THE WHO ENCOUNTER FORM adapted for perinatal mental health care

BASIC INFORMATION ABOUT THE SERVICE

<table>
<tr><td rowspan="3">1)</td><td rowspan="3">Participating Service :</td><td>Response :</td><td>Code :</td></tr>
<tr><td>Perinatal Mental Health Service East London</td><td>1</td></tr>
<tr><td>Perinatal Mental Health service Birmingham</td><td>2</td></tr>
<tr><td rowspan="3">2)</td><td rowspan="3">Who completed the form ?</td><td colspan="2">Name:</td></tr>
<tr><td colspan="2">Profession:</td></tr>
<tr><td colspan="2">Date:</td></tr>
</table>

BASIC INFORMATION ABOUT THE PATIENT

<table>
<tr><td>3)</td><td>Patient ID:</td><td>☐☐ ☐☐☐</td></tr>
<tr><td>4)</td><td>Patient age (years):</td><td>……………………….. (years)</td></tr>
<tr><td rowspan="2">5)</td><td rowspan="2">Current Antenatal/Postnatal Position (please circle):</td><td>PREGNANT, Gestational age …………….. (weeks)</td></tr>
<tr><td>POSTNATAL, Weeks after delivery……………. (weeks)</td></tr>
</table>

<table>
<tr><td rowspan="10">6)</td><td rowspan="10">Marital status (please circle):</td><td>Response</td><td>Code</td></tr>
<tr><td>Single</td><td>1</td></tr>
<tr><td>Married/living together</td><td>2</td></tr>
<tr><td>Married/living apart</td><td>3</td></tr>
<tr><td>Widowed</td><td>4</td></tr>
<tr><td>Divorced</td><td>5</td></tr>
<tr><td>Cohabiting</td><td>6</td></tr>
<tr><td>In a relationship but not living together</td><td>7</td></tr>
<tr><td>Other state</td><td>8</td></tr>
<tr><td>Left blank</td><td>9</td></tr>
<tr><td rowspan="5">7)</td><td rowspan="5">Education level (please circle):</td><td>Response</td><td>Code</td></tr>
<tr><td>Primary</td><td>1</td></tr>
<tr><td>Secondary</td><td>2</td></tr>
<tr><td>College</td><td>3</td></tr>
<tr><td>University</td><td>4</td></tr>
<tr><td rowspan="3">8)</td><td rowspan="3">Employment (please circle):</td><td>Response</td><td>Code</td></tr>
<tr><td>Employed</td><td>1</td></tr>
<tr><td>Unemployed</td><td>2</td></tr>
</table>

		Retired	3

9)	**Please specify patient ethnicity (please circle):**
	
	Response Code
	
	White
	     White English/Welsh/Scottish/Northern Irish/British 01
	     Irish 02
	     Gypsy or Irish traveller 03
	     Any other White background 04
	Mixed/ Multiple ethnic backgrounds
	     White and Black Caribbean 05
	     White and Black African 06
	     White and Asian 07
	     Any other Mixed/Multiple ethnic background 08
	Asian / Asian British
	     Indian 09
	     Pakistani 10
	     Bangladeshi 11
	     Chinese 12
	     Any other Asian background 13
	Black/African/Caribbean/Black British
	     African 14
	     Caribbean 15
	     Any other Black/African/Caribbean background 16
	Other ethnic group
	     Arab 17
	     Any other ethnic group 18		

10)	**Number of children**	……………………………….

11)	**Age of children** **(please specify** **weeks/months/years)**	Child 1: ……………………. weeks/months/years
		Child 2: ……………………. weeks/months/years
		Child 3: ……………………. weeks/months/years
		Child 4: ……………………. weeks/months/years
		Child 5: ……………………. weeks/months/years
		Child 6: ……………………. weeks/months/years

		Response	Code
12)	**Involvement of social services:**	Yes	1
		No	2

FIRST CARE-GIVER

13)	Who did the patient see first? Please choose the answer among these options:	Response	Code
		General practitioner (GP)	01
		Midwife	02
		Community mental health team (CMHT)	03
		Heath visitor	04
		Social worker	05
		Obstetrician	06
		Community/specialist nurse	07
		Perinatal doctor	08
		Perinatal nurse	09
		Home treatment team	10
		Crisis Resolution Home Treatment Team	11
		Care Co-ordinator	12
		Liaison psychiatrist	13
		Police	14
		Legal system	15
		Perinatal Mental Health Team	16
		A&E	17
		Specialist Midwife	18
		Other, please specify:	88
		R (refused)	*97*
		N/A (not asked)	*98*
		Left blank	*99*
14)	How long ago? (weeks)		
15)	Who initiated first contact?	*Patient*	*01*
		Relatives/friends	*02*
		Neighbours	*03*
		Work colleagues	
		Employer	
		Police	
		Medical practitioner	
		Other (specify)	
		R (refused)	*97*
		N/A (not asked)	*98*
		Left blank	*99*

16)	What symptoms led to seeking care?			
	Psychological & behavioural symptoms	Code	Somatic symptoms	Code
	Depression related	01	Headache	13
	Anxiety related	02	Abdominal pain	14
	Other neurotic symptoms.	03	Back/chest pain	15
	Psychotic symptoms	04	Weakness/lethargy	16
	Personality disorder	05	Fever	17
	Other organic symptoms	06	Dizziness	18
			Loss of weight	19
	Interpersonal problems	07	dews disturbance	20
	Suicide attempt	08	Cough/cold/influenza	21
	Violent or aggressive behaviour	09	Genito-urinary symptoms	22
	Other disturbed behaviour	10	Other somatic symptoms	23
	Alcohol related problems	11	Antenatal/post-natal care	24
	Drug related problems	12	Family planning	25
			Bipolar disorder	26

		Review of previous mental illness	27
		Other 88 Mother infant boding issues 89 *R (refused)* 97 *N/A (not asked)* 98 *Left blank* 99	

17)	**What treatment was offered?**	<u>Response</u>	<u>Code</u>
		Monitoring/review/no intervention	1
		Medications	2
		Councelling	3
		Combined medication and councelling	4
		Other, please specify:	9

Who was seen next? Same set of questions is asked for all other caregivers on the pathway.

- Second care-giver
- Third care-giver
- Fourth care-giver
- Fifth care-giver
- Sixth care-giver

ADDITION: PATIENT'S FIRST INTERVIEW/ASSESSMENT AT PMHS

18)	**Who saw the patient for the first interview/assessment?**	<u>Response :</u>	<u>Code :</u>
		Perinatal consultant/trainee	1
		Perinatal nurse	2
		Other, please specify:	9
19)	**Where was the assessment conducted?**	<u>Response :</u>	<u>Code :</u>
		Community PMHT service – office	1
		Maternity ward	2
		General adult psychiatric ward	3
		MBU	4
		A &E	5
		Patient home	6
		Telephone	7
		Other:	9
20)	**Days between the referral received in the relevant Perinatal service and the patient being seen by one of professionals in the service?**	………………………….. (days/weeks/months)	
21)	**What was the main problem**	<u>Response :</u>	<u>Code :</u>

	presented?		
	Please state one main symptom by choosing from options under <u>question 16</u>:	Add notes if needed:	
22)	**What is the nature of this condition?**	<u>Response</u>	<u>Code</u>
		Relapse of a pre-existing disorder (e.g. schizophrenia, major depressive disorder)	1
		Newly developed perinatal mental illness (e.g. antenatal or postnatal depression, postnatal psychosis)	2
		Ongoing mental health disorder (at risk of relapse/worsening of symptoms in perianal period)	3
		Previous Mental Illness (at risk of relapse/worsening in perinatal period)	4
23)	**Past history of care by any Mental Illness Service:**	<u>Response</u>	<u>Code</u>
		Yes	1
		No	2
		Left blank	9

MENTAL HEALTH PROFESSIONAL'S ICD-10 & 11 DIAGNOSIS

24)	**If this is newly developed perinatal mental illness (as specified in q22), what was the duration from onset of perinatal illness to access perinatal psychiatric care (defined as first interview/assessment at PMHS):**	
25)	**First diagnosis (ICD-10):**	…………………………………………………….
26)	**Second diagnosis (if any) (ICD-10):**	…………………………………………………….
27)	**Third diagnosis (if any) (ICD-10):**	…………………………………………………….

Condition	ICD-10 code	ICD-11 code
Schizophrenia	F20	6A20
Acute psychosis	F23	6A23
Puerperal psychosis	F53.1	6E21
Bipolar	F31	
- Bipolar type 1		6A60
- Bipolar type 2		6A61
- Cyclothymic disorder		6A62
Postpartum depression	F53.0	6E20.0
Depressive episode	F32	6A70
Recurrent depressive disorder	F33	6A71
Generalised anxiety disorder	F41.1	6B00
Obsessive-compulsive disorder	F42	6B20
PTSD	F43.1	6B40
Personality disorder	F60	6D10
No illness	0000	
Panic disorder	F41.0	
Mixed anxiety and depressive disorder	F41.0	
Other…………….	(Look up ICD-10 code for condition)	

For example: Schizophrenia F 20