

Referral to Community Perinatal Mental Health Team

Guidance notes

- If there are ANY questions or concerns related to the appropriateness or urgency of a referral then please:
 - Review **Referral Criteria** below
 - Contact the **Perinatal Advice line** for Professionals (☎ 0141 211 6500) to obtain clinical advice and discuss referrals with an experienced clinician every weekday (except Wed) 9:30am to 12:30pm

Please complete all sections where appropriate and email the referral to:

✉ perinatalmentalhealth.servicereferrals@ggc.scot.nhs.uk

Level of urgency - only select one box	
<input type="checkbox"/> Routine	We expect to see patient within 4-6 weeks
<input type="checkbox"/> Soon	We expect to see patient within 2 weeks
<input type="checkbox"/> Urgent	We expect to see patient within 48 hours depending on clinical need.
All URGENT referrals MUST be accompanied by a telephone discussion on the same day of referral (Mon-Fri 9am-5pm)	

Patient Details		General Practitioner	
CHI		Name	
Full Name		Address	
Address			
Mobile			
Landline		Telephone	

Referrer Details			
Date of referral		Referrer Name	Referrer Job title
Referrer telephone number		Referrer Address	
Is patient aware of referral?			
Is an interpreter required?		If so, which language?	

Obstetric history			
Current obstetric status		Number of previous pregnancies	Number of children
Antenatal		Postnatal	
Maternity hospital		Name of baby	
Est. delivery date		Date baby born	
Intends to breastfeed ?		Currently breastfeeding?	
Have you referred this patient to either:		<input type="checkbox"/> 1) MNPI OR <input type="checkbox"/> 2) Wee Minds Matter?	

Reason for referral

Current mental health symptoms

Relevant history including previous mental health symptoms

Psychiatric history			
Is patient currently open to mental health services?		If yes, please provide details of caseload holder/team	
Psychiatric diagnosis and history		Current medication	
Current alcohol or drug use			

<p>RED FLAGS</p> <ul style="list-style-type: none"> Recent significant change in mental state or new symptoms New thoughts or acts of violent self-harm New and persistent expressions of incompetence as a mother or estrangement from baby 	<p>AMBER FLAGS</p> <ul style="list-style-type: none"> Past history of psychosis FHX of bipolar or postpartum psychosis Personal and familial patterns of occurrence of postpartum mental disorders
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Perinatal risk factors			
Does the patient have a PERSONAL HISTORY of		Does the patient have a FAMILY HISTORY of	
Bipolar Disorder?		Bipolar Disorder?	
Postpartum Psychosis?		Postpartum Psychosis?	
Other Psychotic Disorder?			
Severe Depressive Disorder?			

Additional risk factors	
Current risk to self (eg. thoughts of suicide/DSH; self neglect)	
Current risk to others (eg. thoughts of harming child/children)	
Current risk from others	
Details of risk to self/others/from others	
If answered YES to above, has there been a referral to social work for safeguarding measures?	
Current Alerts (incl. Child protection, Adult Support & Protection, forensic history)	

Details of professionals currently involved (name, location, contact details)			
Midwife		Obstetrician	
Health Visitor		Social Worker	
Other			

Referral criteria

- Referrals to the Perinatal Mental Health Team are accepted for professionals involved in the care of woman during pregnancy and within 12 months of delivery where a woman has a moderate or severe mental health disorder or is at high risk of serious postpartum illness.
- Referrals are also accepted for women contemplating a pregnancy who have a diagnosis of psychotic disorder or previous postpartum psychosis.
- The PMHS acts as a 'one stop shop' – maternity services should refer where appropriate even if the woman is already known to other mental health services. The PMHS will liaise with the woman's existing service about ongoing care.
- Women with primary addiction problems should be referred to their local Community Addiction Team in the first instance.
- Women under 18 years of age should be referred to CAMHS in the first instance.
- **Note:** sudden changes in mental state in late pregnancy or the early postpartum period should always be taken seriously.

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Pre-pregnancy

Pre-existing bipolar disorder	Refer to PMHS
Pre-existing schizophrenia	Refer to PMHS
Previous postpartum psychosis	Refer to PMHS

Pregnancy

Pre-existing bipolar disorder	<ul style="list-style-type: none"> • Refer to PMHS
Pre-existing schizophrenia or other psychosis	<ul style="list-style-type: none"> • Refer to PMHS
Previous postpartum psychosis	<ul style="list-style-type: none"> • Refer to PMHS
Current suicidality, psychosis, severe depressive, severe anxiety or severe obsessive-compulsive symptoms, eating disorder	<ul style="list-style-type: none"> • Refer to PMHS
Previous inpatient mental health care	<ul style="list-style-type: none"> • Refer to PMHS for casenote review
Mild to moderate depression or anxiety	<ul style="list-style-type: none"> • Refer to GP/Primary Care Mental Health Team, <i>unless (i.e., refer to PMHS if)</i> <ul style="list-style-type: none"> • 1^o relative with bipolar disorder or postpartum psychosis • significant change in mental state in late pregnancy
Family history of bipolar disorder in first degree relative	<ul style="list-style-type: none"> • In absence of personal illness, ensure close monitoring by maternity and primary care. Refer if any change in mental state in late pregnancy.

Postpartum

Current suicidality, psychosis, severe depressive, severe anxiety or severe obsessive-compulsive symptoms, eating disorder	<ul style="list-style-type: none"> • Refer to PMHS
Mild to moderate depression or anxiety	<ul style="list-style-type: none"> • Refer to GP/Primary Care Mental Health Team, <i>unless (i.e., refer to PMHS if)</i> <ul style="list-style-type: none"> • 1^o relative with bipolar disorder or postpartum psychosis • Significant change in mental state in early postpartum • Significant interference with mother-infant relationship
Family history of bipolar disorder in first degree relative	<ul style="list-style-type: none"> • In absence of personal illness, ensure close monitoring by maternity and primary care. Refer if any change in mental state in early postpartum.