

Perinatal and Infant Mental Health Services in Queensland, Australia - Establishing a Continuum of Care

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Acknowledgement of Country



Queensland Centre for Perinatal and Infant Mental Health acknowledges the Traditional Custodians of land and sea countries throughout Australia, and pay our respects to Elders past, present and emerging.

Recognition of Lived Experience



We recognize the lived experience of mental health challenges within our work teams, partners and clients. We are grateful for the lived experience expertise that informs our ongoing practice.

Queensland Facts

- An area of 1,727,000 sq kilometres - second largest state in Australia.
- Queensland is nearly five times size of Japan, seven times size of Great Britain, two and a half times the size of Texas.
- More than half of Queensland's population lives outside the greater metropolitan area of Brisbane—a large proportion compared with the rest of highly urbanised Australia.
- About 4 % are Aboriginal & Torres Strait Islander
- About one third of Queenslanders are migrants or the children of migrants.
- Queensland is home to more than 5 million people.



Perinatal and Infant Mental Health in Queensland



Prevalence Statistics Queensland:

- Births approx. 62,000 annually (stable for 20 years)
- Perinatal: 4 in 1000 mothers will need specialist perinatal inpatient services (255 mothers)
- 9% mothers need specialist community perinatal mental health care during pregnancy (4652)
- 15% mothers need specialist community perinatal mental health services in the postpartum period (15,300 mothers)
- 10% fathers need specialist community perinatal mental health services (6,400 dads)
- 15% Infants needing specialist community mental health services (9,550 infants and young children)

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Partners in Prevention linked data project - Queensland:

- Data indicates high numbers of new mothers presenting to QLD emergency services in crisis, expressing suicidal intent between 2015-17.
- Within 12 months of delivering a baby in Queensland, 1.3% of mothers will contact emergency services with perinatal suicidality, = 2456 women over a three-year period, or 818 women potentially needing inpatient admission every year.
- Of these mothers, 3.8% are of Aboriginal and Torres Strait Islander descent.
- Project highlights the high incidence of perinatal mental health crises, requiring specialist and culturally appropriate responses and care.

(Partners in Prevention Data Linkage Study, 2020)

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Perinatal Suicide Statistics – Queensland

- In Queensland, in 2015 – 2017 suicide was the leading direct cause of death for women during pregnancy and in the first year post pregnancy.

Queensland Maternal and Perinatal Quality Council 2017

- ‘During the period of 2004-2017, 19% of maternal suicides within Queensland identified as Aboriginal and/or Torres Strait Islander’.
- This statistic equates to 1 in 5 maternal suicides are by women of Aboriginal and/or Torres Strait Islander descent.

Queensland Maternal and Perinatal Quality Council Report 2019

Perinatal and Infant Mental Health in Queensland



Statistics for infant mental health:

- International studies report rates of approximately 16-18% in the first 5 years (von Klitzing, 2015; Lyons-Ruth, 2017)
- There is a substantial risk for Infant Mental Health difficulties in indigenous families with up to 67% exposed to substantial risk before the age of 1 (Twizeyemariya 2017)
- 8% of infants (0-1 years) have 5 or more risk factors for mental illness
- Children aged 0-5 years have the highest prevalence of criteria for a mental health diagnosis but the lowest overall % of access to specialist services (Morgan, 2018)
- <1% of 0-4 year old children receive a mental health service in any one setting in Australia (Segal, 2018)

Perinatal and Infant Mental Health in Queensland



Key elements:

- Passion – commitment, persistence, tenacity (21 years)
- Vision – big picture, longer term goals
- Management support & investment, clear governance
- Corporate Governance support, prioritization & investment
- Leadership
- Advocacy, advocacy, advocacy
- Build relationships, network & build a community of practice
- Collaboration, partnership, whole of sector, integration
- Build workforce & service capacity – training, strategic planning, host seminars & events, mentoring, supervision

Perinatal and Infant Mental Health in Queensland

- Arose from joint business planning between Child Health Services and Child & Youth Mental Health Services - April 2000
- Planning Group convened with management support & project officer time
- *Collaborative* Infant and Early Childhood Mental Health Program was developed
- The Program used an *Interagency* approach to provide integrated assessment and intervention for infants, young children and their families
- Planning Group became a collaborative Reference Group which met over 40 times over 3 years and included:
 - ♦ Community Child Health Services
 - ♦ Adult Mental Health Services:
 - ♦ General Practice

Perinatal and Infant Mental Health in Queensland

Two areas of specific need were identified:

- Intervention for infants and young children with/or at risk of impaired attachment relationships
- Responsive assessments and intervention for parental/caregiver mental health problems

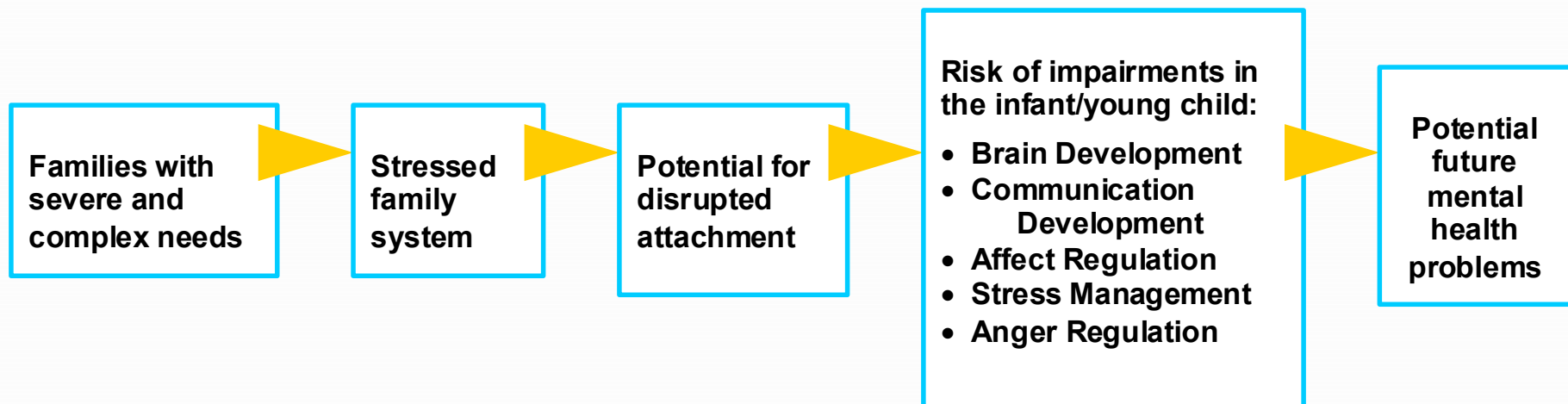
Corporate Mental Health Funding received through a National Mental Health Plan for Promotion, Prevention and Early Intervention – February 2002, for Project Officer for 2 years:

- To develop, implement and evaluate the effectiveness of a pilot program in Infant Mental Health for implementation in sites across Queensland
- Pilot program would be a service model based on collaboration across sectors of care and integration of existing evidence-based intervention models

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Future Families Program Rationale



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- The Future Families Program target group included infants and young children who were or were at risk of developing disrupted attachment relationships and associated future mental health problems
- Referrals to the Future Families Program were made for children conception to 3 years.
- Program worked in partnership with:
 - ♦ Referring agency
 - ♦ Other government departments
 - ♦ Non-government services
 - ♦ Consumer participation was encouraged.

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Pilot Model became:

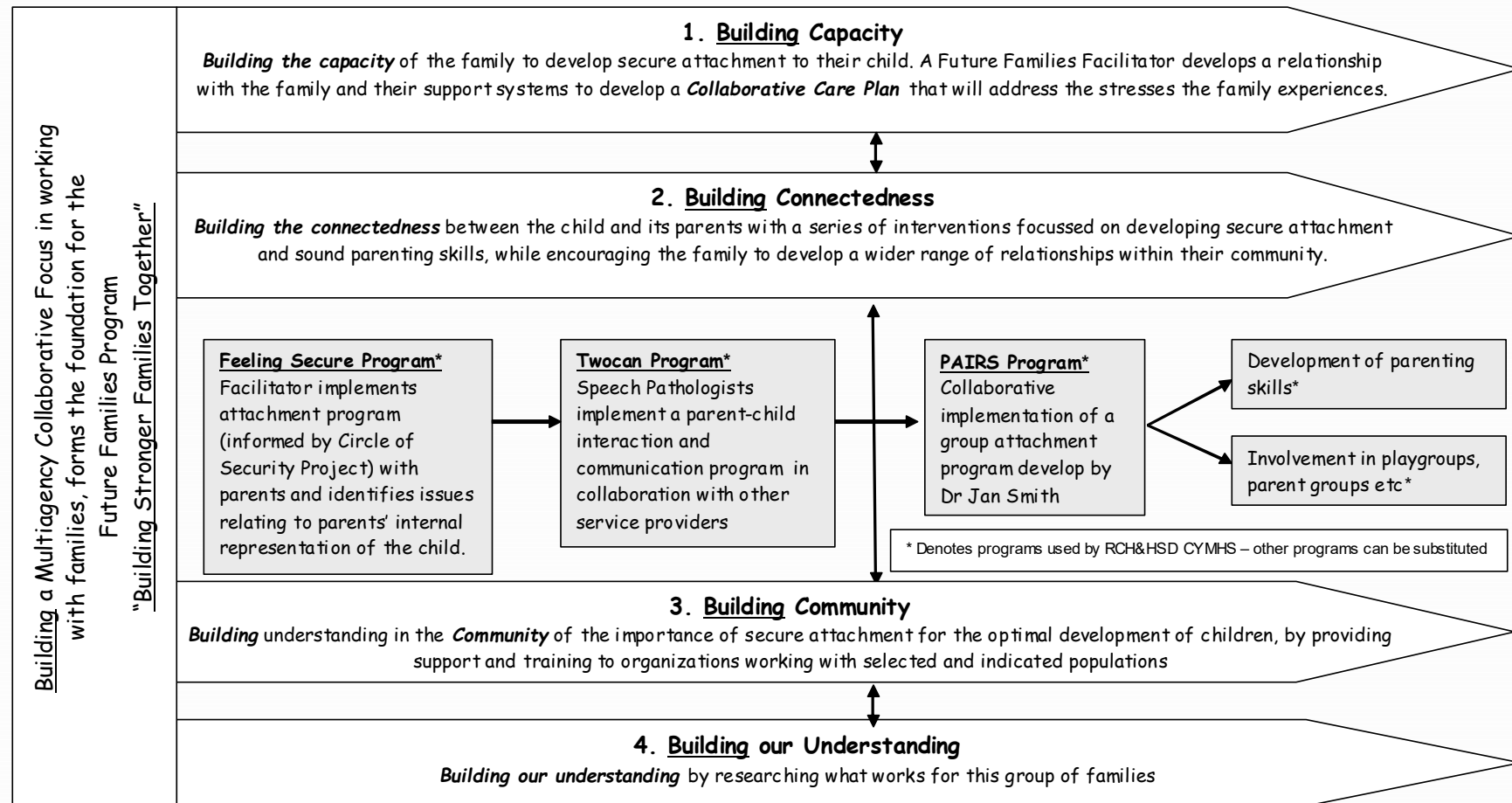
*A Framework for a Collaborative Infant and Early Childhood
Mental Health Program*

The overall goal of the project was to develop, implement and evaluate a mental health prevention and early intervention program for at-risk families and their infants and young children for implementation across Queensland.



Future Families Program Model

A FRAMEWORK for a Collaborative Infant and Early Childhood Mental Health Program



The Future Families Program involves these four concurrent processes

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Building Community of Practice & Workforce Capacity:

- Training ++++ - we had to build a workforce
- Presented the model & vision – developed a common language
- Early Years Network
- Advocacy ++++
- Information Sharing
- Worked with agencies who provided services to at risk groups of families – young parents, parents with disability, CALD community
- Sponsored organisations to educational events, then mentored them through learning circles
- Presented at conferences
- Hosted national AAIMH conferences

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What we learnt:



- Building relationships amongst key people is important
- Not everyone can do this work & that is OK - good enough is enough
- Leadership is crucial - someone is needed to drive the process
- When new practices are developed staff need time and support to change their approach & need to be held to do the work
- Collaborative practice takes trust, time and effort to develop
- Management & Corporate governance, support & investment is essential

Ultimately, it is all about relationships!

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- Established in 2008 under Queensland Plan for Mental Health 2007-2017 - whole of sector hub of expertise in perinatal and infant mental health for Queensland.
- Works in partnership with HHS, other government departments, private agencies, tertiary institutions, non-government organisations, and consumers and carers, across Queensland.
- Vision – to establish PIMH as a specialist mental health area of practice & create a Continuum of Care in Perinatal and Infant Mental Health (PIMH) across Queensland
- 2 parts: Clinical Unit 0-4 Child & Youth Mental Health Team (original infant mental health program) & 0-4 Family Support Service (Brisbane) & Strategy Unit (Statewide)

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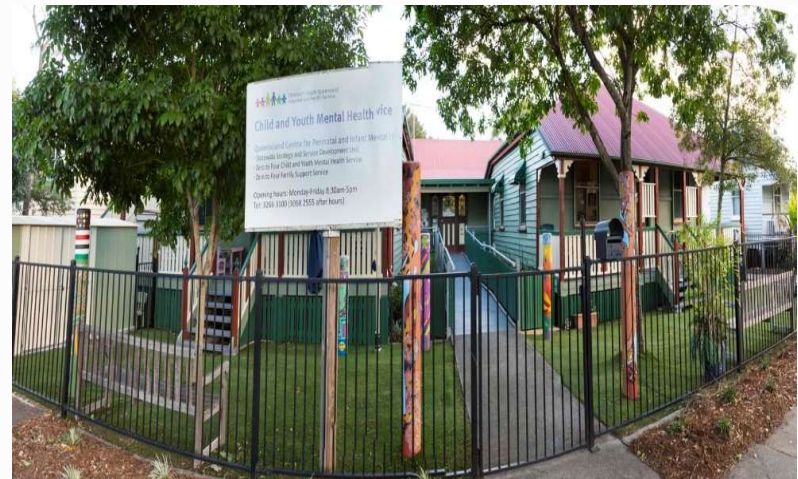
Statewide Strategic Priorities:



- Service development, planning & implementation – for better services & pathways to care
- Workforce development – from peer-led services to clinicians in tertiary services
- Mental health promotion and prevention – create & distribute resources, raise awareness of PIMH
- Research and evaluation – identify & support opportunities
- Advocacy – for PIMH service enhancement & emotional wellbeing of families in perinatal period

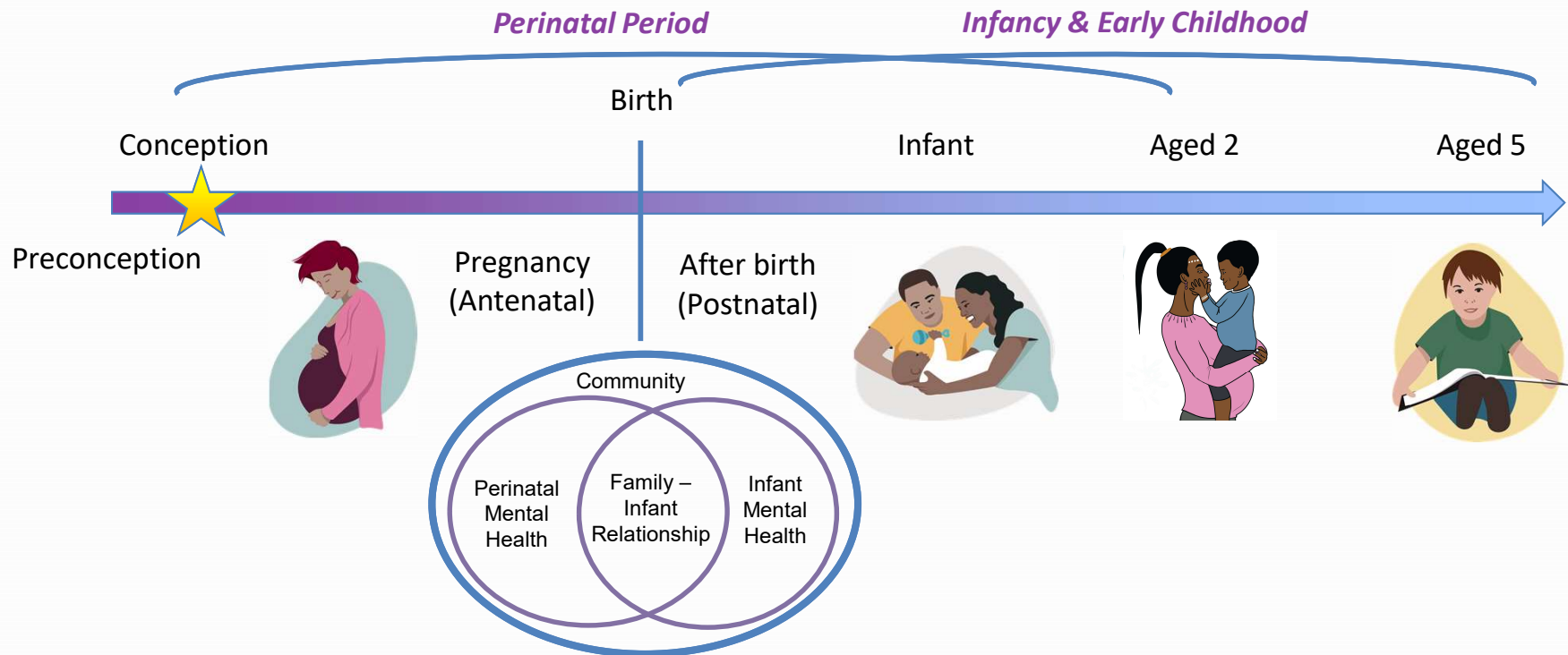
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- Cross-sectoral approach links public, private, government and non-government entities
- Advocates for, and supports the state-wide development and delivery of culturally appropriate, family centred services that consider parent/ infant mental health needs and the parent-infant relationship



Perinatal and Infant Mental Health in Queensland – Continuum of Care

Building and supporting a cross-sectoral continuum of care from promotion and prevention through early intervention to treatment and recovery



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Charter

"Successful parenting is a principal key to the mental health of the next generation." – John Bowlby



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Advocacy | Education, training, supervision and staff support | Mental health promotion and prevention | Evaluation & research

Public health, primary, secondary and tertiary perinatal and infant mental health service providers, including private practitioners, hospital and health services (Queensland Health), government departments and non-government organisations including consumer-led and peer support services.

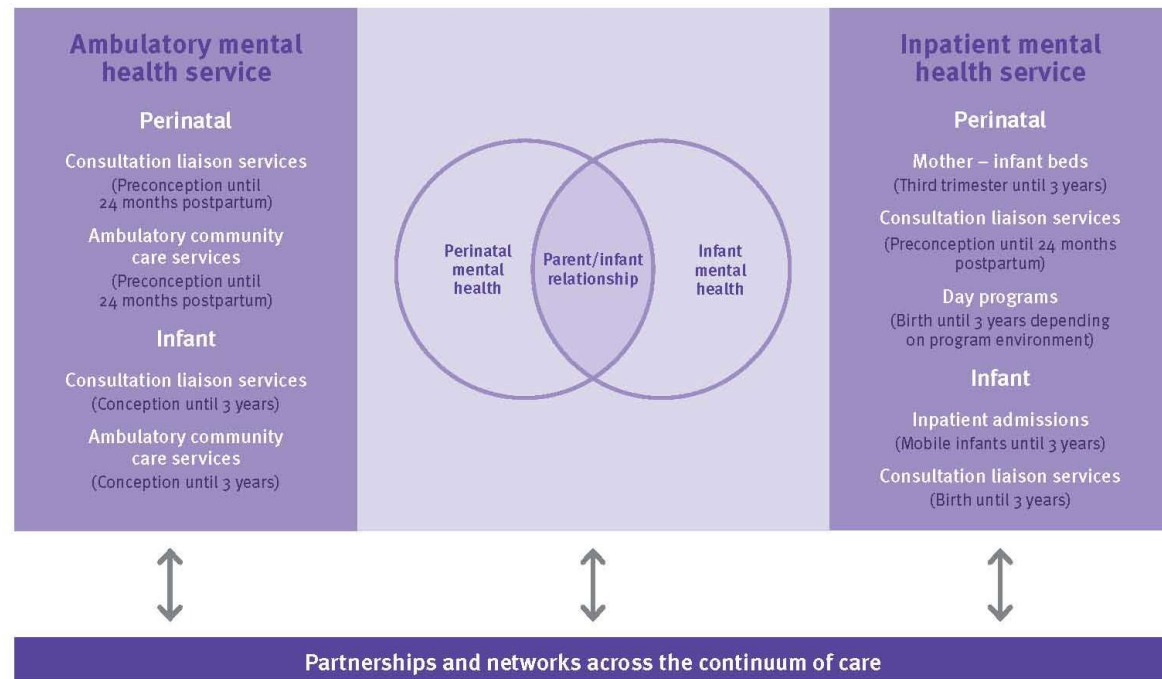
Promotion, prevention,
early intervention



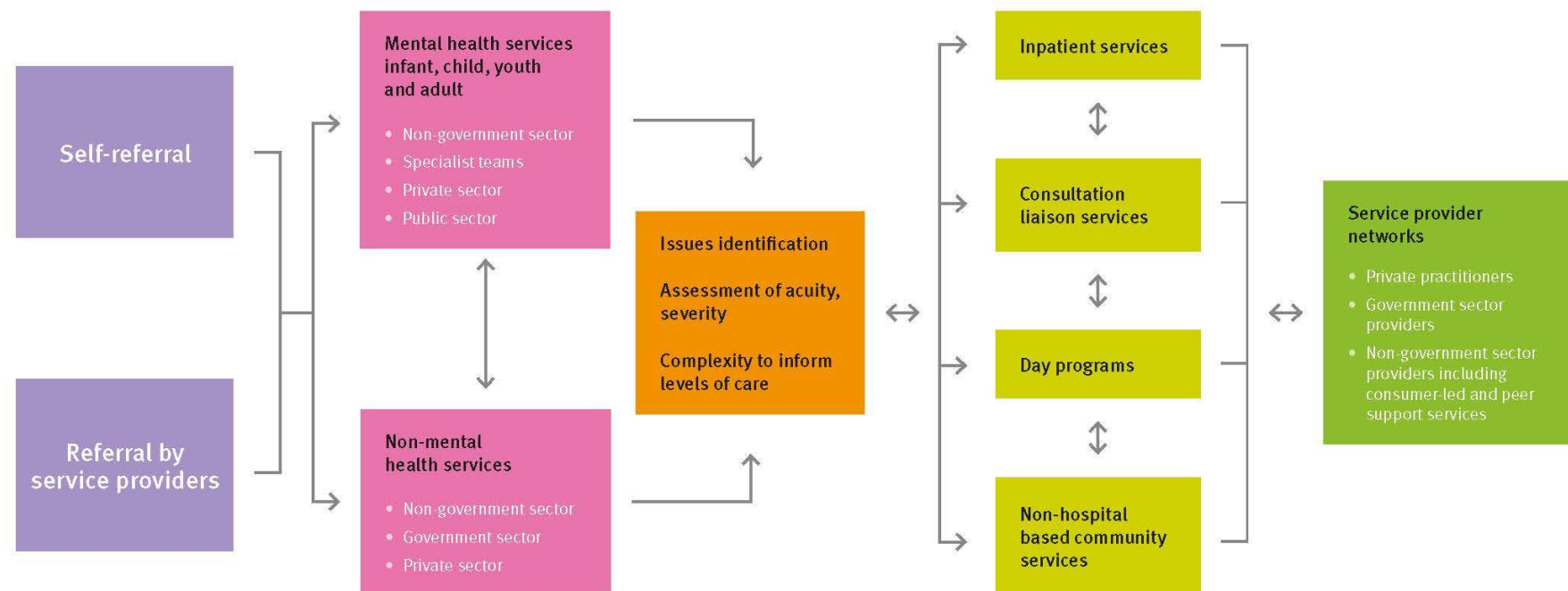
Tertiary Care

Continuum of care across the perinatal and infant mental health service system

Service System Overview



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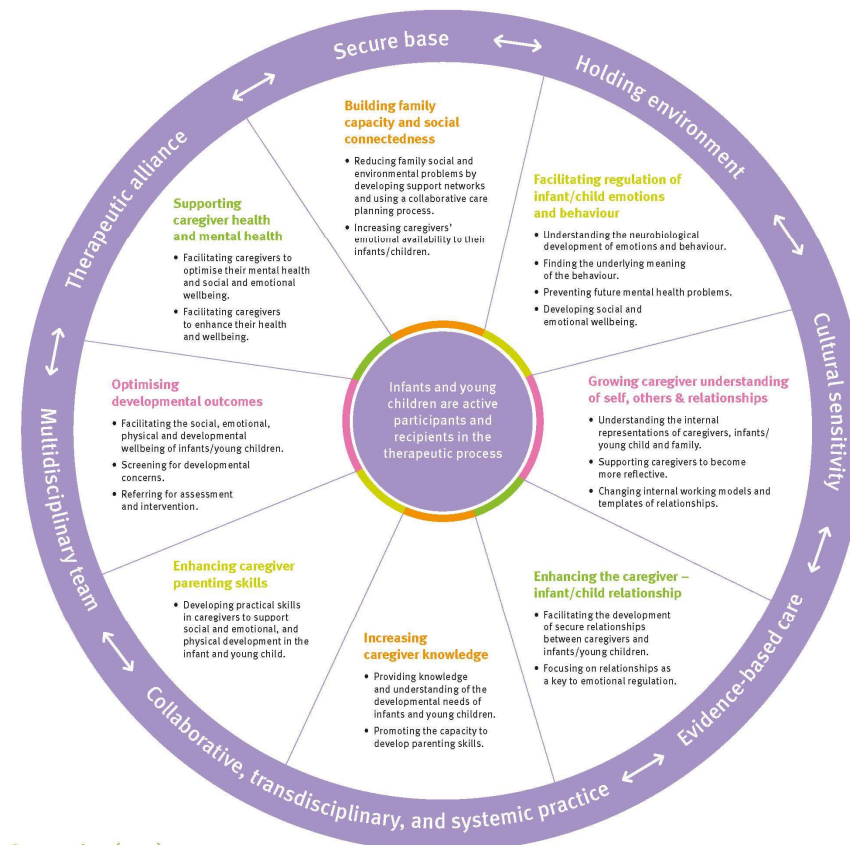


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Infant Mental Health Practice Framework

A family-centred recovery orientated practice framework for infant and early years mental health

Informed by biopsychosocial ecological and developmental theories of reflective, representational, and transactional infant mental health practice.



Conception (zero)

4 years

Prevention

Tertiary care

Supported by an understanding of and contribution to the evolving knowledge and evidence base in infant mental health through incorporating its application into clinical care; evaluating and researching the effectiveness of therapeutic interventions for infants, young children and their families; and sharing information and outcomes.

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Service Development / Implementation – Key projects 2008-2021:

- Developed statewide Model of Service Delivery and Clinical Services Capability Framework for PIMH
- Implementation of the National Perinatal Depression Initiative
- Development of Together in Mind - Perinatal and Infant Mental Health Day Program Project
- Establishment of e-PIMH State-wide Telepsychiatry Service & Rural and Remote Service Development
- Establishment of Perinatal and Infant Mental Health positions across the state
- Supported implementation of state-wide Lavender Mother-baby Inpatient Unit
- Early Years PIMH Project to integrate cross-sector practice

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Workforce Development – Key projects 2008-2021:

- Supported roll-out of psychosocial screening in PIMH
- Communication and Learning Project – development of on-line learning platform & statewide newsletter (The Space Between)
- Statewide workforce development framework
- Perinatal Mental Health and Wellness Project with Maternity Services & Peer Support Workers
- Established statewide Perinatal Clinicians Network
- Established statewide Infant Clinicians Network
- Ongoing PIMH training delivered by request through forums and around specific topics.
- WAIMH 2021 Congress in Brisbane

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Mental Health Promotion & Prevention – Key projects 2008-2021:

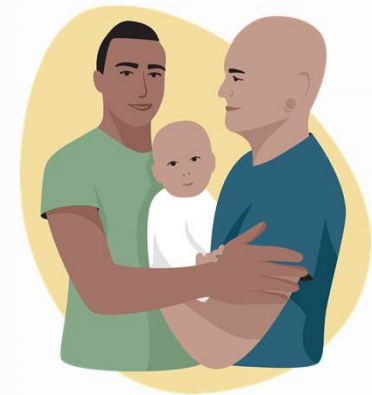
- Participation in Postnatal Depression and Anxiety and Infant Mental Health Awareness weeks
- Aboriginal and Torres Strait Islander PIMH Suite of Resources
- Birdie's Tree PIMH Natural Disaster Suite of Resources
- National Pregnancy, Children's and Babies Expos, Brisbane
- Participation in community awareness raising events



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Research & Evaluation – Key projects 2008-2021:

- SMS4 Perinatal Parents NPDl research project
- National Outcomes for Infants
- National and State Perinatal Data Sets
- CIMHA Perinatal and Infant data and business rules
- Together in Mind Day Program research
- Covid-19 Unmasked 2020-21 international collaborative
- 0-4CYMHS outcomes measures research



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Connecting Care to Recovery 2016-2021 – Corporate Investment

- 4 bed mental health unit for mothers with a mental illness and their infants commissioned – statewide unit on Gold Coast
- Received funding to establish:
 - 10 Community mental health positions
 - Tele-psychiatry service (e-pimh) - consultation, liaison and training
 - Together in Mind PIMH day programs to be rolled out in 13 sites across Queensland

Queensland now has the basic infrastructure for a continuum of care in this specialized area of practice, with 17 community perinatal mental health positions & 11 community infant mental health positions.

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Mother-baby specialist inpatient beds:

- Currently in Queensland there are **4** public mother-baby beds, equating to 1 public bed per 15,434 births
- **10** Private beds Brisbane Centre for Postnatal Disorders, Belmont Private Hospital
- Queensland need - **38-40** public mother-baby inpatient beds to meet the demand for approximately **255** women per annum
- The recommended ratio for mother-baby specialist inpatient beds is **1 bed per 1500 births-1600 births.**

(Oates M. Perinatal mental health services: Recommendations for the provision of services for childbearing women, College Report CR197. Royal College of Psychiatrists; 2015)

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Priorities for Perinatal Mental Health Services - What's needed?

- Place based culturally sensitive care pathways and appropriate services
- Far greater number of clinical perinatal and infant mental health positions in community mental health teams
- Enhancements to e-PIMH statewide telehealth services
- More specialist Mother-baby inpatient beds
- A Queensland perinatal mental health clinical guideline
- Improved data collection of screening and outcomes measures for women, men and infants.
- Further development of research projects & portfolio

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Priorities for Perinatal Mental Health Services - What's needed?

- Wider variety of staff roles in perinatal community mental health teams
- Community mental health group programs integrating perinatal mental health and the attachment relationship.
- Birth trauma and still birth counselling.
- Greater collaboration between maternity, child health, mental health, general practice and paediatrics.



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Collaboration & integrated service models are key to developing a continuum of care in perinatal and infant mental health:

- Increasingly recognised as the best approach to delivering services for women, infants & their families, experiencing complex mental health problems in the perinatal period
- Emerging evidence highlights that improved PIMH outcomes for mother, infant and family are likely if services can move to a more collaborative model
- Integration - requires moving resources from individual care to new programs and services – supported by policy direction.

(Myors, Schmied, Johnson and Cleary 2013)



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