td>
<td>28.0%</td>
<td>428</td>
</tr>
<tr>
<td>Yes, I wasn't completely honest</td>
<td>45.5%</td>
<td>696</td>
</tr>
</tbody>
</table>
## Netmums 2013 Survey

### 18. Which professionals asked whether you were feeling depressed or anxious?

<table>
<thead>
<tr>
<th>Professional</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community midwife at booking in</td>
<td>11.0%</td>
<td>148</td>
</tr>
<tr>
<td>Community midwife and 20 week scan</td>
<td>5.3%</td>
<td>71</td>
</tr>
<tr>
<td>Community midwife in later appointments</td>
<td>14.2%</td>
<td>191</td>
</tr>
<tr>
<td>Community midwife after the baby was born</td>
<td>25.9%</td>
<td>348</td>
</tr>
</tbody>
</table>

NETMUMs 2013 Womens Opinion Survey
Netmums 2013 Survey

19. Overall, were the people you spoke to helpful?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very helpful</td>
<td>24.3%</td>
<td>348</td>
</tr>
<tr>
<td>Quite helpful</td>
<td>50.2%</td>
<td>720</td>
</tr>
<tr>
<td>Not helpful</td>
<td>22.4%</td>
<td>321</td>
</tr>
<tr>
<td>Very unhelpful</td>
<td>3.1%</td>
<td>45</td>
</tr>
</tbody>
</table>
Why is it important?

MATERNAL MENTAL HEALTH
A Public Health Priority

• Perinatal mental illnesses are both a cause and a result of health and social inequalities.

• Pregnant women and new mums at risk of or suffering from mental illness should be identified as early as possible and given appropriate and timely expert care to prevent illness from occurring or escalating and minimise the harm suffered by them and their families.

Infant Mental Health

“there are independent associations between antenatal and postnatal depression with offspring depression and that the risk pathways are different

…

findings suggest that treating maternal depression antenatally could prevent offspring depression during adulthood and that prioritizing less advantaged mothers postnatally may be most effective.”

The 1001 Critical Days

The 1001 Critical Days Manifesto is calling for a refocusing of support for a baby's first 1001 days.

Identifying need early is critical to preventing the abuse and neglect of babies and improving their emotional wellbeing.

A baby's development can be dramatically improved with early and effective support for parents.

Pregnancy and the second year are critical stages in a child's development.

Damage early on can cause stress-related conditions in adult life, such as heart disease or substance abuse.

Infants as young as one can experience trauma from witnessing domestic abuse.

High levels of stress in early childhood can be 'toxic' to the developing brain.

At least one of these issues appears in over 70% of cases where a baby has been killed or seriously injured.

26% of babies in the UK have a parent affected by domestic violence, mental health or drug/alcohol problems.

NSPCC's 2011 All Babies Count Campaign

Adapted from the NSPCC's 2011 All Babies Count Campaign

Mental health problems affect 144,000 babies

Drug or alcohol problems affect 109,000 babies

39,000 babies
“… have secured commitments from Health Education England to ensure that we have the right knowledge and training available so that we can be skilled in how we look after women’s mental as well as physical health as we know the devastating effects that postnatal depression and other mental health problems can have.”
Objectives

• Improve the identification of perinatal mental illness

• Understand the pre- and post-registration training needs of midwives in perinatal mental health.
  – Map the current PMH education throughout England
  – Work with HEE to inform future standards and curricula

• Understand the role and specific needs of the Specialist Mental Health Midwife.
The Specialist Mental Health Midwife

“Specialist Mental Health Midwives are expert midwives and local champions who lead work with maternity service commissioners and providers to ensure that women with perinatal mental illnesses and their families receive the specialist care and support they need during pregnancy and in the postnatal period.”


- NSPCC suggests only 27% of maternity services have a dedicated Specialist Mental Health Midwife.

“to improve the lives of mothers and their infants”

- Maternity mental health care standards, audit toolkit and midwife training curriculum
- Training modules for the Specialist Mental Health Midwife
Perinatal Mental Health Indicator

“If you can’t measure it, you can’t manage it.”
Peter Drucker

- Identify women at risk of mental illness and offer appropriate and accessible services

<table>
<thead>
<tr>
<th>Condition</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum psychosis</td>
<td>1,380</td>
</tr>
<tr>
<td>Chronic serious mental illness</td>
<td>1,380</td>
</tr>
<tr>
<td>Severe depressive illness</td>
<td>20,640</td>
</tr>
<tr>
<td>Post traumatic stress disorder (PTSD)</td>
<td>20,640</td>
</tr>
<tr>
<td>Mild to moderate depressive illness and anxiety states</td>
<td>86,020</td>
</tr>
<tr>
<td>Adjustment disorders and distress</td>
<td>154,830</td>
</tr>
</tbody>
</table>

Figure: NSPCC 2013
• Prediction, detection and initial management of mental disorders

• Women asked personal and family psychiatric history

• Whooley questions at first contact

• NB: NICE explicitly state, “Other specific predictors, such as poor relationships with her partner, should not be used for the routine prediction of the development of a mental disorder.”
NICE Antenatal & Postnatal Mental Health Feb. 2007

• Psychological treatments

• Explaining risks

• Management of depression

• Organisation of care
Only 33% of midwives recognise they have had pre-registration education in perinatal mental health
Tommy’s & Netmums survey to HCPs (2013)

PRE-REGISTRATION PERINATAL MENTAL HEALTH EDUCATION
“A survey of student midwives carried out for the report raised some concerns about whether their training is helping them effectively to deal with postnatal maternal mental health issues. When asked if they had been taught enough theoretical knowledge on this nearly a quarter (24.1%) said no. A similar number (29%) also said no when asked if they felt confident to recognise emotional wellness or mental health issues in postnatal women. The report recommends a review of midwifery training to ensure that they are equipped with the knowledge and skills to deal with these issues”.
Q15. Do you believe that you have received sufficient theoretical knowledge to recognise emotional wellness mental health issues in the postnatal woman?

• 40% of first year students responded no.

• 24% of final year students responded no.

• $p<0.05$

• This suggests that, although, 24% of final year students believe they do not have enough knowledge, they are significantly more prepared than first year students.
Q16. Do you feel confident to recognise emotional wellness/mental health issues in the postnatal woman?

- 39% of first year students responded no.
- 26% of final year students responded no.
- $p<0.05$

- This suggests that, although, 26% of final year students do not feel confident, they are significantly more prepared than first year students.
Q17. Do you feel confident to provide care to women with emotional wellness/mental health issues in the postnatal woman?

• 49% of first year students responded no.

• 41% of final year students responded no.

• $p > 0.05$

• This suggests that those in their final year feel no more prepared than first year students to care for women in the postnatal period.
“All universities that offer pre-registration midwifery courses will include education on perinatal health as per our standards.

…

the LME will be able to advise more specifically how they incorporate perinatal education into their courses. But from an NMC point, all pre-reg midwifery courses must include this in their programme.”
NMC on pre-registration PMH Training

“Students must demonstrate competence in:

a knowledge of psychological, social, emotional and spiritual factors that may positively or adversely influence normal physiology, and be competent in applying this in practice”

NMC Standards for pre-registration Midwifery Education. http://www.nmc-uk.org
The Lead Midwife for Education

“…listening to women and helping them to identify their feelings and anxieties about their pregnancies…”

…enabling women to think through their feelings…

…monitoring and supporting women who have postnatal depression or other mental illnesses…

…meeting needs of specific groups including self-administration, eg the mentally ill, learning disabled, vulnerable group…”

NMC Standards for pre-registration Midwifery Education. http://www.nmc-uk.org
Lead Midwife for Education Questionnaire

- 50% think there is not enough PMH pre-reg education
- No significant difference in number of hours per year spent on PMH, $p>0.05$
- Mean = 11 hrs/year (95%CI 1-21)
- 21/44 LME in England replied
- 13 centres do not have access to a MBU
- But 6 of these do have support from other SPMH services to support teaching

DH Maternal Mental Health, 2014
Comments from LMEs

“this element is not specific in the Standards, therefore inclusion will always be more random than targeted”

“professional programme cannot be treated with the same allocation of teaching hours per credit or whatever ‘currency’ is used as an English Literature degree”

“[no] longer able to access mental health placements”

“difficult to find … placements”

“not all students have access”
Only 24% of believe there is a good Specialist Perinatal Mental Health Service available for women

Perinatal Mental Health is a high priority for only 23% of midwives
Tommy’s & Netmums survey to HCPs (2013)

POST-REGISTRATION PERINATAL MENTAL HEALTH EDUCATION
NSPCC Freedom of Information Request

- Have any qualified midwives employed by the Trust taken part in training relating to maternal mental health in the 2011/2012 year?

- Are qualified midwives employed by the Trust required to undertake regular training relating to maternal mental health?

Attended Training in 2011/12?

- Yes 75%
- No 9%
- (blank) 16%

Is Training Required?

- Yes 69%
- No 16%
- (blank) 15%
No significant difference between these groups, \( p > 0.05 \).

Suggests that midwives do attend maternal mental health training, when required to do so.

16% of maternity units that responded do not require midwives to attend regular maternal mental health training.

15% of maternity units did not respond to the FOI.

Did not assess the depth of training.
Questionnaire to all Midwives in England

• 747 midwives responded

• 33 550 registered midwives in England

• 5 point Likert Scale

• 49% of those that responded had over 20 years of experience

• No national data on years of experience. 36% of registered nurses and midwives are over 50.
Most midwives are confident that they can recognised common perinatal mental illness

Q: I am confident in recognising, and discussing with women, perinatal risk factors and protective factors for development and/or recurrence of each of the following

n=687

DH Maternal Mental Health, 2014
Most midwives are not sure they can recognise more complex psychiatric presentations

Q: I can recognise the common presentations of depression, anxiety disorders, OCD, bipolar affective disorder, schizophrenia, personality disorders and PTSD.

n=687

<table>
<thead>
<tr>
<th>Condition</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>3%</td>
<td>10%</td>
<td>67%</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>7%</td>
<td>15%</td>
<td>59%</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>OCD</td>
<td>1%</td>
<td>11%</td>
<td>22%</td>
<td>49%</td>
<td>9%</td>
</tr>
<tr>
<td>BAD</td>
<td>3%</td>
<td>27%</td>
<td>33%</td>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>PTSD</td>
<td>3%</td>
<td>19%</td>
<td>29%</td>
<td>35%</td>
<td>6%</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>4%</td>
<td>29%</td>
<td>34%</td>
<td>21%</td>
<td>4%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5%</td>
<td>29%</td>
<td>35%</td>
<td></td>
<td>19%</td>
</tr>
</tbody>
</table>

DH Maternal Mental Health, 2014
Some midwives do not feel comfortable discussing common contributing factors to poor mental health

Q: I am comfortable discussing issues around each of the following with women.  
n=687

<table>
<thead>
<tr>
<th>Factor</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance misuse</td>
<td>1%</td>
<td>11%</td>
<td>20%</td>
<td>47%</td>
<td>13%</td>
</tr>
<tr>
<td>Housing problems</td>
<td>1%</td>
<td>14%</td>
<td>20%</td>
<td>45%</td>
<td>12%</td>
</tr>
<tr>
<td>Poverty</td>
<td>13%</td>
<td>22%</td>
<td>45%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Social isolation</td>
<td>1%</td>
<td>8%</td>
<td>16%</td>
<td>52%</td>
<td>15%</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>1%</td>
<td>8%</td>
<td>16%</td>
<td>53%</td>
<td>14%</td>
</tr>
<tr>
<td>Domestic abuse</td>
<td>6%</td>
<td>13%</td>
<td>53%</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

DH Maternal Mental Health, 2014
Most midwives feel comfortable discussing issues specific to perinatal mental health

Q: Comfortable discussing each of the following

- Personal and family mental health history: 1% Strongly Disagree, 9% Disagree, 10% Neutral, 40% Agree, 32% Strongly Agree
- Emotional health of other family members: 3% Strongly Disagree, 12% Disagree, 53% Neutral, 23% Agree, 1% Strongly Agree
- Effect on parenting and infant well-being: 1% Strongly Disagree, 10% Disagree, 21% Neutral, 47% Agree, 13% Strongly Agree
- Complications during pregnancy and traumatic birth events: 5% Strongly Disagree, 12% Disagree, 60% Neutral, 15% Agree, 1% Strongly Agree

DH Maternal Mental Health, 2014
Some midwives do not feel that pregnant women should always be asked about self-harm and suicidal thoughts

Q: Pregnant women should always be asked about self-harm and suicidal thoughts at booking, later in pregnancy and again postnatally.

Most midwives do not feel comfortable discussing treatments for mental illness with women

Q: I am comfortable discussing both pharmacological and non-pharmacological treatment options with women who suffer from mental illness.
Midwives want more PMH education

- 97% of midwives, who do not feel comfortable discussing mental health, feel they require more perinatal mental health education. n=241

- 60% of midwives feel that a lack of perinatal mental health education is a barrier preventing effective support to patients. n=584

- 91% would like their CPD to feature more perinatal mental health. n=674
Recommendations

• Pre-registration education
  – Thorough guidelines to universities and LME specifying perinatal mental health requirements.
  – Specific curriculum pathways for midwifery.

• Post-registration Continuous Professional Development
  – Mandatory CPD in mental health in partnership with specialist perinatal services.

• Universally define the role and requirements of the Specialist Mental Health Midwife
Perinatal Mental Health Curricular Framework
October 2006

• A series of learning outcomes

• 5 dimensions

• Levels A, B and C
Recommendations

• Standardise maternity notes and IT
  – Use evidence from Perinatal Mental Health Indicator
  – Will allow measurement of incidence and track improvement
Maternity Notes

Your mental health

1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details

2. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?

3. During the past month, have you often been bothered by feeling down, depressed or hopeless?

4. During the past month, have you often been bothered by having little interest or pleasure in doing things?

5. If “yes” to questions 3 or 4 then ask: Is this something you feel you need or want help with? * If yes refer to GP for ongoing support

Are any of the problems on-going at the moment?

Are you getting any help with the problems at the moment?

Details of any agency providing mental health support

Are they aware of current pregnancy?

Referral needed

Details

Labour

onset

Spontaneous □ Induced □ Planned Caesarean □

Anaesthetic

None □ Epidural/Spinal □ General □

3rd stage

Normal □ Haemorrhage □ Retained placenta □

Perineum

Intact □ Episiotomy □ Tear 1° □ 2° □ 3/4° □

Breast

Formula □

Further relevant information

Problems

A/N □ P/N □ Psychological □

Scottish Woman Held Maternity Record
Recommendations

• Clear referral pathways
  – Protocols specific to local services
  – Severity of illness defines level of referral
  – Stress the need for good quality referrals
Referral to SPMH Services

<table>
<thead>
<tr>
<th>Client Details</th>
<th>Details of referer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Also known as:</td>
<td>Profession:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Tel. number:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Date of referal:</td>
</tr>
<tr>
<td>Marital status:</td>
<td>Referrer contact email:</td>
</tr>
<tr>
<td>Ethnic origin:</td>
<td>Allocated Midwife (name/address/phone number:</td>
</tr>
<tr>
<td>Religion:</td>
<td>NHS Number (key requirement – if omitted, please state reason):</td>
</tr>
<tr>
<td>Interpreter required: yes/no</td>
<td>Hospital number:</td>
</tr>
<tr>
<td>Smoker? yes/no</td>
<td></td>
</tr>
<tr>
<td>(if yes, what intervention has been offered):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Physical Health/Medical problems:</th>
<th>Details of referer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP, BMI, GTT:</td>
<td>Name:</td>
</tr>
<tr>
<td>Current Pregnancy: Gravida:</td>
<td>Profession:</td>
</tr>
<tr>
<td>Parity:</td>
<td>Address:</td>
</tr>
<tr>
<td>EDD:</td>
<td>Tel. number:</td>
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<tr>
<td>Gestational Age:</td>
<td>Date of referal:</td>
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<tr>
<td>Booked Hospital and Obstetric Consultant:</td>
<td>Referrer contact email:</td>
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<tr>
<td>Health Visitor details:</td>
<td>Allocated Midwife (name/address/phone number:</td>
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<table>
<thead>
<tr>
<th>Previous Children Details:</th>
<th>Details of referer:</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name:</td>
</tr>
<tr>
<td>DOB</td>
<td>Profession:</td>
</tr>
<tr>
<td>Gender M/F</td>
<td>Address:</td>
</tr>
<tr>
<td>Parental Responsibility Y/N</td>
<td>Tel. number:</td>
</tr>
<tr>
<td>C&amp;P referral made: Yes/No</td>
<td>Date of referal:</td>
</tr>
<tr>
<td>Child protection plan: Yes/No</td>
<td>Referrer contact email:</td>
</tr>
<tr>
<td>Child in need plan: Yes/No</td>
<td>Allocated Midwife (name/address/phone number:</td>
</tr>
<tr>
<td>Social Worker details:</td>
<td>NHS Number (key requirement – if omitted, please state reason):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner’s / family members / carers details:</th>
<th>Details of referer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Partner have parental responsibility? Yes</td>
<td>Name:</td>
</tr>
<tr>
<td>□ no and if not why</td>
<td></td>
</tr>
<tr>
<td>Reason for referral – please tick:</td>
<td></td>
</tr>
<tr>
<td>□ Woman with mental health problems during pregnancy</td>
<td></td>
</tr>
<tr>
<td>□ Woman with mental health problems within one year of delivery.</td>
<td></td>
</tr>
<tr>
<td>Current Mental state:</td>
<td></td>
</tr>
<tr>
<td>Past psychiatric diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Current and past medications:</td>
<td></td>
</tr>
<tr>
<td>Current and past alcohol or drug problem:</td>
<td></td>
</tr>
<tr>
<td>Current or past risk of suicide (overdose, self harm, starvation, jumping from height etc):</td>
<td></td>
</tr>
<tr>
<td>Current risk (such as intentional/unintentional harm to a child or unborn child, deliberate self harm, self neglect, harm from others such as abuse, neglect, exploitation or victimisation):</td>
<td></td>
</tr>
<tr>
<td>Current risk or concerns for the infan:</td>
<td></td>
</tr>
<tr>
<td>Risk of violence to the patient:</td>
<td></td>
</tr>
<tr>
<td>Risk of serious damage to property:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social problems (please tick):</th>
<th>Details of referer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Housing □ Financial □ Family □ Partner □ Domestic Violence □ Occupation □ Lack of social support</td>
<td></td>
</tr>
<tr>
<td>Please provide details of social problems:</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Outline any previous psychological or mental health problems (including previous admissions and detention under Mental Health Act in psychiatric hospital) (If YES, please provide details and include previous reports):</th>
<th>Details of referer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of any severe perinatal mental illness, such as puerperal psychosis or psychiatric depression (If YES, please provide details):</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the client aware of this referral? yes/No:</th>
<th>Details of referer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any other comments:</td>
<td></td>
</tr>
</tbody>
</table>

Form sent by: | Time: | Signature: | Date: |
Recommendations

• Re-evaluate NICE guidelines
  – Need to include indicators of perinatal mental illness
  – Include the role of the SMHM
  – Clear guidelines for the ante- and postnatal care of women and their children

• Primary prevention tool
Future Work

“A Body-Mind-Spirit paradigm is proposed as an overarching framework for re-energising healthcare provision and for maintaining its compassionate focus. It is suggested also that a relationship-based person-centred approach can assist the practitioner to provide more optimal healthcare – and promote perinatal mental health.”


“a target-driven internal market in healthcare delivery with a purchaser/provider split can result in a more defensive and de-personalised service that lacks the human qualities of service and compassion - and also of ‘Intelligent Kindness’ ”