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**Together with Baby**

Parent Infant Mental Health Service

Cherry Trees at St Peter’s Hospital

Maldon, Essex

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**Referral Guidance**

The Infant Mental Health Service welcomes referrals from primary care providers with whom families in the pan Essex area come into contact with. This will include GPs, Health Visiting Services, Maternity Services, Paediatric Services and Early Years providers. Referrals are also welcome from secondary care and specialist services such as the Perinatal Mental Health Service. It is recognised referrals may come from third sector services and other providers but demand is likely to be less. There will also be the option for families to self-refer. There will be opportunities for referrers to discuss a potential referral to gauge whether it is appropriate with a clinician. With this being a new service it will take time for the type of referrals to be understood and referred appropriately.

**For a referral to be considered the following will need to be met**

**The referring issue is the relationship between the parent and the infant** and this relationship is at risk of breaking down. The attachment between parent and infant is struggling and this is impacting on the developing bond between baby and parent. There will be evidence of maternal mis-attunement affecting how the infant’s communications are being received and understood by its parent. The parent will be expressing how they do not consistently feel or experience a positive relationship with their baby. This is turn may compromise the baby’s emotional, social and physical development.

It is normal to feel disaffected with parenting, particularly in the early stages, to feel stressed and it not feel a positive experience but this is experienced fleetingly or sporadically or at times of severe disruption to the household routine but once settled the relationship feels positive again. Referrals to this service will be looking for consistent negative thoughts and feelings about the relationship, evidence of nonverbal cues being misunderstood, ignored or dismissed, active avoidance of being with their baby, not wanting to engage in interactions with their baby, the baby seeking others and not the primary carer. This list is not exhaustive and referrers are encouraged to discuss the referral issues to ensure it is appropriate and timely.

**The relationship to be at risk** this can be for many reasons but commonly this will be due to previous relational trauma the parent has experienced, difficulties in the pregnancy and birth that impacted on the postnatal period for example traumatic birth or neonatal admission following premature birth or birth complications. Other factors that can impact are environmental reasons such as the parent being in an unsafe relationship or the parent is struggling with drugs and alcohol misuse.

**Antenatal referrals** will be considered as it is recognised the relationship may struggle from the very beginning in pregnancy. The bond between the mother and the baby can feel fragile or in some cases non-existent. This lack of bond can derive from many factors including the pregnancy being unplanned, conceived through trauma, previous foetal and infant loss, the foetal development is compromised or high risk, previous birth trauma, fear of birthing as well a myriad of emotional and environmental factors. The referral will be discussed with the referrer to determine which other services are involved and the careplan for the pregnancy.

**Referral Pathway**

In the first instance a referral will be triaged for relational and safeguarding risk and to ascertain the network involved and to see what levels of support are currently involved. There will be different routes the referral will take once triaged

1. The referrer is contacted for further information and advice and consultation is provided
2. The referrer is contacted and signposted to other forms of support and intervention as well as provided with advice and consultation to support the family with next steps
3. The referral is accepted to assessment stage and the family will be met by a practitioner however this does not guarantee intervention. The clinician will bring the assessment information to the team and formulation of need will take place. From this a decision will be made as to whether an intervention will proceed or the family to be signposted to other agencies and organisations.

**The following exclusions apply**

**The parent and infant are not living in the EPUT footprint**. They will both need to be in receipt of GP services and have an Essex GP address.

**The infant is over 24 months in age**

**Secondary carers**. This service is for the primary carer and their infant, this will include mothers and fathers. The service recognises families start in all kinds of ways and the parental arrangement will not be a barrier to accessing services e.g same sex parenting, step parenting, parent with a physical disability etc. The service will not work with a secondary carer such as grandparent, aunt/uncle etc unless they are identified as the primary carer and are raising the infant consistently then the referral will be discussed.

**The infant is not in contact with the parent.** An infant may have been subject to removal and living in foster arrangements however the parent needs to be having regular access and there be active signs of progress towards the parent and infant living together in order for the referral to be considered.

**This service does not provide parenting assessments and will not assess capacity to parent.**

**The relationship between the parent and infant is not at risk**. If the referrer expresses concerns the referrer will be supported to gather appropriate clinical information to support evidence of risk e.g. screening tools. If the relationship is not at risk the referrer will be supported to signpost the family to other more appropriate resources.

**The parent is not available to attend assessment and interventions appointments** due to being hospitalised, in prison, in rehabilitation programmes for drug and alcohol misuse. Any referral made with these circumstances will be discussed with the referrer and decisions made on how best to support the family at this time.

**The parent has a learning disability** (cognitive functioning and adaptive functioning are severely affected). Any referral received with this presenting issue will be discussed with the referrer and decisions will be made as to how best to support the family at this time.

**Multiple births** – the same requirement is required as with a single birth, the referring issue is the relationship and it will need to be determined whether the relationship with more than one infant or more is under stress. Advice and consultation will be given to determine which baby or babies require assessment and possible intervention. For example a mother has given birth to triplets but it is with one of the babies she is struggling to develop a relationship with the mother and a baby would be referred rather than all 3 babies.

**Pregnancy and post birth loss** is extremely challenging and traumatic. This service cannot provide support and intervention for families who have lost their baby to miscarriage, stillbirth, neonatal complications and other causes of perinatal loss. Advice and guidance will be given as to services appropriate to supporting the family with the loss. The service can consider parents whom have experienced perinatal loss and it is impacting on their relationship with a new baby.

**In the case of maternal mental health issues** it will be discussed with the referrer as to whether the presence of maternal mental ill health is having a significant and measurably impact on the baby. Many women will experience mental ill health in the perinatal period but establish a healthy relationship with their baby and these needs to be considered at point of referral. This service works closely with the Perinatal Service and will consider joint working, where indicated, if the relationship with the baby is under stress.

Referral forms will be sent to admin mailbox – [epunft.pimhs.eput@nhs.net](mailto:epunft.pimhs.eput@nhs.net)

This will be processed and referrer contacted within 5 days to be informed of receipt of referral.

Referrals will be rejected if there if incomplete information as the service cannot proceed with referral without requisite demographic and clinical information.