



**Healthy London
Partnership**

NHS

**London
Clinical Networks**

Pan-London Perinatal Mental Health Networks

**Perinatal Mental Health in IAPT Services:
Improving Screening, Data Capturing and
Pathways**

Published: January 2019

Effective date: January 2019
Due for review: January 2020

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Background

As many as one in five women experience emotional difficulties during pregnancy and in the first year after their baby's birth. It is common for pregnant women and new mothers and partners to experience anxiety, depression or emotional distress about the new change in their lives. Many perinatal women and their partners in need of low-intensity psychological intervention across the country are seen by Increasing Access to Psychological Therapy (IAPT) services to address these emotional challenges.

The London Perinatal Clinical Network undertook a scoping project exploring perinatal provision within London IAPT services. Focus groups and workshops were held with IAPT services and various other partners over a six month period. The purpose of the project was to gain a thorough understanding of what is currently offered for perinatal women in IAPT services, including the current pathways, and how data is captured.

As a result of the information gathered within the data collection and focus groups, this document has been written to support IAPT practitioners in screening women and their partners in the antenatal and postnatal periods. The document outlines how to effectively capture access data and to implement improved perinatal pathways within IAPT services.

It is important to note that IAPT services have varying degree of provision and capacity, which may affect the implementation of outlined recommendations. The below suggestions are intended to be used as a best practice guide in conjunction with standard clinical practice.

About this document

This document has been produced by the Healthy London Partnership (HLP) Mental Health Transformation Programme in partnership with the Mental Health Clinical Network (London Region).

HLP was formed in May 2015 is a collaboration between London's 32 CCGs and NHS England (London Region) to deliver the [Five Year Forward View](#) and [Better Health for London](#). We aim to work with a growing community of people and organisations across London to make it the healthiest global city in the world by 2020.

The NHS England the Mental Health Clinical Network (London Region) provides clinical expertise and leadership to the programme.

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A special thanks to all of the practitioners, service managers and data managers who contributed to this document through focus groups, workshops and data requests.

Triage and Screening

A review of current screening processes across London's IAPT services was undertaken to identify how women in the perinatal period are triaged for treatment. Results showed extensive variation in screening questions and approaches to capturing and recording data.

In order to ensure women in the perinatal period are identified at the earliest possible stage, it is recommended that the following question is asked to all women of childbearing potential aged 18-50 years: **“Are you pregnant or have you had a child in the last 12 months?”** This question should be included on all referral forms (self, online and professional) and captured during initial screening.

IAPT services have different processes for screening and assessment therefore it is not clinically appropriate to prescribe what questions should be asked. However, the review highlighted the questions below and recommends they are available for use in routine screening and/or assessments. The intention is for the assessor to use these questions to facilitate conversations with women, not as a prescriptive list of questions, and the frequency of asking questions will be dependent upon the individual case.

Perinatal questions for consideration in IAPT triage and screening

Antenatal:

Information about pregnancy:

- Are you pregnant or have you had a child in the last 12 months? Is this your first pregnancy?
- Was this a planned pregnancy (including method of conception e.g. IVF)?
- What is your estimated due date (EDD)?
- How are you coping with pregnancy so far? (e.g. any sickness, pelvic pain, gestational diabetes)
- Do you have any worries about your pregnancy? (Checking baby's movements excessively, feeling disconnected, etc.)

Information about previous pregnancies:

- Were there any complications in a previous pregnancy? Previous miscarriages or stillbirth? Traumatic birth?
- Did you experience any mental health difficulties in the antenatal or postnatal period? PND/Anxiety? Did you receive any support?

Support and preparation for baby:

- Who is around during pregnancy to support you? E.g. partner*, family, friends.
- What preparations have you made for the birth? E.g. hospital bag, items for the baby.

Post-natal

- How has the pregnancy/childbirth been? Any complications? Any traumatic experiences? (Look for symptoms of post-traumatic stress disorder such as frequent thoughts/images of the birth, flashbacks, nightmares, avoiding reminders of the birth)
- Are you in contact with your midwife/health visitor? Ask for the names of these professionals and how often they have been seeing them.
- Do you know about your local children's centre? Have you been there?

Bonding/mother baby relationship:

- What is it like being at home with your baby? How is your baby fitting in with the family? Are things similar or different to what you expected?
- Do you have any concerns about your baby?
- Are you experiencing any difficulties bonding with your baby?
- Do you feel your difficulties are impacting on your ability to care for your baby/children (feed, dress, get to school, etc.)?
- Do you ever feel as though you can't cope, or feel distanced or estranged from your baby? How persistent are these feelings?*

Adjusting to being a parent:

- Do you have support from a partner or extended family?
- Are you able to get any breaks or take time for yourself?
- Have you been eating regularly, managing to sleep and staying active?
- How are you feeling about the changes to your body shape or weight?
- How is your physical health?
- Has there been an impact on finances/housing etc.
- Do you feel you need more support?

Risk questions, in addition to routine risk screening*:

- Do you feel angry or irritable towards your baby or your other children? Do you worry about this?
- Have you ever had thoughts of harming or hurting your child (explore difference between intrusive thoughts and intentional thoughts of harm)?

Mental health history:

- If there is a history of previous or current severe mental illness or severe postpartum mental illness in a first degree female relative (mother or sister), refer to a specialist community perinatal mental health team.
- Do you give consent to share your information with other professionals?

**Notes - Domestic abuse increases in pregnancy. Women in the perinatal period are more likely to choose a violent method for suicide. Persistent expressions of incompetency as a mother or estrangement from the infant are red flags.*

Data Capturing and Recording

The review highlighted substantial variation in the way perinatal mental health data is captured and recorded across London IAPT services. Key results from a baseline data collection and qualitative analysis showed that:

- Electronic data management systems in some services were not tailored to capture perinatal access data, containing no labels or indicators identifying women, or their partners, in the perinatal period
- Inaccuracies in recorded data due to variation in timings of when data is captured or current restructuring of services
- Services without a named data analyst or manager were unable to, or had difficulties in, retracting access data
- There is currently no capability within electronic data management systems to record responses to screening/triage questions.

To ensure access and recovery data is accurately and consistently captured across IAPT services, the following data standards are being recommended:

- Data management systems are updated to capture:
 - Number of perinatal women referred to IAPT service
 - Number of perinatal women accepted into service
 - Number of perinatal women who have completed* treatment by month
- The above access data should be included in current systems of data review and analysis in order to assess gaps and develop an understanding around access, treatment and completion rates.
- Services to develop local plans for embedding agreed perinatal screening and triage questions within data management systems, including dad/partner questions.

****Definitions (in accordance with national standard IAPT metrics):***

<p>Accepted (entered treatment): A first treatment appointment (assessment) recorded in the period.</p>	<p>Recovered (completed): At least two attended treatment appointments during the referral. Follow-up appointments do not count, since these should take place after the end of a course of treatment.</p>	<p>Perinatal period: Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child.</p>
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Recommendations for Improved Perinatal Pathways

The following recommendations have been developed in order to implement improved pathways for perinatal women accessing IAPT services.

1. IAPT services to have a clear information sharing processes with partner organisations (midwifery, health visiting, children’s centres, perinatal mental health services).

2. To aim for attendance at specialist perinatal multi-disciplinary meetings.
3. IAPT services to consider level of service provision and signposting for dads and partners, through various channels including leaflets and support groups.
4. To establish perinatal mental health training needs and plan for all Step 2 and Step 3 clinicians. To consider sharing training with partner organisations.
5. IAPT services to have access to perinatal specific supervision.
6. To encourage further development of evidence based perinatal interventions and provision.

Please see appendix for sample perinatal mental health pathway.

Appendix: Sample Perinatal Mental Health Pathway in IAPT Services

The below diagram outlines a perinatal pathway for an IAPT service based in North West London. It is intended to share with readers an example of good practice in relation to perinatal mental health offer for women and their partners.

IAPT: Sample Perinatal Mental Health Pathway

