

Freedom of Information Request: Our Reference CTMUHB_13_21

You asked:

- 1. How many referrals have there been to perinatal mental health services? Please break this information down by calendar year from the start of 2017 up to- and including 2020.**

Please see information provided in the table below:

Referral Volumes by Calendar Year	
Year	No Referrals
2017	502
2018	656
2019	644
2020	523
Total	2325

- 2. What provision is there for patients who need access to perinatal mental health services?**

Patients can be referred via a health professional, including GP, Health Visitor, Midwife and mental health service.

The service can be accessed via telephone or email between the hours of 9am-5pm, Monday – Friday. Outside of these hours referrers can access the Crisis Teams, Out of Hours GP (OOHGP), or liaison services.

Referrals are discussed in a weekly MDT meeting, and appropriate outcomes are made, such as assessment with a practitioner, medic appointment, psycho-educational resources are suggested, and signposting to a number of different agencies and services.

Referrals are received from pregnancy up until 6 months postnatally and the service has capacity to work with a person until 12 months postnatally if the person is already open to service and there is required specialist need.

The service aims to offer an assessment within 28 days of referral being made. Assessment will be undertaken by the most appropriate clinician. This will be offered via telephone at current time due to COVID-19, however face to face assessment is considered on screening, should there be a need.

Prior to Covid-19, assessments were offered in clinics.

We offer a clinic in each of the boroughs, these are usually within an antenatal clinic setting.

The service consists of:

- Registered mental health nurses
- Specialist occupational therapist
- Specialist Midwife
- Clinical Psychologist
- Consultant psychiatry clinics
- Administrative support

Examples of interventions that can be offered within the service, when there is a specific perinatal mental health need are:

- Registered Mental health nurse: undertakes assessments, which will identify the mental health needs, and actions that can be collaboratively discussed and agreed between the client and service. 1 to 1 sessions for anxiety management, stabilisation input. Creating birth plans for women who are anxious or previous trauma from birth, or should they have serious mental illness. Signposting: Can refer women to other services such as primary care mental health services if we feels they could benefit from a group/course of 1 to 1 sessions with a practitioner or therapist. Can also refer to external agencies if there is a need such as bereavement counselling, counselling for women who have lost a child or suffered a late miscarriage. If a lady has a previous history of SMI and is stable we can offer monitoring throughout the pregnancy to ensure she remains well during her pregnancy in the form of phone or face to Work.
- Medical reviews with psychiatrist if women or health professionals have any queries or concerns around the medication prescribed for someone during their pregnancy.
- Online support group for woman during pregnancy which is formatted in PowerPoint presentation which allows women to gain a better understand of emotions felt in pregnancy and to normalise this, also attached to online support group is other help available by other services (such as issues with finances) etc.
- Psychology- Psychology services offer a tailored approach to individual needs drawing on a multitude of psychological models. Interventions include assessment from a psychology viewpoint, formulation, and treatment with psychological therapy if deemed appropriate. Therapies offered may include CBT, ACT, CFT, EMDR, and other approaches, tailored to need and in accordance with the relevant guidelines.
- Occupational therapy- offer an understanding of occupational performance, physical and mental health, mother/infant co-occupations and child development in the context of maternal mental health. An effective assessment enables occupational therapists to understand the impact of a woman's mental health problems on her participation in meaningful activities/occupational forms, her role identity and the relationship with her baby. Occupational therapists use a range of occupationally focussed interventions to enable women with perinatal mental health problems to overcome the barriers that prevent them from participating in the activities that are important to them and allow them to form positive relationships with their children.

Interventions can be carried out as 1:1 or group sessions and may involve activity scheduling, goal setting, skill development, role transition, community connectedness, co-occupation, sensory or environmental adaptation or access to psycho-education resource

- Specialist Midwife – undertakes a caseload of families, offering midwifery support, and mental health support to clients with Tokophobia, previous stillbirth or neonatal death. The specialist midwife completes and monitors wellbeing plans and delivers a pregnancy support group alongside a mental health practitioner. They offer a service to the neonatal units within the health board and will raise awareness of mental health, both with education and training, and is a champion trainer for the perinatal and infant mental health programme. Mandatory training is delivered for midwives and mental health services. The Specialist Midwife is also involved in the development of maternity/ obstetric guidelines.