

# CORONAVIRUS RESILIENCE PLANNING:

## TELEPSYCHIATRY QUICK REFERENCE GUIDE 4

### TELEPSYCHIATRY IN PERINATAL MENTAL HEALTH SETTINGS

This document is one of a set of seven resources to support use of Near Me for coronavirus resilience in psychiatric settings:

1. Overarching organisational plan
2. Outpatients plan
3. Inpatients plan
4. Telepsychiatry in clinical settings
5. Telepsychiatry in emergency settings
6. Legal and ethical consideration in telepsychiatry

**THIS DOCUMENT IS INTENDED FOR NHS  
SCOTLAND PERINATALMENTAL HEALTH SERVICES**

#### ACTIONS FOR NHS BOARDS:

1. Ensure all service managers have received this document
2. Inform service managers of any local arrangements that differ from what is described in this document
3. Support all services to be able to introduce Near Me video consulting

Version 1 March 2020

## USE OF NEAR ME IN PERINATAL MENTAL HEALTH SETTINGS

Near Me in Perinatal Mental Health Settings	
1	<b>Read in conjunction with Telepsychiatry in Clinical Settings and Maternity Services Guide</b>
2	<ol style="list-style-type: none"> <li>1. Perinatal Mental Health Services see patients at a time of great change in their lives. Mental disorder can develop very rapidly, particularly in the early postnatal period, and be associated with significant risk. There may be a need for frequent reviews of mental state.</li> <li>2. Near Me will not be appropriate for situations of high risk or severe mental state disturbance, where a face to face assessment is required.</li> <li>3. In pregnancy and the early postnatal period, there are greater risks of physical health problems which may emerge during a mental health consultation. Simple assessments (e.g., blood pressure monitoring) may not be possible in a Near Me consultation.</li> <li>4. Vulnerability to domestic violence is increased in pregnancy and may be further increased due to social distancing restrictions. It will be particularly important to ensure that patients can speak openly and that checks are made to ensure the interview is conducted in confidence.</li> <li>5. Assessment of the mother-infant relationship usually forms part of the overall perinatal mental health consultation. This will be more challenging in a Near Me setting.</li> <li>6. Social isolation may be particularly detrimental at a time when women usually have greater contact with family, statutory and third sector supports. Near Me consultations can be used to direct women to online and self-help resources.</li> <li>7. Near Me may be used for maternity liaison consultations in inpatient settings, either where there is an acute concern or for early postnatal assessment of women at high risk of major mental disorder. Maternity staff should ensure that the patient is in a private space and it may be helpful for a maternity staff member to be with the patient during the consultation. Ensure that feedback is provided to maternity staff directly after the consultation, either using the Near Me connection or by follow-on telephone call to the ward and/or to the woman's primary midwife in the community.</li> </ol>

During the Perinatal Mental Health Telepsychiatry Consultation	
1	<ol style="list-style-type: none"> <li>1. Follow Telepsychiatry in Clinical Settings Guide regarding establishing a connection, explaining the process, establishing patient identity, discussing confidentiality and consultation not being recorded, and ensuring the patient is happy to continue.</li> <li>2. Pay particular attention to clarifying whether anyone else is present in the room with the patient or within earshot. If the patient wishes a relative or friend to be</li> </ol>

	<p>present, request that a part of the consultation is carried out with the patient alone, if she is comfortable with that.</p> <ol style="list-style-type: none"><li>3. If postnatal, ask where her baby is and do not discourage her having the baby with her if she can manage care safely and is able to continue with the consultation.</li><li>4. If physical health concerns are identified, ensure you can provide the patient with appropriate direction for further assessment (e.g., contact with her Maternity Assessment Unit or primary midwife).</li><li>5. If risk to self or others is identified, ensure you have the means to have the patient reviewed face to face urgently if indicated.</li></ol>

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## APPENDIX 1: FURTHER INFORMATION

Further information about setting up Near Me is available if required. The aim of this document is to enable fast set up: previous documentation was designed around a slower timescale so is more detailed.

1. Resource Centre with information about the underpinning platform (Attend Anywhere):  
<https://tec.scot>

2. Clinician Near Me user guide



3. Posters for clinician walls



4. Guidance developed and authored by Dr Roch Cantwell, Consultant Perinatal Psychiatrist, NHS Greater Glasgow and Clyde and Lead Clinician, Perinatal Mental Health Network Scotland.

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### **Contact details for further information:**

For technical queries:

<https://www.vc.scot.nhs.uk/attendanywhere/>

For process queries: in the first instance, please contact the Near Me Lead in your NHS Board/HSCP