

# e-PIMH Telepsychiatry

## Referral Information for Health Professionals

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### **What is e-PIMH Telepsychiatry?**

e-PIMH Telepsychiatry is a secondary consultation service aimed at helping parents/carers in regional, rural and remote Queensland build strong, positive and enjoyable relationships with their infant or young child, to give them the best possible start in life. In partnership with adult mental health services, the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) will coordinate specialist perinatal and infant mental health clinicians to work together with local service providers. e-PIMH hopes to value add to the work local services are already doing to meet the social and emotional needs of expectant parents and families with infants and young children (0 to 4 years). This telepsychiatry service will complement the larger telehealth program e-PIMH, which includes in its scope non clinical support such as facilitating local referral pathways, and tailored training and education.

### **Perinatal Secondary Consultation Referral Criteria:**

Antenatal or postnatal woman with an infant less than 24 months of age who is under the referrer's care AND at least ONE of the following:

- Presents with non-acute mental health issues.

*(Do not refer if acutely psychotic, having thoughts of infanticide, actively suicidal or post recent suicide attempt or experiencing serious relapse of pre-existing Schizophrenia or Bipolar Disorder. In such cases, please contact the adult mental health team in your area to discuss whether an urgent mental health assessment is appropriate.)*

- Presenting mental health issues impact on functioning, parenting capacity and ability to carry out daily tasks
- Partners of women with the onset of mental health issues in the perinatal period as outlined above

### **Infant Secondary Consultation Referral Criteria:**

The infant/child is aged 0 to 4 years (and where the child is yet to commence school) AND at least ONE of the following:

- The referral is made by a primary or secondary service working with or supporting the infant/young child and/or the family
- The emotional development of the infant/young child is compromised or at risk of being compromised



- The presentation is severe and/or complex in nature where the infant/young child and their family experiences an accumulation of risk factors and associated distress
- The parent-child relationship is disrupted or at risk of being disrupted, placing the social, emotional and other developmental wellbeing of the infant/young child at risk

**e-PIMH can be accessed by healthcare providers including:**

- GPs
- Psychiatrists
- Mental health professionals
- Midwives
- Child Health professionals including Early Intervention Clinicians
- Allied Health professionals
- Indigenous Health Workers

**How to Refer:**

For further information, please contact the e-PIMH Telehealth Coordinator:

Tel: (07) 3266-0300

Email: [e-PIMH@health.qld.gov.au](mailto:e-PIMH@health.qld.gov.au)



### The following process occurs upon receipt of the referral:

- The e-PIMH Coordinator will confirm receipt of the referral
- Once required information is collected, the e-PIMH Coordinator will liaise with the Consultant Psychiatrist to confirm appropriate dates/times to video conference with referrer
- e-PIMH Coordinator will confirm date/time with referrer and confirm video conference details
- If the consumer is attending the consult, the referrer must confirm the video conference details with the consumer directly
- If the consumer requires an interpreter, the referrer is responsible for coordinating an appropriate interpreter to attend the consult
- Any follow up and/or ongoing care for the consumer remains the responsibility of the referrer
- e-PIMH Coordinator will not contact the consumer directly
- A summary of the session and recommendations made by the consultant psychiatrist will be sent to the treating team by the e-PIMH Coordinator
- Post consultation, ad hoc enquiries for the consultant psychiatrist can be made via the e-PIMH Coordinator.

**NOTE:** Clinical responsibility and ongoing care for the consumer remains with the referrer.

