



Family Nursing & Home Care

Standard Operating Procedures

MECSH Mental Health Practitioner

6 April 2022

Document Profile

Type	Standard Operating Procedures
Title	MESCH Mental Health Practitioner
Author(s)	Nicky Le Conte MECSH Mental Health Practitioner, supported by Mo de Gruchy
Category	Child and Family Services
Version	1
Approval Route	Organisational Governance Approval Group
Approved by	Organisational Governance Approval Group
Date approved	6 April 2022
Review date	6 April 2025
Document Status	This is a controlled document. Whilst it may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, it should not be saved onto local or network drives but should always be accessed from the intranet.

Version Control / Changes Made

Date	Version	Summary of changes made
February 2022	1	New SOPs
March 2022	1.1	Minor amendments post-consultation

Contents

Introduction.....	4
SOP 1 Role and purpose of the MECSH MHP Service	5
SOP 2 Referral Process	6
SOP 3 First Visit	7
SOP 4 Initial Assessment	8
SOP 5 Ongoing sessions	9
SOP 6 Final Visit	10
Appendix 1 Mental Health Practitioner Referral – MECSH clients.....	11
Appendix 2 Template Letter to GP	14
Appendix 3 EPDS Questionnaire	15
Appendix 4 GAD-7 Questionnaire	16
Appendix 5 PHQ Questionnaire	17
Appendix 6 Client Feedback Form	18

Introduction

Maternal Early Childhood Sustained Home-Visiting (MECSH) is a structured programme of sustained nurse home visiting for families identified to be at risk of poorer maternal and child health and development outcomes. It is delivered as part of a comprehensive, integrated approach to services for young children and their families.

In 2014 Family Nursing & Home Care (FNHC) introduced the MECSH scheme in Jersey. The programme draws together the best available evidence on the importance of the early years, children's health and development, the types of support parents need, parent-infant interaction and holistic, ecological approaches to supporting families to establish the foundations of a positive life trajectory for their children.

Key components of the scheme include:

- ✓ Supporting mother and child health and wellbeing
- ✓ Supporting mothers to be future oriented and aspirational
- ✓ Supporting family and social relationships
- ✓ Additional support in response to need
- ✓ Child development parent education

The MECSH programme is delivered by a dedicated team of Health Visitors who have undertaken additional training as MECSH Practitioners with a MECSH Mental Health Practitioner (MHP) working alongside to support MECSH clients who require additional mental health support.

These Standard Operating Procedures (SOPs) have been developed to guide the work of the MECSH Mental Health Practitioner (MHP).

SOP 1 Role and purpose of the MECSH MHP Service

Purpose

This SOP outlines the role and purpose of the MECSH MHP Service

Scope

This applies to all members of the MECSH team who may be involved in referring clients to the MHP service

Core Requirements

The MHP service is a short term intervention focused on maternal mental health and emotional wellbeing. This is based on a Brief Solution Focused Therapy approach.

It consists of a maximum of six one hour sessions which take place in the client's home. The sessions focus on supporting the client to develop a toolbox of Cognitive Behavioural Therapy (CBT)-informed strategies, mindfulness and breathing techniques to support mental health and wellbeing.

During the sessions, if appropriate, onward referral for further psychotherapeutic intervention will be discussed with the client. Also discussed, depending on severity of the client's presentation, will be escalation to the Adult Mental Health Service, which would offer the client a mental health assessment with peri-natal psychiatrist referral and support from the Adult Mental Health team.

The MHP will maintain records of client interventions on EMIS and maintain ongoing liaison with referring HVs as required.

As part of their role, the MHP will be required to attend:

- ✓ monthly supervision with MECSH Champion
- ✓ bi-monthly CAMHS clinical supervision

SOP 2 Referral Process

Purpose

This SOP details the process to be followed when referring a client to the MECSH MHP service

Scope

This applies to all members of the MECSH team who may be involved in referring clients to the MHP service

Core Requirements

The MHP will receive referrals from HVs re clients who are already receiving support through the MECSH programme and where the HV has had a discussion with the client re their maternal mental health and emotional wellbeing.

The HV will have described the MHP service to the client and how this might benefit them. Client consent will be required before the HV can refer them to the MHP service.

The HV will complete the referral form (see appendix 1) and send it to the MHP including a current EPDS and GAD assessment score (see SOP 4).

The MHP will review the referral for appropriateness and triages the client.

The MHP will liaise with the referring HV to obtain further background information and organise a joint visit to the client.

The HV will contact the client to confirm details of visit, which will take place in the client's home environment.

SOP 3 First Visit

Purpose

This SOP covers the process involved in the first visit

Scope

This applies to all members of the MECSH team who may be involved in referring clients to the MHP service

Core Requirements

The first visit will take place in the client's home and will be a joint visit with the client's HV and the MHP.

The MHP will explain the purpose and content of the service they can provide (as per SOP1).

The MHP will discuss with the client regarding their current mental health needs, recent history, presenting problems and what the client wished to achieve, using a collaborative approach.

The MHP and the client agree a date for the next appointment to complete an initial assessment. The MHP will ensure she has the client's email address and mobile phone number to support communication relating to appointment times.

The MHP will write to the client's GP to inform them of the MHP's involvement in their patient's care (see appendix 2)

SOP 4 Initial Assessment

Purpose

This SOP covers the process involved in the initial assessment

Scope

This applies to all members of the MECOSH team who may be involved in referring clients to the MHP service

Core Requirements

The MHP will complete an initial assessment in the client's home environment, allowing 90 minutes to complete the process

The MHP will complete a full assessment of the client's mental health needs, including the client's perception of their main difficulties at present, significant stressors and how this is impacting their life at present.

The MHP will also obtain information on the mental health history of the client and of the client's family, and complete a risk assessment. The client will be asked to complete the following to obtain a baseline score (see appendices 3-5):

- ✓ Edinburgh Postnatal Depression Scale (EPDS)
- ✓ Generalised Anxiety Disorder Assessment (GAD-7)
- ✓ Patient Health Questionnaire (PHQ-9)

The MHP and the client will agree specific goals of treatment.

The MHP will reflect on the client's aspirations and discuss with the client to ensure that this is the right time for intervention for them, to support positive outcomes.

The MHP will explain to the client that confidentiality will be maintained and will obtain consent from the client for the MHP to liaise/share information with other health care professionals - where this is required it will be on a 'need to know' basis.

Following this session and clarification of presenting issues the MHP will email psychoeducation** to the client.

** Psychoeducation is an evidence-based therapeutic intervention for patients and their loved ones that provides information and support to help them better understand and cope with their mental health condition.

SOP 5 Ongoing sessions

Purpose

This SOP covers the process involved in the ongoing sessions

Scope

This applies to all members of the MECSH team who may be involved in referring clients to the MHP service

Core Requirements

The MHP will continue to visit the client at home for a further five visits of one hour each. Where possible, these visits will be weekly for visits one and two and then fortnightly for visits three, four and five. Where possible, all visits to be completed within 12 weeks.

During these sessions the regular focus will be on the client's aspirations, goals and a review of the effectiveness of specific strategies. If appropriate the MHP will discuss with the client possible joint sessions with the client's partner or significant other member of the client's family/support system.

There will be ongoing review of psychoeducation provided and referrals made to other services, where this has been indicated.

SOP 6 Final Visit

Purpose

This SOP covers the process involved in the final visit

Scope

This applies to all members of the MECSH team who may be involved in referring clients to the MHP service

Core Requirements

The client will be asked to complete the following again to obtain a score for comparison:

- ✓ Edinburgh Postnatal Depression Scale (EPDS)
- ✓ Generalised Anxiety Disorder Assessment (GAD-7)
- ✓ Patient Health Questionnaire (PHQ-9)

The MHP and client will review aspirations, goals and effectiveness of strategies.

The client will be 'discharged' from the MHP service. Depending on outcomes the client will either be:

- Returned to the MECSH programme under the care of their HV
- Referred to other agencies for ongoing psychotherapeutic care

The MHP will ask the client to complete a feedback form (see appendix 6). The data collected is included in the overall MECSH report.

Appendix 1 Mental Health Practitioner Referral – MECOSH clients

Name of household members/significant others

Mother	DOB	Address
EMIS Number	Tel details.	
Father	DOB	Address
EMIS Number	Tel details.	
Child:		
Child:		
Child:		

Preferred language.	
Interpreter required.	
Communication issues.	

Pregnant. Gestation.	Weeks -
PIM	YES NO
Baby Steps attendee	YES NO
Adult mental Health referral?	

Other therapy	
Midwife	
GP	
Referred by.	Tel:
Date of referral.	

Any other professionals/ agencies involved.	
Details.	

Reason for referral	
EPDS Dates	SCORE
GAD 7 Dates	SCORE

Mental health and current presentation.
Mental Health History: to include previous psychiatric illness/treatment and family history.

Client perceptions-what interventions would the client find helpful?

- Anxiety management
- Support with depression/low mood.
- Other: please specify.

Client voice

Substance misuse – i.e. alcohol use

Any Risk issues i.e. domestic abuse /self-harm.

Safeguarding concerns - Brief summary

Appendix 2 Template Letter to GP



Date

GP Address

Client Name:

D.O.B:

I am writing to inform you that the above Client is participating in the Health Visiting MECSH (Maternal Early Childhood Sustained Home Visiting) Programme.

I am offering sessional therapeutic support within the home, in my capacity as Mental Health Practitioner for 6 visits, focusing on the Client's mental health and wellbeing.

Should you have any significant information regarding this Client's mental health history, please do not hesitate to contact me – detailed below.

I will liaise with you, should there be any concerns in the meantime.

Yours sincerely

Nicky Le Conte

Mental Health Practitioner

Tel: 443606

Email: n.leconte@fhnc.org.ie

MECSH Programme

Appendix 3 EPDS Questionnaire

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
☒ Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
☐ No, not very often Please complete the other questions in the same way.
☐ No, not at all

In the past 7 days:

- | | |
|---|--|
| 1. I have been able to laugh and see the funny side of things
<input type="checkbox"/> As much as I always could
<input type="checkbox"/> Not quite so much now
<input type="checkbox"/> Definitely not so much now
<input type="checkbox"/> Not at all | *6. Things have been getting on top of me
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
<input type="checkbox"/> No, most of the time I have coped quite well
<input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things
<input type="checkbox"/> As much as I ever did
<input type="checkbox"/> Rather less than I used to
<input type="checkbox"/> Definitely less than I used to
<input type="checkbox"/> Hardly at all | *7. I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never | *8. I have felt sad or miserable
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason
<input type="checkbox"/> No, not at all
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Yes, very often | *9. I have been so unhappy that I have been crying
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Only occasionally
<input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason
<input type="checkbox"/> Yes, quite a lot
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No, not much
<input type="checkbox"/> No, not at all | *10. The thought of harming myself has occurred to me
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Never |

Administered/Reviewed by: _____ Date: _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Plontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

Appendix 4 GAD-7 Questionnaire

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score — = Add Columns — + — + —

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring and Interpretation of Scores:

GAD-7 Anxiety Severity: This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively. GAD-7 total score for the seven items ranges from 0 to 21.

Scores of 5, 10, and 15 represent cut points for mild, moderate, and severe anxiety, respectively. Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for individual or any anxiety disorder, a recommended cut point for further evaluation is a score of 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for generalized anxiety disorder. It is moderately good at screening three other common anxiety disorders – panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%), and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Interpreting Scores	
5-9	mild anxiety
10-14	moderate anxiety ⁽¹⁾
15-21	severe anxiety

⁽¹⁾ When screening for individual or any anxiety disorder, a recommended cut point for further evaluation is a score of 10 or greater.

Source: Robert L. Spitzer, MD; Kurt Kroenke, MD; Janet B. W. Williams, DSW; Bernd Löwe, MD, PhD *A brief measure for assessing generalized anxiety disorder. The GAD-7. Arch Intern Med. 2006;166:1092-1097.*

Appendix 5 PHQ Questionnaire

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3


add columns + +

TOTAL:

10. If you checked off *any problems*, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all
Somewhat difficult
Very difficult
Extremely difficult

Appendix 6 Client Feedback Form



Clients Questionnaire

In order to support and develop the MECSH Service could you please complete the following brief questionnaire?

1) As a result of the Mental Health Practitioner's visits, what have you found helpful?

	Very Good	Good	Satisfactory	Disappointing	N/A
Sessions with the MHP					
Home Visits					
Initial joint visit with MHP and Health Visitor					
Introduction or referral to other services					
Any Other Comments					