

Perinatal Mental Health and Wellness Project Final Report Commission Response



This paper provides an overview of the Perinatal Mental Health and Wellness Project, a joint initiative of the Queensland Mental Health Commission, Statewide Maternity and Neonatal Clinical Network, Queensland Centre for Perinatal and Infant Mental Health (QCPIMH), and Women's Health Queensland Wide (Women's Health).

It describes the aim, rationale, and findings of the project, and includes the Commission's response and future directions.

Project background

The *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* seeks to improve the mental health and wellbeing of all Queenslanders and reduce the incidence, severity and duration of mental illness.

One of the plan's five priority areas — Start Well: Setting the Foundations — acknowledges the importance of a child's first years of life, including before birth, for building the foundation for lifelong mental health and wellbeing.

It is well recognised that the mother, and her infant, partner and family, is vulnerable to psychological distress and disorder in the perinatal period. Poor maternal mental health can significantly affect the emotional, social, physical and cognitive development of her child, and is associated with increased incidence of chronic disease¹.

Providing infants with stable and nourishing early environments, including secure attachment, sets the foundation for lifelong wellbeing. Also, early detection and intervention of mental health problems in the perinatal period can lead to positive outcomes.

The Start Well priority included a commitment to trial and evaluate a perinatal mental health awareness project. To fulfil this commitment, in June 2015 the Queensland Mental Health Commission partnered with Women's Health Queensland Wide to develop a project aimed at increasing:

- capacity for peer-driven perinatal and infant mental health education and support
- collaboration between peer support workers, the non-government sector and mainstream perinatal mental health services.

In January 2016 the project's scope was broadened to include developing a systemic approach to improving the mental health and wellness of expectant and new parents through enhanced service system interactions during pregnancy and into the first year after birth. This included interactions with clinical personnel, non-government organisations, and peer workers with lived experience of perinatal mental health recovery.

The project participants were expectant mothers booked in to have a baby at Redcliffe Hospital Maternity Service between January 2016 and March 2017, and fathers, partners and support people.

In the short-term, the project's focus was on critically reviewing, evaluating, improving and documenting existing practice within Redcliffe Hospital Maternity Services. The longer-term focus was on how to extend those practices identified as having a positive impact on the wellbeing of parents, infants and families to other sites in Queensland.

The project was conducted alongside, and in collaboration with, the Statewide Maternity and Neonatal Clinical Network (SMNCN), which also has a focus on improving the mental health and wellbeing of expectant and new parents across Queensland.

A [final report](#) was delivered in June 2017 and was updated with final project outcomes in October 2017.

Project implementation

The major components of the project were:

- delivering the Transition to Parenthood Program (TPP), which consisted of:
 - antenatal education for expectant mothers, fathers, partners and support persons, delivered from approximately 28 weeks' gestation (Emotional Preparation for Parenthood program)
 - a postnatal education session for the same cohort, to reinforce a focus on emotional health and wellbeing for both parents and infants,

offered approximately 6–8 weeks post birth (Postnatal Connections)

- encouraging and empowering participants to form connections and continue supporting one another — for example, by forming playgroups
- providing targeted peer-support groups for parents experiencing symptoms of perinatal mental illness, conducted by peer workers, with the support of perinatal mental health clinicians
- formalising and documenting referral pathways among the organisations participating in the collaboration (maternity service, perinatal mental health services, child health service, peer-led organisation, non-government services) for expectant and new parents experiencing symptoms of mental illness
- fostering closer collaboration among public health services, non-government services and peer-led services to support the emotional health and wellbeing of expectant and new parents and their infants and families
- improving awareness of staff of collaborating organisations and their networks of the importance of emotional health and wellbeing in the perinatal period.

A lead educator and a midwife from the maternity service delivered the TPP. They were supported by a team of educators including peer workers, allied mental health staff, perinatal mental health nurses, child health nurses, and non-government workers.

There were 561 participants in the antenatal sessions, including 299 mothers, and 148 participants in the postnatal sessions, including 92 mothers.

Peer workers with a lived experience of perinatal mental health recovery helped deliver the antenatal and postnatal education programs. They also led the establishment of a support group for parents experiencing symptoms of perinatal mental illness. This group of eight people met 34 times (approximately once per fortnight) between 4 January 2016 and 31 March 2017.

The project made 46 findings for how to extend the enhanced model of maternity care beyond the pilot site at Redcliffe.

Participant evaluations and findings are detailed in the [final report](#).

Commission summary

The perinatal period offers a unique window of opportunity for mental health promotion, prevention and early intervention.

This project has made an important contribution to improving and supporting the mental health and wellbeing of infants, parents and families.

It affirmed how vital it is for maternity services to give equal attention to the emotional and psychological wellbeing, birthing and physical health of expectant and new parents.

Primary health care providers, such as general practitioners, maternity services and child health services, and relevant non-government organisations have a critical role in identifying and supporting appropriate responses to the psychological and emotional wellbeing of expectant and new parents to support the best outcomes for infants and families.

They do this through providing public health services and by supporting and promoting parents' access to community services and supports.

The cross-sector model for providing maternity care and services incorporates relevant aspects of supporting psychological and emotional wellbeing and early intervention for mental health issues and illness alongside the focus on physical health and birthing.

People with a lived experience of perinatal mental illness recovery participated in designing and delivering the antenatal and postnatal education programs and establishing the mental health peer support groups for parents seeking this support.

Importantly the project identified how organisations and services can effectively integrate all components of such a model within the existing service system and service models. This includes formal leadership support, clinical governance, workforce capacity, and partnerships.

It is common for physical and mental health care to be fragmented, including during the perinatal period. Increasingly, education and resources to help support the emotional wellbeing of expectant and new parents are being made available to health providers, such as midwives, general practitioners and obstetricians, recognising their role in primary mental health care.

These health providers require contemporary understanding of mental health problems and disorders to effectively identify and support those individuals who may need additional support or formal treatment. To support best practice, the Commission recommends all

relevant health care providers be aware of and use the approaches articulated in *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guidelines* released in October 2017.

Recent Queensland research into the barriers to greater integration of the lived experience worker role identified the need for a whole-of-service approach that includes addressing workplace culture, policies, equitable structures, access to training and education, and support and flexibility². The project also points to the critical importance of service readiness and receptiveness for effective integration of the lived experience role.

The project included a focus on the role of non-government and community services in optimising outcomes during the perinatal period. The need for and value that comes from partnerships and interagency communication and coordination were demonstrated.

Conclusion

The project's findings confirm that a planned and systemic approach is required to effectively incorporate relevant elements of mental health promotion, prevention and early intervention into maternity service care.

Internal processes must support the emotional and psychological wellbeing of women and their partners in the antenatal and postnatal period, and enable early detection and effective intervention for emerging mental health problems.

It is from this foundation that the contribution of the lived experience perspective can be most effectively incorporated into direct service delivery. Consistent with best practice approaches, the direct participation of people with lived experience is required in service design and enhancement.

The Commission is continuing to work with health, education, child safety and community stakeholders to plan and develop appropriate policy and program approaches to improve health and social and emotional outcomes through better support for new parents and infants.

¹ Ibid

² Byrne, L., H. Roennfeldt, and P. O'Shea, *Identifying barriers to change: The lived experience worker as a valued member of the mental health team*. 2017, Queensland Mental Health Commission: Brisbane.