MENTAL HEALTH REFERRAL GUIDELINE

1. OPTIMAL OUTCOMES
   - Rapid assessment and review of patients in acute mental distress
   - Appropriate care plan for ongoing patient care

2. PATIENT
   - Woman receiving care at Royal Hospital for Women who are:
     - Acutely suicidal
     - Positive answer to Q10 on Edinburgh Depression Scale
     - Erratic behaviour
     - Acute mental distress
     - Absconder risk in a woman with a suspected mental health disorder

3. STAFF
   - Registered midwives
   - Medical staff
   - Social workers
   - Midwifery discharge planner
   - Clinical Liaison Psychiatry team POW

4. EQUIPMENT
   - Nil

5. CLINICAL PRACTICE
   In the event that a patient is displaying acutely threatening psychotic behaviour either to self or to others, any member of medical staff can apply the Mental Health Act (2006) to section them.

Referral procedure
   - Identify acute risk indicators as above
   - Discuss concerns with the appropriate senior colleague
   - Page the on-duty social worker (# 47202) for urgent review between 0830 and 1700. After hours and on weekends/public holidays page the Liaison Psychiatry registrar on call, POW switchboard 219*3
   - Attend initial social work assessment as soon as possible
   - Triage woman to one of the following pathways after social work assessment
   - Discuss with Clinical Liaison Psychiatry and document patient care plan
   - The attending midwife is responsible for calling the police in the event of the patient absconding

Patient requiring immediate psychiatric review, social worker to:
   - Page on call Liaison Psychiatry Registrar (#44616 or #46657) or Clinical Liaison Consultant if Registrar not available (POW switchboard 219*3)
   - Request RHW RMO to liaise with POW Psychiatry RMO or Northern Sector Mental Executive Director ext. 22381 if necessary via POW switchboard

Patient assessed as able to return home, social worker to:
   - Refer to local Mental Health Acute Care Team to arrange immediate contact with patient and follow-up
   - Arrange follow-up appointment either with RHW Social Work or Perinatal Psychiatry Clinic.

Oncology patients
   - Follow usual pathways for review:
     - Brief screening for distress prior to admission
     - Review by Macquarie Ward psychologist
     - Referral to Clinical Liaison Psychiatry as above for urgent assessment

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MENTAL HEALTH REFERRAL GUIDELINE  cont’d

Non-urgent review
Follow the pathways for non-urgent referrals:

- Identify non-acute risk indicators including but not limited to:
  - Past history of depression or anxiety but not currently acutely symptomatic
  - Relationship difficulties
  - Domestic violence
  - Previous involvement with DOCS
  - Past pregnancy loss
  - Social isolation
  - Edinburgh Depression Scale > 12

- Refer for review and ongoing care to weekly Perinatal Mental Health Intake Meeting where appropriate
- Complete social work consult sheet
- Consult if necessary with on-duty social worker or midwifery discharge planner (#44049) regarding available resources

6. HAZARDS/SUB-OPTIMAL OUTCOMES
- Patient in acute mental distress not adequately assessed
- Psychiatry review not available in emergencies
- No ongoing care plan

7. DOCUMENTATION
- ObstetriX
- Consult form
- Social work consult form
- Midwifery discharge planner consult form
- Integrated clinical notes
- Schedule

8. EDUCATIONAL NOTES
- The UK Confidential Enquiry into Maternal and Child Death report has identified that suicide is the most common cause of maternal death
- There is a growing literature and evidence that prenatal experiences can influence later psychological and developmental outcomes for the unborn baby. This literature underpins the practice of early identification and intervention with women in mental health distress during the perinatal period.
- Domestic violence has also been shown to escalate in pregnancy. The establishment of mandatory screening in the perinatal period acknowledges that the pregnancy may present a timely opportunity for intervention by health care workers.

9. RELATED POLICIES/PROCEDURES/GUIDELINES
- Child Protection Policy
- Domestic Violence Policy
- Guideline for referral of patients who are identified as at risk of developing postnatal anxiety/depression

10. REFERENCES
- Brown S et al 2008: Fear of an intimate partner and women’s health during early pregnancy Birth 35(4) 292-302