

# Scottish Perinatal Mental Health Care Pathways

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# PATHWAY 1

Scottish Perinatal Mental Health Care Pathways

## Preconception advice for women with pre-existing severe or complex mental health problems

Women with pre-existing mental health difficulties may be at increased risk of perinatal mental illness, particularly in late pregnancy and the early postpartum. Those who are taking complex medication regimes will also need to balance benefits and risks of treatment when planning a pregnancy.

All women with pre-existing mental health problems should be able to discuss pregnancy planning with their own mental health team and GP, so that they can make informed decisions about future pregnancies and their treatment.

## PATHWAY DESCRIPTION

The woman's existing mental health team has a duty of care to initiate discussion on contraception and pregnancy planning for all women of childbearing potential in their care.

Women who are at greatest risk of early postpartum major mental disorder will also benefit from preconception advice provided by a specialist perinatal mental health professional.

This pathway describes the routes into accessing preconception advice for women with pre-existing severe or complex mental health problems.



# PATHWAY 1

Scottish Perinatal Mental Health Care Pathways

## Preconception advice for women with pre-existing severe or complex mental health problems

# PATHWAY INITIATION

Where may a woman who requires specialist preconception advice first present?

- GP
- Other mental health professional (general adult, crisis, home treatment, EIP etc.)
- Health visitor/ Family nurse
- Maternity professional
- Social services

Does the woman require specialist preconception advice?

- Current/ previous severe or complex mental disorder which is associated with high risk of pregnancy/ early postpartum recurrence, incl.:
  - Bipolar affective disorder; previous postpartum psychosis; any other psychotic disorder (incl. depressive psychosis, schizophrenia, etc.); previous early onset (within first 6 weeks postpartum) severe non-psychotic depressive disorder
- and*
- The woman is actively considering a pregnancy or at risk of unplanned pregnancy
- Women with other disorders which pose significant risk in pregnancy or the postpartum period, such as severe eating disorder, may also benefit from preconception advice
- For women who have a family history of bipolar disorder or postpartum psychosis, preconception referral is only required if they themselves meet the criteria described in the previous section. However, they should be referred in pregnancy if they develop new mental illness (see Pathway 3)



# PATHWAY 1

Scottish Perinatal Mental Health Care Pathways

## Preconception advice for women with pre-existing severe or complex mental health problems

### Within working hours pathway

- GP
- Other mental health professional
- Health visitor/ Family nurse
- Maternity professional
- (Social services should refer to GP in first instance)

- Refer to Community Perinatal Mental Health Team (CPMHT) or local equivalent, following local perinatal mental health pathway
- CPMHT (or local equivalent) provides assessment within 6 weeks of referral

# PATHWAY

## GUIDANCE FOR REFERRERS

### Referrers should be familiar with pathways into care and be able to inform women and their families about preconception advice

- Referrers should be aware of how to contact their local CPMHT
- Referrers should be able to discuss potential referrals with the specialist team
- Referrers should be aware of the core information required in written referrals
- Referrers should direct women and their families to information on risk in relation to pre-existing mental illness, risks and benefits of treatment, and benefits of pregnancy planning



# PATHWAY 1

Scottish Perinatal Mental Health Care Pathways

## Preconception advice for women with pre-existing severe or complex mental health problems

## PROVIDING INFORMATION

Women at high risk of perinatal mental illness, and their families, should be made aware of the availability of preconception advice

- Women and their families should have access to verbal/ written/ online information which informs them on
  - The risks of developing perinatal mental illness
  - The benefits and risks of treatments for prevention and management of mental illness
  - The benefits of preconception advice and pregnancy planning
  - What to expect during a preconception advice consultation
  - How any concerns regarding stigma and confidentiality will be addressed

Additional resources for referrers, women, partners and families

- Information on perinatal mental health services, preconception advice and links to additional resources

*and*

- an animation describing preconception advice for women and families

*can be found at*

- Perinatal Mental Health Network Scotland
- [www.pmhn.scot.nhs.uk](http://www.pmhn.scot.nhs.uk)



# PATHWAY 1

Scottish Perinatal Mental Health Care Pathways

Preconception advice for women with pre-existing severe or complex mental health problems

## PATHWAY EXCEPTION MONITORING

Exceptions to the pathway should be recorded

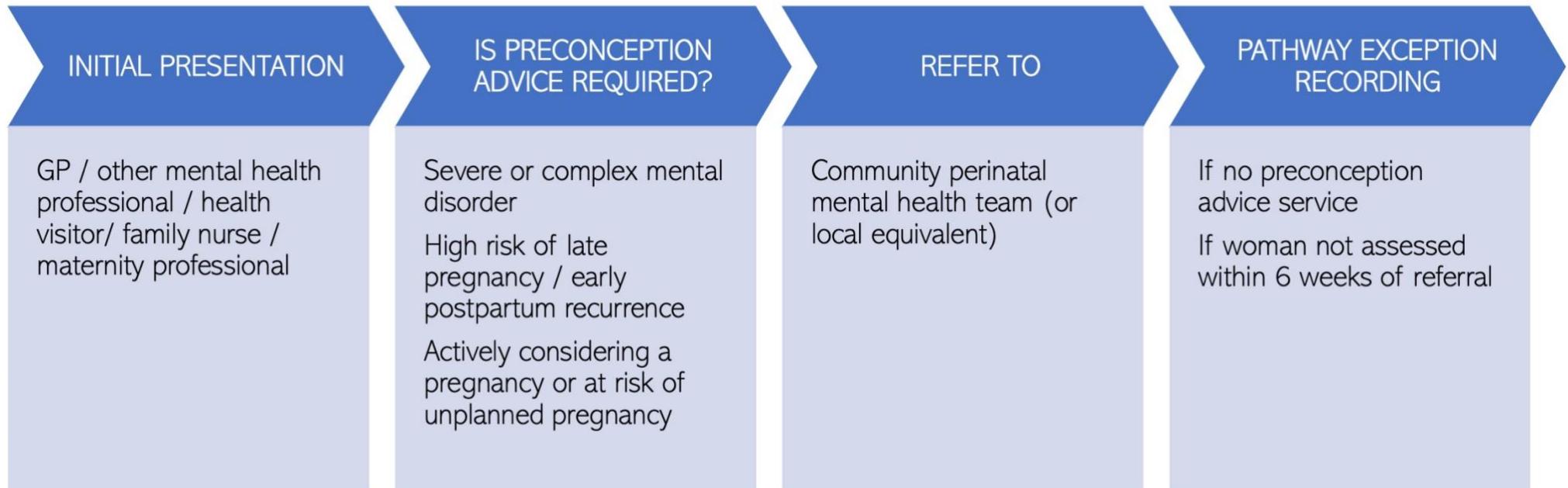
- No preconception advice service
- Woman not assessed within 6 weeks of referral
- Board should adapt service provision to include preconception advice pathway
- Service should review waiting times and put in place a plan to meet pathway standards



## Scottish Perinatal Mental Health Care Pathways

### PATHWAY 1

Preconception advice for women with pre-existing severe or complex mental health problems



## PATHWAY 2

Scottish Perinatal Mental Health Care Pathways

### Psychological interventions for women with common or mild to moderate mental health problems

## PATHWAY DESCRIPTION

Up to one in 5 women will experience mental health difficulties in pregnancy or the first postnatal year. Around one in 10 women may require additional psychological help in primary care, community or maternity settings.

Fathers/ partners/ co-parents may also require additional psychological help.

Referral may be made to third sector providers, primary care psychological therapies services or specialist maternity and neonatal psychological interventions (MNPI) services.

'Common or mild to moderate' describes mental health problems which are less likely to be associated with significant risk to self or others and which respond best to psychosocial interventions. However, thresholds for accessing community perinatal mental health teams are also lowered in the perinatal period and decisions about who leads care should be based on clinical judgement.

This pathway describes the routes into psychological interventions services providing care for women with common or mild to moderate mental health problems.



## PATHWAY 2

Scottish Perinatal Mental Health Care Pathways

### Psychological interventions for women with common or mild to moderate mental health problems

## PATHWAY INITIATION

Where may a woman who requires psychological interventions first present?

- GP
- Maternity/ Neonatal professional
- Health visitor/ Family nurse
- Other mental health professional (general adult, crisis, home treatment, first episode psychosis etc.)
- Acute and emergency services (emergency department, acute medical services, police)
- Social services

Does the woman require psychological intervention?

- Mental health difficulties which arise from pregnancy, birth or neonatal complications, trauma or loss (current/ past)
- Mental health difficulties which disrupt normal maternity care
- Mental health difficulties which disrupt parent-infant relationships
- Mental health difficulties which interfere with daily life
- and*
- The appropriate intervention is psychological in nature
- Multidisciplinary CPMHT or MBU care is usually not required



# PATHWAY 2

Scottish Perinatal Mental Health Care Pathways

## Psychological interventions for women with common or mild to moderate mental health problems

# PATHWAY

### Initial presentation

- GP
- Maternity/ Neonatal professional
- Health visitor/ Family nurse
- Other mental health professional
- Acute and emergency services
- Some services may accept self-referrals or referrals directly from social services

- Problems related to pregnancy, birth or neonatal care
  - Refer to MNPI service or, in their absence, clinical psychology service provided within local perinatal mental health service or primary care psychological interventions service/ 3<sup>rd</sup> sector
- Problems unrelated to pregnancy, birth or neonatal care
  - Refer to primary care psychological interventions service/ 3<sup>rd</sup> sector

### Assessing service

- MNPI service or local equivalent

- Service triages referral to either (i) assessment, or (ii) direction to more appropriate resource
- Service provides assessment within 6 weeks of referral, or sooner depending on urgency
- Service may also work with the father/ partner/ co-parent and infant depending on clinical need

### Joint management

- Where a woman is already engaged with another mental health team (e.g., CPMHT), a decision should be made on whether care continues jointly or the MNPI service takes over care in the perinatal period
- Where care is jointly managed, there must be absolute clarity about who takes the lead role in case management
- Decisions should take into account the woman's preferences and clinical need



## PATHWAY 2

Scottish Perinatal Mental Health Care Pathways

### Psychological interventions for women with common or mild to moderate mental health problems

## GUIDANCE FOR REFERRERS

Referrers should be familiar with pathways into care and be able to inform women and their families about psychological interventions services

- Referrers should be aware of how to contact their local MNPI or primary care psychological therapies service
- Referrers should be able to discuss potential referrals with the MNPI team
- Referrers should be aware of the core information required in referrals
- Referrers should direct women and their families to information on perinatal mental health problems and relevant psychological interventions
- Referrers should be aware of relevant local 3<sup>rd</sup> sector and online provision



## PATHWAY 2

Scottish Perinatal Mental Health Care Pathways

### Psychological interventions for women with common or mild to moderate mental health problems

## PROVIDING INFORMATION

Women and their families should be made aware of their right to psychological interventions, based on clinical need

- Women and their families should have access to verbal/ written/ online information which informs them about:
  - what difficulties may be helped by MNPI/ primary care psychological interventions
  - how psychological interventions can help ensure good maternity and neonatal care, and promote the parent-infant relationship
  - what to expect in terms of their care and treatment
  - how the relationship with their infant will be supported
  - how concerns about stigma and confidentiality will be addressed

Additional resources for referrers, women, partners and families

- Information on MNPI and other psychological therapies services and links to additional resources

*and*

- An animation describing MNPI services for women and families

*can be found at:*

- Perinatal Mental Health Network Scotland
- [www.pmhn.scot.nhs.uk](http://www.pmhn.scot.nhs.uk)



## PATHWAY 2

Scottish Perinatal Mental Health Care Pathways

**Psychological interventions for women with common or mild to moderate mental health problems**

## PATHWAY EXCEPTION MONITORING

Exceptions to the pathway should be recorded and collated by PMHN Scotland

- **No MNPI or equivalent service**
  - Board should develop plan for service provision using PMHN Scotland recommended service model (MNPI/ local psychological therapies service) and Perinatal and Infant Mental Health Programme Board guidance
  - Referrer should notify PMHN Scotland
  - Service should review waiting times and put in place a plan to meet pathway standards
- **Referrals not assessed within 6 weeks of referral**



## Scottish Perinatal Mental Health Care Pathways

### PATHWAY 2

Psychological interventions for women with common or mild to moderate mental health problems

#### INITIAL PRESENTATION

GP / maternity professional / neonatal professional / health visitor / family nurse / other mental health professional / acute and emergency services / social services

#### IS MNPI REFERRAL APPROPRIATE?

Mental health problems that:

- Arise from pregnancy/ birth/ neonatal complications or loss
- Disrupt maternity care
- Disrupt parent-infant relationships
- Interfere with daily life

Intervention is psychological in nature  
CMHT/ CPMHT/ MBU care is usually not required

#### REFER TO

MNPI services for problems related to current/ past pregnancy, birth or neonatal care  
Perinatal/ general adult mental health clinical psychology service (if no MNPI)  
Primary care/ 3<sup>rd</sup> sector psychological interventions services for problems not related to pregnancy, birth or neonatal care

#### PATHWAY EXCEPTION RECORDING

If no MNPI or equivalent psychological service available



## PATHWAY 3

Scottish Perinatal Mental Health Care Pathways

### Specialist assessment and intervention for women with severe or complex mental health problems

## PATHWAY DESCRIPTION

Around one in 20 women will require referral to secondary care mental health services in the perinatal period. Referral should be made directly to a specialist community perinatal mental health team (CPMHT) or local equivalent.

CPMHTs should see all women in pregnancy or who have an infant under one year of age, who require secondary mental health care, whether their difficulties arise in pregnancy/postnatal period or are pre-existing.

In some circumstances, it may be clinically more appropriate for women whose infants are close to 12 months to receive assessment and treatment by their local general adult mental health service.

Interventions may continue to be provided by a CPMHT beyond the first postnatal year if the work is likely to be concluded within a defined period and it is in the woman's and infant's best clinical interests for that to happen.

Where women are already known to secondary care mental health services, a decision should be made on whether care is jointly managed or taken over by the CPMHT.

This pathway describes the routes into specialist community perinatal mental health care.



# PATHWAY 3

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for women with severe or complex mental health problems

# PATHWAY INITIATION

Where may a woman who requires specialist community perinatal mental health services first present?

- GP
- Other mental health professional (general adult, crisis, home treatment, early intervention in psychosis etc.)
- Health visitor/ Family nurse
- Maternity professional
- Acute and emergency services (emergency department, acute medical services, police)
- Social services

Does the woman require specialist community perinatal mental health services?

- Presence of complex or severe perinatal mental health problem which requires assessment +/- intervention in a secondary care community setting
- This may include:
  - Psychotic symptoms, suicidality or risk to others
  - Acutely deteriorating mental health
  - Estrangement from the infant
  - Lack of response to primary care interventions
- Currently well but at high risk of pregnancy or postpartum major mental illness
- Mild to moderate mental health problems + family history of affective psychosis
- *For pre-pregnancy advice see Pathway 1*



## PATHWAY 3

Scottish Perinatal Mental Health Care Pathways

### Specialist assessment and intervention for women with severe or complex mental health problems

## PATHWAY INITIATION

Does the woman require specialist community perinatal mental health services?

- Thresholds for referral to CPMHTs, or other appropriate acute mental health service in their absence, should be lowered to take into account
  - The modifying effects of pregnancy and infant care on the course of mental illness
  - The importance of rapid intervention to facilitate the mother-infant relationship and infant development
- Therefore, disorders which might otherwise be regarded as less severe, may require CPMHT assessment. These may include (but are not limited to) eating disorders, anxiety disorders, OCD, PTSD, personality disorders, developmental disorders



# PATHWAY 3

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for women with severe or complex mental health problems

# PATHWAY

### Initial presentation

- GP
- Maternity professional
- Health visitor/Family nurse
- Other mental health professional
- Acute and emergency services
- Social services (referral may be via the GP)

- Refer to community perinatal mental health team (CPMHT) or local equivalent, following local perinatal mental health pathway
- Maternity services should refer to CPMHT for women at high risk of early postnatal mental illness, even where they are already known to other mental health services (and should inform their current service)
- Urgent referrals should be discussed by telephone to ensure rapid response
- Emergency/ out of hours referrals may follow a different unscheduled care pathway

### Assessing service

- CPMHT or local equivalent
- Emergency/ out of hours/ unscheduled care team

- CPMHT should accept referrals directly from maternity and health visiting professionals
- CPMHT triages referral to either (i) assessment, or (ii) direction to more appropriate resource
- CPMHT provides assessment within 6 weeks of referral, or sooner depending on urgency
- CPMHT should aim to have capacity to assess emergency/ urgent referrals
- If emergency (e.g., same day)/ out of hours referrals are to an unscheduled care service, CPMHT should be informed of assessment outcome and follow-up arrangements



## PATHWAY 3

Scottish Perinatal Mental Health Care Pathways

### Specialist assessment and intervention for women with severe or complex mental health problems

## PATHWAY

### Joint management

- Where a woman is already engaged with another mental health team, a decision should be made on whether care continues jointly or the CPMHT takes over care in the perinatal period
- Where care is jointly managed, there must be absolute clarity about who takes the lead role in case management
- Joint management will also be appropriate where there are additional specialist needs e.g., for women under 18 years, those with intellectual disability etc.
- Decisions should take into account the woman's preferences and clinical need

## GUIDANCE FOR REFERRERS

### Referrers should be familiar with pathways into care and be able to inform women and their families about specialist services

- Referrers should be aware of how to contact their local CPMHT
- Referrers should be able to discuss potential referrals with the specialist team
- Referrers should be aware of the core information required in written referrals
- Referrers should direct women and their families to information on perinatal mental health problems and community specialist services



# PATHWAY 3

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for women with severe or complex mental health problems

### PROVIDING INFORMATION

Women and their families should be made aware of their right to specialist perinatal mental health assessment and intervention, based on clinical need

- Women and their families should have access to verbal/ written/ online information which informs them on
  - Why pre-existing and newly arising mental health problems may need different management in the perinatal period
  - How they can benefit from specialist assessment and intervention
  - What to expect in terms of their care and treatment
  - How the relationship with their infant will be supported
  - How any concerns regarding stigma and confidentiality will be addressed

Additional resources for referrers, women, partners and families

- Information on perinatal mental health services and links to additional resources

*and*

- an animation describing community perinatal mental health services for women and families

*can be found at:*

- Perinatal Mental Health Network Scotland
- [www.pmhn.scot.nhs.uk](http://www.pmhn.scot.nhs.uk)



## PATHWAY 3

Scottish Perinatal Mental Health Care Pathways

### Specialist assessment and intervention for women with severe or complex mental health problems

## PATHWAY EXCEPTION MONITORING

Exceptions to the pathway should be recorded and collated by PMHN Scotland

- Referrals not routinely accepted from maternity or health visiting professionals
- CPMHT not notified of currently well pregnant women at high risk of early postpartum recurrence
- Referrals not assessed within 6 weeks of referral
- Referrer should notify PMHN Scotland
- Service should review protocols to meet pathway standards
- Maternity services should review booking assessment to ensure inclusion of appropriate mental health screening questions
- Other acute mental health services should review protocols to ensure appropriate referral for assessment +/- joint management or takeover of care by CPMHT
- Service should review waiting times and put in place a plan to meet pathway standards



## Scottish Perinatal Mental Health Care Pathways

### PATHWAY 3

Specialist assessment and intervention for women with severe or complex mental health problems

#### INITIAL PRESENTATION

GP / maternity professional / neonatal professional / health visitor / family nurse / other mental health professional / acute and emergency services / social services

#### IS CPMHT REFERRAL APPROPRIATE?

Complex/ severe mental health problem requiring 2° care assessment\*  
Currently well but at high risk of major illness  
Mild to moderate mental health problems + family history of affective psychosis  
\*Altered (lowered) perinatal thresholds

#### REFER TO

Community perinatal mental health team  
Unscheduled care service

#### PATHWAY EXCEPTION RECORDING

If referrals not routinely accepted from maternity or health visiting professionals  
If CPMHT not notified of currently well women at high risk of early postpartum recurrence  
If referrals not assessed within 6 weeks of referral



# PATHWAY 4

Scottish Perinatal Mental Health Care Pathways

## Admission to a mother and baby unit

# PATHWAY DESCRIPTION

A small number of women will require inpatient care in the perinatal period.

For postnatal women, this should be to a designated mother and baby unit (MBU) (as required by the Mental Health (Scotland) Act, 2015), where it is in both the mother's and the infant's interests.

Admission to an MBU is also appropriate in the later antenatal period (or occasionally earlier in pregnancy, based on clinical appropriateness).

Mothers aged under 18 years may be admitted to an MBU if clinically indicated.

Most admissions are urgent and unplanned. However, there may be circumstances where a planned referral is made for assessment by the service.

Planned admissions may also occur in the early postnatal period for women at very high risk of developing severe postpartum disorder.

This pathway describes the routes into inpatient mother and baby unit care.



# PATHWAY 4

Scottish Perinatal Mental Health Care Pathways

## Admission to a mother and baby unit

# PATHWAY INITIATION

### Where may a woman who requires inpatient care first present?

- GP
- Maternity/ Neonatal professional
- Health visitor/ Family nurse
- Community perinatal mental health team (CPMHT)
- Other mental health professional (crisis, home treatment, general adult, first episode psychosis etc.)
- Emergency services (emergency department, acute medical services, police)
- Social services

### Should the woman be admitted with her infant?

- Mother is the primary carer of her infant
- Parents (or those with parental responsibility) agree to admission
- Child protection concerns do not prevent mother being the primary carer
- Infant does not require paediatric inpatient care
- Infant's stage of development suitable for an MBU setting (e.g., not an older infant who is walking and/or where remaining with father/close family carers is more appropriate)
- If joint admission is not appropriate, it is the responsibility of the assessor to ensure the woman receives appropriate alternative inpatient care



## PATHWAY 4

Scottish Perinatal Mental Health Care Pathways

### Admission to a mother and baby unit

#### Initial presentation

- GP
- Maternity/ Neonatal professional
- Health visitor/Family nurse
- Other mental health professional
- Emergency services
- Social services (referral may be via the GP)

## PATHWAY

- Refer to Community Perinatal Mental Health Team (CPMHT) or local equivalent, following local perinatal mental health pathway
- If initial presentation is to another mental health service, that service should liaise directly with the MBU about admission and inform CPMHT
- Outwith working hours, refer to unscheduled care service, following local perinatal pathways



# PATHWAY 4

Scottish Perinatal Mental Health Care Pathways

## Admission to a mother and baby unit

### Assessing service

- CPMHT or local equivalent
- Other mental health service
- Emergency or out of hours response team/ unscheduled care

# PATHWAY

- *During working hours*
- CPMHT/ other mental health service
  - Provides same-day assessment *or*
  - Satisfies themselves that urgent admission is clearly required *or*
  - Arranges alternative urgent assessment if MBU admission is not the correct option
- *Outwith working hours*
- Unscheduled care team
  - Provides same-day assessment *and*
  - Satisfies themselves that urgent admission is required
  - Informs CPMHT of outcome
- Following assessment/ discussion with referrer
  - CPMHT/ other mental health service/ unscheduled care identifies nearest MBU (according to local protocols), makes contact to verify bed available and arranges admission
  - If first MBU has no available beds, the other Scottish MBU should be approached to request admission
  - If no MBU bed available, general adult admission should be arranged (or intensive home treatment if judged a safe alternative)



# PATHWAY 4

Scottish Perinatal Mental Health Care Pathways

## Admission to a mother and baby unit

### GUIDANCE FOR REFERRERS

**Referrers should be familiar with pathways into care and be able to inform women and their families about MBU admission**

- Referrers should be aware of how to contact both MBUs
- Referrals for admission should always be discussed with a senior member of the MBU clinical team
- Referrers should ascertain that there are no barriers to the infant being admitted with the woman
- Referrers should direct women and their families to information on MBU admission



# PATHWAY 4

Scottish Perinatal Mental Health Care Pathways

## Admission to a mother and baby unit

### PROVIDING INFORMATION

Women and their families should be made aware of their right to MBU admission, with their infant, based on clinical need and appropriateness

- Women and their families should have access to verbal/ written/ online information which informs them on
  - Mother and baby units
  - How they can benefit from admission
  - What to expect in terms of their care and treatment
  - What care their infant will receive
  - How the relationship with their infant will be supported
  - How any concerns regarding stigma and confidentiality will be addressed

Additional resources for referrers, women, partners and families

- Information on perinatal mental health services and links to additional resources

*and*

- an animation describing mother and baby unit care for women and families

*can be found at:*

- Perinatal Mental Health Network Scotland
- [www.pmhn.scot.nhs.uk](http://www.pmhn.scot.nhs.uk)



# PATHWAY 4

Scottish Perinatal Mental Health Care Pathways

## Admission to a mother and baby unit

# PATHWAY EXCEPTION MONITORING

Exceptions to the pathway should be recorded and collated by PMHN Scotland

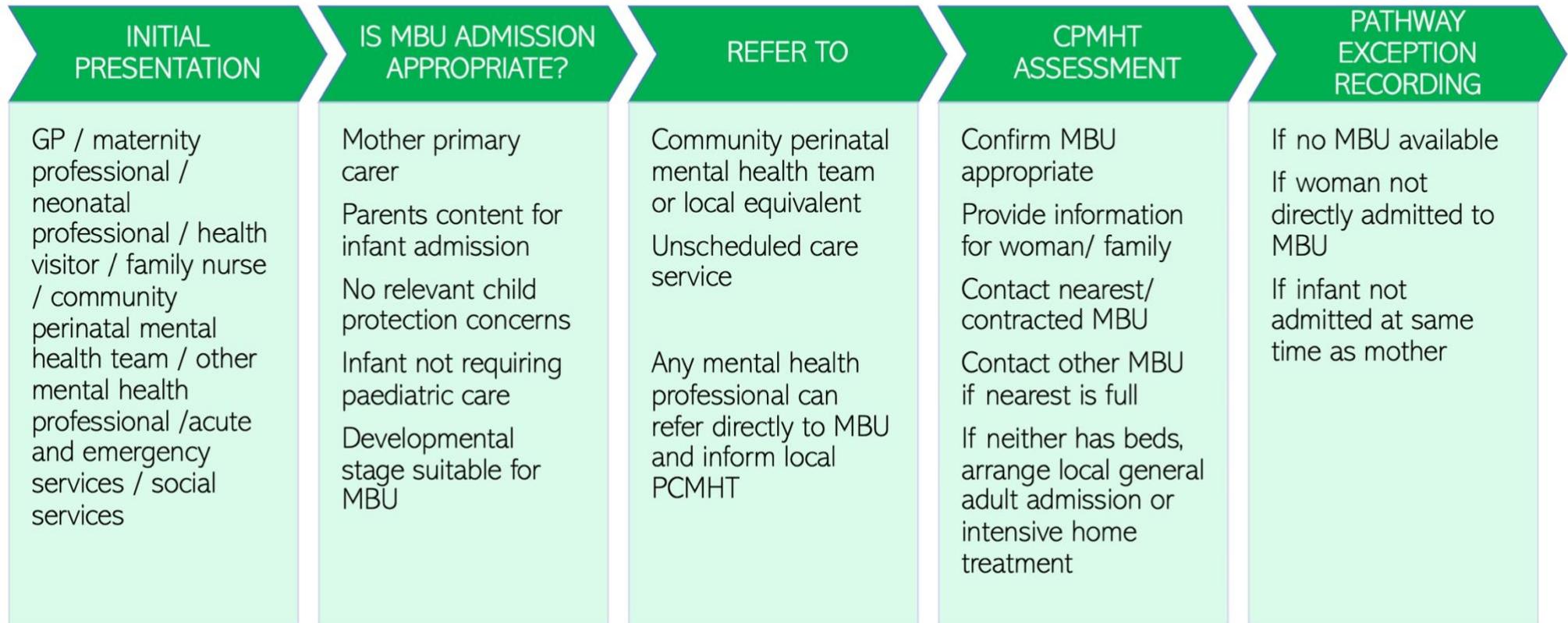
- **No MBU bed available**
  - MBU should keep in daily contact with general ward, or intensive home treatment team, providing advice and support
  - General ward should facilitate infant contact in line with Mental Welfare Commission guidance
  - MBU should provide annual reports on pending admissions including numbers and wait times
- **Woman not directly admitted to MBU**
  - General ward should contact nearest MBU and arrange admission without delay
- **Infant not admitted at same time as mother**
  - MBU should record reasons why the infant is not admitted at the same time as the woman
  - Arrangements should be made for the infant to be admitted as soon as possible
  - If infant cannot be admitted, review whether woman's care on MBU remains appropriate



## Scottish Perinatal Mental Health Care Pathways

### PATHWAY 4

Admission to a mother and baby unit



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY DESCRIPTION

Many professionals will encounter women experiencing difficulties in the relationship with their infant during the perinatal period. Depending on the severity of these difficulties they may already be in contact with mental health or addiction services.

Their first presentation may be in maternity settings, primary care, health visiting or to family nurses. Some will already be known to social work, early years services or third sector agencies. In any one of these settings there may be concerns about the developing mother-infant relationship.

This pathway describes possible routes to specialist assessment and intervention for mother-infant relationship difficulties and includes information about when to be concerned and what to do next.



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY INITIATION

- Where might mother-infant difficulties first present?
  - Family member, incl. the mother herself
  - GP
  - Health visitor/ Family nurse
  - Maternity professional
  - Neonatal professional
  - Other mental health professional (general adult, crisis, home treatment, first episode psychosis, MNPI etc.)
  - Social services
  - 3<sup>rd</sup> sector
- When might there be concern?
  - Risk factors which prompt concern about how a mother and infant are going to get on even before conception, or from early pregnancy, e.g.:
    - Concerns around the woman's (i) own childhood and life experiences; (ii) experiences of previous pregnancy, delivery or loss; (iii) mental health or substance use problems
    - Supports and vulnerabilities in terms of relationships and social environment
    - Difficulties with labour, delivery and early postpartum experiences
    - Where an infant has significant health or developmental difficulties



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY INITIATION

- Triggers to referral
  - What might be observed?
  - When to worry?
- The baby
  - Even young babies should be active participants in this first relationship. At different ages and stages, we expect to see different behaviours. You may be concerned if the baby:
    - Makes little or no eye contact with mother
    - Does not reach for mother, look at mother's face, or actively looks away
    - Shows little or no pleasure in interaction with parent
    - Particular concerns if the baby is very still, silent and sleeps excessively. It would also be a worry if the baby is hyper-vigilant, restless and wants to be held all the time.
  - Other concerns as the baby grows and develops include:
    - Failure to focus/ maintain attention/ show curiosity in their surroundings
    - Failure to play with objects or showing more interest in objects than people
    - Lack of distress or anxiety in situations where it would be expected
    - Not seeking comfort when distressed, anxious or hurt, or reject comfort when offered
    - Not vocalising/ babbling in to-and-fro manner with parent
    - Not settling/ can't be comforted or those who don't protest, rarely smile or who appear distressed, or anxious, or sad much of the time



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY INITIATION

- Triggers to referral
  - What might be observed?
  - When to worry?
- The mother
  - Concerns for the baby described above should lead to greater vigilance for problems in the mother. These could include:
    - Low mood with flat affect
    - Emotional lability and/or slow in movements and speech and response to her environment
    - Full of self-doubt regarding capacity to care
    - Not noticing infant's cues or perceive them as reflecting her failure
    - Turning away from or ignoring the infant
  - In the context of overwhelming anxiety or obsessional behaviour a mother may not be able to focus enough to think about her infant's communication. She may be seen trying to do lots of things to stimulate or sooth the baby regardless of their response. She may find it hard to tolerate the lack of predictability or mess that comes with a new baby.
  - Mothers with psychosis are more likely to be being cared for in hospital and need close observation if they have their baby with them. They may have erratic or incongruous responses to the infant's demands, and a lack of attunement.



## PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

### Specialist assessment and intervention for mother-infant relationship difficulties

## PATHWAY

- **Sharing concerns - the initial assessment process**
  - While the health visitor is identified as the 'named person' for the child in GIRFEC, everyone has a responsibility to share any concerns about the mother-infant relationship and to ensure:
    - The infant's safety
    - That intervention addressing the mother's mental health is at an appropriate level
    - That assessment of the relationship and intervention to promote attunement is offered
  - In some cases, the level of perceived risk may lead to a formal child protection meeting or conference which will be led by social services
  - The views of mental health professionals involved in the mother's care, child health professionals and others should be considered together. Those supporting the family e.g., 3<sup>rd</sup> sector services, may have raised concerns and can contribute to the assessment and to a package of care which may include specialist intervention.



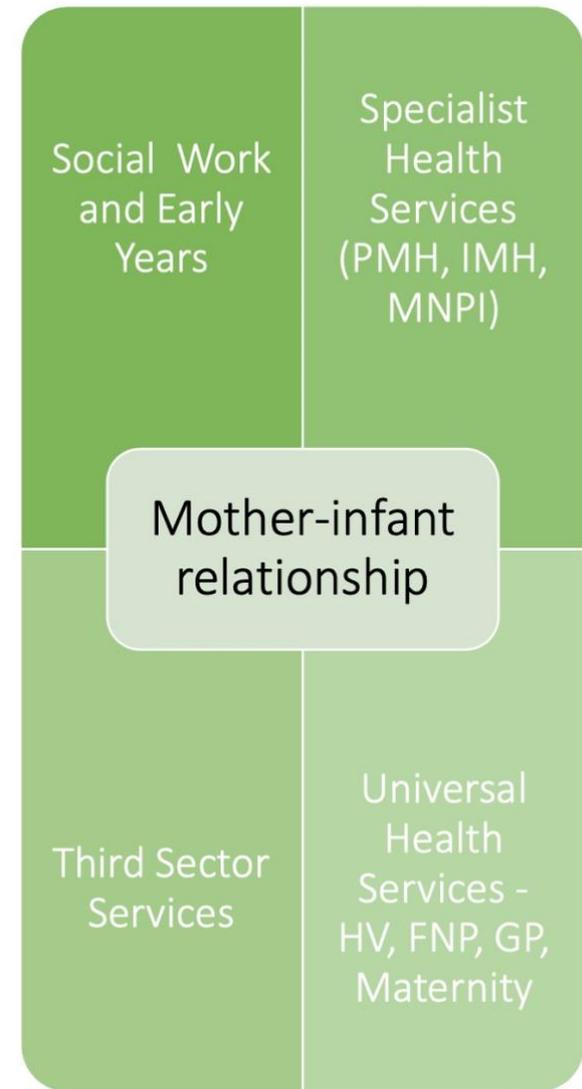
# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

- Sharing concerns - the referral process

# PATHWAY

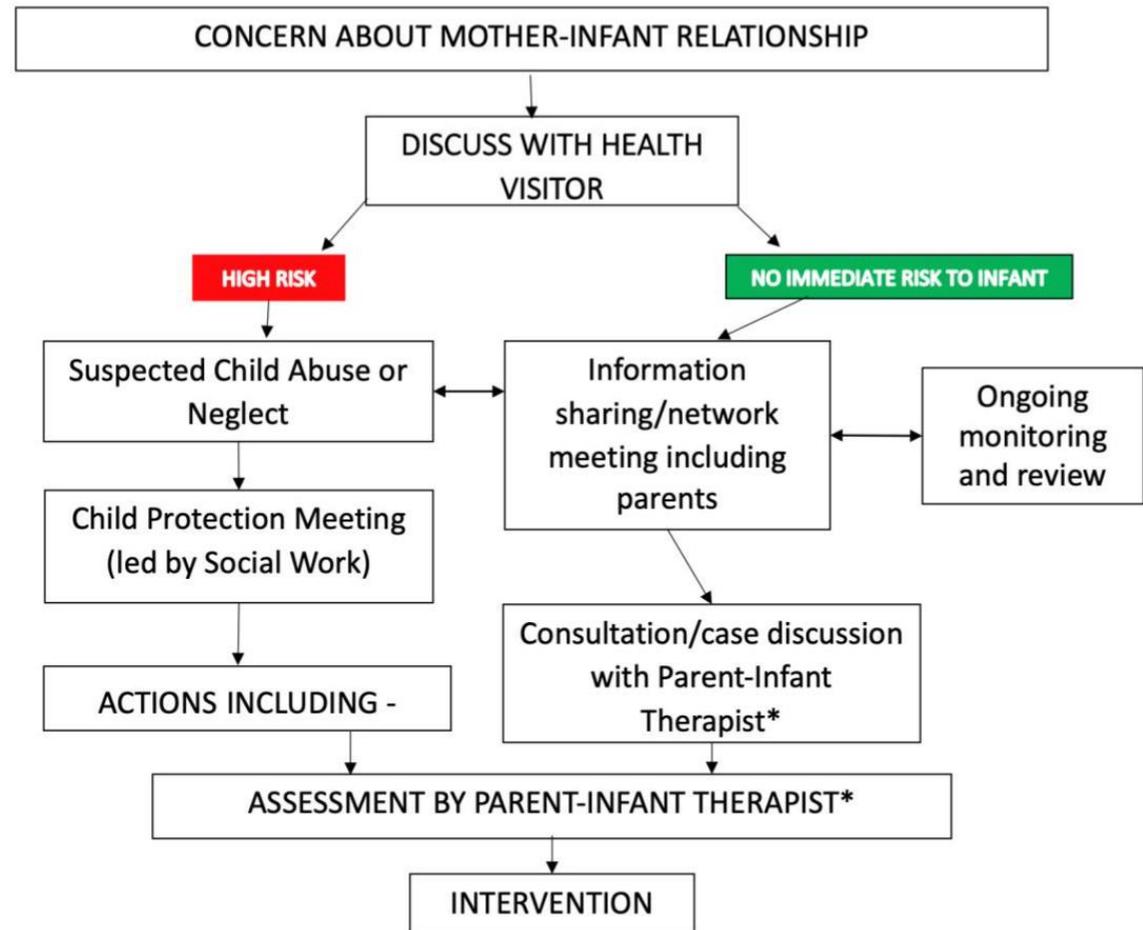


# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY



\*The Parent-Infant Therapist may be a member of the perinatal mental health team or a parent-infant specialist service and may be from a range of professions (e.g., psychiatrist, psychotherapist, psychologist, VIG practitioner). See next slide

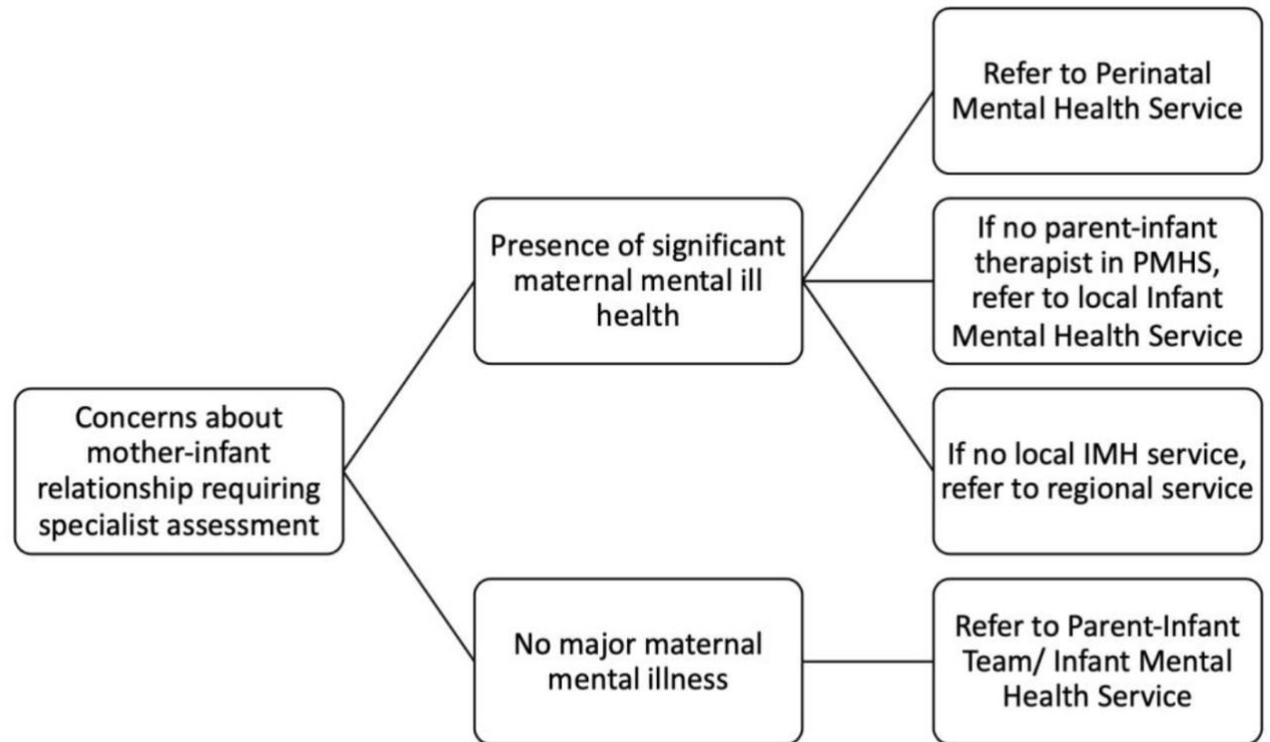


# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY

- Referral – where there is no local specialist service
  - In some health board areas, there may not be a parent-infant therapist in the local perinatal mental health service
  - In these circumstances there are 2 possible routes to assessment for mother-infant relationship difficulties:
    - Link to regional resource, e.g., perinatal mental health teams with regional responsibility may have the capacity to support smaller services
    - Refer to local Infant Mental Health or Parent-Infant Team
- Specialist intervention
  - Specialist assessment may be led by professionals in the MBU, CPMHT, MNPI or other community settings. It will take into account:
    - The infant's welfare and safety
    - That intervention for the mother's mental health is at an appropriate level
    - That assessment of the relationship and intervention to promote attunement is offered



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

# PATHWAY

- Specialist intervention

- Two main approaches are used in *assessment* and *treatment*, complemented by a range of other interventions to promote parent-baby attunement
- *Parent-infant psychotherapy* helps parents reflect on past/present experiences and relationships which may influence how they interpret their baby's behaviour and their relationship. *Child-Parent psychotherapy* is similar.
- *Video Interaction Guidance (VIG)* involves filming parent and baby together and then reviewing and reflecting primarily on what has gone well. Parents are helped to notice things about their own or baby's behaviour.
- Other approaches include:
- *FOR INDIVIDUAL FAMILIES*
  - VIPP
  - NBAS (Neonatal Brazelton Assessment Scale)
  - Child-Parent Psychotherapy
- *IN GROUPS*
  - Mellow Parenting Groups
  - Circle of Security
  - Incredible Years Parents and Babies
  - PEEP Learning Together Programme
  - PEEP Antenatal Programme
  - Watch Me Play
  - The Solihull Approach includes groups for parents before and after birth



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

### GUIDANCE FOR REFERRERS

- Referrers should be familiar with pathways into care and be able to inform women and their families about specialist services
- Referrers should be aware of how to contact their local perinatal mental health service or parent-infant mental health service
- Referrers should be able to discuss potential referrals with the specialist team
- Referrers should be aware of the core information required in written referrals
- Referrers should direct women and their families to information on mother-infant relationships, perinatal mental health services and parent-infant services



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

### PROVIDING INFORMATION

- Parents should be made aware of their right to specialist mother-infant relationship assessment and intervention
- Parents should have access to verbal/ written/ online information which informs them on
  - The importance of the mother-infant relationship
  - How the relationship can be affected by mental health difficulties, stressful life experiences and infant ill health
  - What interventions are available to support the relationship with their infant
- Additional resources for referrers, women, partners and families
  - Information on perinatal mental health services and parent-infant mental health services
  - and*
  - an animation describing parent-infant services for women and families
  - can be found at:*
  - Perinatal Mental Health Network Scotland
  - [www.pmhn.scot.nhs.uk](http://www.pmhn.scot.nhs.uk)



# PATHWAY 5

Scottish Perinatal Mental Health Care Pathways

## Specialist assessment and intervention for mother-infant relationship difficulties

### PROVIDING INFORMATION

- Exceptions to the pathway should be recorded
  - No specialist service available *and*
  - Problems accessing regional service or local parent-infant/infant mental health team
- Board should develop plan for service provision using Perinatal and Infant Mental Health Programme Board guidance



## Scottish Perinatal Mental Health Care Pathways

### PATHWAY 5

Specialist assessment and intervention for mother-infant relationship difficulties

