



Criteria

The predominant focus of Acacia’s work is on early intervention and support for those experiencing mild to moderate symptoms and in this way to complement existing maternal mental health services available in the region. **It is important to note that this is not a crisis service.** Staff/volunteers will support clients with mild to moderate depression and anxiety during the antenatal and postnatal period. Service users with significant, complex and/or other risk issues beyond the scope of the service will be referred to other more appropriate statutory mental health services. We recognize that clients can sometime present with complex social needs, often with the involvement of other services. The referral classifications outlined below are based on the mental health issues they are facing rather than the severity/complexity of other factors. This means that even where there may be fairly complex social factors these are viewed separately in terms of assessing suitability for the service and are not necessarily seen as contributors to the suitability criteria. Although, on occasion these other factors may still influence our ability to offer a service.

Inclusion/exclusion criteria – whilst Acacia Family Support are eager to be flexible in the selection of suitable clients it is important to establish certain inclusion/exclusion criteria so that referrers are clear about the intentions of our services. As an early intervention with finite resources the referral of inappropriate clients puts undue stress on Acacia’s referral/assessment system/processing, which leads to longer waiting times for those referrals who would benefit most from our service.

Mild to Moderate Classification - The service is available to parents in Birmingham of children under two years old who are experiencing mild to moderate perinatal mental health problems, specifically PND/anxiety as specified in the NICE guidelines.

- A mild mental health problem is when a person has a small number of symptoms that have a limited impact on their daily life.
- A moderate mental health problem is when a person has more symptoms that can make their daily life much more difficult than usual (Nice CG123, May 2011).

Clients with higher needs are not generally suitable for our service. Clearly this excludes people presenting or diagnosed with severe and enduring mental health problems and those whose primary presenting issues are not perinatal mental health related.

The Stepped Care Model (*Common Mental Health Problems: Identification and Pathways to Care, Nice CG123, May 2011*) provides further guidance on referral criteria. The idea of the stepped care model is to offer the least intrusive, but most appropriate service, for the service users, but generally a service user will only be at one step at a time, so for instance if someone is at step 4 CMHT/SPMHT they would not normally be seen at step 3 IAPT/BHM at the same time unless there were exceptional circumstances that had been agreed by both services. Steps 1 to 3 are primary care services. Acacia generally straddles steps 1 and step 2. See table below.

Stepped Care Model					
	Primary		Secondary		Tertiary
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Watchful waiting and support services	BHM/IAPT, peer support, individual facilitated. self-help. Psychoeducational groups, non-directive counselling	BHM/IAPT, Psychotherapy, counselling	CMHT/SPMHT/Specialist Perinatal MH Teams/FTB	Home treatment	Inpatient Care

Exceptions

There may be individual cases where the referrer is uncertain whether the client fits our service and/or believes an exception should be made to Acacia's usual referral criteria, keeping in mind that Acacia is a low/moderate level of intervention. In these instances, the onus is on the referrer to contact Acacia Family Services to discuss the referral before the referral is made. Exceptions to these criteria may be made in certain circumstances but only after having been agreed to by both services. In situations where a person has self-referred and it is not clear whether they are suitable for our service, more information should be gathered, and the client may be offered an assessment to verify their suitability and if necessary to identify a more appropriate service for them and assist with signposting.

Sometimes when a parent is with a specialist perinatal mental health service but is not actively receiving Step 4 treatment but perhaps is receiving monitoring only and being considered for discharge in the near future, our service may be suitable.

Specialist Referral Forms – In the case of the above exceptional cases it is necessary for the referring specialist service to use our Specialist Referral Form, which can be found on our website. This form has three additional sections:

- Social History
- Risk Assessment
- Active Safeguarding Case Information

It is important that all the necessary information is provided to help us accurately assess the client needs and level of risk. It is always advantageous in expediting a good decision if the referrer speaks to our referrals screener to help fill in any information gaps. The use by the referrer of our specialist form does not guarantee acceptance of the referral and they should be aware/informed at the time of referral/screening that the case will be discussed by the Acacia referral team before a final decision is made. In general, this decision should take place within two weeks with additional information sought from the referrer where required.

Contact

Website: All agency referrals, in the first instance, should be made through our website www.acacia.org.uk/agency-referral-form/.

Acacia Family Support head office is at 5a Coleshill Street, Sutton Coldfield, B72 1SD. Our main phone number is 0121 301 5990. Our email address for all general enquiries is teamacacia@acacia.org.uk

Days/hours of operation Main office hours of operation are Monday – Friday 9 am–5 pm. However, admin office phone lines are only answered between the hours of 9am and 3pm.

Response times – The aim of Acacia is to provide early access and intervention.

The target for commencement of service including full (telephone) assessment of a new referral is 1–4 weeks. Occasionally this may occasionally take longer. A comprehensive welcome resource pack containing information, service directory and useful resources will be sent to all successful referrals following initial referral triage. We also have a comprehensive website with information, free resources, video stories etc.

Please Note: *If there is incomplete referral information and difficulty in obtaining the necessary information from the referrer this may at times delay the referral. It is important to ensure that all sections of the application form are completed thoroughly when making an online referral.*