



**Worcestershire
Health and Care**
NHS Trust

Perinatal Psychiatry Team Operational Policy

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for outstanding care**

Title: Perinatal Psychiatry Team Operational Policy

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Document Author	Sian Westaway
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Version History

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
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V4	29/11/2017	Quality & Safety Committee	Ratified

Accessibility

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- Face to face interpreting;
- Instant telephone interpreting;
- Document translation; and
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Please refer to the intranet page: <http://nww.hacw.nhs.uk/a-z/services/translation-services/> for full details of the service, how to book and associated costs.

Training and Development

Worcestershire Health and Care NHS Trust recognise the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

Co-production of Health and Care – Statement of Intent

The Trust expects that all healthcare professionals will provide clinical care in line with best practice. In offering and delivering that care, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients bring. It is expected that they will work in partnership with patients, agreeing a plan of care that utilises the abilities and resources of patients and that builds upon these strengths. It is important that patients are offered information on the treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises the resources available through colleagues and other organisations that can support patient health.

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1. Introduction

Worcestershire Health and Care Trust provide the women of Worcestershire with a countywide Community Perinatal Psychiatry Team.

The Perinatal Psychiatry Team aims to work within NICE Guidance CG192 and is working towards accreditation with the Royal College of Psychiatrists. The team are part of the West Midlands Perinatal mental Health Network.

The focus of the service is to meet the needs of patients who are experiencing a perinatal mental illness, are at risk of developing a perinatal mental illness or require pre-conceptual counselling.

The service provides input from preconception to 12 months post-natal. The interventions focus on the safety and wellbeing of the patient, the unborn/child and their family/carer. All treatments are based upon assessment of the patient and follows NICE recommendations; we aim to ensure that the patient's needs are met and families are supported.

As a team we aim to work in partnership with existing service providers and provide support and guidance.

2. Aims and Objectives

To improve the health and wellbeing of women who have, or at risk of, severe mental health problems in the antenatal and postnatal period and so have a positive impact on them, their infants and their families.

To provide early assessment and intervention.

To carry out assessment of risk and work collaboratively with patient's, carers and involved others to appropriately manage and minimise risk.

To ensure care plans are collaborative, tailored to the needs of individuals and fully address the medical and psychiatric risks.

To ensure safeguarding is a priority and to work collaboratively with the safeguarding teams within our trust, within the Worcester Acute Trust and within Worcestershire County Council.

To provide a source of expertise and body of knowledge within Worcestershire to support appropriate care pathways, provide specialist assessments and effective interventions for patients who suffer with a perinatal mental illness. This includes providing information, training, supervision and support to other professionals, agencies and carers.

To provide a flexible configuration that ensures prompt accessibility, continuity, equitable and effective delivery of care to patients and their carers/ families.

To ensure that the working interface between our service and other teams/agencies promotes effective and appropriate collaborative care.

To ensure effective liaison and working relationships with Specialist Mother and Baby Units and NHS England to support appropriate admissions and discharge planning.

3. Definitions

- Antenatal Mental Health Screening Clinics – Clinics run by Psychiatric Nurses within a maternity setting. Clinic is for midwifery referral only and is for patients who may identify as high risk for perinatal illness.
- CAMHS – Child and Adolescent Mental Health Team
- Mother and Baby Unit – Specialised Unit for women and their baby when experiencing acute perinatal mental illness.
- Perinatal – Within the antenatal period and up until the infant is a year old.
- Post-Partum Psychosis – a severe episode of mental illness which begins suddenly in the days or weeks after having a baby. Symptoms vary and can change rapidly. They can include high mood (mania), depression, confusion, hallucinations and delusions. Postpartum psychosis is a psychiatric emergency
- Pre-conceptual Counselling – Counselling offered to women with a severe mental illness who wish to start planning for a pregnancy and which considers issues such as risk of relapse, medication safety and availability of support during the perinatal period.
- Tokophobia - A condition of having a fear of giving birth so bad that you don't want to go through with it, even if you really want to have the baby.

4. Scope

This policy is to provide guidance and clarity to the Perinatal Psychiatry Team and other professionals who work collaboratively with us about how the service operates.

4.1 The service is for:

- Women who are severely mentally unwell during pregnancy or within one year of childbirth.
- Women with a past history of severe mental illness.

- Women who have a past history of perinatal mental illness.
- Women who have a family history, in a first degree relative, of bipolar affective disorder.
- Women who wish to receive preconception counselling.
- Women who require assessment for tokophobia.

4.2 Patient Age Range

All women, over the age of 17 ½, who are planning a pregnancy, currently pregnant or are within a year of having a child.

Patients below the age of 17 ½ years old may be managed in conjunction with CAMHS.

4.3 Exclusion Criteria

The exclusion criteria for the Perinatal Team are as follows:

- Women who are not pregnant and do not require pre-conceptual counselling for psychiatric reasons.
- Women whose infant is over a year old.
- Women who are not currently caring for their child, for example, child has been placed in foster care.
- The service does not currently offer input to women who have experienced a miscarriage, still birth or bereavement.
- Women with no psychiatric condition or experiencing difficulties not related specifically to the perinatal period.

4.4 Catchment Area

The Perinatal Psychiatry Community Team is a countywide service covering Worcestershire. Worcestershire currently has an approximate birth rate of 6070 babies per annum (ONS 2016).

The perinatal psychiatry service is delivered via outpatient clinics, Antenatal Mental Health Screening Clinics and home visits.

- Out Patient Appointment are provided in Worcester at Studdert Kennedy House, Kidderminster at the Robertson Centre and Redditch at Hillcrest.
- Antenatal Mental Health Screening Clinics are held within the antenatal units at the Worcester Royal Hospital, the Princess of Wales Hospital in Bromsgrove and Kidderminster General Hospital.

4.5 Hours of Operation

The Perinatal Psychiatry Team's working hours are Monday to Friday 9am – 5pm and within these hours, urgent assessments are accepted.

Outside of working hours, we have a collaborative agreement with the Crisis Resolution Team for urgent perinatal referrals.

4.6 Referral Process

Referrals are accepted from all health care professionals involved with the woman during the perinatal period. This includes, but is not limited to, the patient's General Practitioner, Obstetrician, Midwife and Health Visitor.

Referrals can be made directly to the service or through the Single Point of Access (SPA).

A clinical member of the team is available to discuss any referral during working hours.

On receipt of a referral, it is reviewed by a clinician to review urgency and need. If the referral is deemed as routine, it is discussed at the weekly Multi-disciplinary team meeting.

The team will communicate the outcome from the team meeting to the referrer with details of the input to be offered, or, if the referral has been declined, with advice about ongoing care.

The team will where appropriate collaboratively work with teams within Adult Mental Health Service Delivery Unit.

The team aims to offer to see accepted routine referrals within eight weeks. However, if a patient is 28 weeks gestation or less than six weeks postnatal and if the referral is appropriate, the patient will be offered an appointment within two weeks.

The Antenatal Mental Health Screening Clinic is for midwife referral only. Community midwives at a patient's booking appointment should be asking whether the patients have a history of mental illness or a family history of mental illness. If the patients report a history of a severe mental illness or history of a severe mental illness in a first degree relative, the relevant referral form should be completed, sent to the specialist midwife and sent directly to the team. This clinic aims to screen women who are currently well but at risk of illness. It is not appropriate for women who are already suffering from a mental illness.

When referrals are received for a pregnant woman who is prescribed mood stabilising medication, a prescriber from the Perinatal Psychiatry Team will contact the referrer within two working days to give appropriate advice. The patient will be offered an appointment within two weeks.

Urgent Referrals:

All urgent referrals can be made direct to the team or through the Single Point of Access (SPA).

If a patient is suspected of having a Post-Partum Psychosis the team will provide an urgent response. The referral will be discussed with the referrer and a same day assessment arranged. The team will aim to see the patient within one hour.

Out Of Hours, urgent referrals must be made to the Crisis Resolution Team. The Crisis Resolution Team will assess accordingly and contact the Perinatal Psychiatric Team the next working day (Monday – Friday 9-5).

If admission is required a Psychiatric Mother and Baby Specialist Unit should be considered in the first instance. See appendices for list of all units and contact details.

4.7 Response Times

The Perinatal Psychiatry Team has weekly Multidisciplinary meetings to discuss all referrals.

- Each referral received is reviewed by a clinician on the day it is received; if a referral is deemed as urgent the team will respond within one working day to the referrer and the patient.
- Routine referrals are offered appointments within 18 weeks. However, the team aims to offer appointments to all new referrals within 8 weeks, dependant on clinical need.
- Patients who are referred and have a “new onset condition” who are 28 weeks gestation and are within 6 weeks of delivery are offered an appointment within two weeks in conjunction with the CQCI Perinatal standards.
- Urgent referrals will be assessed the same day if indicated.

4.8 Team Membership

The current team consists of:

Perinatal Consultant Psychiatrist – 0.6 WTE

Specialty Psychiatrist – 1 WTE

Clinical Lead (Also Non-Medical Prescriber) - 1 WTE

CPN's – 2.6 WTE

Mental Health Social Worker (Also an AMHP) 0.6 WTE

Psychotherapist – 0.6 WTE

Administration – 1.5 WTE

5. Assessment

5.1. Assessment Process

- An initial assessment will be undertaken by a member of the Perinatal Psychiatry Team. This may be by a Psychiatrist, Community Psychiatric Nurse, Social Worker or Psychotherapist.
- Confidentiality, sharing of information and Data Protection information must be discussed with the patient and consent gained as appropriate.
- The assessment will identify and reflect the perinatal context. For instance, current and past obstetric history, mode of delivery, mode of infant feeding, past perinatal psychiatric diagnosis / treatment, attachment and bonding.
- The assessment will identify any safeguarding needs and address these in line with current safeguarding protocol for Worcestershire Health and Care Trust.
- The assessment will be undertaken in the most appropriate setting, taking into consideration the needs of the woman and her family.

5.2 Risk

- Risk should be assessed and documented as per trust protocol. Wherever possible, risk assessments are completed with the patient.
- Risks are assessed and documented at the point of assessment. Actions and strategies to manage risk are included within the plan of care.
- Risk is reviewed at every contact with the patient, with particular attention to changes in the patient's situation and/or clinical presentation.
- Risk is communicated with all relevant parties involved in the care of the patient.

5.3 Safeguarding

- The Perinatal Psychiatry Team will adhere to the trust's safeguarding policies and protocols for children and adults.
- All staff will complete mandatory safeguarding training
- Staff should discuss safeguarding concerns with their line manager and/or the Integrated Safeguarding Team and all discussions should be documented and relevant actions taken.

- Referral for social services input should be made as required. The referral should be discussed and the appropriate paperwork sent to Family Front Door, Worcestershire County Council.
- The team receives six monthly supervision from the Integrated Safeguarding Team and safeguarding supervision is undertaken six weekly within the Perinatal Psychiatry Team
- All patients with children on a Child Protection Plan will be cared for under the provisions of CPA and will have an allocated Care Coordinator.
- All Safeguarding Meetings, Initial Child Protection Conferences and Core Groups should be prioritised and attended by the Care-Coordinator (or a representative).
- Perinatal Psychiatry Team will share safeguarding concerns relating to an adult or child as appropriate, following local policy and protocol.
- Defaulted Appointments “DNA’s” will be managed in line with “Management of Defaulted Appointments” policy; outcome and risk should be identified and documented accordingly.

5.4 Care Planning / Care Programme Approach

- All patients allocated to a team clinician i.e. Community Psychiatric Nurse / Social worker will be cared for under the CPA process. All patients will have an individualised needs assessment and care plan. A risk assessment and risk management plan will be undertaken.
- All patients cared for under CPA will have all their appropriate paperwork shared with professionals involved with their perinatal care.
- All women under the care of the team will have a care plan. The care plan is developed collaboratively with the patient and will include the views of significant others.
- Care Plans and CPA care plans will be reviewed every 3 months.
- Information included with the Care Plan will identify:
 - Nature of condition
 - Risk assessment and the potential risks if the patient’s mental health deteriorates, incorporating a risk management plan for all identified risks.
 - Early Warning Signs of a relapse
 - Current medication with any intended changes in late pregnancy or the early postnatal period.
 - Physical health needs and baseline measurements where indicated.
 - Information regarding the process and any plans for if an admission to a psychiatric unit is indicated
 - Names of all professionals involved within the patients care and frequency of contact

- Contact details of the Perinatal Psychiatry Team and out of hours service.
- Professionals meetings should be held when a multitude are professionals are involved in a patients care which is considered to be complex in nature. This ensures care planning to be accurate and that the information is communicated effectively across all agencies.
- In women who are deemed at “High Risk” for serious mental illness postnatally, including Post-Partum Psychosis, care planning will ensure frequent review (up to three times a week if high risk) of the patient’s mental state during the early postnatal period.

5.5 Medical Responsibility

All patients under the care of the Perinatal Psychiatry Team are the medical responsibility of the Consultant Psychiatrist.

All decisions regarding the frequency of medical reviews are documented.

If a patient under the care of the Perinatal Psychiatry Team requires input from the Crisis Resolution Team or Home Treatment Team, the medical responsibility remains with the Perinatal Psychiatry Consultant. The Perinatal Team Consultant or Speciality Psychiatrist should agree a clear plan of care including current and potential risks, expectations of treatment including any plans for admission to a Mother and Baby Unit.

If a patient has been referred by an existing psychiatric team within the Worcestershire Health and Care Trust, discussions of the patient’s plan of care should be undertaken to agree medical responsibility.

If a patient within the Worcestershire locality but under the care of a different NHS Provider requires Perinatal Psychiatry input, medical responsibility should be discussed and agreed by the Consultant Psychiatrists from each service. The plan of care from the original NHS provider should have a clear and concise plan of care, including risk assessments and expectations of the Worcester Perinatal Team and monitoring to be provided.

5.6 Interventions and Treatment

The Perinatal Psychiatry Team provides:

- Assessment of women suffering from a mental illness within the perinatal period
- Pre-conceptual counselling
- Assessment for primary and secondary tokophobia

- Pharmacological Intervention – ensuring women have adequate information and support to balance the risks and benefits of medication during pregnancy and whilst breastfeeding when prescribing.
- Care Planning with support and monitoring of the mental state during the perinatal period.
- CBT techniques and appropriate referral to other services if further CBT indicated.
- Psychotherapy – the team offers EMDR and Integrative psychotherapy and will refer to the relevant service for other treatments.
- Baby Massage – offered both within a group and on an individual basis.
- Health Promotion
- Referral and recommendation to other services as is required
- Collaborative working with Teams within the Adult Mental Health Service Delivery Unit
- Collaborative working with Worcestershire Healthy Minds and Enhanced Primary Care Mental Health Service
- Collaborative working with other agencies.
- Risk assessment and risk management planning

5.7 Admission to Hospital

- Patients in the postnatal period who require admission to hospital should be admitted to a Specialist Mother and Baby Unit if possible.
- Admissions are funded by NHS England; telephone contact should be made with the individual units initially to identify a bed and then that unit's admission process followed. (please see appendices for full list of specialist units throughout the country)
- Transfer of patient to a Specialist Unit is dependent on the mental state and current risks to the patient and infant.
- If the risk is deemed as low, the patient's family / friends may wish to transport the patient and baby to the unit.
- An ambulance may need to be considered for transfer. The infant may need to be transported separately by family/friends to the specialist unit.
- As appropriate and in exceptional circumstances, transfer by the Perinatal Psychiatry Team may be appropriate and will require two staff members.
- If the patient is detained under the Mental Health Act 1983, transfer of the patient must be by ambulance as per trust policy.
- If a patient requires admission to a psychiatric ward without their infant, local policy should be followed for admission.
- If a patient requires admission to a psychiatric ward but there are no Specialist Units available, the patient may be admitted to an adult psychiatric ward without the infant, where regular reviews including the Perinatal Psychiatry Team should

be undertaken and transfer to a Mother and Baby Unit should be facilitated at the earliest opportunity.

5.8 During Admission

- At the point of admission to hospital the patient will be allocated a care co-ordinator.
- The care co-ordinator should visit the patient whilst an inpatient and attend reviews as appropriate.
- The care co-ordinator should have weekly contact with the inpatient unit to discuss progress of the patient.
- The care co-ordinator should be part of the discharge planning process.
- Carer roles for the patient should be identified. The carer will be offered a Carer's Screen / assessment and support as is appropriate.
- The care co-ordinator should be involved with the arrangements for agreed home leave by the unit.
- The care co-ordinator should arrange to review of the patient whilst they are on leave from the ward environment.
- The patient must be provided with contact details for the Worcestershire Perinatal Psychiatry Team.

5.9 Discharges from Hospital

- The care co-ordinator should be part of the discharge planning process. The Care Coordinator and Unit should agree on discharge plan and date.
- A follow up out-patient appointment should be arranged and the details communicated to the patient at the point of discharge.
- Day follow up must be arranged at the point of discharge by the Worcestershire Perinatal Team.
- Patient must be provided with contact details for the Worcestershire Perinatal Psychiatry Team.

5.10 Discharges from the Perinatal Psychiatry Team / Transfer of Care

- Prior to discharge or transfer from the Perinatal Psychiatry Team, there will be a discussion with the patient about their ongoing care.
- A discharge summary, summarising the episode of care including any medication prescribed will be completed and sent to the General Practitioner and any relevant agencies who are involved within the patients care.
- Upon discharge all administrative tasks of closing referral must be undertaken including completion of HONOs.

- Patients who require further psychiatric care will be referred to the relevant team via their referral process.
- If transfer of care is required and there has been an allocated Care Co-ordinator, all CPA paperwork and risk assessments will be completed prior to transfer.
- Transfers of care will be conducted in accordance with NICE N53 and Trust policy for transfers of care

6 Training/Competencies

- The professional development and training of staff to enable the provision of safe, evidence-based, and effective intervention is paramount. This takes account of professional needs, the service needs, availability of relevant training and funding. These are planned through staff appraisals and service planning.
- Networking with other professionals who work in the Perinatal Psychiatry field is vital to keep up to date.
- Worcestershire Perinatal Psychiatry Team is a member of the West Midland Perinatal Network and attends regular meetings.
- Worcestershire Perinatal Psychiatry Team is a member of CCQI Perinatal Network and is working towards accreditation.
- The Worcestershire Perinatal Psychiatry team will attend Special Interest Groups, Seminars, and Conferences and liaise with colleagues working within the field of perinatal psychiatry where possible.
- All staff have line management supervision on a 4-6 weekly basis with their Clinical Lead.
- All clinical staff have clinical supervision on a monthly basis.
- All staff must complete statutory and mandatory training appropriate to their individual professional status and role as required by the organisation.
- Team members are responsible for maintaining their professional registration and standards as per their job description and personal specification.
- All staff are encouraged to maintain links with their own professional bodies and observe their professional ethical codes of practice.
- Professional development issues will be regularly reviewed and addressed during management supervision and staff appraisals.

7. Accountabilities

- The Service Manager is accountable to the Adult Mental Health Service Delivery Unit Community Lead.
- The Clinical Lead is accountable to the service manager and has a role in organising and co-ordinating staff, regulating workloads and managing all aspects of day-to-day operation.

- The Clinical Lead will also carry out clinical work on a reduced caseload, as per his/her job description.
- The Clinical Lead will decide priorities, formulate and revise service plans and objectives, in collaboration with the senior clinicians and Consultant Psychiatrists.
- Senior Clinicians are accountable to the Clinical Lead.
- All non-consultant medical staff are accountable as per their job description.
- The Perinatal Psychiatry Consultant Psychiatrist is accountable to the Clinical Director.
- All team members will have access to appropriate professional leads for professional issues.
- The team is operationally located within the Adult Mental Health Service Delivery Unit and is governed by Trust and Adult Mental Health Service Delivery Unit planning and governance arrangements.

8. Evaluation and Monitoring

- The operational policy is reviewed periodically, every two years.
- The team are required to audit aspects of service and provide data for routine performance management requirements and CQUINS for the Trust, Commissioners, NHS England and Department of Health as appropriate.
- The team contribute to the Service Delivery Unit annual audit programme.
- The team contributes to local, regional and national audit and research projects (as capacity allows).
- The team is subscribed to the CQCI Perinatal Programme, working towards accreditation. This process involves yearly peer reviews of the team by external reviewers.
- The team is monitored and evaluated by internal Peer reviews.
- The team collects routine outcome and satisfaction data including: 'Family and Friends Test' and through the service's Patient Satisfaction Questionnaire.
- Patient, family and carer satisfaction is evaluated through feedback.
- Our teaching programme to midwives, allied health professionals and students is monitored via evaluation feedback and adjusted via the feedback received.

9. Associated documentation

- CAMHS - Policy for the Transition of Service Users from Child and Adolescent Mental Health Services to Adult Mental Health Services
- Care Programme Approach - Mental Health Care Planning (CPA) Policy
- Carers - Carers Policy
- Clinical Audit - Clinical Audit Policy
- Clinical Supervision - Clinical Supervision Policy

- Clinical Record Keeping - Clinical Record Keeping Guideline
- Crisis Resolution - Crisis Resolution Team Operational Policy
- Discharge - In-Patient Discharge Policy
- Home Treatment - Operational Policy
- Mental Health Act - Transportation Policy and Procedure - West Midlands Ambulance Service
- Risk Assessment - Clinical Assessment and Management of Risk Policy
- Safeguarding Adults - Safeguarding Adults Policy
- Safeguarding Children and Young People - Safeguarding Children and Young People Policy
- Safeguarding Children - Supervision Policy
- Safeguarding - Domestic Abuse Policy
- Safeguarding - Management of Defaulted Appointments where there are Potential Safeguarding Issues (DNA Policy and Procedures)

10. Appendices

Referral Pathway for Perinatal Psychiatry:

This document is held in the Clinical Document Library. To download [CLICK HERE](#)

Perinatal Psychiatry Team Patient Information Leaflet:

This document is held in the Clinical Document Library. To download [CLICK HERE](#)

Referral Pathway for Antenatal Mental Health Screening Clinic:

This document is held in the Clinical Document Library. To download [CLICK HERE](#)

Referral Form for Antenatal Mental Health Screening Clinic:

This document is held in the Clinical Document Library. To download [CLICK HERE](#)

Worcestershire Healthy Minds Joint Working Arrangement:

This document is held in the Clinical Document Library. To download [CLICK HERE](#)

Useful Links

Post-Partum Psychosis information

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postpartumpsychosis.aspx>

Postpartum Psychosis – A Guide For Partners

This document is held in the Clinical Document Library. To download [CLICK HERE](#)

NICE Guidance

<https://www.nice.org.uk/guidance/cg192>

Information for prescribers in pregnancy and breastfeeding -

<https://mothertobaby.org/fact-sheets-parent/>

Information for prescribers in pregnancy

www.medicinesinpregnancy.org/

Mother and Baby Unit Contact List

<http://everyonesbusiness.org.uk/wp-content/uploads/2015/12/Accredited-Mother-Baby-Units.pdf>

GP Perinatal Mental Health Took Kit

<http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

11. Equality Analysis Equality Impact Analysis Screening Form

Title of Activity	<i>Review of Perinatal Psychiatry Operational Policy</i>		
Date form completed	<i>27/09/2017</i>	Name of lead for this activity	<i>Sian Westaway – Clinical Lead Perinatal Psychiatry</i>
Analysis undertaken by:			
Name(s)	Job role	Department	Contact email
<i>Sian Westaway</i>	<i>Clinical Lead</i>	<i>Perinatal Psychiatry</i>	<i>Sian.westaway@nhs.net</i>
<i>Kay Lobo</i>	<i>Clinical Lead</i>	<i>Eating Disorders</i>	<i>kay.lobo@nhs.net</i>
<i>Marie Band</i>	<i>Physical Health Lead</i>	<i>Physical Health Lead</i>	<i>Marieband.nhs.net</i>
What is the aim or objective of this activity?	<i>Review of operational policy</i>		
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc...</i>	<i>Trust Staff, patients, carers and other organisations.</i>		

15. Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Referrals are accepted for young people over the age of 17.5, as the CAMHS services are better able to meet the needs of young people. The policy permits joint working with the CAMHS Team to meet the needs of the patient if they are pregnant.</i>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Patients with any disability that meet the service referral criteria will be offered an assessment and intervention in accordance with their needs. The Lead Professional will work alongside other agencies as appropriate. The needs of patients with restricted mobility will be taken into account when booking appointments, ensuring their individual needs are considered. Assessment of communication needs will be carried out at initial assessment and every effort will be made to address these needs to ensure that assessment and intervention carry be carried out effectively.</i>

Equality Group	Potential for positive impact	Neutral impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Gender Reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>This policy sets out a framework of service delivery for patients regardless of any gender reassignment.</i>
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>This policy sets out a framework of service delivery for patients regardless of their marital status.</i>
Pregnancy & maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>This service is a specialist service for women who are in the antenatal and postnatal period.</i>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>This policy sets out a framework of service delivery for patients regardless of race. Interpreting and Translation services are provided for Worcestershire Health and Care NHS Trust.</i>
Religion & belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>This policy sets out a framework of service delivery for patients regardless of religion or beliefs.</i>
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>This service is a specialist service for women who are in the antenatal and postnatal period.</i>
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>This policy sets out a framework of service delivery for patients regardless of sexual orientation</i>
Additional Impacts <i>(What other groups might this activity impact on? e.g. carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

17. Level of impact

18. If a potential negative or disproportionate impact has been identified from this activity:

	Yes	No
Could this impact be considered direct or indirect discrimination?		X
If yes, how will you address this?		

19. If the impact could be discriminatory, please contact the Inclusion Team to discuss actions

	High	Medium	Low
What level do you consider the potential negative impact to be?			

20. *If the negative impact is high, a full equality impact analysis will be required*

21. Action Plan

How could you minimise or remove any negative impact identified, even if this is rated low?

How will you monitor this impact or planned actions?

Future Review Date: November 2020

23. Once completed, please attach this form to the relevant proposal, strategy, policy etc and submit for approval via normal channels