

Justice Health NSW Procedure

Perinatal and Infant Mental Health (PIMH) Service

Issue Date: 28 February 2024

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Perinatal and Infant Mental Health (PIMH) Services

Procedure Number 6.019

Procedure Function Continuum of Care

Issue Date 28 February 2024

Next Review Date 28 February 2027

Risk Rating High

Summary The PIMH Service is a subspecialist service within Custodial Mental Health that assesses, supports and co-ordinates the mental health care of pregnant women in custody. It has an emphasis on maintaining the mother's mental health whilst in custody leading to better health outcomes for her and her baby.

Responsible Officer Clinical Nurse Consultant 2, PIMH Service

Applies to

- ☐ Administration Centres
- ☐ Community Sites and programs
- ☒ Health Centres - Adult Correctional Centres or Police Cells
- ☐ Health Centres - Youth Justice Centres
- ☒ Long Bay Hospital
- ☐ Forensic Hospital

CM Reference PROJH/6019

Change summary Updated to reflect the closing and change of purpose of two centres previously served by PIMH and clarify referral pathway for post-natal referrals

Authorised by Service Director Custodial Mental Health

Revision History

#	Issue Date	Number and Name	Change Summary
1	July 2020	Perinatal and Infant Mental Health (PIMH) Services	Updated centres served by PIMH and referral pathway clarified.
2	August 2023	<i>Perinatal and Infant Mental Health (PIMH) Services</i>	Updated to reflect the closing and change of purpose of two centres previously served by PIMH clarify referral pathway for post-natal referrals and clarify expanded role.
3	February 2024	<i>6.137 Perinatal and Infant Mental Health (PIMH) Services</i>	Updated to reflect the closing and change of purpose of two centres previously served by PIMH and clarify referral pathway for post-natal referrals. Details of PIMH CNC actions updated

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Always refer to the electronic copy for the latest version.

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2. Preface

The Perinatal and Infant Mental Health (PIMH) Service is a sub-specialist service within Custodial Mental Health that assesses, supports and co-ordinates the mental health care of pregnant women in custody. It has an emphasis on maintaining the mother's mental health whilst in custody leading to better health outcomes for her and her baby.

The PIMH service facilitates clinics at Silverwater Women's and Dillwynia Correctional Centres, where assessments and reviews can be conducted in person or via telehealth. Assessments and reviews for pregnant patients at Regional Correctional Centres can be facilitated via telehealth.

Please note, Emu Plains Correctional Centre is currently closed and the Mother and Baby Program temporarily suspended.

The PIMH CNC provides an assessment, intervention, and reintegration service to pregnant women in custody throughout their pregnancy and post birth for up to 6 weeks or longer based on clinical need. All pregnant women are seen by the service, where possible. The service provides continuity of care, support, counselling, and referral to other services as clinically indicated. Reviews are planned as per clinical need and in partnership with the patient, this is often on a weekly to fortnightly basis.

An initial comprehensive mental health and psychosocial history and assessment are completed. Establishing a therapeutic relationship with patients is key given the context of incarceration at a vulnerable time for the patients and their expectant babies. The PIMH CNC works within an interdisciplinary and interagency model, with close working relationships with Midwifery, Substance use in Pregnancy (SUP), Drug and Alcohol, and Custodial Mental Health within Justice Health NSW and Local Health District Social Work, PIMH services and Department of Communities and Justice (DCJ) in the community.

The PIMH CNC supports health staff with education on Perinatal Mental Health and acts in a consultation-liaison capacity for pregnant women in the Mental Health Screening Unit. For further information, please review the [G:Drive education resources](#).

3. Procedure Content

3.1 Referrals

Pregnant patients entering custody are identified at the Reception Screening Assessment (RSA) or via the 28-day pregnancy testing processes. The PIMH CNC also monitors new patients entering custody via PAS and can add pregnant patients to the waitlist. The PIMH CNC manages the PAS PIMH Waitlist for all centres, triages referrals and books appointments through PAS.

Antenatal referral

Where a patient is identified as pregnant through the RSA or via the 28-day pregnancy testing processes, the Primary Health Nurse or Custodial Mental Health nurse in the Mental Health Screening Unit (MHSU) must make a PAS PIMH Waitlist (Pimh, Dillwynia; Pimh Mulawa).

Postnatal referral

Where a patient is postnatal and experiencing mental health issues, referrals must be waitlisted for the Mental Health Nurse in the first incidence via a PAS PIMH Waitlist.

Patients can be placed on the PIMH Waitlist if they have seen the PIMH CNC within the last 12 months in a previous custodial episode.

Where it is determined by a Mental Health Nurse that a PIMH assessment would be appropriate, the Mental Health Nurse must complete a PAS PIMH Waitlist.

The PIMH role is a flexible one and clinics vary dependent on patient numbers. Clinics are held at Silverwater Women's and Dillwynia Correctional Centres. Assessments/reviews can be conducted in person or via telehealth. Clinics (room, time, telehealth) are arranged through the centre NUM/Admin staff and telehealth consultations can be facilitated via Pexip, TEAMS or MyVirtual Care.

3.2 Assessment

Establishing a therapeutic relationship with patients is key given the context of incarceration at a vulnerable time for the patients and their expectant babies. The PIMH CNC conducts a comprehensive mental health and psychosocial assessment to identify any mental health, risk, psychosocial, family, legal or pregnancy issues. This assessment is documented in the patient's health record and CHIME is completed.

The patient is provided with PIMH resources which includes, written information on ante and post-natal anxiety and depression, mindfulness, sleep in custody, breathing exercises, grounding exercise, post release resources and information. It also includes activity sheets and colouring pencils (confirm with CSNSW if pencils can be given).

A care plan is developed outlining current issues and management strategies. Frequencies of reviews are constantly assessed and dependant on clinical need, these are often needed weekly to fortnightly.

3.3 Interventions

The PIMH CNC will provides the following intervention to ensure the patient's identified needs are implemented and co-ordinated:

Pregnancy issues:

- Refer to Midwife via PAS Waitlist or phone where urgent.
- Refer to Primary Health/General Practitioner (GP) to manage pregnancy related medical issues.

Mental Health issues:

- Complete mental state examinations at each appointment
- Provide emotional support and build therapeutic relationships
- Refer to psychiatrist for diagnostic clarification/treatment
- Refer to MHSU where the patients is experiencing acute mental health issues requiring assertive care and management.
- Refer to sexual assault counsellor as clinically indicated
- Provide education and demonstration of mental wellness activities such as mindfulness activities and provide paper based mental wellness activities

Psychosocial and family issues:

- Refer to SAPO/psychology
- Consult with family and carers in seeking collateral information and information sharing
- Provide feedback to family and carers on patient care and progress

- Encourage education/programs/work where capable and appropriate

DCJ:

- Collaborate with DCJ relating to previous interactions and management
- Report to DCJ via helpline that the patients is 20 weeks+ (check with midwife as they often report)
- Attend DCJ meetings – attend as birth planning support.
- Attend babies' removal if clinically indicated and asked for by a patient as support.

Visitation of patient in an external hospital as support person:

- Examples include: birth support if patient has a severe mental illness and PIMH can provide reassurance of a trusted healthcare worker, or attendance at an assumption of care as a trusted healthcare worker for support. The need for these visits are individually assessed.

Pregnancy and birth plan:

- Liaise with CSNSW
- Liaise with SUPS/midwife/DCJ/hospital social worker.

The PIMH CNC also is involved in these governance and quality activities:

- Attend the fortnightly Drugs in Pregnancy clinical review meeting to update any mental health concerns.
- Chair the monthly Multi-Agency meetings for pregnant women in Custody. This meeting is attended by all services internal and external to discuss and plan care for the pregnant woman and allows for clear communication between services.
- Provide formal and informal staff and student education.
- Attend relevant Custodial Mental Health and Justice Health NSW meeting.

3.4 Release/Reintegration Planning

The PIMH CNC is involved in release/reintegration planning for patients transitioning from custody to the community.

Release planning (ante and post-natal)

For ante-post natal release planning, the PIMH CNC may:

- Discuss with the patient available community-based mental health services and how to access.
- Encourage the patient to go to their community-based GP for a mental health care plan.
- Refer patient to their community-based GP as needed
- Refer patients experiencing a mental illness and requires specialist mental health care in the community to the Community Mental health Team (CMHT) via the Mental Health Line 1800011511. The PIMH CNC is unable to directly refer to the community based PIMH.
- After the CMHT referral has been completed, a handover to the community based PIMH service is made.
- Develop a report or complete an assessment form from a mental health perspective for drug and alcohol rehabilitation.

Mental Health Hub Areas

For patient housed within the mental health hub areas (MHSU), Custodial Mental Health takes lead in community-based discharge planning and referrals. The PIMH CNC is in a consultation-liaison role in the care of these patients.

3.5 Partnerships

The PIMH's service works within an interdisciplinary and interagency model, with close working relationships with Midwifery, Substance use in Pregnancy (SUPS), Drug and Alcohol, and Custodial Mental Health within the Network and Local Health District social work, PIMH services and Department of Communities and Justice (DCJ) in the community.

Key Justice Health NSW Pregnancy services

The PIMH's CNC works closely with the Substance Use in Pregnancy Care Co-ordinator (SUPCC) and Midwifery Service to form a 'team' to ensure all aspects of the pregnant patient's care is being managed to ensure a holistic approach. This team work together to address all issues/concerns identified and collaborate with community providers to ensure continuity of care. The PIMH's service is a sub-specialty service within Custodial Mental Health to ensure that women who need specialist psychiatric care are triaged and assessed in a timely fashion.

Key Services in the Community working with PIMH

- Department of Communities and Justice (DCJ) – This includes working with the DCJ co-located caseworkers.
- Social work at Westmead and Nepean Hospitals.

Communication with these services occurs at the Monthly Interagency meetings (see below), where care can be planned for women involved with DCJ; especially around birth planning and possible assumptions of care.

Key Services from Corrective Services working with PIMH

- Psychology
- SAPO
- Chaplaincy Services

4. Definitions

DCJ

Department of Communities and Justice

Must

Indicates a mandatory action to be complied with.

PIMH

Perinatal Infant Mental Health

Should

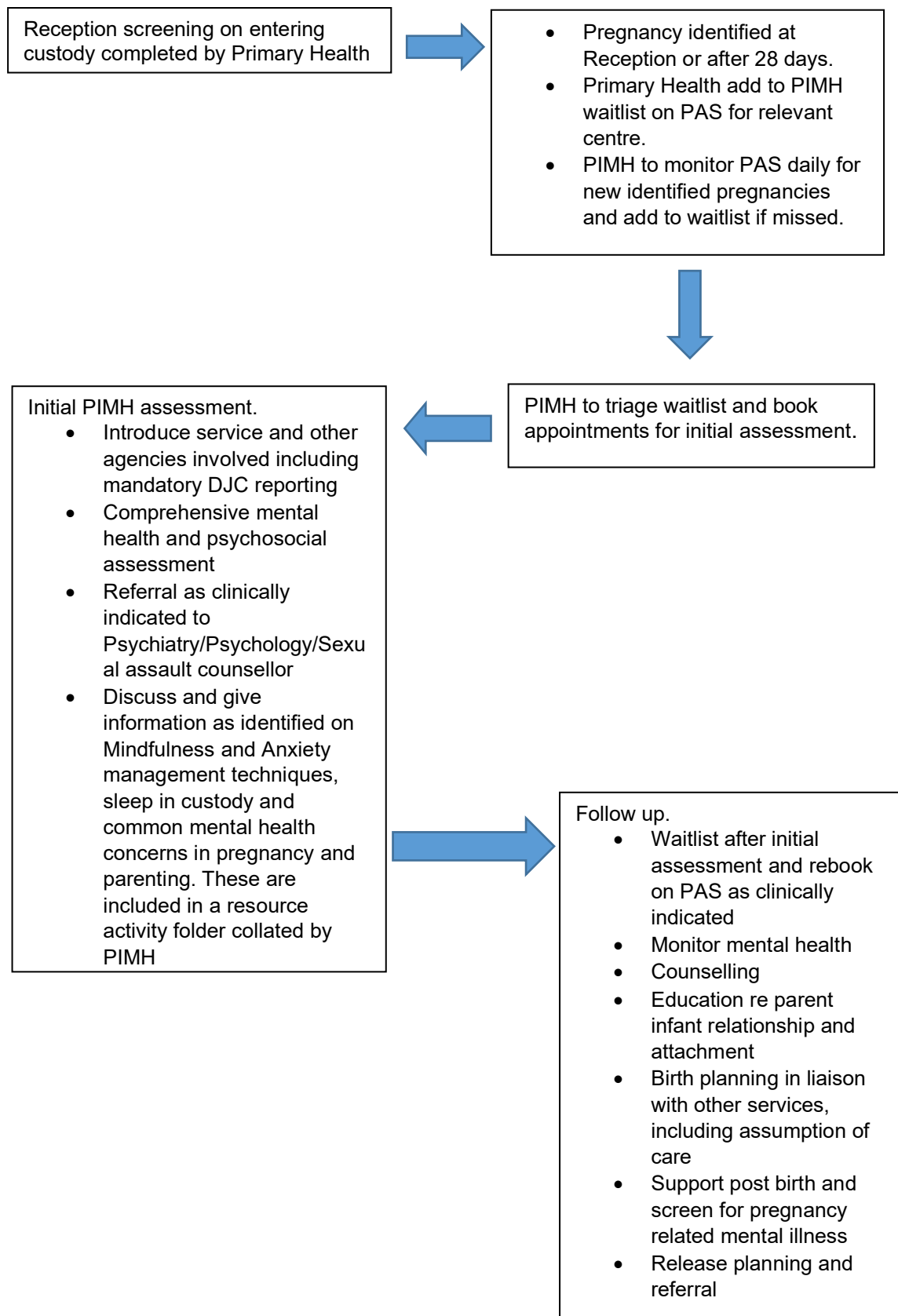
Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

SUPCC

Substance Use in Pregnancy Care Co-ordinator (SUPCC) (Justice health NSW).

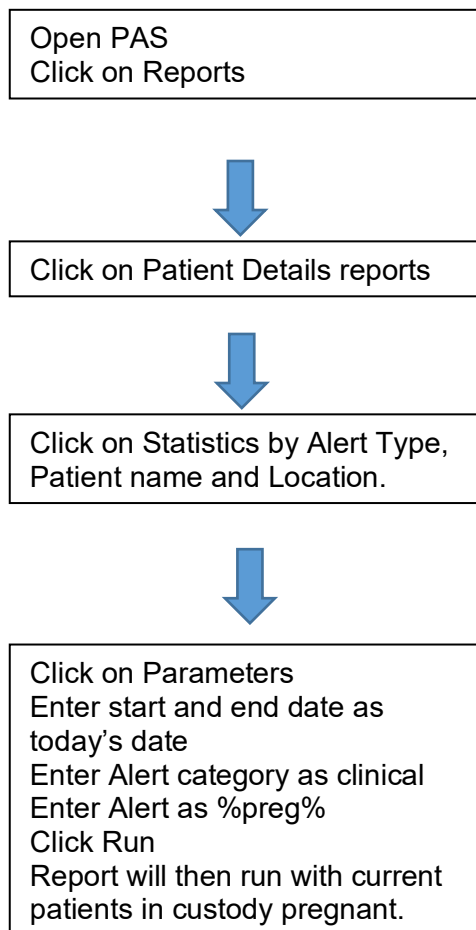
5. PIMH Flowcharts

5.1 PIMH Pathway



5.2 Administrative Information

To run a pregnant patient report on PAS:



PIMH clinics on PAS are listed differently to other services.

To waitlist: look up PIMH on PAS and scroll down to the centre you wish to book and add patient to waitlist as per PAS guidelines.

For example:

Pimh, Dilwynnia

Pimh, Mulawa

Appointments are booked directly from PAS, then occurred on CHIME.

6. Related documents

Legislations	<u>Mental Health Act 2007</u> (NSW) <u>Mental Health and Cognitive Impairment Forensic Provisions Act 2020</u> (NSW) <u>Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021</u> (NSW)
Justice Health NSW Policies, Guidelines and Procedures	<u>1.230</u> <i>Health Care Interpreter Services – Culturally and Linguistically Diverse Patients and d/Deaf Patients</i> <u>1.231</u> <i>Health Problem Notification Form (Adults)</i> <u>1.263</u> <i>Medical Holds</i> <u>1.336</u> <i>Referral (Adults and Adolescents) Forensic Hospital</i> <u>1.340</u> <i>Accommodation – Clinical Recommendations (Adults).</i> <u>1.380</u> <i>Clinical Care of People Who May Be Suicidal</i> <u>1.434</u> <i>Working with family and carers</i> <u>4.040</u> <i>Requesting and Disclosing Health Information</i> <u>6.051</u> <i>Guidelines for Psychotropic Medications</i>
Justice Health NSW Forms	<u>JUS005.001</u> <i>Health Problem Notification Form</i> <u>JUS020.015</u> <i>Consent to Release Health Information</i> <u>JUS020.083A</u> <i>Consent to Obtain Health Information for Continuation of Care</i> <u>Nomination of Designated Carer(s)</u>
NSW Health Policy Directives and Guidelines	<u>PD2017 033</u> <i>Physical Health Care within Mental Health Services</i> <u>PD2019 020</u> <i>Clinical Handover</i> <u>Perinatal Infant Mental Health Services (PIMHS)</u> NSW Health <u>GL2014 002</u> <i>Mental Health Clinical Documentation Guidelines</i>
Other documents and resources	<u>Mental Health Care in the Perinatal Period. Australian Clinical Practice Guideline – COPE Centre of Perinatal Excellence, 2023</u>

7. Appendix

7.1 2023 Clinical Practice guidelines for Perinatal MH

Scope covers

- screening, treatment and management of high prevalence disorders (depression and anxiety) and
- care planning for low prevalence disorders (schizophrenia, bipolar disorder, postpartum psychosis) and borderline personality disorder
- screening and psychosocial assessment for non-birthing partners
- management of psychological birth trauma

For more information, visit [Mental Health Care in the Perinatal Period. Australian Clinical Practice Guideline – COPE Centre of Perinatal Excellence](#).