



Metro North Hospital and Health Service *Putting people first*

Metro North Mental Health

Perinatal Wellbeing Team – Model of Service

Metro North Mental Health

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Related documents

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Guideline for women who refuse antenatal care	

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1 Metro North Hospital and Health Service: Perinatal Wellbeing Team

The Metro North Hospital and Health Service Perinatal Wellbeing Team (PWT) provides facilitated, easy access to safe, high quality, integrated and evidence based mental health care to women who are considering pregnancy, are pregnant or in the first year postpartum.

This service is community based and nurse led, with an integrative care approach.

While the focus will be on women (with support to partners, family members) with moderate mental illness, PWT will play a central role in educating and supporting those involved in the delivering services to women during the antenatal and postnatal periods. This will ensure women with mild mental health problems will be both identified and receive appropriate help from skilled staff at primary care level in the community and within maternity services.

The PWT will be underpinned by an evidence based, culturally sensitive, bio-psychosocial framework that is built on partnership with women and their families and presents the best chance of healthy development of babies and children. The PWT will liaise and develop these strong collaborative partnerships to ensure the women's support network is maintained and further enhanced and the parent-infant relational needs are identified and prioritised where appropriate.

2 Purpose of clinical program

This clinical program describes how the clinical services will function/operate at Metro North Hospital and Health Service. The profile details the patient access, treatment/ intervention models and transition of care arrangements for patients.

This document is to be read in conjunction with;

- Guideline for women who refuse antenatal care
- Documentation
- Privacy and Confidentiality

3 Our service delivery

PWT will have the following functions:

- Clear and explicit pathways to care that are widely understood and implemented.
- Provision of non-acute comprehensive mental health/risk assessment with a focus on the perinatal experience and parent and infant relationship.
- Provision of feedback to the referrer including formulation, recommendations and/or interventions if sending the full assessment is not appropriate.
- Short term treatment/management of perinatal mental health issues while in collaboration with treating General Practitioner (GP).
- Development of strong partnerships with other local health service providers through consultation, liaison, education and support to other perinatal health providers regarding specialised pre-pregnancy, early pregnancy and postpartum education and management plans including risk/benefits of psychotropic medication use during pregnancy and breastfeeding.
- Participation in case conferencing and provision of perinatal mental health expertise in forums such as high risk/complex case antenatal meetings/clinic or case review meetings with mental health service providers and other stakeholders.
- Continued development of cross-sectoral collaborative relationships between Adult mental health, CYMHS and child health by provision of the Together in Mind Day Program for women and their infants that aims to improve the mental health of the mother while focussing on their interactions with her infant. The purpose is to support the development of the longer-term physical, emotional and social development of the infant. Involves ongoing research to enhance service development.
- Documentation and data collection to ensure all recommended actions and interventions are clearly identifiable

- Intake Meeting to review and discuss all referrals.
- Fortnightly Case Review with Consultant Psychiatrist or the Nurse Practitioner if the Consultant is unavailable. All women/partners seen for a face to face assessment will be discussed in this forum prior to closure.
- Private Billing Practice Psychiatrist Clinic, Nurse Practitioner clinic, Registrar Antenatal (RWBH) clinic.
- Complex care psychologist input.
- PWT Consultant will provide-e telehealth psychiatry to contracted rural services.
- Consultation and Liaison with Maternal Fetal Medicine and Centre for Advanced Pre-natal care, telephone consultation by psychiatrist to support other rural and secondary services.

4 Patient journey – navigating our service

PWT provides perinatal mental health care that is individualized and recovery focused. Care provision involves consumers, and where appropriate, family and/or carers in all phases of care across the continuum to support them in their navigation of the mental health system.

4.1 Criteria

- Age 18 or over
- Will provide consultation and referral during antenatal care for adolescents
- Antenatal women birthing in a MN HHS birthing hospital
- Lives in MNHHS catchment – Note: women from outside of the catchment who give birth in MNHHS facilities will be seen during admission, with referral to appropriate follow up services.
- Pre-conception specialist medication advice, pregnant or up to one year postnatal
- Provision of assessment, appropriate referral for partners of perinatal women
- Has a mental health history seeking preconception advice around medication/ treatment options
- There is a current non-acute mental health concern.
- Not open to a MH team. In this instance consultation liaison will be provided

Note: Fetal loss or late termination are not currently within the scope of the PWT. Consultation Liaison Psychiatry and/or hospital Social Workers can be contacted for support.

4.2 Referrals and documentation

- Referrals to PWT can be made by GPs, Antenatal Clinics, Maternity Outpatients, Child Health, mental Health Services, Non-government Organisations, Private Psychiatrists and Psychologists with informed consent and by self-referral.
- Referrals will be made via email to the generic account or using the relevant referral form via the antenatal clinics or perinatal clinician.
- Referrals will be registered on CIMHA.
- All referrals will be triaged using information provided and available to the clinician.
- All referrals within 4 weeks of the infant's delivery will be prioritised for assessment.

4.3 Telephone intake service

All referrals to the PWT undergo a triage process assessing acuity, risk, subjective level of distress and capacity of existing supports. This determines the timing and nature of response to the referral.

- Communicate using a range of communication options
- Establish individual's needs and prioritise service.

- Attempt phone contact. If no response, leave message, voice and text inviting contact.
- If no response within two (2) days, send letter of invitation with perinatal resources list and/or copy of brochure and close pending future contact. CC the referrer.
- Confirm all demographics and add current GP.
- Discuss reasons for referral and assess risk. – if urgent response required refer to Emergency Services or ACT.
- Explain service to be provided
- Determine current medication/treatment.
- Schedule appt and arrange most convenient community/antenatal location for the client.
- Referrals will be triaged within 3 working days
- If appointment required, patient will be seen within 10 working days. If Private Billing Practice review this will be at the next appointment avail
- If not accepted for further service, notify referrer, document on CIMHA and close following intake review meeting.

4.4 Assessment

- Location should be community based, easily accessible, convenient, family focused and inclusive. Home visits in select cases.
- Confirmation text and updated home risk review if red flags present from triage
- Collect Consent to Release Information Form
- Comprehensive, collaborative mental health/risk and attachment assessment
- Child safety concerns will be addressed in accordance with mandatory requirements. Child Protection Form is completed
- Feedback regarding the clinical presentation, provisional diagnosis and recommendations regarding management will be completed after the assessment phase or at completion and sent to the relevant stakeholders

4.5 Clinical interventions

- Psycho-education with client and family, including risk/benefits of psychotropic medications. Liaison with treating GP where the woman is requesting medication to be prescribed and or referral to private billing clinic and or NP clinic.
- Skills training and strategies based on a range of evidence based psychotherapeutic interventions.
- Solution Focused Strategies
- Non direct supportive counselling
- Provision of information on appropriate e-health resources
- Linkage, liaison and/or referral to other support services
- Depression Anxiety Stress Scale and HONOS completed at first and last contact for all PWT consumers with an open service episode (not at referral).

4.6 Review

- Intake Review
- Fortnightly Case Review with Consultant Psychiatrist and/or Nurse Practitioner if the Consultant is unavailable

4.7 Transfer of care

- Referral to other Specialist Mental Health Services when appropriate
- Women who require an admission for inpatient treatment of a mental illness will be referred
- Women who require a case management service secondary to the enduring nature of illness will be referred to an adult mental health continuing care team
- Parents or caregivers identified with attachment concerns will be referred to appropriate Specialist Infant and or child services
- For a reasonable suspicion significant harm, the Department of Child Safety will be notified as per policy
- Feedback to the GP and other involved health/service providers.
- Discharge planning will incorporate strategies for relapse prevention, crisis management and clearly articulated service re-entry processes

5 CIMHA / documentation process

All documentation will be:

- Comprehensive information
- Legible
- Timely
- Accurate
- Signed and date with professional title

6 Liaison activities

PWT will provide interventions aimed at supporting the functioning of treating teams.

- Health promotion
- Building and supporting the capacity of midwives and other health professionals
- Providing targeted and ad hoc education
- Provide a clear understanding of mental health clinical pathways
- Development of management plans
- Identify a MH Clinician champion in the adult mental health teams with an interest in Perinatal with aim of building knowledge capacity
- Provision of evidenced based, current medication resources/information.
- Connection with Regional Perinatal Mental Network QCPIMH via 'Reference Group' and 'Together in Mind Community of Practice 'involvement in policy and procedure development at local, district, state and national level.
- Provision of Together in Mind Program; designed as a group program to support perinatal mothers with complex mental health issues attending with their infants less than 12 months of age. Four 6-week day programs are to be run each year. The program is run collaboratively between clinicians from Adult Mental Health, Infant Mental Health and Child Health where a therapeutic alliance acts as a safe and secure holding environment for mother and infant as they explore and navigate their relationship together through the program. Together in Mind provides an important component in the continuum of care for mothers experiencing a mental illness in the perinatal period, and their infants. It is designed as an adjunct to community mental health treatment. As a more intensive level of support, Together in Mind may function as a step-up/ step-down support for women recently discharged from inpatient mental health care, or those for whom inpatient admission is being considered.

7 Clinical governance

The Consultant Psychiatrist provides clinical governance and support to the team.

The Nurse Practitioner role works within the Queensland Health collaborative agreement and adheres to current legislated standards of practice and local credentialing processes. Within this advanced practice scope, the Nurse Practitioner can autonomously manage episodes of care and is accountable for clinical decision making and care provided.

There are clear clinical, operational and professional pathways within MNMH-RBWH and the Mental Health Directorate for escalation of discipline-specific professional issues.

8 Measuring performance

- Measures including DASS and HONOS are completed on first and last contact during an open service episode.
- Data is collected pre and post for Together in Mind Program for the purpose of ongoing research and evaluation.
- Research Variable - compounding health factors in the perinatal period are entered into CIMHA at case review.

8.1 Expected outcomes

- Accessibility and flexibility to improve engagement
- Early detection, prevention and treatment of perinatal mental health issue
- Improved outcomes in parental wellbeing
- Promoting positive experiences in pregnancy and parenting
- Decrease the risk of obstetric and neonatal complications
- Minimise the effect on unrecognized/untreated parental mental illness on the foetus, infants and children
- Quality care to all marginalised groups, ATSI, CALD communities
- Provision of evidence-based care
- Improved linkage to on-going treatment services
- Continued development of cross-sectoral collaborative relationships with all stakeholders