Integrated Parent Infant Mental Health Care Pathway

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# Integrated Parent Infant Mental Health Care Pathway

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1.0 Introduction

This document is a guide for all professionals working with parents during pregnancy and the early years. In line with NICE guidance (2014)\(^1\) this includes healthcare professionals, social services and the voluntary/private sectors. The guidance is relevant to all services working within the Stockport Family of Integrated Services and their local partners. It is designed to be used alongside training to promote knowledge and skills in understanding parental mental health and parent-infant relationships. Service managers in Stockport are responsible for ensuring that this pathway is accessible for all staff members. It is every professional’s responsibility to be aware of their role in relation to assessment of parental mental health and the parent-infant relationship and to be familiar with what their own, and other services in Stockport, offer. It should be noted that this document is a live document that will be updated as services grow and develop.

The original pathway was produced in consultation with the Greater Manchester Early Years advisory team and was based on the pathway developed by services in Tameside and Glossop\(^2\). This current version was amended by the Parent Infant Mental Health task group from Autumn 2018 to Spring 2019. It incorporates the Thrive model, includes updated information about local services and providers and is in-line with the NHS Long Term Plan\(^3\).

The Parent Infant Mental Health pathway is informed by the wealth of evidence emphasising the importance of supporting child development and family relationships in the first two years of a child’s life.\(^4\) As the 1001 Critical days manifesto attested, babies cannot wait. This early period of a baby’s life is a key determinant of their future intellectual, social and emotional wellbeing and the economic argument for intervening early is clear.

Many factors may influence family wellbeing and the parent-infant relationship in the perinatal period. These include parental mental health problems, domestic violence, substance misuse, trauma, poverty, social exclusion and a lack of social support. This emphasises the importance of services working together effectively.

The underpinning principles of the pathway are:

- Early intervention and preventing problems from developing or deteriorating
- Promoting effective, evidence-based and timely interventions.
- Working with, and involving, parents and their families in all decisions.
- Ensuring we work with the significant carers in the infant’s life. This includes mothers, fathers, partners and/or others.
- Services working together to coordinate care and share information appropriately
- Effectively safeguarding parents and children and considering the voice of the baby.

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\(^{2}\) Tameside and Glossop Integrated Parent Infant Mental Health Care Pathway (February 2011, 2018)

\(^{3}\) NHS England (2019) NHS Long Term Plan

\(^{4}\) 1001Critical Days Manifesto (Revised 2015).
• A commitment to improve the experience of service users by listening to their feedback and using it to improve the training of staff and development of services.

The updated pathway takes account of new investment in perinatal mental health services across Greater Manchester. Maternal perinatal mental health issues include mild, moderate and severe depression, a range of anxiety disorders, and severe mental illnesses where there are diagnoses such as puerperal psychosis, bipolar disorder, schizophrenia and complex PTSD. There is also growing recognition of the importance of identification of the mental health risks to fathers during the antenatal and postnatal periods and the potential impact it can have on family wellbeing.

Pregnancy can be a time when there are difficulties for mothers with existing mental health problems. The MBRRACE-UK report 2018\(^5\) emphasises the safety of many medications during pregnancy and reinforces the importance of consulting perinatal specialists about treatment plans during this time. The mental health risk for women who become unwell continues to be high with maternal suicide being the number one cause of death in the first year after birth.

The Parent Infant Mental Health Care Pathway has been developed in order to:-

1. Promote good infant and parent mental health for the population of Stockport, in order to promote parent-infant relationships, improve the emotional well-being of children and contribute to improved school readiness.
2. Provide early, comprehensive assessment of parental mental health problems, parent-infant relationship problems and infant mental health concerns appropriate to individual needs, accessible to all who need it and taking into account culture, disability, gender and family structure.
3. Build relationships with clients to enable early identification of mental health issues using evidence based tools.
4. Support collaborative work between agencies
5. Facilitate access to appropriate services

\(^5\) MBRAACE-UK Saving Lives, Improving Mothers’ Care (Nov 2018)
Integrated Parent Infant Mental Health Care Pathway

2.0 Assessment

2.1 Focussing on Parent and Infant Mental Health
It is recommended [NICE Guidance 2014, Better Births, 2016\(^6\)] that in view of parental and infant vulnerability in pregnancy and the first year, all professionals coming into contact with parents should be mindful of their mental health. In line with the NHS long term plan [NHS, 2019] perinatal mental health provision is due to be expanded to include up to 24 months after birth.

This pathway also acknowledges the importance of identifying emotional difficulty in building a relationship with the baby and how that may influence infant mental health. All professionals coming into contact with parents should be mindful of the level of parental reflective functioning and sensitive responsiveness.

Parental reflective functioning is a parent’s ability to think about their baby’s mind, understand their baby’s feelings and imagine what their baby is trying to communicate. Sensitive responsiveness refers to the ability of the parent then to respond appropriately to their baby’s needs.

2.2 History taking
At a family’s first contact with services in pregnancy and the post-natal period, it is important that the following information is gathered. Where the family structure includes dad/partner/significant other, their mental health and wellbeing must be included in the assessment. It is important that red flags and concerns about the parent-infant relationship are monitored throughout pregnancy. Often the person carrying out this assessment will work in primary care e.g. GP, practice nurse, midwife, health visitor. However, all professionals must be aware of these indicators:

- Any past or present mental illness.
- Past or present treatment by a specialist mental health service, including in-patient care, community and voluntary organisations.
- Any severe perinatal mental illness in a first degree relative (mother, sister or daughter) [NICE 2014] or strong family history of mental health problems.

- Red flags in pregnancy include
  - Sudden onset or rapidly worsening mental health symptoms
  - New thoughts or acts of self-harm (especially violent)
  - Persistent feelings of estrangement from baby
  - Persistent feelings of incompetency as a parent
  - Thoughts to harm others

- Any observable concerns about the parent-infant relationship. These include:
  - Talking about not wanting the baby
  - Perceiving the baby in a negative/hostile/distorted way
  - Highly anxious behaviour about baby’s health/ feeding
  - Intrusive care giving
  - Avoidant of contact with the baby

\(^6\) BETTER BIRTHS (2016) Improving outcomes of maternity services in England. A Five Year Forward View for maternity care
• Factors to consider where additional support around the parent-infant relationship may be needed:

• History of loss and/or previous complications in pregnancy/birth eg miscarriage, stillbirth, cot-death, baby with significant additional needs, traumatic delivery etc.
• Baby born early and early separation, cared for on Neonatal Unit
• Previous child has been a looked after child (LAC)
• Parents and babies in the prison system
• Parent-infant relationships in the context of domestic violence
• Where the parent has a history of childhood experience of abuse, experience of PTSD or being in care themselves.
2.3 Asking about Depression, Anxiety Disorders and Potential Difficulties in Relationship with Baby (During Pregnancy, Birth and Beyond)

At a family’s first contact with primary care or the booking visit, and during the early post-natal period, there should be discussion of mental health and well-being. People are often very reluctant to share vulnerabilities at an initial assessment and the ongoing nature of assessment should be noted. The following questions from the PHQ-4 and the question about the relationship with the baby should be asked routinely and can be repeated at multiple visits.

<table>
<thead>
<tr>
<th>Over the last 2 weeks, have you been bothered by the following problems?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feeling down, depressed or hopeless</td>
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<td></td>
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</table>

If the answer is yes to either question 1 or 2 complete the GAD7 (anxiety). If the answer is yes to either question 3 or 4 complete the PHQ9 (depression). If there are any clinical concerns despite the answers being ‘no’ in the PHQ-4, the full PHQ-9 and GAD-7 should be completed. All of these measures can be found in Appendix 14.

Clinical judgement should be used to make decisions about the elements of support a family may need to access. The scores in the tables below can be helpful as an additional guide.

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Interpretation</th>
<th>GAD-7 Score</th>
<th>Interpretation</th>
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<tbody>
<tr>
<td>0-4</td>
<td>Minimal</td>
<td>0-4</td>
<td>Minimal</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
<td>5-9</td>
<td>Mild</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
<td>10-14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderate-Severe</td>
<td>15-21</td>
<td>Severe</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All parents should be asked the following question (Appendix 13)

"Are you worried about bonding with your baby or your relationship with them?"
Any worries the parent expresses about bonding and the relationship with their baby should be explored to establish the level of concern.

2.4. Observations of parental mental health and the parent-infant relationship

In addition to explicitly asking about parental mental health and the parent-infant relationship, it is important that professionals working with families in the perinatal period incorporate observations as part of their assessment. Attention should be paid to how questions are answered as well as what is said.

- Are there concerns that the parent/parent-to-be is avoiding, or finding it hard to talk about, something?
- Do they appear to be struggling with their mental health although they are not reporting it?
- Are there concerns about the level of preparation for and thinking about the unborn baby’s arrival?
- Are there concerns about the interactions between parents and babies (e.g. minimal or delayed responding, mistimed or over-intrusive responding, frequently misinterpreting baby’s cues)?
- Are there concerns about the baby (e.g. very hard to soothe, does not show distress when might be expected, avoidant of parents’ face, appears fearful of the parent, very rigid or floppy body tone)?

It should be noted that there are family and cultural differences in parenting and there is wide variety in what makes for healthy functioning relationships. All professionals will be influenced by their own experiences. Regular attendance at training events designed to support assessment and observation around mental health and parent-infant interaction is required.

2.5 Training Opportunities

Multi-disciplinary training is being offered across Stockport to support the implementation of the PIMH pathway in the borough. This training will be available for all new and existing staff. Further training in perinatal and parent infant mental health is being offered across Greater Manchester as part of regional development in this area. Additional resources to support this training can be accessed through the Royal College of General Practitioners Perinatal Mental Health Tool Kit.

With the recognition of the impact of adverse childhood experiences (ACES) on health and well-being, a recent routine enquiry into Adverse Childhood Experiences (ACES) in the North West of England supported the acceptability and benefits of routinely asking about ACES. Training around ACES is being planned across Greater Manchester.

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8 Routine Enquiry into Childhood Adversity (2018) http://www.aces.me.uk/in-england/
3. THRIVE Framework

The THRIVE framework for mental health was developed by the Anna Freud National Centre for Children & Families and the Tavistock & Portman NHS Foundation Trust. It presents an alternative to the tiered model with a conceptualisation of a whole system approach rather than an escalator model of increasing severity or complexity. It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach.

As shown below, the circular model illustrates how families can access support from different parts of the THRIVE framework depending on their particular needs at the time. The THRIVE framework conceptualises five needs-based groupings. The image on the left describes the input that is on offer for each group; that on the right describes the state of being of people in that group.
4.0 THRIVE in Stockport

To facilitate understanding and use of THRIVE in Stockport we have mapped the green, amber and red colours currently used in services on to the framework. However, it is important to note that the different groupings in the Thrive framework are primarily organised by the differing mental health needs identified and the services on offer, rather than by the type of problem or level of severity.

This section includes THRIVE models outlining what we will see, what families need and the type of support we can offer for each grouping in Stockport. Appendices 1 to 7 contain THRIVE models indicating what specific services can offer for families with these differing needs. These service-based thrive models are to facilitate professionals’ understanding about their own roles and the roles of other services.
4.1 What Will We Offer?
We will offer universal services that promote emotional wellbeing, resilience and sensitive responsive parenting in both the antenatal and postnatal period. These will include:
- Routine midwifery and health visiting support
- Antenatal Parent Education classes
- Universal sessions such as the Early Days group
- ‘Getting it right from the Start’ booklet and links*
- Links to Dad Matters project*
- Dads Pad download*

*See Appendix 15

What Will We See?
When families are thriving, parents and infants will be emotionally healthy with a healthy relationship between them. Antenatally, the parents will be starting to build a relationship with their baby and, after the birth, the parent will be able to respond sensitively to the infant’s needs. There will be:
- No evidence of a current mental health problem
- No history of severe mental ill health
- No prior perinatal mental health problems
- No history of parent-infant relationship difficulties
- No current concern around the parent-infant relationship

What Will They Need?
Families will need appropriate information on wellbeing, maintaining good mental health and promoting the relationship between parents and infants. See Appendix 15 for the Five Ways to Wellbeing to support this work
4.2 Parent and infants who are Getting Advice

What Will We See?
Families in need of advice may have some low level concern around their mental health or having a baby. This may include more transient difficulties and/or longstanding problems which are currently well-managed. We may see
- Possible mild anxiety/low mood
- Low self-esteem
- Limited knowledge about the parent-infant relationship
- A need for more knowledge of infant development
- Lack of confidence in parenting

What Will They Need?
Families will need the same information offered to the thriving group. Additionally, they are likely to need more one-to-one support from universal services. They may also require signposting to self-help materials or have one-off input from specialist services.

What Will We Offer?
In addition to universal services provided to the thriving group we will offer:
- additional midwife and/or health visitor visits (e.g. listening visits, completion of the Newborn Behavioural Observation (NBO), using the Ages and Stages Questionnaire – Social Emotional (ASQ-SE) and ASQ-SE resource sheets)
- the option to refer to Home-Start for volunteer support
- parent self-help materials (see Appendix 16)
- the opportunity to consider referral to Healthy Minds for self-help treatment
- an Infant Parent Service consultation for professionals working with the family to support their work focussing on the development of the parent-infant relationship
What Will We See?
There will be moderate concern around current or future parental mental health and/or the parent-infant relationship. We may see:
- Present or emergent mild to moderate depression and/or anxiety
- Marked low self-esteem
- Anger problems
- Relationship problems (partner and/or family and friends)
- Overwhelm in the face of external stressors such as financial stressors, housing, health concerns, social isolation
- Parental or professional concern about the developing relationship with baby (e.g. ambivalence, lack of preparation for baby during pregnancy, problems sensitively responding to baby’s communication)
- Additional difficulties that may impact parenting (e.g. parents with an intellectual disability or a diagnosis on the autistic spectrum, teenage parents, children with additional needs and/or those that have spent time on the neonatal unit)

What Will They Need?
In addition to enhanced support from universal services, families are likely to require direct input from specialist mental health services.

What Will We Offer?
In addition to the support outlined for the thriving and getting advice group we will offer:
- Preconception advice (through GP) where appropriate and requested by parents
- Clear communication between all involved professionals including GP
- Referral to the Specialist Mental Health mid-wife
- Referral through the Access Team for IAPT (this includes Healthy Minds, self-help services and Beacon counselling) for talking therapy for common mental health difficulties for mother or father. The perinatal period needs to be highlighted on referral
- Referral to the Infant Parent Service
- Referral to Family Nurse Partnership where there are teenage/young parents
- Possible Early Help Assessment
- Referral to health visiting antenatal support and possible Neonatal Behaviour Assessment Scale (NBAS) when baby is born
**Parent and infants who are Getting More Help**

**What Will We See?**
There will be notable concern around parental mental health and/or the parent-infant relationship. Although risk factors to parent and/or baby are present clinical assessment indicates that they pose no immediate danger. Families in this group are able to make use of support and interventions offered. We may see:

- Moderate to severe depression/anxiety
- Other marked mental health problems (e.g. postpartum psychosis, bipolar disorder)
- Substance abuse problems
- Significant trauma history
- History of attachment difficulties with previous children
- Evidence of neglect or abuse with previous children
- Previous children in foster care or adopted
- Evidence of hostile behaviour towards infant

**What Will They Need?**
Families are likely to need long-term input from specialist mental health services. Section 5 outlines the process of considering which mental health support is most appropriate. Families require careful ongoing monitoring regarding parental wellbeing and safety of the baby.

**What Will We Offer?**
In addition to the support outlined for the thriving, getting advice and getting help group we will offer:
- An emphasis on ongoing multi-agency working (specialist midwife, health visitor, mental health professionals, social care, GP etc)
- This multi-agency work to support referrals into IAPT and the Infant Parent Service as outlined in the getting help section
- Referral to the specialist obstetrician
- Referral to the Perinatal Community Mental Health Team where there are moderate to severe perinatal maternal mental health problems antenatally or within 12 months post-partum.
- Referral to Secondary Adult Mental Health Services through the Access Team for moderate-severe parental mental health problems (including maternal problems that are not perinatal in nature)
- Consider referral to substance misuse services where appropriate
- Referral to Children’s Social Care where there are safeguarding concerns
Parent and infants who are Getting Risk Support

What Will We See?
There will be significant concern around parental mental health and/or the parent-infant relationship. Clinical assessment indicates that parents are currently unable to make use of support and interventions offered. We may see:
- Severe mental health problems
- Harm to self
- Suicidal thoughts, plan or intent
- Unusual and irrational thoughts involving self, baby and/or others
- Partner expressing concern around unusual beliefs and behaviour
- Unusual behaviour e.g. hard to follow, distractible, unusual affect, altered sense of reality
- Threats of harm to baby
- Suspected harm to baby
- Baby’s behaviour indicating trauma

What Will They Need?
Families will need a close interagency group of professionals round them and ongoing risk assessment in relation to both parent and baby.

What Will We Offer?
- Urgent referrals to Adult Mental Health and Children’s Safeguarding
- An emphasis on ongoing multi-agency working (specialist midwife, health visitor, mental health professionals, social care, GP etc)
- Potential admission to the Mother and Baby Unit at Wythenshawe
- Potential placement of infant in safe care
5. Accessing Support from Mental Health Services

Although, as indicated by the thrive model, all professionals have a role in promoting mental health there are times when specific input from mental health services is required. This flow chart aims to help professionals decide which service might be best placed to meet the particular needs identified. This should be a collaborative process with parents. Please note: if unsure at any stage please contact services to discuss prior to referral. Contact details and referral processes are detailed in Appendix 13 (including details for Stockport Mental Health Liaison—formerly RAID).
6.0 Monitoring, Evaluation, Accountability and Next Steps

**Monitoring and Evaluation**
The impact of this care pathway will be monitored through a number of measures:

<table>
<thead>
<tr>
<th>Aim</th>
<th>Performance Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Frequency of Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective multiagency communication and facilitation of access to appropriate services/support/information for families in all areas of the thrive model: <em>getting risk support, getting more help, getting help, getting information, thriving.</em></td>
<td>5 randomly selected care plans audited by the PIMH task group (including practitioners from all appropriate services as within this pathway) for each of the five thrive areas.</td>
<td>n/a</td>
<td>Audit</td>
<td>Annual</td>
</tr>
<tr>
<td>Service user satisfaction with ante- and postnatal provision</td>
<td>90% of families satisfied with provision</td>
<td>Survey</td>
<td>Survey</td>
<td>Every 2 years</td>
</tr>
<tr>
<td></td>
<td>Survey returns from all areas of the thrive model; no threshold for <em>getting risk support</em>, 5 at <em>getting more help</em>, 10 at <em>getting help/getting advice</em> and 20 at <em>thriving</em></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Integrated Parent Infant Mental Health Care Pathway

| Parent Infant Mental Health Pathway training delivered | 2 sessions delivered annually reaching staff from all sectors on the pathway | Minimum of 40 people attending each event | Audit | Annual |

### Accountability
The delivery of this pathway and the collation of performance measures is the responsibility of the key services: Maternity, Health Visiting, Infant Parent Service, Adult Mental Health Services, Perinatal Community Mental Health Team and Social Care. The evaluation process will be led by the PIMH task group collaborating with professionals from Stockport Family, Stockport Foundation Trust, Pennine Care Trust, Greater Manchester Mental Health Trust and Home-Start.

### Next Steps
It should be noted that this is a live working pathway that will develop as services change. Specific aims in the next stages of development of the PIMH pathway in Stockport include further mapping and incorporation of social care and Stockport Liaison Mental Health services (formerly RAID).
Integrated Parent Infant Mental Health Care Pathway

Appendix 1: Stockport Infant Parent Service Thrive

IPS provides indirect support to these families. This is through offering consultations to professionals who are working directly with families. These consultations may be a one-off, or a series of them may be offered. IPS also offers supervision to Home Start around their work in the perinatal period.

IPS offers training to professionals about the parent-infant relationship and infant mental health in order to enhance their practice with ALL families. This includes supporting the use of the Newborn Behavioural Observation (NBO) tool universally.

IPS offers an initial consultation with the professional working with the family to assess the best way forward. Direct input will then be offered to these families. This may involve:

- Joint visits with the professionals involved
- Enhanced assessment e.g. NIBAS
- Group work
- Short-term therapeutic interventions

IPS also offers supervision to the specialist mental health midwife and Family Nurse Partnership and a regular consultation slot with the neonatal unit.

IPS offers an initial consultation with the professional working with the family to assess the best way forward. Direct input will then be offered to these families as detailed in the getting help section. However, it is likely that the therapeutic input will be longer term. IPS will also offer input to multi-agency meetings. IPS offers a regular consultation slot to the Women’s Refuge and supports the work of the Comma project.
Appendix 2: IAPT Thrive

IAPT services offer wellbeing advice sessions at local colleges and can signpost to wellbeing enhancing services/websites for maintaining wellbeing of mood and stress reduction. Information about how to access IAPT services are advertised in areas that parents with infants may frequent such as maternity units and start well centres.

IAPT services do not have the ability to offer crisis intervention. If someone needs more risk support they would be referred to the Liaison Mental Health Team (formerly RAID) or the Perinatal CMHT. The person may re-join IAPT following reduction of the mental health or social crisis that impacts on the ability to engage in time limited structured therapy.

IAPT offer low intensity brief CBT from Psychological Wellbeing Practitioners. This has been shown to be effective in treating low mood, anxiety and stress problems. It can be offered online, via telephone, workshop or face to face. Parents with busy families can benefit from this as it involves brief time commitment and may be preferable for parents who haven’t received talking therapy before.

IAPT services offer a range of time limited evidence based interventions at Step 3. This may be CBT, IPT, or EMDR and in some services counselling for depression and couples therapy for depression is offered. It can be offered as a one to one treatment or in a group therapy format. Usually offered to people for whom guided self-help did not or would not fully help. Some IAPT services offer groups for parents and infants using a Step 3 IAPT intervention.
Appendix 3: Perinatal CMHT Thrive

The Specialist Perinatal CMHT offers telephone advice/consultation and support (Mon-Fri 9-5) to all professionals who may be concerned about the emerging/ongoing mental health difficulties facing a woman, whether this may be an emergence of or increase in mental health problems or any concern about potential risk of harm to the woman and/or the parent-infant relationship.

The service offers telephone consultation, advice and triage to all professionals working with a woman to assess the best way forward. This may be for women currently open to other mental health services and for women who are well and pregnant, and in the postnatal period, who have significant past history of perinatal mental health problems.

The Specialist Perinatal CMHT offers joint working with services which includes advice on care planning, risk assessment and risk management plans. This may include telephone consultation, attending meetings and/or joint visits, and supporting existing services to help women who may require perinatal mental health interventions and support to prevent further deterioration and increased risks. The service also offers emergency assessments (Mon-Fri 9-5).

Out of office hours, Andersen ward (the mother and baby unit based at Wythenshawe hospital) offers the same advice and support to local mental health urgent care services across GM, for women in the perinatal period. Admission to the mother and baby unit for further mental health assessment and intervention may also be offered to support women as required.

Greater Manchester-wide Specialist Perinatal Community Mental Health Team (PCMHT)
Supporting women with moderate to severe mental illness, from conception until baby turns 1

Direct input from the Specialist Perinatal CMHT may be offered from a multi-disciplinary team of mental health professionals providing a range of interventions including:
- Preconception counselling for women with an existing mental health condition who have concerns about pregnancy and motherhood.
- Obstetric liaison and outpatient clinics which include: medication advice, mental health interventions, care planning and risk management planning.
- Initial assessment to determine needs and ongoing provision.
- Ongoing mental health interventions from MDT professionals trained in perinatal mental health.
- Urgent mental health assessment (Mon-Fri 9-5)

The Specialist Perinatal CMHT has a key role in offering training to all parts of the health and social care system across Greater Manchester to build knowledge, understanding & expertise of perinatal mental health issues, with the aim of better care for all, early intervention and to enhance care to women, infants & families.

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Integrated Parent Infant Mental Health Care Pathway

Appendix 4: Midwifery Thrive

MIDWIFERY THRIVE
Parent Infant Mental Health PIMH

THRIVING
Getting Advice
Getting Help
Getting Risk Support
Getting More Help

Routine booking:
A mental health assessment within a routine AN booking will identify current mental illness of either parent, any significant family history, ACE's, substance misuse, DA & previous trauma which may affect perinatal health and/or establishment of relationships.
A PHQ2 is routine the result of which may indicate further assessment & GAD 7 and PHQ 9

Maternal mental wellbeing and the developing infant and parent relationship will be established and encouraged at each contact.
Women will be signposted to parent education classes which facilitate supportive relationships and activities known to positively affect mental health including yoga and community AH based activities.
The MHF will liaise with the GP as required.
The Midwife will refer any significant history or concern to HV for a targeted visit antenatally.
The Midwife may seek support from the specialist MH for MH for advice but the woman will be cared for by the named Midwife.
Women will receive information on positive mental health and wellbeing.
All Midwives will receive annual updates on PIMH to raise awareness and clarify referral pathways. This will also reinforce the promotion of PIMH supportive relationships and the experience of attachment throughout the pregnancy continuum.

The woman with more severe MH issues who may or may not be receiving support from CMHT will be referred to the Perinatal Mental Health team for specific antenatal/postnatal assessment and care planning.
Following intake by the perinatal team, women will be offered appointments to attend perinatal mental health liaison clinic where the perinatal psychiatrist and specialist MH midwife is present.
This would include medication reviews, antenatal, and postnatal care planning. A midwife on the Maternal Ward will be able to access if postnatal admission is anticipated within a care-plan.
Women getting 'risk support' will be case-held by the specialist MH midwife who will continue to work collaboratively with Psychiatry and Psychology to support access to specialist targeted treatment.
Midwives will contribute to child welfare planning processes around the unborn baby/infant as appropriate.

All women during pregnancy will receive ongoing enqury and assessment of their mental health and development of the infant parent relationship.
They will be encouraged to maintain positive mental health and well being during pregnancy using self-help strategies and community based activities as required.
All first-time parents will be offered the Stockport Parent Education programme to encourage positive infant parent mental health and attachment.

A mild to moderate level of need identified on PHQ 9 (GAD 7 antenatally at booking and or subsequently will require referral to the specialist MH Midwife to facilitate additional individualised support.
Women with current mild MH issues during pregnancy and or a medical H/O mild -mod MH issues will be referred to the specialist MH for triage who will offer an appointment within the MHF.
The specialist MH will identify the best source of support in the antenatal and postnatal period. These may be on-going during pregnancy and may indicate referral for review in the Obstetric led PIMH clinic.
Referrals may also include primary and family mental health services, such as AMPT, and IPS. A referral to HV for targeted visit antenatally would be made and liaison with the named GP would occur.
Provision of information around mental wellbeing, self-help strategies and community based networking would be provided.
Referral to social care and facilitation of an early help assessment may be necessary where social factors are impacting MH.
This care is provided in addition to routine maternity care from the Consultant Obstetrician and or named Midwife.
MH wellbeing and infant parent attachment will continue to be assessed throughout the pregnancy.
The named Midwife and or Specialist MH Midwife will work collaboratively with the family, HV, SC and IPS colleagues where the provision of joint home visits may be appropriate to support the family's needs and improve outcomes.

The specialist MH Midwife will liaise with existing primary, secondary and infant parent mental health services who may already be involved with the family.
The woman with moderate to severe MH issues will be seen within the PIMH clinic facilitated by the Obstetric Consultant where the specialist MH Midwife and specialist perinatal MH nurse are present who can offer additional specialist therapeutic intervention where appropriate.
Follow up appointments may be arranged jointly with the appropriate professional working with the family within the home.
The MH Midwife will offer a supportive plan for birth and postnatal period for up to a period of 28 days.
Joint visiting with the named HV is likely to be appropriate.
Multiagency meetings to support the family will be facilitated.
Integrated Parent Infant Mental Health Care Pathway

Appendix 5: Health Visiting Thrive

Stockport Health Visiting Service

HV's universally assess and promote parental mental health and wellbeing at initial contact and subsequent contacts. This includes offering:
- the PHQ-4 & the relationship bonding question with all families.
- Observation of the Infant-Parent relationship, assessing and explore responsive feeding and soothing techniques with parents
- the NBO/Invitations of the NBO to support the infant-parent relationship and getting to know baby as an individual
- Sharing “Getting it Right From Start” booklet/links with parents promoting cut recognition, reflective functioning & soothing

HV's access training to support this provision. Training will include Solihull Approach, NBO, Mandatory PMH Awareness. Multidisciplinary HV PMH training, ASQ SE Training.

Health Visitor assessment & Gad-7 and PHQ-9 moderate score. Six further visits for Health Visitor therapeutic intervention (see Getting Advice)
Consider Early Help Assessment to inform professionals involved and an overall plan of care
Liaison with Healthy Minds and GP ensuring co-ordinated care and monitoring of progress and outcomes
Refer to EWV for Infant Massage
Consultation with Infant Parent Service and consideration of NBAS
Complete further assessment of child development using ASQ 3 and ASQ SE and consider pathways into relevant interventions.

Where assessment and diagnostic tools identify significant concern around mental health and/or parent infant relationship the health visitor will involve specialist services to assess risk and work within statutory frameworks of child in need or child protection. Multiagency working through these frameworks with Health Visitor having role in child health and development concerns, assessing child development and infant parent relationship, and providing interventions through relevant child development pathways.

NBO completed, GP liaison
Referral to EWV for Infant Massage
Re-score GAD-7 and PHQ-9 > 2 weeks

Contribute to assessment where Health Visitor & other professionals are unable to engage families through statutory processes and families are not able to make use of therapeutic interventions.

Getting Advice
Getting Help
Getting Support
Getting More Help

THRIVING

Health visitor assessment & Gad-7 and PHQ-9 moderate to severe score. Weekly contact with family, negotiate visits, development of therapeutic relationship and therapeutic intervention.
Complete Early Help Assessment with parents
Develop a plan of care and hold TAC meetings to review progress and outcomes with relevant professionals and family
Continue assessment of child development using ASQ 3 ASQSE and considering pathways into intervention
Refer to Penhaligon MIH Team, ensure all relevant professionals are part of EHA including GP
Consultation with Infant Parent Service and NBAS

24
Appendix 6: Home Start Thrive

Home-Start can provide volunteer home visiting support via Parent Infant Mental Health trained volunteers. Support takes place in the family's own home for 2-3 hours per week for as long as needed. This is ideal for families that need support but that may not need specialist services.

Dad Matters has a range of information available to Dads and Dads-to-be which can be accessed via www.dadmatters.org.uk

Home-Start support can often complement that of specialist services and can support families to engage with other professionals. It can also be a useful 'step-down' service for families who may need lower-level support once other health professionals are ready to disengage.
Integrated Parent Infant Mental Health Care Pathway

Appendix 7: Adult Secondary Care Mental Health

Secondary Adult Mental Health Services

Getting Advice
Getting Help
THRIVING
Getting Risk Support
Getting More Help

The Access Team is the single point of entry for referrals to Adult Mental Health Services. The team may offer an initial assessment, provide signposting advice or can refer a parent directly through to Healthy Minds for primary care Psychological Therapy. Following an assessment by the team they may refer a parent on to see a Consultant Psychiatrist for further assessment, care and treatment from the Community Mental Health Teams. If it is suspected a person is experiencing a first Episode of Psychosis a direct referral can be made to the Early Intervention Team who will undertake an assessment within 2 weeks.

If a parent requires more treatment and care due to their level of need and risk they will receive this from the Community Mental Health Teams or the Early Intervention Team under the Care Programme Approach framework and have an allocated care coordinator. The aim is to support an individual to develop an understanding of their mental health needs and develop strategies to help them live as independently as possible. A care plan and crisis management plan will be formulated. They may also require therapy from the Secondary Care Psychological Therapy Service and review by a Consultant Psychiatrist. The support provided will be dependent upon individual need but can include illness education, medication management, physical health support, social support and safeguarding. These teams operate Mon – Fri 9-5.

The Liaison Mental Health Team respond to requests for Mental Health Assessments for people who present to the Emergency Department or those who are inpatients on medical wards. They operate over 24/7. Following assessment they may refer on to a Consultant Psychiatrist for a review, refer to Community MH Services including the Home Treatment Team if an alternative to admission is needed or arrange an admission to the Mental Health Unit if indicated. An admission to the inpatient mental health unit may be required for some parents where serious mental health and risk issues arise and care and treatment cannot be solely provided in the community. This may be a voluntary admission or an admission under the Mental Health Act 1983 for assessment and treatment. An alternative to hospital admission may be provided by support from the Home Treatment Team who operate Mon – Sun 8am - 9pm. Parent’s known to MH services will have a crisis management plan.

At all stages adult mental health workers will be mindful of the unique baby/infant and the parent-infant relationship. Consultation with the Infant Parent Service will be considered where concerns arise.

Adult Mental Health Services offer professional and public advice via the single point of entry Access Team. This is usually in the form of a duty consultation and signposting to other services that may support a parent with their wellbeing may be offered. Advice is offered to primary care staff around management of medication which may come from advice from a Consultant Psychiatrist.
## Request for Consultation

**Stockport Infant Parent Service**  
[Email](mailto:snt-tr.infantparentservice@nhs.net)

<table>
<thead>
<tr>
<th>Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent given from Parent/Guardian for request:</td>
</tr>
</tbody>
</table>
| [ ] YES  | [ ] NO  
| Date: | Click here to enter a date.  

### Person Requesting Consultation

**Full Name:**  
**Designation:**  
**Email Address:**  
**Team/Base:**  
**Address:**  
**Contact number:**  

### Infant/Child Details

**Full Name:**  
**Gender:** Choose an item.  
**Date of Birth:** Click here to enter a date.  
**Ethnicity:** Choose an item.  
**Address:**  
**NHS no:**  

### Unborn Baby

**Estimated Due Date:** Click here to enter a date.  
**Midwife Full Name:**  
**Midwife Contact No:**

### Other Children

**Full Name:**  
**Date of Birth:**  
**Current Address:**

### Parent/Guardian

**Full Name:**  
**Date of Birth:**  
**NHS No:**  
**Contact No:**  
**Parental Responsibility:** Choose an item.
### Integrated Parent Infant Mental Health Care Pathway

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
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<tbody>
<tr>
<td>Full Name:</td>
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<tr>
<td>Date of Birth:</td>
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<tr>
<td>NHS No:</td>
</tr>
<tr>
<td>Contact No:</td>
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<tr>
<td>Parental Responsability: Choose an item.</td>
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<th>Reasons for Request</th>
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<thead>
<tr>
<th>Health Visitor</th>
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<tbody>
<tr>
<td>Full Name:</td>
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<tr>
<td>Team/Base:</td>
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<tr>
<td>Contact No:</td>
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<tr>
<th>GP Details</th>
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<tbody>
<tr>
<td>GP Name:</td>
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<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact No:</td>
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<tr>
<th>Safeguarding</th>
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<tbody>
<tr>
<td>Safeguarding:</td>
</tr>
<tr>
<td>The Child is:Choose an item.</td>
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</table>

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<tr>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
</tr>
<tr>
<td>Contact No:</td>
</tr>
</tbody>
</table>
Appendix 9: Stockport IAPT Referral form

The form below can be obtained by contacting the Access team (details below). Once completed it can be returned by fax or email to pcn-tr.SACT@nhs.net Please note: professionals can also support adults to complete a self-referral form at https://www.iaptportal.co.uk/pcstkptprof.html

### PRIMARY CARE MENTAL HEALTH SERVICE REFERRAL FORM

<table>
<thead>
<tr>
<th>Date Of Referral:</th>
<th>Client NHS No:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name:</td>
<td>Referrers Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Referrers Address:</td>
<td></td>
</tr>
<tr>
<td>Post Code:</td>
<td>Post Code:</td>
<td></td>
</tr>
<tr>
<td>Contact Tel No:</td>
<td>Referrers Tel No:</td>
<td></td>
</tr>
<tr>
<td>Ethnic Origin:</td>
<td>Is an Interpreter Required: Y/N</td>
<td>Religion:</td>
</tr>
<tr>
<td>Next of kin name, contact details and relationship:</td>
<td>PLEASE NOTE THAT YOU MUST SPEAK TO THE DUTY WORKER PRIOR TO MAKING AN URGENT/SAME DAY REFERRAL. Tick if you have discussed and agreed this as an urgent referral.</td>
<td></td>
</tr>
</tbody>
</table>

**All referrals to Mental Health Services will be screened and may be assessed by the Access Team prior to an OPA. PLEASE COMPLETE ALL SECTIONS AS INCOMPLETE REFERRALS MAY RESULT IN A DELAY IN TRIAGE**

- **Reason for referral:**
  - PHQ9 Score (if appro):
  - GAD7 Score (if appro):

- **Current symptoms of mental health problem:**

- **Contributory factors and any social impact**

- **Relevant past history (incl. past mental health interventions)**

- **Current medication/treatment:** if applicable. Has the person had a therapeutic trial of antidepressants?

- **Risks/Vulnerabilities to self or others:**

- **Illicit substances/alcohol:**

- **Support/other agencies involved:**

Please submit this form and any additional information to the PCMHS

Fax: 0161 419 4775 - Phone: 0161 419 4678

(IS 7 – Nov 08)
Appendix 10: Perinatal Community Mental Health Team

The referral form can be found at https://www.gmmh.nhs.uk/perinatal-community or it can be obtained by contacting the Perinatal Team (0161 271 0188). Once completed it can be returned by email to gmmh-ft.perinatalservicesmanchester@nhs.net
# SINGLE EMAIL REFERRAL TO HEALTH VISITING & NAMED MIDWIVES FOR SAFEGUARDING, MENTAL HEALTH & YOUNG PARENTS

<table>
<thead>
<tr>
<th>NAME</th>
<th>D.O.B:</th>
</tr>
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<tbody>
<tr>
<td>Hospital &amp; NHS No:</td>
<td>EDD:</td>
</tr>
<tr>
<td>Address with postcode:</td>
<td>P: G:</td>
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</table>

<table>
<thead>
<tr>
<th>Contact No.</th>
<th>Patients email address:</th>
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<tr>
<td>G.P &amp; Practice:</td>
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<table>
<thead>
<tr>
<th>Partner Name, D.O.B/ Address:</th>
<th>Father of Unborn, D.O.B/ Address:</th>
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</table>

<table>
<thead>
<tr>
<th>Children’s names:</th>
<th>Dates of Birth:</th>
<th>Address:</th>
<th>Name of Father:</th>
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<td></td>
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<tr>
<th>Named Midwife:</th>
<th>Contact Number:</th>
<th>Email address (nhs.net):</th>
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<tr>
<th>Referred by:</th>
<th>Date:</th>
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</tbody>
</table>

**REASON:** SAFEGUARDING ☐  MENTAL HEALTH ☐  YOUNG PARENT ☐  HEALTH VISITOR ☐

**Details:**

**Other Professionals Involved:**

Has an EHA been completed?  YES ☐  NO ☐  N/A ☐  DATE TO BE COMPLETED:  Click here to enter a date.

Has a referral to MASSH/ been completed? YES ☐  NO ☐  N/A ☐  Derbyshire Starting Point YES ☐  NO ☐  N/A ☐

Is the unborn or any other child subject to a child protection plan or TAC process? YES ☐  NO ☐

Is the Mother/ Father/ Partner a looked after child (LAC) YES ☐

Has a request for consultation been sent to the Infant Parent Service? YES ☐
Using your NHS.net email account, please send to:
snt-tr.targetedmaternityreferral@nhs.net &
snt-tr.hvrefferralstockport@nhs.net
Please also CC to GP Practice NHS.net email account

HV USE ONLY:
NAME OF ALLOCATED HV:  MW INFORMED:

Recorded on Euroking: ☐  Consent for referral obtained ☐
Appendix 12: Home Start Referral Form

The Home-Start referral form can be found at https://home-starthost.org.uk/need-home-visiting-support/referrers/
Integrated Parent Infant Mental Health Care Pathway

Appendix 13: Services and Contacts

**Access Team:** Single point of referral to mental health services for adults **0161 419 4678** Please note this includes access to both primary and secondary care through a duty system. Direct referral to IAPT primary care services can also be made using the form and details in Appendix 9.

**Adult Social Care:** Telephone **0161 217 6029** or dial **0161 217 6024** for the Minicom. Out of normal office hours you can contact us on **0161 718 2118**.

**Beacon Counselling:** Counselling service (including IAPT provision) for adults, young people and children in Stockport. [https://www.beacon-counselling.org.uk/](https://www.beacon-counselling.org.uk/) **0161 440 0055**

**Comma Project:** Supporting families who have experienced or at risk of experiencing recurrent removal of children into social care. Telephone Number: **0161 835 6751**

**Dad Matters:** A Home Start project supporting dads with their relationships and mental health [https://dadmatters.org.uk/](https://dadmatters.org.uk/) **0161 344 0669**

**Family Nurse Partnership:** Supporting parents aged 19 or under (21 or under if parent was LAC) with their first pregnancy. Referrals must be prior to 28 weeks gestation. **0161 204 4090**

**Infant Parent Service (IPS):** Promoting infant mental health and parent-infant relationships through therapeutic interventions, consultations and training. Working with families from conception to age 5. [snt-tr.InfantParentService@nhs.net](mailto:snt-tr.InfantParentService@nhs.net)

**Healthy Minds:** NHS talking therapy services for adults with mild to moderate depression and anxiety. (Referral through IAPT single point of access or see Appendix 9) **0161 419 5725**

**Healthy Young Minds:** A specialised mental health service for children and young people with more severe, complex and persistent presentations offering input, consultation and advice to other services. **0161 716 5868**

**Home-Start Oldham, Stockport & Tameside (HOST):** Volunteers providing support in the homes including a parent-infant mental health (PIMH) focus in Stockport for families with children under 2. PIMH training for volunteers is facilitated by Home-Start PIMH co-ordinators and the infant-parent service. **0161 344 0669 info@homestarhost.org.uk**

**MOSAIC:** A specialist drug and alcohol service for young people, families and communities **0161 218 1100** or [mosaic@stockport.gov.uk](mailto:mosaic@stockport.gov.uk)

**Multi-Agency Safeguarding and Support Hub (MASSH)** Single point of contact for professionals to report concerns, request advice and share information about a child and or family. Online referral forms at [https://www.stockport.gov.uk/contacting-the-massh](https://www.stockport.gov.uk/contacting-the-massh) If the child has suffered significant harm, or is at risk of immediate harm, call **0161 217 6028**, for out of hours emergencies call **0161 718 2118**.

**Parenting Team:** Parent support clinics for parents with a child aged 0 to 11 years (primary school age) who are experiencing difficulties with managing the child’s behaviour or emotional needs including
sleep, feeding and toileting. Parenting courses for families with children 2-11 years (primary school age) **0161 835 6767** or **snt-tr.parentingteam@nhs.net**

**Perinatal Community Mental Health Team:** Supporting women with moderate to severe mental illness from conception until baby turns 1.

**Self-help services:** Low intensity IAPT service **0161 480 2020**
[https://www.selfhelpservices.org.uk/](https://www.selfhelpservices.org.uk/)

**Specialist Midwife Mental Health:** **0161 419 5512**

**Specialist Midwife Safeguarding:** **0161 419 5455**

**Specialist Midwife Young Parents:**

**Stockport liaison mental health team (formerly RAID):** Supporting people who attend A&E, or who are on a ward, at Stepping Hill Hospital who have a range of mental health issues. **Telephone:** **0161 419 5797** (Fax: **0161 716 5889**)
Appendix 14: PHQ-4 and Bonding question, PHQ9 and GAD7

Parent and Infant Mental Health Assessment
(PHQ4 and Baby Bonding)

Print back to back with PHQ9 and GAD7

PHQ4
(Ask all parents)

<table>
<thead>
<tr>
<th>Over the last 2 weeks, have you been bothered by the following problems?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feeling down, depressed or hopeless</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the answer is yes to either question 1 or 2 complete the GAD7. If the answer is yes to either question 3 or 4 complete the PHQ9. Both of these questions are overleaf.

Baby Bonding
(Always ask this question)

“Are you worried about bonding with your baby or your relationship with them?”
### PHQ-9

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Little interest or pleasure in doing things</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Feeling down, depressed or hopeless</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Trouble falling or staying asleep, or sleeping too much</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Feeling tired or having little energy</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Poor appetite or overeating</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Feeling bad about yourself – or that you are a failure or have let yourself or your family down</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(A10 PHQ9: Total Score)  

### GAD-7

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Over the last 2 weeks, how often have you been bothered by the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Feeling nervous, anxious or on edge</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2</td>
<td></td>
<td>Not being able to stop or control worrying</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Worrying too much about different things</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Trouble relaxing</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Being so restless that it is hard to sit still</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Becoming easily annoyed or irritable</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Feeling afraid as if something awful might happen</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(A11 GAD7: Total Score)
Appendix 15: Five Ways to Wellbeing

1. **Connect.** Think of your connections with others as the cornerstones of your life and invest time in developing them. Take an interest in the people around you with family, friends, colleagues and neighbours. Get to know other expectant Mums/Dads. Connect with your baby in pregnancy and after birth by talking, singing and playing.

2. **Be Active.** Discover a physical activity you enjoy and that suits your level of mobility and fitness. Go for a walk. Play a game. Garden. Dance. Exercising makes you feel good.

3. **Take Notice.** Reflecting on your experiences will help you appreciate what matters to you. Be curious. Notice the changing seasons, how will you explain them to your child? Catch sight of the beautiful. Remark on the unusual. Savour the moment; share it with your baby!! Be aware of the world around you and what you are feeling.

4. **Keep Learning.** Learning new things will make you more confident as well as being fun. Try something new. Rediscover an old interest. Sign up for that antenatal course. Take on a different responsibility. Fix something. Learn to cook your favourite food. Find out how to keep yourself relaxed during birth. Set a challenge you enjoy achieving. Learn about how to bond with your baby and how to get to know your baby (‘Getting it Right from the Start’ DVD and booklet).

5. **Give.** Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you. Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in.
Appendix 16: Self-help materials

Compassion Mind Approach on netmums – an approach to develop self-soothing in response to distress
https://www.netmums.com/support/the-compassionate-mind-approach

Dads Pad – an NHS guide developed for new dads. The App can be downloaded at
https://thedadpad.co.uk/app/

Dad Matters – supporting dads in Greater Manchester to have the best possible relationship with their families
https://dadmatters.org.uk/

Getting it right from the start – a film on attachment and bonding for new parents developed by
Tameside and Glossop Early Attachment Service
https://www.youtube.com/watch?v=8isPZ8JYTR8

MIND mental health problems and self-care

NHS Apps Library - Apps to support mental health
https://www.nhs.uk/apps-library/category/mental-health/

NHS guided self-help section with links to videos, blogs, forums and other resources

Royal College of General Practitioners Perinatal Mental Health Toolkit – resources for women, partners and their families