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Special Feature Article

A Clinical Implementation of the Perinatal Mental Health Consensus Guide in Japan: Focusing on Multidisciplinary Collaboration and Information Sharing in Psychiatric Care

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Abstract

The Perinatal Mental Health Consensus Guide 2017 in Japan consists of recommendations and explanatory text on 20 clinical questions. The guide not only describes guidelines and methods of support, but also the support structure, such as organizational structure and collaboration, that is a prerequisite for support provision. For example, Clinical Question: CQ5 refers to the role of the receiving psychiatric hospital and its response to outpatient treatment and hospitalization. CQ6 also states that when child abuse is suspected, collaboration should be handled not by individuals but by organizations such as the hospital's child protection team.

In utilizing the principles and guidelines of the guide, Gakujikai Kimura Hospital serves as a recipient of postpartum mental health care collaboration for mild to severe cases. For mild cases, the hospital provides expert advice to municipal public health staffs, and for moderate cases, it opened a women's outpatient clinic and a stress care ward in July 2017, creating a system that can promptly provide medical care. In addition, the hospital takes on severe cases through psychiatric emergency admissions, albeit with the limitation that there are no obstetric complications. Since the opening of the specialized outpatient clinic, a total of 338 eligible patients have been treated through the end of

June 2022, five years after the clinic was opened. In order to smoothly provide psychiatric treatment for postpartum women, the following are required: (1) a full-time medical team consisting of physicians, psychologists, and others, including social workers who are familiar with local resources and networks for maternal and child health, (2) hiring staff who can provide childcare and childcare, (3) improving the facility environment (dedicated waiting rooms, consulting rooms, nursing rooms, etc.), and (4) "Family Support Team: FAST" to work in close cooperation with the Child Guidance Center, and (5) establishment of opportunities for regular training, study, and information sharing with the maternal and child health care side.

Keywords: antenatal and postnatal mental health services, Perinatal Mental Health Consensus Guide 2017 in Japan, multidisciplinary collaboration, Family Support Team

Introduction

The perinatal period is a time when new mental health issues are likely to arise. This tendency results from the convergence of biological factors, such as physiological changes associated with pregnancy, childbirth, and breastfeeding, rapid fluctuations in female hormone balance, psychological factors like anxiety about pregnancy, childbirth, and childcare, conflicts with partners or relatives, relationship breakdowns, and socioeconomic difficulties such as job loss, financial hardship, and changes in social standing. Furthermore, for women with a history of mental illness, this period is also prone to relapse or recurrence. Consequently, poor outcomes such as maternal suicide, inappropriate childcare, child abuse-related deaths, or

parent-child suicides may occur, causing severe trauma and prolonged suffering for the individuals involved, their families, and the wider community.⁵⁾ To address this situation, it is essential to link diverse social resources, including not only medical and administrative services but also those related to early childhood care and child welfare, and ensure coordinated support among multiple agencies.³⁾ However, the current support system is insufficient.

The Japanese Society for Perinatal Mental Health published: 'Perinatal Mental Health Consensus Guide 2017' in April 2017.²⁾ This guide is intended to function as a support tool to provide higher-quality services for individuals requiring mental health care during the perinatal period, achieved through collaboration among professionals

across diverse fields such as medicine, public health, and social welfare. It aims for conciseness and clarity to facilitate sharing with non-psychiatric support providers and assist in explaining relevant information to patients and their families.

The 2017 edition of this guide consists of recommendations and explanations for 20 clinical questions (CQs). It describes not only methods for screening mental symptoms, pharmacotherapy, electroconvulsive therapy, psychotherapy, and social support, but also presents the organizational structures and collaborative systems that form the basis for providing support. For example, CQ5 ("What are the specific methods and approaches for medical, health, and welfare services to collaborate and respond, taking into account the urgency, childcare and family environment, and child safety?") states that psychiatric hospitals serve not only as referral destinations for outpatient care but also as appropriate admission facilities when hospitalization is required due to postpartum risks of suicide attempts, self-harm, or harm to others. This section discusses the role of psychiatric hospitals as receiving facilities, and their response from out- to inpatient care. Furthermore, CQ6 ("How should information-sharing, consent

acquisition, and communication be conducted among medical, health, and welfare services for pregnant and postpartum women requiring support due to mental health issues, particularly in cases of abuse or inadequate parenting?") states that when child abuse, inadequate parenting, or fetal abuse is suspected, coordination should be discussed within the organization through mechanisms such as the hospital's Abuse Prevention Committee, and actions should ideally be taken under the name of the organization's administrator.

I. Postpartum Mental Health Care in Psychiatric Hospitals

By utilizing the principles and guidelines from such manuals, Gakujikai Kimura Hospital (hereinafter referred to as "our hospital"), where the author is affiliated, implements postpartum mental health care coordination, as shown in the diagram.⁶⁾

Currently in Japan, postpartum mental health issues are identified through: (i) postpartum health checkups conducted primarily at obstetric facilities within 2 weeks and 1 month postpartum, and (ii) screening for mental symptoms (particularly postpartum depression and anxiety) during the all-household home visiting program for infants conducted by public health nurses from the local

municipality between 1 and 4 months postpartum.

Regarding our hospital's specific involvement: for mild cases where mental distress exists but daily functioning and childcare capabilities are sufficiently maintained, the role of the psychiatric department is not to provide direct medical care; it supports maternal and child health professionals who assist individuals by offering expert advice and information to public health nurses on each ward of Chiba City, and by participating as advisors in case review meetings of the Regional Council for Children Requiring Special Protection (Yōtai Kyō). Our hospital's physicians are responsible for Chiba City's mental health consultation services and, as advisors to the city's Yōtai Kyō, share information with and provide expert advice to maternal and child health professionals.

For moderate to severe cases in which mental symptoms impair daily functioning or parenting abilities, prompt psychiatric consultation is required. However, from the perspective of maternal and child health professionals, even when they finally succeed in persuading a woman to seek care, they often do not know which medical institution to refer her to or whether any provide care considerate of postpartum women. Moreover, because appointments are frequently scheduled

several weeks in advance, some professionals give up on the referral and, instead, continue to monitor the situation with concern, as has been reported. Furthermore, postpartum women often find it difficult to leave home to seek care due to childcare responsibilities. This is especially true when family relationships have broken down and there are no relatives available to assist with childcare, creating a situation where women want to seek treatment but cannot. Taking these barriers to care into account, our hospital opened the Women's Mental Health Outpatient Clinic in July 2017 to facilitate smoother access to medical services for postpartum women. We also established the Stress Care Ward equipped with facilities and support systems enabling postpartum women to be hospitalized.

Furthermore, for emergency situations involving severe psychiatric symptoms, such as acute hallucinations and delusions with risks of self-harm or harm to others, psychomotor agitation, or stupor, where parenting functions have broken down and immediate psychiatric hospitalization is required to ensure the safety of both the mother and child, inpatient treatment is provided on our psychiatric emergency ward, but only when there are no obstetric complications.

In this way, since establishing specialized outpatient clinics and wards to care for postpartum women with conditions ranging from mild to severe, we treated a total of 338 patients in the five-year period ending in June 2022, with the number of patients increasing at a rate of approximately 10 per month.

II. Problems Arising from Establishing Specialized Outpatient Clinic and Ward

During the five years since establishing the specialized outpatient clinic, we encountered various difficult situations. This paper describes three characteristic hypothetical cases. The first case involved a mother whose attention was not focused due to depressive symptoms, and whose bonding with her child was insufficient, resulting in a weak sense of “protecting her child.” She left her child in a car in the hospital parking lot under the scorching sun while she attended an outpatient appointment. In this case, it was necessary to address dangerous behaviors toward the child, which could be regarded as abuse, as well as inappropriate parenting. The second case occurred when the specialized outpatient clinic first opened. At that time, the waiting area was shared with the general outpatient clinic. While waiting for her consultation, a mother with an infant became distressed when other patients in the waiting room

began shouting loudly, possibly causing her child to cry uncontrollably. Unable to bear the situation, the mother gave up on waiting for the consultation. This experience highlighted the need to create a separate outpatient environment that protects mothers and infants, who are both physically and psychologically vulnerable. The third case concerned issues arising during the consultation itself. Mothers who receive care while holding children may be distracted by their fussing or movement, making it difficult to concentrate on the clinical dialogue. Furthermore, in some cases, topics related to attachment difficulties, such as: “I don’t find my child cute,” must be discussed in front of the child, causing marked psychological stress for both the medical staff and patient.

III. Necessary Measures as Support System for Postpartum Mental Health Patients (Table)

To promptly resolve the above issues, our hospital introduced the hardware, software, and management measures listed in the table. Regarding hardware, as mentioned above, we opened a Women's Mental Health Specialty Outpatient Clinic and Stress Care Ward for postpartum women with mental health difficulties in July 2017.

Some private rooms on the Stress Care Ward have a small entrance where

shoes are removed before entering, and the floors are finished with solid wood planks, creating a home-like environment safe for infants to crawl. Beds are standard size, being wide enough for co-sleeping, and the interior design allows for comfortable daytime activities with children indoors. Additionally, the ward includes a visiting room used when family members bring infants for visits, a dining kitchen for preparing baby food and family meals, and a ward nursing room for diaper changes and breastfeeding.

The increasing number of outpatients seeking specialized care made the shared outpatient building cramped, necessitating greater consideration for postpartum women and children. Therefore, starting January 2021, a new outpatient building was added. Together with the Child Mental Health Outpatient Clinic (Pediatric Outpatient Clinic), it includes three examination rooms, two psychological testing/counseling rooms, and a dedicated waiting area. Within the waiting area, a “Baby Corner” is partitioned with baby beds and privacy curtains for infant feeding and diaper changes, and a “Kids' Space” is provided where toddlers can play while waiting.

In terms of software, a specialized psychological program for postpartum mental health issues has been

developed, primarily targeting inpatients, and is provided by a licensed psychologist dedicated to postpartum mental health support. Additionally, a group program within the psychiatric short-stay care unit was also established to provide a peer community space where discharged patients can casually talk about parenting topics.

Furthermore, the electronic medical record system includes guidelines for medication during pregnancy and lactation, maternal and child health resources, collaboration procedures, and patient-oriented pamphlets. This information is accessible not only to dedicated physicians but to all hospital medical staff, to facilitate explanations to patients and families and support shared decision-making. Furthermore, to accommodate patients residing at distant locations, telemedicine and remote psychological counseling are also provided.

Management involves appointing dedicated staff and establishing teams to ensure autonomous operation. First, two physicians (one full- and one part-time), two licensed psychologists, and two psychiatric social workers (PSWs) are assigned as dedicated staff responsible for specialized out- and inpatient treatment. Particularly regarding the coordination role of PSWs, a dedicated position was deemed

essential, as it is necessary to ensure smooth and robust information-sharing, coordination, and collaboration not only with the usual mental health and welfare partners but also with maternal and child health professionals, such as obstetricians and gynecologists, midwives, nursery teachers, and public health nurses in charge of maternal and child health, who are usually less involved with psychiatric care.

Currently, these members form a team that manages, analyzes, and improves the clinical care system for patients with perinatal mental health difficulties at our hospital.

Furthermore, coinciding with the move to the new outpatient building mentioned earlier, two childcare workers were hired starting January 2021 (increased to four in April 2022) and are stationed in the waiting room of the new outpatient building from 9:00 AM to 4:00 PM on days when the specialized outpatient clinic conducts consultations.

They support mothers who feel anxious or exhausted due to unfamiliar childcare experiences or unexpected situations involving their children, while discreetly monitoring mother-infant bonding and children's health status. They also assist with childcare tasks such as breastfeeding, diaper changes, and sponge baths. Their experienced communication and

childcare advice provide important support for mothers who tend to feel isolated in parenting. They also identify childcare challenges and mother-child bonding dynamics that may not surface during medical consultations, and provide relevant information as feedback to the medical staff, making them indispensable key staff members in the operation of the specialized outpatient clinic. Furthermore, they provide childcare services while mothers are undergoing examinations, thereby creating an environment in which patients can calmly receive consultations, tests, and psychological interviews in a calm state.

The service began in fiscal year 2021 with two staff members. As the number of childcare cases exceeded 100 per month and patients responded positively, the team was expanded to four members starting in fiscal year 2022. Under the current medical fee system, there is no monetary incentive for psychiatric services to employ childcare workers. However, we estimate that this personnel cost can be covered if, for example, we can claim the High-Risk Pregnant Women and New Mothers Collaborative Guidance Fee II (750 points per month, once per month) for three cases per day.⁴⁾

IV. Family Support Team (FAST) in Dedicated Psychiatric Hospital

While operating the women's and children's outpatient clinics, we frequently encountered cases requiring intervention due to the presence of child abuse, maltreatment, and domestic violence. At the request of administrative agencies, we increasingly received abuse cases in both the women's and children's outpatient clinics. Consequently, in April 2020, we established the Gakujikai Family Support Team (FAST) to handle both the protection of abused children and support for the abusive parent(s).¹⁾ FAST consists of two child psychiatrists, one licensed psychologist, and one mental health and welfare specialist. Childcare workers or external support personnel may also participate as needed.

FAST reviews all consultation cases collectively, regardless of whether they involve out- or inpatient care, from our hospital and the satellite clinic within our organization, Benten Mental Clinic. FAST determines the method of coordinating with child welfare-related agencies, including notifications to the Child Guidance Center (CGC), and contacts each agency directly. Over the two-year period from 2020 to 2021, 141 cases were reviewed: 75 involving parents, and 66 involving children. Of these, 101 cases originated from our hospital and 40 from Benten Mental Clinic. The primary reason for review

was physical abuse (44 cases, 31%), followed by psychological abuse (41 cases, 29%) and neglect (29 cases, 21%), collectively accounting for 80%. FAST referred 25 cases to CGC, and information was shared with CGC in 88 cases (including those that had already been referred to CGC, and were then introduced to our hospital for consultation). Our hospital admitted patients in 2 cases under temporary protective custody.

Conclusion

This paper introduced the efforts of one private hospital as a clinical implementation example of the 'Perinatal Mental Health Consensus Guide 2017'. However, the author's purpose is not to publicize such specialized medical practice. Considering the accessibility constraints and urgency for pregnant women and those with infants, it is crucial to further increase the number of medical facilities where they can receive mental health support safely and conveniently near their homes. Due to space limitations, we could not cover renovation costs or the numerous detailed practical measures. We ask readers interested in this topic, or those considering implementation at their own institutions, to contact us directly. We will offer cooperation to the best of our ability.

Editor's Note: This special feature article is based on the symposium held at the 118th Annual Meeting of the Japanese Society of Psychiatry and Neurology, with Toshihito Suzuki (Mental Clinic, Juntendo University Koshigaya Hospital) and Takashi Takeuchi (Department of Psychiatry, Tokyo Medical and Dental University Hospital) as the representatives.

There are no conflicts of interest to disclose in relation to this paper.

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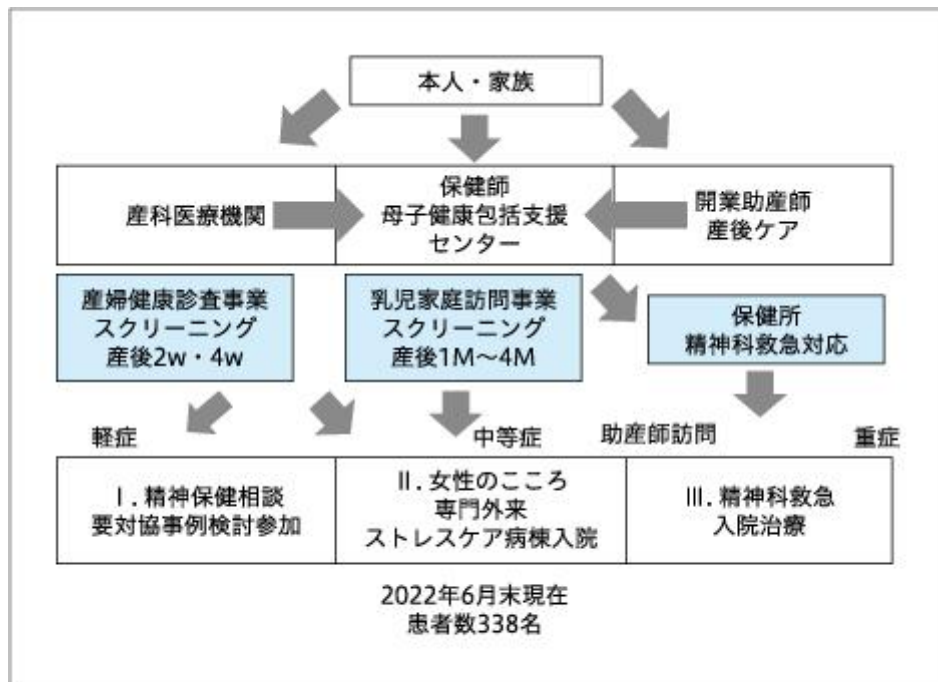


図 学会会木村病院の産後メンタルケア連携対応図
(文献6より著者作成)

Figure: Collaboration of postpartum mental health care at Gakujikai Kimura Hospital

(Created by the author based on reference 6)

表 受診の受け皿として必要となったもの

<p>専用のハードウェア</p> <ul style="list-style-type: none"> • 産後メンタル不調に対応するストレスケア病棟 [2017年7月~] • 女性のこころ専門外来（ほぼ妊産婦対象） [2017年7月~] • 新外来棟（女性外来・児童外来専用） [2021年1月~] • 外来・病棟双方に授乳室，プレイルームを設置
<p>ソフトウェア：専用の治療・支援</p> <ul style="list-style-type: none"> • 心理療法プログラム <ul style="list-style-type: none"> ・ 母親と父親を対象とした心理カウンセリング ・ ショートケア用集団プログラム • 電子カルテ内に薬物療法ガイドなど，共同意思決定用のコンテンツを格納 • 遠隔診療・遠隔心理カウンセリング
<p>マネジメント：専任スタッフ・チーム</p> <ul style="list-style-type: none"> • 女性のこころ専任スタッフ：医師2名，公認心理師2名，PSW2名を配置 • FAST（家族支援チーム：児童精神科医2名，公認心理師1名，PSW1名 [2020年4月~] • 保育士の雇用（託児と育児相談：月平均100件） [2021年1月~]
<p>他機関との連携・協働</p> <ul style="list-style-type: none"> • 精神科病棟への助産師訪問：千葉県助産師会との連携 [助産師への依頼方法・共同支援内容・料金などの設定] • 区健康課（保健師）とのホットライン • 児童相談所とのホットライン（FASTチームが窓口） • 県児童家庭課虐待防止強化アドバイザー，市要対協事例検討会アドバイザーを受託
<p>研修・事例検討会</p> <ul style="list-style-type: none"> • FASTミーティング（院内事例検討会） • 助産師会との合同事例検討会（月1回） • 産科・助産師会合同研修会（3ヵ月に1回） • ママのメンタルケアネットワークちばメーリングリスト

Table: Resources required to accommodate patient visits

Dedicated hardware

- Stress care ward for postpartum mental health problems [from July 2017]
- Specialized outpatient clinic for women's mental health (primarily for ante- and postnatal patients) [from July 2017]
- New outpatient building (dedicated to women's and children's outpatient clinics) [from January 2021]
- Lactation rooms and playrooms were installed in both out- and inpatient areas

Software: dedicated treatment and support

- Psychotherapy programs
- Psychological counseling for mothers and fathers
- Group programs for short-term care
- Shared decision-making resources, such as pharmacotherapy guidelines, are stored in the electronic medical record system
- Telemedicine and remote psychological counseling

Management: Dedicated staff and teams

- Dedicated staff for women's mental health: 2 physicians, 2 licensed psychologists, and 2 PSWs
- FAST (Family Support Team: 2 child psychiatrists, 1 licensed psychologist, and 1 PSW) [from April 2020]
- Employment of childcare staff (childcare and parenting consultations: approximately 100 cases per month) [from January 2021]

Collaboration with other institutions

- Midwife visits to psychiatric wards: in collaboration with Chiba City Midwives Association
[Setting for midwife requests, joint support content, fees, etc.]
- Hotline with the district health section (public health nurses)
- Hotline with the Child Guidance Center (FAST team as a contact point)
- Contracted as an advisor for child abuse prevention reinforcement by the prefectural Child and Family Division, and as an advisor for case review meetings of the municipal child welfare council

Training and case review meetings

- FAST meetings (in-hospital case review meetings)
- Joint case review meetings with the Midwives Association (monthly)
- Joint training sessions with obstetrics departments and the Midwives Association (every 3 months)
- "Mamas' Mental Care Network Chiba" mailing list