



Perinatal Mental Health

Screening Tool

To be delivered as part of the 'Perinatal and Infant Mental Health Pathways for Wiltshire: phase one'

Revised October 2016

Developed by:

Wiltshire Council Public Health working in partnership with local service providers including: adult mental health, children and adolescent mental health, children's centres, maternity and health visiting services.

Ratified by:

Wiltshire Perinatal and Infant Mental Health Network

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Review date:

October 2017

For more information contact:

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PERINATAL MENTAL HEALTH SCREENING TOOL

To be completed as part of a *conversation¹* with all pregnant women resident in Wiltshire in line with the Wiltshire Perinatal Mental Health pathway.

Client Contact Details:	NHS Number:
Name: Mrs/Ms/Miss.....	DoB:
Address:	
.....	
Phone Number:	EDD/ DOB:
GP (name & surgery):	
.....	

GRAVIDA	Children in household (Name & DOB)
PARITY	

A) How are you feeling at the moment?

1. During the **past month**, have you often been bothered by feeling down, depressed or hopeless?

YES NO

2. During the **past month**, have you often been bothered by having little interest or pleasure in doing things?

YES NO

3. Over the **past month**, how often have you been bothered by the following problems:

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Being unable to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Where required use the translation service agreed by your organisation

4. Do you find yourself avoiding places or activities and does this cause you problems?

YES

NO

5. It is not uncommon for women to struggle with the thought that their life is not worth living.

Do you currently have any such thoughts?

YES

NO

Additional information:

B) Personal history

6. Have you ever suffered from psychological or mental health problems such as significant² depression, bipolar affective disorder, manic episodes, schizophrenia, psychosis, post-partum psychosis, personality disorder, significant eating disorder or an anxiety disorder?

a. After delivery

YES

NO

b. At any other time

YES

NO

If yes, please provide more information

If yes to 6a or 6b:

c. Was it treated?

YES

NO

d. Is treatment ongoing?

YES

NO

Please tell us about any treatment, medication or therapy you have received or currently using in relation to your mental health.

² Use professional judgement. If uncertain, check GP records and seek advice.

C) Family History

7. Has anyone in your family been diagnosed with a mental health problem?

YES NO

Please say which family member and tell us about the nature of the problem

MIDWIFE / HEALTH VISITOR:

➤ **Phone Primary Care Liaison Service (PCLS)** (contact details overleaf) **or Child and Adolescent Mental Health Service (CAMHS) if U18** (see U18s pathway notes for contact details) **if:**

a) the woman responds in ANY of the following ways:

- a. **Yes to one or more of the following questions: 1, 2, 4, 5, 6a or 6b**
- b. **Question 7 identifies family history of postpartum psychosis in a first degree relative**
- c. **Total score of 3 or more to both parts of question 3**

Scoring:

Not at all = 0 / Several days = 1 / More than half the days = 2 / Nearly every day = 3

OR

b) if you have concerns about a woman's mental health that are not identified using the screening tool

➤ **If requested, send PCLS/ CAMHS a copy of this screening tool by fax or secure email**

Discussed case with PCLS? YES <input type="checkbox"/> NO <input type="checkbox"/>	Outcome:
Informed client that a member of the Primary Care Liaison Service Team may make contact with them once this form has been reviewed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Information shared with GP / HV / MW and noted in hospital record as appropriate YES <input type="checkbox"/> NO <input type="checkbox"/>	

Midwife/ Health Visitor Sign & Print Name:

Midwife /Health Visitor Base & Phone Number:

Date: _____

PCLS Contact details by GP Surgery

PCLS: NEW Tel: 01380 737840 Fax: 01380 731295 email: awp.AC-PCL-NWilts@nhs.net	Box	Old School House
	The Sprays	Malmesbury
	Beversbrook	Ramsbury
	Northlands	Marlborough
	Patford House	Pewsey
	Hathaway	Purton
	Rowden	Tolsey
	Lodge	New Court
	Porch	Tinkers Lane
Cricklade	Sutton Benger	

PCLS: WWYKD Tel: 01380 737840 Fax: 01380 731295 email: awp.AC-PCLMS-WWYKD@nhs.net	Bradford on Avon & Melksham	Adcroft
	Courtyard	Lovemead
	Market Lavington	Bradford Rd
	St James's	Widbrook
	Lansdowne	Smallbrook
	Southbroome	The Avenue
	SPA	White Horse
	Gifford's	Jubilee Field

PCLS: SARUM Tel: 01722 820372 Fax: 01722 820376 email: awp.AC-PCL-SWilts@nhs.net	Barcroft	Harcourt Terrace
	The New Surgery	St Anne Street
	Cherry Orchard	Salisbury Medical Practice (Grove House)
	Downton	Salisbury Medical Practice (New Street)
	Cross Plain	Salisbury Walk in Centre
	Spring Orchard	Three Swans
	Silton	Till Orchard
	The Surgery (Hindon)	Tisbury
	Bourne Valley	Whiteparish
	Castle Street	Old Orchard
	Endless Street	Wilton
Mere		