

Applied Skills in Perinatal Mental Health Assessment and Care

LESSON NOTEBOOK

Module 3 | Lesson 2

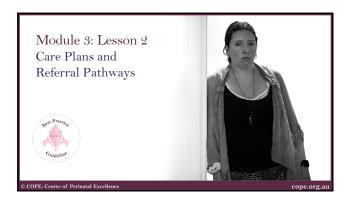
Care Plans and Referral Pathways





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Lesson 3 Overview

- 1. Care plans
- 2. Referral pathways
- 3. MBU
- 4. Other support services
- 5. eCOPE Directory
- 6. Additional referral considerations
- 7. Case studies

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Barriers to Accessing Services

- · Lack of awareness of condition
- Shame/stigma
- Availability of services
- Accessibility of services

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Role of Care Plans

- 1. Care and treatment
- 2. Roles of health professionals
 - Co-ordinating the integrated care plan
 - Monitoring schedule
 - Providing interventions
 - Agreed outcomes

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Care Plans

- Responsibility of health professionals
 - Awareness of responsibility
 - Effective communication
 - Mental health accounted for
 - Timely interventions

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Benefits of Care Planning

- ✓ Improve quality of care
- ✓ Improve efficiency in care provision
- ✓ Support service integration
- ✓ Targeted and informed interventions
- ✓ Enhance transmission of clinical information
- ✓ Interdisciplinary insight and cross-pollination

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"The human, clinical and financial case for ensuring women have access to timely and effective mental health care during the perinatal period is clear and compelling."

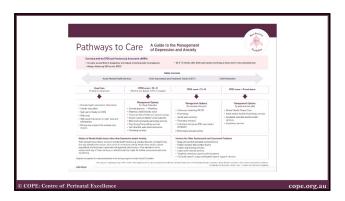
NHS (2018)

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Benefits of a Care Plan Supports wholistic care Addresses complexities of perinatal period Quality care plans: Developed in collaboration with other professionals Developed with the family Guided/informed by the patient





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Factors to Explore · Work and career • Support networks • Exercise • Relationships role division etc • Eating well • Finances • Sleep • Other children • Friendships • Coping with illness • Other life interests/hobbies Preconception Planning • Contraception use and pregnancy plans • Impact of pregnancy/childbirth on mental health condition and relapse • Treatment impact on woman, the fetus and baby • Treatment impact on parenting Patients with Severe Mental Illness Preconception planning Importance of contraceptionEffects of medication on fertility - Risks of relapse if medication modified/ceased Complexities are raising children

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Pharmacological Considerations

- Seeking advice preferably from a specialist
- Medication with the lowest risk profile
- Minimal dose

Nice (2015)

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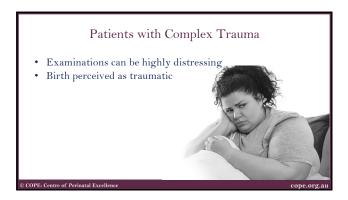
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Pharmacological Considerations

- Risks versus benefits of each treatment
- Previous response
- Risk of harm to the woman and the fetus
- Possibility of relapse
- Risks/harms to the woman and the fetus
- \bullet Need for prompt instigation of treatment and monitoring
- Risk of harm associated with stopping/changing a treatment
- Medication side effects

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Birth

- Birth plans
- Vaginal bleeding
- Constipation and hemorrhoids
- Episiotomy
- Caesarean birth
- Nursing and breast care
- Sexual intercourse and contraception

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Ready To COPE

- Preparing for birth
- Expectations surrounding birth
- Recovering from birth
- When birth doesn't go to plan
- Birth trauma and PTSD
- Getting help

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Postnatal Care Plans

- · Elements of postnatal care planning:
 - What plan looks like
 - Who is involved
 - Which services
 - How services communicate
 - Who is co-ordinating

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Care Plans - Severe Mental Illness	
What if mental health hospitalisation required? Impact on family?	
Who will make plans and contingencies?	
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Severe Mental Illness	
Multidisciplinary approach essential	
• Include baby	
Health professional training	
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Postnatal Care Plans – Severe Mental Illness	
 Involvement of specialist PMH Service Involve collaboration with woman 	-
Involve conaboration with woman Involve partner, family or carer (if permitted)	
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Care Plans Severe Mental Illness

- Statement of jointly agreed treatment goals and outcomes
- Referral to specialist perinatal mental health services
- Names and contact details of key professionals

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Reasons to Refer

- \bullet Recognition of practitioner knowledge
- Collaborative care
- Biopsychosocial factors
- 'Stepping up'
- Practitioner self-care

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Referrals

- Maternity care
- Perinatal specialists
- Perinatal psychiatric services (MBU)
- Allied health professionals
- Early parenthood services
- Infant mental health
- Relationship/couple counselling
- Infertility counselling
- Grief and loss
- Community supports

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Facilitating Referral

- · Provide support and guidance
- Remain patient
- Encourage take-up and provision of support

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Early Postnatal Period

- · Relapse of Severe Mental illness is common
- Hospital admission may be required
- Mother-baby units preferred setting
- Provide mental health treatment and support with the baby

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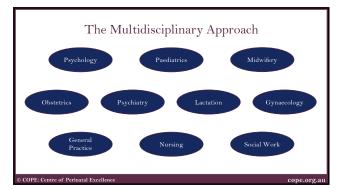
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The Multidisciplinary Approach

- Perinatal Psychiatrist
- General Practitioner (GP)
- General Fractitioner (GF)
- Obstetrician
- Midwife
- Child and Family Health Nurse (MCHN)
- Social worker
- Lactation consultant
- Paediatrician
- \bullet DV support services
- Department of Community Services (DOCS)

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Types of Support Online Telephone Peer to Peer Face to Face groups





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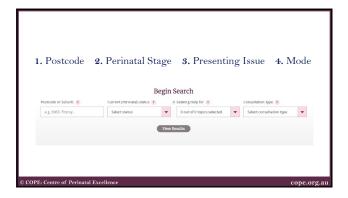






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eCOPE Directory

Health Professional:

- ✓ Assess competencies against COPE Matrices
- ✓ Provides avenue to have qualifications recognised
- ✓ Platform to inform others of your service

Consumers:

- ✓ Enables identification of those with interest and expertise
- ✓ Search by specific criteria
- ✓ Gives level of confidence

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Socio-cultural Informed Care

- Housing/living situation
- Transportation
- Race and ethnicity
- Cultural identity
- Cultural humility
- Poverty

- Language
- Gender identity
- Religion and Spirituality
- Disabilities
- Immigrant status

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Child Protection Referral

- · What is the diagnosis?
- · Secondary consultation
- Access to support network
- Risk assessment
- Preparation
- Refer to mandatory reporting guidelines
- Be up-to-date with mandatory reporting legislation
- Therapeutic impacts

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Lesson 3: Recap

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