**Essex Perinatal Mental Health Service**

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| **Is this referral (please see Severity Guide at end of form)** |
| [ ] URGENT (please phone the team) | [ ] ROUTINE |
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| **Area** |
| [ ] South East Essex | [ ] South West Essex |
| [ ] North East Essex | [ ] Mid Essex |
| [ ] West Essex |  |

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| **Referrer details** |
| Name: |  |
| Agency: |  |
| Contact Number: |  |
| Email Address: |  |
|  |
| **Has the patient consented to the referral and being contacted by PNMHS** [ ] Yes [ ] No |
| (this can be via text/ telephone or letter and it will be from withheld number) |

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| **Patient Details** |  | **Antenatal Referral** |
|  |  |  |  |  |
| Name:Preferred Name: |  |  | EDD: |  |
|  |
| DOB: |  |  | Gestation: |  |
| Contact no: |  |  | Gravida/Parity: |  |
| Address: |  |  | Any previous losses:  |  |
|  |  |  | Community Midwife: |  |
|  |  |  |  |  |
| NHS No:Ethnicity: |  |  | DOB (Baby): |  |
| Interpreter required? |  |  |  |  |
| Remedy/Mobius number: *(If known)* |  |  | Health Visitor: |  |
| **GP Surgery:** |  |  | Other agencies involved: |  |
|  |  |  |  |  |
| **Reason for referral** |
| [ ] Tokophobia (fear of childbirth) |
| [ ] Prescribing advice in pregnancy and breastfeeding (for valproate treat as urgent and phone in) |
| [ ] Preconception counselling – *for valproate please refer to local FRT/AAT* |
| [ ] Moderate – severe mental illness: | [ ] Current | [ ] Past | [ ] Both |
|  |  |  |  |  |
| [ ] Depression | [ ] Anxiety | [ ] PTSD | [ ] OCD | [ ] Personality disorder |
| [ ] Bipolar affective disorder | [ ] Schizophrenia/Psychosis |
|  |
| [ ] Family / Personal history of Bipolar affective disorder or post-partum psychosis |
| [ ] Other (please describe) |

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| **Risk:** | [ ] Self (self harm / suicide) | [ ] Others | [ ] Baby |
|  | [ ] Vulnerability | [ ] Self neglect | [ ] Exploitation |
| Please describe in detail: |
| **When Perinatal red flags are present please consider urgent referral /discussion with our team and CRHT** • Recent and significant mental state change/ sudden fluctuation and deterioration in mood • New thoughts/acts of self harm or harm to others ( baby in particular)• Estrangement from infant/ inadequacy as a mother • Thoughts / acts of absconsion • Previous history of suicide /self harm |
| **Additional Risk Factors:** |
| [ ] **Substance Misuse** | [ ] Current | [ ] Past |  |
| *Substance Details* | *Type:* Click here to enter text. | *Amount:* Click here to enter text. |  |
| [ ] **Learning Disability** | [ ] <18 year old |
| [ ] **Social Situation** | [ ] Unemployed | [ ] Financial difficulties  | [ ] homeless |
|  | [ ] Isolated | [ ] Communication issues |
| [ ] Medical problems |  |
| [ ] Other |  |
| **Current treatment and support in place** |
| Current Medication: |  |
| Primary Care Treatment prior to referral: |  |
| ***(For women with mild- moderate depression/anxiety first step treatment as per CG 192 should be tried ie first line medication and IAPT/enhanced HV support ( post-natal) or additional Children social care support if appropriate /other 3rd sector agencies)*** |
|  |  |
| **Other agencies involved**  |
| Adult Community MHT: | [ ] Care Coordinator | [ ] Psychiatrist |
| Children Social Care: | [ ] CIN Plan | [ ] CP Plan |  |
|  | [ ] Under assessment | [ ] Unknown |
| Adult Social Care: | [ ] MARAC | [ ] MAPPA |  |
| Other: (ie Substance misuse, eating disorder, 3rd sector, etc) |  |
| Family / Friends Support: |  |

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| **Scores – Routine Questionnaires** |
| **EPDS** *Insert Score* | **GAD 7** *Insert Score* |
| **PHQ 9** *Insert Score* | **Other** *Insert Score + Specify Questionnaire* |

**Severity Guidance**

Please use this as a point of reference for urgent and moderate to severe referrals please phone in the office to discuss with our duty worker.



**Area of referral/contact details**

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| **North Hub** Perinatalteam@nhs.netSpecialist MH Midwife (Mid Essex)Amy Harrington Mandy Ward*Tel: 01245 513251*Sue Calahan (NE )01245315637 | NE – Colchester Hospital WE Princess Alexandra hospital Mid – Chelmsford |
| **South Hub** Perinatalteam@nhs.netSpecialist MH Midwife Vicky Stewart ( Basildon, Thurrock, Brentwood)Frances Jory ( Southend , Castlepoint, Rochford)01702538170 | Southend Hospital Basildon Hospital |