Queensland Mental Health Commission

Perinatal Mental Health – The Impetus for Change (10 Minutes)

Statewide Maternity and Neonatal Clinical Network Forum Brisbane 3 September 2015.

Welcome and acknowledgements

Thank you to Statewide Maternity and Neonatal Clinical Network for the invitation to be here again this year.

I respectfully acknowledge the traditional owners of the land upon which this event is taking place. I pay my respects to the Elders, both past and present.

Infant mental health

An update on the facts of the matter:

- Queensland and South Australia have the highest rates of maternal postnatal depression in the country.
- Nearly 10,000 Queensland women require primary care for perinatal mental health issues, nearly 3000 require specialist psychiatric treatment, and over 200 require hospitalisation, each year.
- Disorders of the perinatal period are among the most preventable and treatable of all mental illness.
- Queensland has no dedicated public beds for perinatal mental health admissions, and provides specialist community perinatal mental health services in only four of seventeen Hospital and Health Services.
- One in seven mothers and one in twenty new fathers experience clinically-significant symptoms of depression and/or anxiety in the perinatal period.
- Indirect costs to the Australian economy of paternal perinatal depression in 2012 were calculated at $223.75 million.
- The Commonwealth has withdrawn funding for its National Perinatal Depression Initiative.
- Social impacts of untreated perinatal and infant mental health problems
    - Infanticide
    - Future mental illness for mother
    - Marital break-down
    - Negative impacts on infant development
    - Disrupted attachment relationships
    - Negative health outcomes
    - Intergenerational effects
- Returns on investment for early intervention programs for perinatal and infant mental health, measured in terms of reducing costs to the health, education, child safety and criminal justice systems over the life of the child from birth to early adulthood, can be as high as $17 per dollar invested.

Queensland Government

Other states

- International best practice guidelines unanimously recommend that, where possible, mothers and babies are admitted together to dedicated Parent-Infant Units.
- Victoria has four public Parent-Infant Units and is the process of establishing a further two
- Western Australia has two
- South Australia has one
- Tasmania has one
- ACT has one
- New Zealand has two
- Queensland has no public dedicated mother-baby beds and no specialist inpatient facility. (Neither does NSW).

Where the QMHC has got to

In June 2014 the 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.

In November 2014 the Commission published results from further consultation Perinatal and Infant Mental Health Service Enhancement: Community Views report.

The papers called for a model for service enhancement 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 perinatal and infant mental health treatment close to home
- Resourcing the primary care and non-government 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 coordinate cross-sectoral workforce development and other capacity-building.

The Commission wrote to Queensland Health regarding these findings and recommendations. Queensland Health has advised that the report's findings will inform the Mental Health, Alcohol and Drug Services Plan to be prepared in 2015 by the Department of Health as a commitment under the Strategic Plan.

The missing lever

The Hunter review of the Department of Health made a critical observation: "devolved control and decision making requires increased accountability and responsiveness to risk… an awareness of the system wide risks and both the department's role in managing those risks and the Hospital and Health Services obligation to inform the Department and act in accordance with instructions".

Some of the risks associated with statewide services, like perinatal mental health services, include:

- Existing resources may be concentrated in the area easiest to serve rather than the area of highest need
- Accountability for outcomes is unclear

- Responsibility for developing a business case for service expansion is unclear

The lever that is required for champions like the Centre for Perinatal Mental Health or the Clinical Networks, is a clear statement about the structures and processes that identify those services which will be managed in a statewide rather than a devolved framework, the accountability requirements of the managers of those services, and of the Hospital and Health Services accessing those services, and clear business rules about how new statewide services may be initiated and existing services expanded or devolved.

For perinatal mental health, the Mental Health, Alcohol and Drug Services Plan is the process, it is the lever you can use now.

Call to action

I look forward to hearing a concerted call to Queensland Health from all people who care about our specialist statewide services:

What are the structures and processes for planning, monitoring and reporting on the appropriateness, efficiency and effectiveness of our statewide services, to inform decision making?

Who are the decision makers?

- Decisions about change are usually made by agency heads or Ministers.
- Decisions not to recommend change are often made deeper in organisations.

We need to know who makes decisions to maintain the status quo.

Thank you for your time and attention. Best wishes in your work to improve the lives of mothers and babies in Queensland.

ENDS # #