An Evaluation of Referrals and Attendance at a Perinatal Specialist Mental Health Service

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Background

Q. What is a perinatal mental health service?
- It is a service for any patient with mental health problems who is planning a pregnancy, is pregnant or who has just had a baby up to one year ago.

Q. Why is it important?
- Suicide and other psychiatric conditions were the leading causes of death amongst people between six weeks and one year after the end of their pregnancy.[1]
- Up to 90% of people will stop taking medication for an existing mental health problem when they discover that they are pregnant, often without consulting a practitioner.[2]
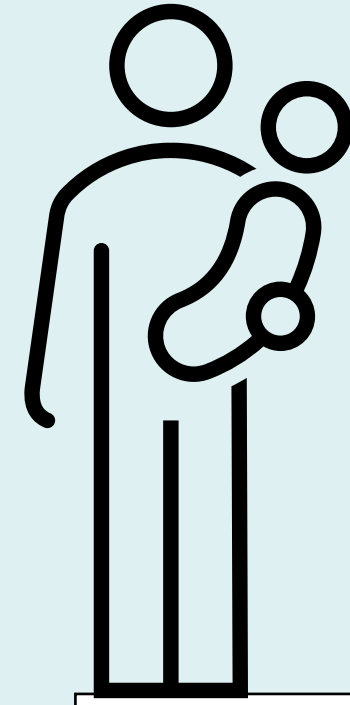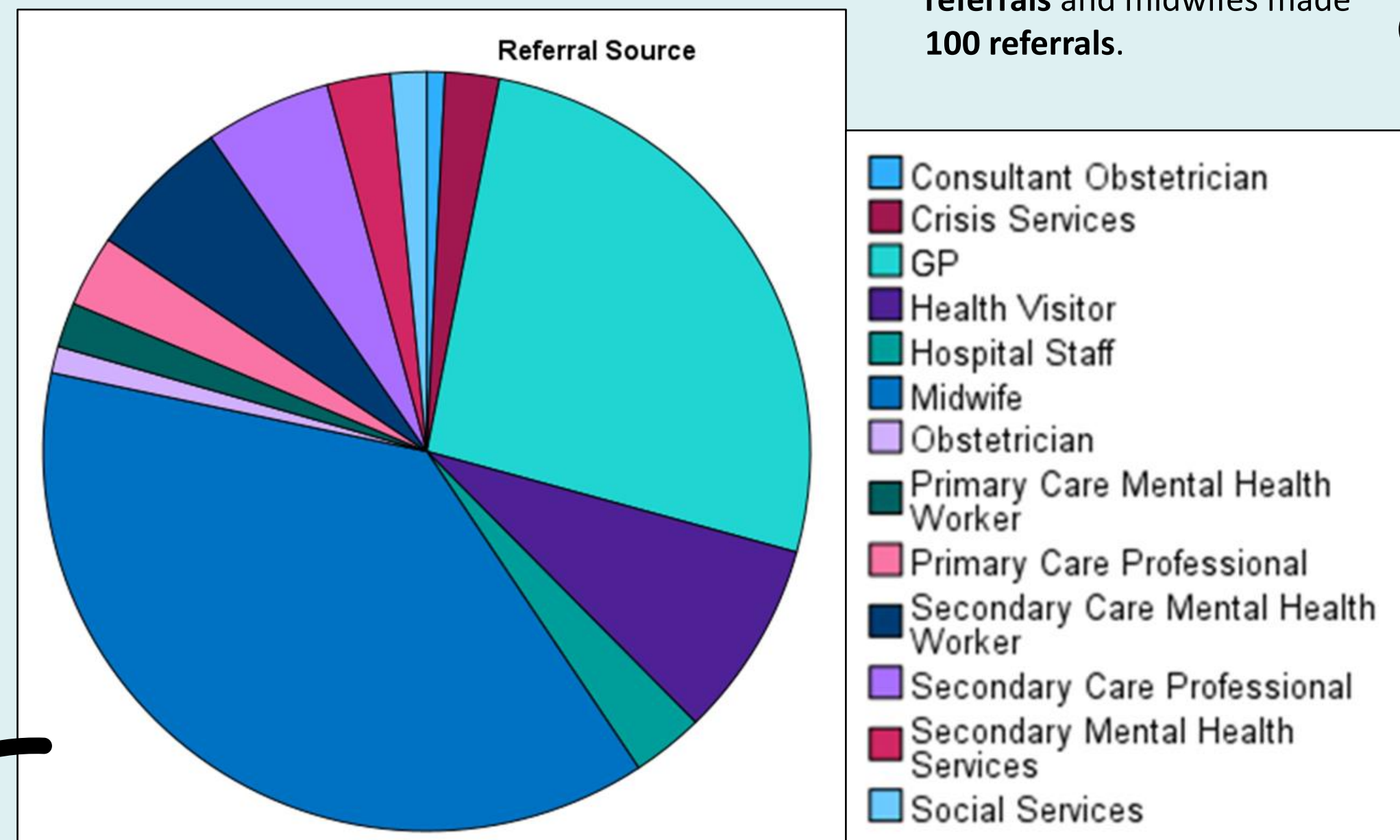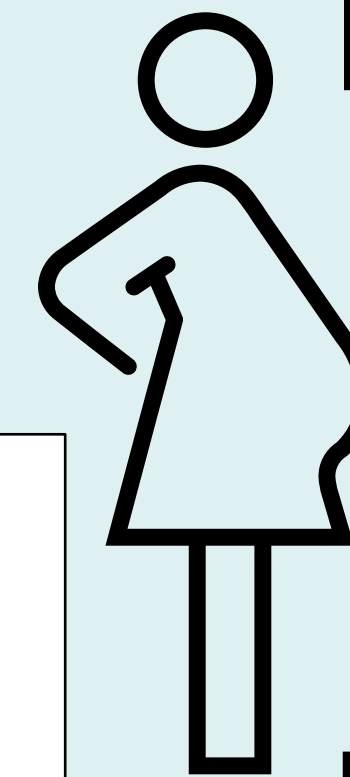
Aims

This evaluation focused on one Perinatal Specialist Mental Health Service (**Cumbria, Northumberland, Tune and Wear (CNTW)**) for the period May – July 2023 with the following aims:

1. Breakdown the sources of referrals to the Perinatal Service
2. Calculate the waiting time from referral to an initial assessment
3. Analyse the Did Not Attend (DNA) rate for initial assessments
4. Suggest possible service improvements to cut down waiting times and DNA rates

Results

2. Waiting Times
- The <u>average waiting time</u> from an accepted referral to an assessment being carried out was **29.85 days.**
- This falls **below** the CNTW <u>two week wait target.</u>
- The <u>longest wait time</u> was **124 days.**
- In many cases, an initial assessment <u>was offered earlier</u> than 30 days, however, either the patient or the service had to reschedule.
- Patients referred in an emergency were seen **on the same day.**
  - It should be noted that <u>data is missing</u> for how CNTW compares to other perinatal services; in some trusts, patients have had to wait **319 days** from referral to first contact.[3]

1. Referral Sources
- Of the **263 referrals** made, <u>midwives</u> (37.2%) and <u>GPs</u> (26.2%) were the greatest contributors.
- Altogether, GPs made **70 referrals** and midwifes made **100 referrals**.
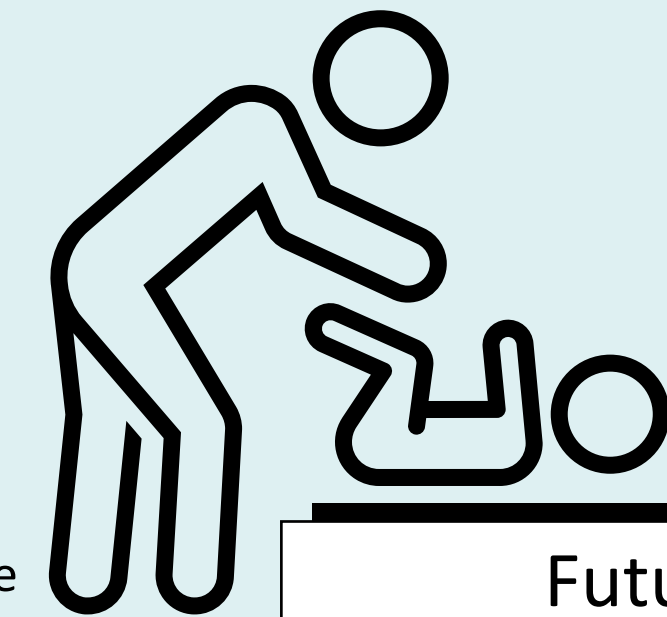
Referral Source
- Consultant Obstetrician
- Crisis Services
- GP
- Health Visitor
- Hospital Staff
- Midwife
- Obstetrician
- Primary Care Mental Health Worker
- Primary Care Professional
- Secondary Care Mental Health Worker
- Secondary Care Professional
- Secondary Mental Health Services
- Social Services

- Of the 263 patients, 55 <u>did not make the criteria</u> for an assessment.
- **The majority of denied referrals were made by GPs**.

- Of those who were accepted for assessment, many were found to be more suitable for Primary Psychological Services (e.g. Talking Therapies) as opposed to specialist Secondary Care intervention provided by the Perinatal Service.
  - **15.7%** of referrals made by GPs were found more suited to Primary Care *after* assessment v **12%** amongst midwife referrals.

Time Lag from Referral to Assessment (days) (x-axis), **Frequency** (y-axis)

Conclusions

4. Service Improvements
Implement tighter guidelines for referrals
- As it stands, criterion for referral includes '*maternal mental health impacting on mother and baby*', which could be applied to milder (although still significant) cases of mental illness, and not the **moderate to severe cases** that the perinatal service treats.[4]
  - A more stringent criterion should be weighed up with the risk of neglecting those who would still benefit from secondary care intervention.

Educate referees
- Inform referees on how to better differentiate patients who are **more suited to Primary Care services** to those who should be referred.
- This could potentially <u>bring down waiting times</u> by reducing unnecessary referrals and assessments.

Tackle DNAs with a multidimensional approach
- <u>Text reminders</u> should continue to be used where possible; where there was information available, **98.45%** of patients were agreeable to text reminders about their appointments.
- Offer <u>home appointments</u> where suitable; in several instances, patients who had forgotten about their appointment were still agreeable to assessment when met at home.
- <u>Work with other healthcare professionals</u> who have existing relationships with the patient to build on trust and mutual understanding <u>to help engage hard-to-reach patients.</u>

3. DNA Rate
- Of the **201 patients offered assessments**, there were **20 occasions** on which patients **did not attend** their assessment; just under <u>1/10 assessments offered.</u>
- This represents **18 patients** (two patients did not attend twice), of these 18:
  - **6 withdrew** from care either because they suffered a miscarriage or felt they did not need specialist mental health support.
  - **6 patients** who originally DNA, **attended an assessment** on the 2nd or 3rd attempt.
  - <u>All of the patients</u> who did not attend had a **mental health history that pre-dated their pregnancy.**
  - Those who DNA were **more likely** to be victims of, or had witnessed, <u>domestic abuse</u> (55% v 48% amongst those who attended 1st time).

Limitations
- This study was limited to referrals made May – July 2023. In instances in which patients were previously referred before May but failed to attend, **the DNA rate may be underestimated** in their history.
- Only attendance at initial assessments was analysed and not attendance thereafter. In most cases, initial assessments are conducted in the patient's home. Follow-up appointments in clinic may not see such a high attendance rate in which case the **DNA rate for the service as a whole is likely underestimated**.
- The data in this evaluation is extracted mostly from letters between the service, the patient and other healthcare professionals. In some instances, letters were either **not send or were not uploaded.**
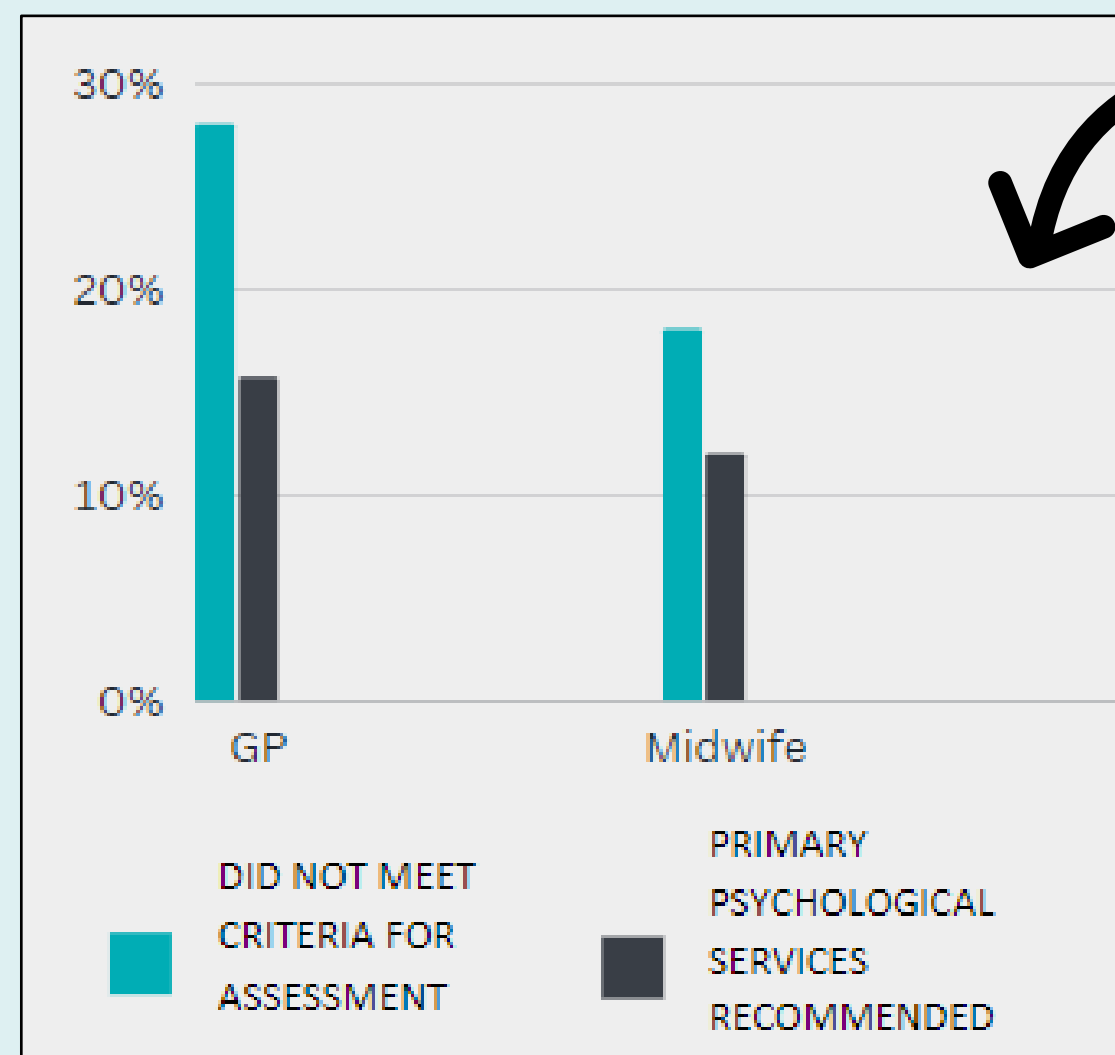
Future Research
- ☆ Analyse the attendance of patients who are accepted onto the services' caseload after assessment to understand whether DNA rates change.
- ☆ Provide additional training to referrers on the signs, symptoms and history of a patient who should be referred to perinatal mental health services and monitor the impact this has on referrals.
- ☆ Engage directly with the patients who DNA their appointments to better understand the barriers they faced to attendance.
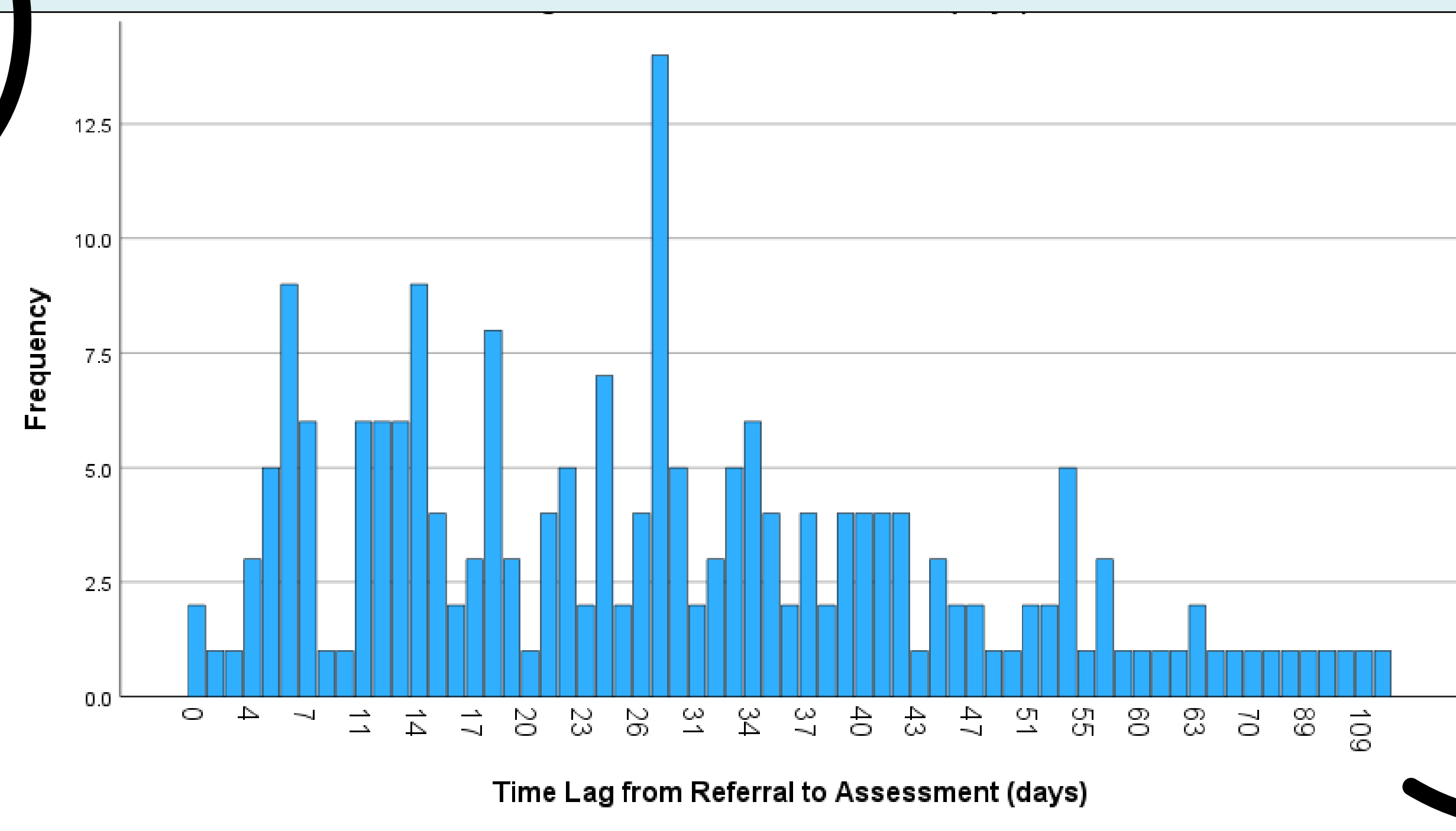
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(2) NHS Perinatal Mental Health Care Pathways. Available at: https://www.england.nhs.uk/wp-content/uploads/2018/05/perinatal-mental-health-care-pathway.pdf
(3) Walker, P. Sharp rise in wait times for perinatal mental health care in England [Internet]. The Guardian; c2023 [Cited: 14/10/23]. Available at: https://www.theguardian.com/society/2023/sep/04/sharp-rise-in-wait-times-for-perinatal-mental-health-care-in-england
(4) Schneider, Z. et al. Standards for Community Perinatal Mental Health Services (4th Edition). Catalogue: CCQI296