

Perinatal Wellbeing Service

A simple GP referral process with 24/7 support

We have a simple process for GPs who would like to refer a patient, and our GP enquiry team can support you with any queries that you may have.

To make an online referral, visit priorygroup.com/gp-referral

The treatment that is offered across our wellbeing centre network varies. To discuss which Priory facility offers this specialism, please contact us today:

Call our 24/7 GP support line on 0800 090 1354

Email priory.referral@nhs.net

Fax 0844 770 6206

For more information visit priorygroup.com/gp

Referrer guidance

- + Mental health problems during pregnancy and the postnatal period are extremely common. 1 in 5 mothers suffer from depression and/or anxiety and in rarer cases psychosis, during pregnancy or in the first year after childbirth. Such problems may go unrecognised and untreated and symptoms can continue for many years, having a detrimental effect on the whole family. Furthermore, up to 10% of fathers will also suffer from postnatal depression. Depression is the most prevalent mental illness; approximately in 10-14% of mothers and this is likely to be mild to moderate. Other common disorders include adjustment disorders, anxiety, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) triggered by pregnancy or birth.
- + There is a high degree of psychological and psychiatric morbidity associated with IVF treatment and on the other hand with traumatic births and bereavement
- + Mental health problems not only affect the health of parents but can also have long-standing effects on children's emotional, social and cognitive development
- + Great care is required when weighing up the benefits of medicating a woman's illness to avoid relapse and the risk of teratogenicity. Additionally, care must be given when prescribing to breast-feeding mothers. Psychological interventions and safe medication management are of particular importance in this patient group
- + Early intervention is particularly important with these disorders as they can lead to high levels of morbidity

Goals of assessment and treatment

- + To clarify diagnosis and rule out comorbidity
- + Assist in early detection of common psychological disorders such as adjustment, PTSD, mood and anxiety disorders and to reduce their adverse effects
- + Improve women and family functioning and their ability to enjoy this particular phase of their life
- + Enhancing quality of life
- + To address difficulties in the development of relationships during this stage of life
- + To prevent relapse and teach useful skills for future life stressors
- + To cope better with difficult times, exhaustion, social isolation and losses

Referral criteria	<ul style="list-style-type: none"> + Low mood, distress or anxiety when considering a pregnancy, during pregnancy or after the birth of a baby + Review of antidepressant medication during the perinatal period + Preconception advice + Distress and anxiety of low mood related to IVF treatment + Adjusting to a new baby + Father's and couple's difficulties to adjust to a new baby + Anxiety in close family members and requesting preventative treatment of family therapy + Difficulties with bonding and attachment + Bereavement and birth trauma + EXCLUSION CRITERIA: Patients with psychotic symptoms or a history of severe and enduring mental illness should be referred directly to other Priory facilities
Evidence base	<ul style="list-style-type: none"> + National Institute for Clinical Excellence (NICE) Guidance: <ul style="list-style-type: none"> - NICE Antenatal and Postnatal Mental Health Quality Standards - NICE (2016) Antenatal and Postnatal Mental Health Quality Standards (QS115) - All relevant NICE guidelines to the treatment of anxiety, PTSD, depression and OCD
Team	<ul style="list-style-type: none"> + Assessment: <ul style="list-style-type: none"> - A comprehensive psychiatric history is taken by a consultant perinatal psychiatrist when required - For distress and adjustment disorders the assessment may be performed directly by a psychologist with specific expertise in this area + Treatment: <ul style="list-style-type: none"> - Will be agreed between the professional/s and the person's preferences for treatment - Psychoeducation as appropriate - Individual cognitive behavioural therapy, family therapy, counselling or psychodynamic interventions, as considered appropriate after an initial assessment - Number of sessions will vary upon presentation and diagnosis - Medication may be considered as an option – would be closely monitored by a consultant perinatal psychiatrist if prescribed 30-minute regular reviews + Relapse prevention: <ul style="list-style-type: none"> - Additional relapse prevention sessions available in future times of stress, with a psychological therapist or a consultant psychiatrist
Time	<ul style="list-style-type: none"> + Diagnosis: <ul style="list-style-type: none"> - Full psychiatric history: 90 minutes including initial recommendations for treatment - Optional additional psychology assessments: 1-2 hours + Treatment: <ul style="list-style-type: none"> - 60 minute session for psychological therapy on a bespoke basis - 30 minute psychiatric reviews of any medication prescribed on a bespoke basis - Number of sessions will vary depending on individual need but can be discussed at the first treatment appointment + Relapse prevention: <ul style="list-style-type: none"> - Individual top up psychological therapy sessions and/or consultant psychiatrist consultations on an individual needs' basis
Process of care	<ul style="list-style-type: none"> + Comprehensive diagnostic assessment + Forming of a therapeutic alliance, psychoeducation and involvement of individuals and partners in choosing treatment options + Psychological therapy and or/medication management (bespoke packages of care are formed depending on individual and family need)
Outcome measures	<ul style="list-style-type: none"> + Individual patient satisfaction questionnaires + HPQ9 and GAD7 + Bespoke measures might be used by individual psychologists, such as the Becks Anxiety Inventory
Options for ongoing care	<ul style="list-style-type: none"> + Further outpatient care + Multiagency communications e.g. obstetric team + Discharge to GP + Transfer to NHS Mental Health Care + Signpost to voluntary sector organisations

Priory offers an extensive number of evidence-based therapy treatments for a range of conditions.

Because every individual is unique we have a bespoke approach to helping people through their most difficult times, offering mental health assessments, individual, group and family therapies. Not all of these interventions will be appropriate or necessary for all people and collaborative tailored treatment options will be explored with referrals at the first assessment. First, we assess and understand the particular needs of a person and then recommend an appropriate course of treatment that is underpinned by clinical specifications based on the latest research and guidance.