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# Perinatal and Infant Mental Health Strategic Framework

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Introduction

The birth of a baby is a significant and life changing event. It is a time of great change within a woman’s life and also one of heightened vulnerability with regard to social and emotional adjustment. For many women feelings of stress and worry will resolve with time, however for some, pregnancy and parenthood will trigger mental health problems. It is estimated that depression, anxiety or both will affect at least one in ten women during pregnancy and one in six women in the year following birth or 16% of Australian women experiencing mild to moderate depression in the postnatal period (beyondblue, 2011).

Perinatal mental health problems are a significant public health concern in Western Australia, affecting not only mothers but also the infant, significant others, families and the broader community. The consequences of perinatal mental health conditions are profound. Maternal anxiety is associated with difficult infant temperament and behavioural difficulties in later childhood (O’ Connor et al, 2002, as in beyondblue, 2011). Infants of severely depressed mothers are also at risk of forming insecure attachments, as a lack of responsive and consistent care impairs the ability of the infant to regulate their own behaviour and emotions.

Perinatal mood disorders do not exist in isolation. A woman’s relationship with her partner or significant other may be compromised as a result of perinatal mental health conditions. When a new mother is distressed there is a reasonable likelihood that the father may also be suffering. In up to 50% of couples where the mother is depressed, so is the father (Fletcher, Matthey and Marley, 2006). Depression in fathers may lead to reduced or negative interactions with the baby and may also contribute to maternal distress (Ferguson-Hill, 2010). Other children within the family may also suffer as a result of one or both parent’s compromised mental health. Associated drug and alcohol abuse or domestic violence may further compromise the functioning of the family unit (Ferguson-Hill, 2010).

Perinatal mood disorders are not only experienced by the mother but also by the family as a whole. As a consequence of this, effective care and treatment of mental health issues in the perinatal period needs to be family centric and acknowledge the mother, infant and family unit. The following Perinatal and Infant Mental Health Strategic Framework builds upon the notion of family centric care, outlining strategies for optimum service delivery in Western Australia.
Background and context

Perinatal and infant mental health in Western Australia

A number of significant events, activities and partnerships have helped shape Western Australia’s response to perinatal mental health issues and service delivery. These actions have led to Western Australia being the only state to have a Mother and Baby Unit sited on a tertiary maternity and women’s hospital, together with a well functioning Department of Psychological Medicine.

The Childbirth, Stress and Depression Project:
The Childbirth, Stress and Depression Project was established in 1995, following funding from the National Mental Health Incentive and Reform Program. The aim of the project was to investigate existing childbirth related mental health services available for women, outline gaps in service provision and make recommendations for service improvement. It was to do so in consultation with both consumers and health professionals. The resultant document was entitled Report on Childbirth, Stress and Depression (Pope, 1995).

The Report on Childbirth, Stress and Depression found that there was a general lack of community and health professional awareness regarding childbirth related mental health issues (Pope, 1995). This resulted in limited treatment options for women and an underlying stigma surrounding help seeking. A lack of co-ordination and collaboration between existing services was also cited in the report, as were ongoing shortages in funding (Pope, 1995).

The Report on Childbirth, Stress and Depression generated 17 recommendations. These included community education campaigns, better training for health professionals, community capacity building strategies and the creation of crisis services for parents (Pope, 1995). Ten recommendations were funded and a second report, entitled Report on Childbirth, Stress and Depression Volume 2 (Watts & Pope, 1998), was created to outline the progress and results of the implemented recommendations. The strategies identified in the first report were found to be successful, however further recommendations for funding were suggested.

State Perinatal Mental Health Reference Group:

A key action of the State Mental Health Strategy 2004-2007 (Office of Mental Health, 2004) was the extension of postnatal depression services for mothers and babies. This was to be overseen by the State Perinatal Mental Health Strategy, consisting of a State Coordinator, an Administrative Assistant and a guidance committee called the State Perinatal Reference Group (SPRG). The SPRG originally involved members from Community Mental health and Community Health services, King Edward Memorial Hospital, Women’s Health Services, Ngala, Child and Community Health and the Postnatal Depression Support Association.
In 2006/2007 four new staff members joined the State Coordinator to oversee research and evaluation, health promotion, education and website development. This team became the WA Perinatal Mental Health Unit (WAPMHU). In 2008, the SPRG changed its name to the State Perinatal Mental Health Reference Group (SPMHRG) to clarify its focus. The SPMHRG has grown to include representation from over a dozen agencies. SPMHRG members have a range of professional knowledge and include practitioners who specialise in infant and adult mental health, transcultural mental health, psychiatry, child and community health and population health (Thomas, 2006). More importantly, SPMHRG also includes consumer representatives who lend valuable lived experience to the group.

The overarching function of SPMHRG today is to advise WAPMHU in the planning, implementation and evaluation of key government strategies for improving perinatal mental health in Western Australia (WAPMHU, 2007).

**Western Australian Perinatal Mental Health Unit:**

WAPMHU coordinates initiatives and provides information for consumers and health professionals regarding the mental health of parents and families in the perinatal period. It is staffed by a State Coordinator, Education and Training Officer, Education and Training Research Officer, Research Officer, Senior Research Psychologist, Health Promotion Officer and an Administrative Assistant.

The key activity areas of WAPMHU are:
- coordination
- education and training
- health promotion,
- service expansion and
- research

WAPMHU and SPMHRG work together with WAPMHU coordinating initiatives and SPMHRG providing advice and stakeholder consultation.

**Perinatal and infant mental health nationally**

**National Perinatal Depression Initiative:**

In March, 2008 the Australian Health Minister’s Advisory Council (AHMAC) convened and agreed to collaborate on the development of a National Perinatal Depression Initiative (NPDI). The NPDI would focus on routine screening, workforce training and development, community awareness and follow up support and care for perinatal depression (AHMAC, 2009). In total the Australian Government committed $55 million over five years, to be distributed to State and Territory Governments, beyondblue and the Access to Allied Psychological Services (ATAPS) program.

The Australian Government committed $30 million for States and Territories to improve prevention, early detection, treatment and support of mental health conditions in the perinatal period. The funding was distributed to States and Territories with the WA
allocation being $3,696,202 over the 2008-2013 financial years. This figure was matched by the State Government.

WAPMHU is responsible for the coordination and management of this funding. Activities funded by the NPDI in Western Australia include education and training programs, the development and implementation of service models, the creation of support groups for Culturally and Linguistically Diverse (CALD) women and various community awareness activities. The Framework for the National Perinatal Depression Initiative 2008-09 to 2012-13 informs the strategic direction of the Perinatal and Infant Mental Health Strategic Framework.

**Beyondblue:**

Established in 2000 by the Commonwealth Government, beyondblue is a not for profit organisation addressing depression, anxiety and related disorders. beyondblue works in conjunction with State and Territory Governments to reduce stigma and raise community awareness of mental health conditions.

In 2008 beyondblue received funding from the newly created NPDI to continue its valuable work regarding mental health conditions in the perinatal period. It used this funding to create clinical practice guidelines for depression and related disorders. These guidelines have been endorsed by the National Health and Medical Research Council (NHMRC) and summarise existing research, make recommendations and suggest best practice care for mental health conditions in the perinatal period (beyondblue, 2011).

The Clinical Practice Guidelines for Depression and Related Disorders (beyondblue, 2011) inform the outcomes and strategies suggested by this Perinatal and Infant Mental Health Strategic Framework.
Mission

“To promote optimal emotional health and wellbeing for women, infants and families in Western Australia in the perinatal period”

Vision

The Perinatal and Infant Mental Health Strategic Framework envisions the following:

That Western Australian women, infants and families experience positive emotional health in the perinatal period and that those experiencing difficulties are adequately supported.

That the broader community places as much emphasis on the emotional health and wellbeing of pregnant women, mothers and babies as they do on physical health and wellbeing.

That it is recognised that mothers and babies are not alone and that fathers, carers and significant others are integral to the early identification and treatment of mental health problems in the perinatal period.

That services reflect the importance of the relationship between infant and consistent caregiver, whether that be mother, father or significant other.

Purpose

Empirical evidence over the last 10 years has indicated that sensitive and responsive parenting results in better outcomes for children and, in turn, the greater community. It has been recognised that in order to improve infant outcomes relating to physical, social and emotional health, optimal perinatal health and wellbeing is required. The following Perinatal and Infant Mental Health Strategic Framework recognises the symbiotic nature of the mother-infant dyad and the need to tailor services accordingly. It seeks to provide direction for health and related agencies in Western Australia.

The framework will be supported by a Perinatal and Infant Mental Health Model of Care which is currently in development. The framework is congruent with a number of recent initiatives such as the:

- Mental Health 2020: Making it personal and everybody’s business, Mental Health Commission 2012;
- Report of the Inquiry into the Mental Health and Wellbeing of Children and Young People in WA Commissioner for Children and Young People, April 2011;
- Western Australian Women’s Health Strategy 2012 – 2015 (in draft);
- beyondblue Perinatal Mental Health National Action Plan;
- beyondblue Clinical Practice Guidelines for Depression and Related Disorders;

1 The perinatal period refers to the period commencing from preconception, through pregnancy and up to 12 months postpartum (beyondblue, 2011).
Guiding Principles

The Perinatal and Infant Mental Health Strategic Framework is based upon the following guiding principles:

The Promotion of Emotional Health and Wellbeing
- Perinatal emotional health and wellbeing is essential, as it serves as a protective factor enabling women to better cope with the stress and change associated with this period. As such, the promotion of emotional health and wellbeing should be a fundamental component of service delivery.

High Quality Care Delivery
The following factors need to be recognised in order to provide high quality care:
- Care delivery must be based on contemporary best practice and recognise and focus upon critical periods or windows of opportunity in infant brain development.
- Mental health care for the infant is contingent upon high quality mental health care for the mother and the presence of an appropriate responsive adult.
- Care delivery should be family centric and recognise that maternal mental health problems do not only affect the mother but also the larger family unit.

Recognition of Diversity
The Perinatal and Infant Mental Health Strategic Framework recognises diversity and takes into account the following groups in the planning and provision of services:
- Aboriginal people
- The CALD population, especially those entering Australia as part of a humanitarian or refugee program
- Same sex parents
- Adoptive parents
- Grand-families

Inclusivity
The Perinatal and Infant Mental Health Strategic Framework seeks inclusivity and takes into account the following groups in the planning and provision of services:
- Those living in rural and remote Western Australia
- Those with a disability
- Adolescent parents
- Fathers

Equality and Accessibility
The Perinatal and Infant Mental Health Strategic Framework supports equality, accessibility and substantive equality, ensuring services are distributed in a manner that reflects the diversity of the Western Australian community. Service availability and accessibility will be of primary importance in the planning and implementation of perinatal and infant mental health initiatives.

According to the WA Women’s Health Strategy 2012 – 2015 (Department of
“Substantive equality is the actual experience of equality in real life. It recognises that rights, entitlements, opportunities and access are not necessarily distributed equally throughout society; equal or the same application of rules to unequal groups can have unequal results; where service delivery agencies cater to the needs of the majority group, other people with different needs may miss out on essential services. Equal treatment is not about treating people the same; it is about treating people differently in order to cater for different needs (Department of Health 2010). A gender equality approach recognises the different challenges that women and men face in managing their health, including their different health requirements and the different barriers they face in accessing services (Department of Health and Ageing 2008).”

Partnerships and Collaboration
- The Perinatal and Infant Mental Heath Strategic Framework advocates a collaborative approach to care and a shared responsibility for the emotional health and wellbeing of mothers, babies and their families.

Consumer and Carer Focus
- Services should be consumer and carer focused and recognise the importance of shared planning and decision making, community self-determination and collaborative relationships.

Accountability
- Available funds and resources should be utilised in the most effective manner possible. Accountability will be maintained through detailed and transparent planning and broad community and stakeholder consultation in the planning, development and evaluation of services.
Strategic Direction

OBJECTIVE 1

Develop a perinatal and infant mental health model of care to define service delivery and establish best practice care.

- Develop a model of care that will advocate the following:
  - Integrated service delivery across government, non-government and the private sector;
  - Information sharing across public, private and non-government services;
  - A multidisciplinary/ trans disciplinary approach to care coordination and case management;
  - Collaborative decision making between consumers and health professionals, incorporating mutually agreed care plans and goal setting; and
  - Ongoing data collection and service evaluation.
OBJECTIVE 2

Reduce risk factors associated with perinatal and infant mental illness through mental health promotion, illness prevention and early identification.

- Raise awareness amongst health professionals and in the broader community of perinatal emotional health, depression, anxiety, and related disorders.

- Raise awareness amongst health professionals and the broader community of the impact of perinatal emotional health and wellbeing on infant mental health.

- Establish practical strategies for enhancing emotional health and wellbeing in the perinatal period.

- Engage with consumer groups and the community on a regular basis, thereby building capacity and increasing self determination.

- Ensure culturally appropriate universal and routine perinatal depression screening and assessment, psychosocial risk assessment and identification of stress and anxiety in the perinatal period.

- Integrate culturally appropriate screening and assessment into routine care provided in the perinatal period.
OBJECTIVE 3

Improve existing perinatal and infant mental health follow up, treatment, care and support mechanisms.

- Promote timely screening in the perinatal period and early intervention for those with an EPDS score of 13 or higher.
- Establish a variety of community capacity building mechanisms, ensuring practical social and emotional support is available for families.
- Ensure families have access to well coordinated and well informed front line mental health services, including general practice, midwifery and child health.
- Streamline referral pathways to ensure families have access to appropriate services such as psychological and psychiatric care, support groups and in-home practical support.
- Provide high quality and relevant information for mothers, fathers, carers and significant others regarding treatment modalities. Information should be presented in a variety of formats.
- Advocate consumer support services for families experiencing mental health issues in the perinatal period.
- Ensure treatment services are grounded in current perinatal and infant mental health research, are culturally appropriate, and focus upon enhancing the parent-infant relationship.
- Ensure care, treatment, follow up and support services are congruent with clinical practice guidelines for perinatal depression and infant mental health.
OBJECTIVE 4

Improve the effectiveness of workforce development and training related to perinatal and infant mental health.

- Ensure there is comprehensive and coordinated education and training for health professionals and related agencies in perinatal and infant mental health.

- Involve consumers and carers in educational preparation and ongoing education programs for health professionals.

- Incorporate the latest perinatal and infant mental health research into existing education programs.

- Include information on enhancing parent-infant interaction, identification of infant cues and sensitive parenting in education and training programs.

- Incorporate perinatal and infant mental health screening and risk assessment as part of mandatory education and training for frontline health professionals.

- Ensure opportunities are available for health professional clinical supervision, mentoring and support.
OBJECTIVE 5

Develop initiatives to improve the emotional health and wellbeing of at risk sociocultural groups in the perinatal period.

- Develop well coordinated and culturally appropriate services for at-risk sociocultural groups.
- Develop culturally sound resources promoting the importance of emotional health in the perinatal period.
- Develop networks for disseminating resources to relevant target audiences.
- Engage Aboriginal and CaLD mental health professionals/ workers with a particular interest in, or knowledge of, perinatal and infant mental health.
- Incorporate information on culturally safe care into existing education and training programs.
- Increase capacity for Aboriginal or CaLD health professionals/ workers to deliver education and training.
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<td>AHMAC</td>
<td>Australian Health Ministers Advisory Council</td>
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<td>ATAPS</td>
<td>Access to Allied Psychological Service</td>
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<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<td>KEMH</td>
<td>King Edward Memorial Hospital</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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