



PERINATAL AND INFANT MENTAL HEALTH COMMUNITY VIEWS

Research

Purpose

In June 2014 the Queensland Mental Health Commission published the *Perinatal and Infant Mental Health Service Enhancement Discussion Paper*, which focused on the need to strengthen clinical perinatal and infant mental health services across Queensland.

The Commission then sought the views of interested people on the priorities outlined in the discussion paper, opportunities for strengthening other services, and community support for expectant and new mothers and their families experiencing mental health difficulties, including those from Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities.

Views were captured via an online survey, and were analysed and collated into a consultation report, *Perinatal and Infant Mental Health Service Enhancement Survey Responses*. This document summarises that report.

Ultimately, enhancements to Queensland's existing perinatal and infant mental health (PIMH) service and supports, informed by this consultation process, are expected to improve PIMH services, with more positive and effective responses to the mental health needs of parents and infants.

Discussion paper proposals

The Discussion Paper proposed short, medium and long term initiatives to enhance the PIMH service system in Queensland, with the intention of:

- Reducing immediate risks associated with service gaps in this area
- Securing better outcomes for Queensland mothers, fathers, infants and families
- Providing significant social and economic benefits for Queensland

- Positioning Queensland as one of Australia's leading states in meeting the mental health needs of mothers, fathers, young children and families.

Who responded?

The 101 individual survey respondents demonstrated a high level of understanding of PIMH and considerable knowledge of the existing PIMH service system in Queensland. Almost 70 per cent reported personal experience of perinatal and/or infant mental health difficulties, while approximately 30 per cent reported working in PIMH services.

Respondent categories included carers and family members, workers in drug and alcohol services, workers in services for Aboriginal and Torres Strait Islander people, and workers in services for culturally and linguistically diverse groups. Submissions were also received from a number of organisations.

Response themes

The consultation identified perceived gaps in the existing service system for perinatal and infant mental health in Queensland. Respondents provided practical solutions, grouped around three key themes:

- Earlier intervention
- Specialist treatment services
- System-wide capacity building.

Earlier intervention

Earlier intervention in PIMH covers the spectrum from traditional mental health promotion and prevention activities to secondary and tertiary treatment.

Respondents identified a number of opportunities for earlier intervention, including mental health promotion and illness prevention.

Key opportunities included:

- Community awareness
- Antenatal classes and checks
- Mothers' groups, fathers' groups and peer support groups for expecting and new parents
- In-hospital services
- Follow-up health services
- Early treatment services.

Respondents identified sustainable resourcing for the non-government sector as a game-changing strategy to prevent the development of PIMH problems, intervene earlier to reduce the severity and duration of such problems, and ensure that families beginning to experience PIMH problems are referred to appropriate specialist treatment services.

A number of suggestions for early intervention align with priorities outlined in the National Maternity Services Plan (NMSP: Commonwealth of Australia, 2011), to which all state and territory governments have committed and include:

- Universal screening for perinatal depression
- Access to continuity of carer models for maternity care
- Provision to meet the needs of specific groups of women with cultural, socioeconomic, medical and other risk factors for perinatal mental illness, including Aboriginal and Torres Strait Islander women and women living in rural and remote areas.

Specialist treatment services

Respondents recognised that enhanced PIMH promotion and prevention activities cannot realistically prevent all PIMH problems. A 'bottleneck' occurs when mental health problems are detected, but specialist treatment services are not available to enable the parent or infant to be referred and treated in a timely manner.

Respondents endorsed the needs identified in the discussion paper for:

- Local community-based mental health specialists who can provide evidence-based interventions for parents (perinatal mental health) and children to age three (infant mental health)
- Day programs as a cost-effective alternative to hospital admission

- Access to dedicated parent-infant mental health inpatient facilities, to prevent admission of new parents to adult acute mental health units, and to minimise unnecessary separation of parent and infant.

As with earlier intervention, a number of responses dealing with specialist treatment services aligned with the NMPS, in particular the need for:

- Formal referral pathways, for women experiencing perinatal mental illness, to specialist perinatal mental health services
- Expanded options for overcoming separation of mothers from their babies when receiving mental health care.

System-wide capacity building

Respondents named groups of professionals who already have contact with pregnant and new mothers, their partners and families and who are well placed to increase awareness and provide information about PIMH. These groups include:

- General practitioners
- Midwives
- Nurses and midwives in maternity units and birth centres
- Child Health nurses
- Lactation consultants
- Private obstetricians
- Aboriginal medical centres and health services
- Non-government organisations working in such areas as maternity services, child health and family wellbeing.

With additional training, professional development and support, some or all of these groups could play a role in:

- Detecting PIMH issues (through informal discussion and/or formal screening)
- Providing information, educational resources, discussion, advice and support
- Providing information about, and referral to, supports and services including specialist treatment services.

Conclusion

Overall, the public consultation process endorsed the model for service enhancement proposed in the Discussion Paper, which includes:

- The development of specialist parent-infant facilities comparable to those in other states, as a high priority
- Community-based specialist services, including day programs, as the most cost-effective way to provide PIMH treatment close to home
- Resourcing the primary care and NGO sectors to play a major role in mental health promotion, prevention and early intervention across the state, including the use of peer workers
- Recognition of the need to co-ordinate cross-sectoral workforce development and other capacity-building.

Next steps

Functions of the Commission include reviewing, evaluation and providing advice on the mental health and substance misuse system and promoting strategies to prevent mental illness and facilitate early intervention.

It is anticipated that this report will inform the *Mental Health, Alcohol and Drug Services Plan* to be prepared by the Department of Health as agreed in Queensland's *Mental Health, Alcohol and Drug Strategic Plan 2014-2019*.

In addition the Commission will continue to promote the importance of incorporating mental health in general antenatal education and reaffirm the importance of perinatal and infant mental health as an element of broader promotion and early intervention programs.

Further information

Phone 1300 855 945
Web www.qmhc.qld.gov.au
Email info@qmhc.qld.gov.au
Mail PO Box 13027, George Street Brisbane QLD 4003