

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service name	<p>Perinatal and Maternal Mental Health Service</p> <p><i>(previously called Specialist Community Perinatal Mental Health service)</i></p>
Service specification number	<p>01/MRFH/0009 v3 <i>(from 01 April 2023)</i></p> <p><i>(v2 January 2016 – March 2023)</i></p>
Population and/or geography to be served	<p>Service Users registered with a GP in Dorset.</p> <p>Acceptance criteria</p> <p>The service undertakes the assessment, care and treatment of</p> <ul style="list-style-type: none"> • Service Users who develop moderate to severe/complex mental health illness difficulties directly arising from, or related to, the maternity experience up to two years postnatally • Service Users with a pre-existing serious complex mental illness who become pregnant • Service Users who are well but at risk of developing a serious mental illness following delivery • Pre-pregnancy advice and assessment for high-risk Service Users (i.e. those on mood stabilising or antipsychotic medication, or with a history of bipolar disorder, schizophrenia or postpartum psychosis) • Pregnant Service Users with a personal or family history or bipolar affective disorder or postpartum psychosis • Pregnant or postnatal Service Users who develop a complex/moderate or severe mental illness • Previous perinatal mental illness treated by psychiatric services • Service Users with other serious non-psychotic illness that severely impact on daily functioning and care of baby • Medication advice for pregnant or breastfeeding Service Users who are prescribed psychotropic medication for psychiatric purposes • Service Users within 9 months of childbirth with any of the above illness or within 24 months for Service Users experiencing mental health difficulties directly arising from, or related to, the maternity experience. Service Users referred outside this timeframe will be discussed on an individual basis. • Where a pregnant or postnatal Service User is already open on the caseload of mental health services, the Perinatal Mental Health Team can offer joint management, as appropriate to the Service User's

	<p>needs. This could include co-working with existing team or perinatal service team taking over full care, following agreement with the Service User and current team/professional involved.</p> <ul style="list-style-type: none"> • Any Service User who is admitted to a regional mother and baby unit with a perinatal illness will be seen by the Perinatal Mental Health Team on discharge. • Service Users with tokophobia, birth trauma or PTSD relating to the maternity experience <p>Exclusion criteria Service Users under the age of 18 should be discussed with Child and Adolescent Mental Health Services in the first instance and where appropriate there will be a consultation or joint working with the Perinatal Mental Health Team.</p>
Service aims and desired outcomes	<p>The service will treat moderate/complex and severe mental illness in the perinatal period and support the development of an effective parent infant relationship to maintain the infant's mental wellbeing, as well as introducing a significant expansion of resources developing a cohesive model based on a multidisciplinary team working approach meeting the aspirations of the Long Term Plan and introducing a new maternal mental health service, establishing new roles, bridging gaps and increasing the range of services across the maternal mental health pathway.</p> <p>It will provide an integrated model with consultation and support for services across the whole reproductive pathway to two years postnatally enabling increased amounts of Service Users and their families to receive timely, evidence-based interventions whilst reducing pressures on other agencies.</p> <p>The Dorset Perinatal Mental Health Service is a well-established multidisciplinary team comprising of psychiatrists, psychologists, and a psychotherapist, nursery nurses, Occupational Therapists, social worker and care coordinators which provide a range of interventions to women across the county. These can be delivered in the home, remotely or in a clinic setting. Expansion of this service to include Maternal Mental Health will allow the knowledge, skills and confidence of Staff working across the maternal mental health pathway to be increased, closer working relationships between services to be developed and clearer referral pathways to be put in place. It will create posts that build strong links across services and address concerns over referral criteria and eligibility thresholds.</p> <p>The overarching aims are:</p> <ul style="list-style-type: none"> • All families with mental health needs are identified at any stage of the pathway enabling early recognition, intervention, diagnosis and prevention. • All services within the perinatal mental pathway work cohesively and collaboratively.

	<ul style="list-style-type: none"> • The workforce is skilled and knowledgeable in the identification and assessment of mental health needs of families. • Families are safeguarded through the perinatal mental health pathway. • All Service Users of reproductive age with a current or previous serious mental illness have access to advice and information on the risks of pregnancy and childbirth on their mental health and the health of the foetus/infant, including the risks and benefits of psychotropic medication. • Deliver a timely service to meet the requirements of mothers and infants in a community setting without undue delay, maintaining and promoting good mental health throughout their pregnancy and the following 2 years. • All Service Users are supported in the community safely and effectively avoiding unnecessary admission. • All health professionals can access timely advice and appropriate information in relation to perinatal mental health • Service Users who have experienced trauma relating to the reproductive process receive timely, relevant care • Service Users who have tokophobia are offered specialised care and treatment • The NHS' Long Term Plan targets are met with the expansion of current services and introduction of new services
<p>Service description and location(s) from which it will be delivered</p>	<p>Maternal Mental Health</p> <p>The Maternal Mental Health Service (MMHS) will identify and assess moderate to severe/complex mental health difficulties associated with loss and trauma occurring in the maternity/perinatal/neonatal context (including parent-infant relationship), and provide consultation/advice, signposting and/or offering targeted interventions to those whose needs would not be well met in other services. For example, those individuals experiencing moderate-severe/complex mental health difficulties following perinatal loss who currently are not eligible for perinatal mental health services.</p> <p>There will also be increased resources allocated to low-moderate mental health needs in the form of online input, yoga, relaxation and mindfulness classes as well as improved questioning around mental wellbeing by practitioners, raising awareness and reducing stigma, and easier access to those resources encouraging early intervention and timely treatment.</p>

Perinatal Services

During the hours of operation the Service will:

- Assess and manage Service Users experiencing moderate to severe/complex mental health difficulties directly arising from, or related to, the maternity experience mental illness in the community. Following assessment this may include taking on a lead clinician role or co-working with existing secondary care service/CMHT up to two years postnatally.
- Service Users discharged from inpatient mother and baby units will be supported and cared by the Perinatal community mental health team.
- Offer pre-conception counselling to Service Users with pre-existing serious mental health illness and those who are well but at high risk of a postpartum condition.
- Referrals will be received and reviewed by the multi-disciplinary team three times a week to ensure Service Users are seen by the most appropriate service.
- Provide a day duty service, delivered by a perinatal clinician who will triage, signpost, give advice, accept referrals and co-ordinate emergency response as required, which at times will include working closely with psychiatric liaison, crisis resolution home treatment teams. The duty system to operate Monday to Friday 8 hours a day and times of operation should be flexible to reflect local need.
- Run joint clinics with midwifery services
- Provide education and training for professionals (midwives and health visitors, GP's, CPNs etc.) who work as part of the perinatal mental health pathway so that they develop the skills and knowledge to assess mental state and refer appropriately and or to provide lower level support as needed.
- Provide evidenced based interventions to treat maternal mental health – these may include; medication, CBT, Interpersonal therapy, DBT, Trauma focussed therapy, Compassion focus Therapy, Family work, Occupational therapy, CAT, ACT, EMDR.
- Provide evidence-based interventions to promote the parent Infant relationship and optimise Infant mental health, these may include: Baby massage, Baby yoga, New Born Behavioural Observation system, VIG, CARE Index, Gro-brain, Meaning of the Child, Parent infant psychotherapy.
- Assess the needs of Dads and partners signpost for carer's assessment and or carers support.
- Where there is a serious mother infant or parent infant concerns continue to provide intervention and support up until the infant is 24 months for existing clients, where there is still a clinical need

	<p>Access to mental health assessment and intervention will be provided 24 hours per day and 7 days per week either via Connection Service, Access Mental Health, Psychiatric liaison or Crisis home treatment team.</p> <p>Mother and Baby Unit The Service shall ensure a close integrated working relationship between the community team and inpatient, mother and baby unit (commissioned by NHS England). The close integration includes the allocation of a lead professional upon admission to the unit who will then continue to provide the care co-ordination in the community upon discharge.</p> <p>Referral processes The Service shall ensure an open referral process where referrals can be made by a number of different sources including:</p> <ul style="list-style-type: none"> • GP • Families • Community MH Teams • Social Care services delivered by the Local Authorities • Midwives • Health visitors • Service Users <p>There will be a centralised online referral form available through the perinatal webpage and Dorset Maternity Matters. There will also be a telephone line available for those who cannot access the internet. All referrals will be screened and/or triaged through a daily duty system and the tri-weekly multi-disciplinary team, and a care plan constructed which might include acceptance into the service or signposting or a referral to another support service. Each referral will be assessed on its own merit in order to deliver a personalised service that meets the individual's needs. Where a Service User is unable to engage with the service a risk assessment will be carried out and where appropriate referral to other agencies will be made.</p> <p>Response times and prioritisation The following timescales will be allocated to referrals:</p> <ul style="list-style-type: none"> • Emergency Referrals within 4 Hours • Routine Referrals within 28 days <p>Discharge Every Service User discharged from the Service will have a discharge plan in place, which may include referral to other services</p>
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