



# tasmanian infant mental health conference

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# Perinatal and Infant Mental Health Services

Michelle Haling

Credentialed Infant Mental Health Practitioner

St John of God Health Care

# St John of God Health Care

St John of God Health Care (SJGHC) is a leading not for profit health care provider of private hospitals, pathology, home nursing and Social Outreach and Advocacy services, throughout Australia, New Zealand and the wider Asia-Pacific region.

# St John of God Health Care

The organisation has along heritage of helping people within the community particularly in areas where there are identified gaps in current service provision through their Social Outreach and Advocacy (SOA) services.

# Social Outreach and Advocacy

SOA services are developed specifically for people who are experiencing disadvantage through poverty, prejudice and stigma, disability, lack of access, powerlessness or marginalisation.

SOA services are focused on reaching out to people experiencing disadvantage to improve health and wellbeing.

# Perinatal and Infant Mental Health Services

SJGHC provides inpatient, outpatient and community-based perinatal and infant mental health services (PIMHS).

The community-based services are called Raphael Centres which are funded through SOA or in partnership with other organisations.

## **Definitions**

Perinatal – the period from conception to 12 months postpartum

Infant – the period from birth until commencing school (age 4)

# Raphael Centres

Raphael Centres have been established since 2003 in a variety of communities in WA, Victoria and NSW. All have developed their services in response to needs within the area in which they operate.

# Model of Care

Service delivery is primarily based on attachment theory. Both the staff and the service offer a secure base for the woman and family.

A range of different evidence-based programs and interventions are offered from this base, for example Circle of Security.

Where services are accessed externally they occur in the context of a positive therapeutic alliance with the Centre.

# Service principles

Hospitality; Compassion; Respect; Justice; Excellence

- Focus on the woman's physical, mental, social, cultural and spiritual wellbeing including the wellbeing of the foetus, infant and family
- Collaboration between professionals and others providing care for the woman
- Provide continuity of care
- Carers and significant others play an active role in the planning, delivery and evaluation of services

# Service principles

Hospitality; Compassion; Respect; Justice; Excellence

- Staff, including non-clinical caregivers, are competent and supported
- Services are affordable and geographically accessible and welcoming to all cultures, including Aboriginal and Torres Strait Islander peoples
- Consumers are engaged in the development and delivery of services

# Blacktown Raphael Centre

The Raphael Centre uses an early intervention and comprehensive approach to mental health care.

This includes providing relevant pre-conception mental health care as well as services through the antenatal and postnatal periods.

# Model of Care

NB. patients do not necessarily progress in an orderly fashion from one tier to the next – in either direction

## **TERTIARY Mental Health Care Services**

- Psychiatric Inpatient  
general and specialist perinatal  
Public/Private

## **SECONDARY SPECIALISED Mental Health Care Services**

- Specialist PIMHS (conception - 4 years) SJGHC  
and
- Specialist Women's and/or Infant day and outpatient services

## **SECONDARY GENERAL Mental Health Care Services**

- GPs with additional training, Psychiatrists, other Community Mental Health Services,  
Private Psychologists; credentialed Mental Health Nurses  
Public/Private

## **SECONDARY Health Care Services**

- Obstetricians, paediatricians

## **PRIMARY Health Care Services**

- GPs, Midwives, C&FHN, Practice Nurses, NGOs

# Target group

Pregnant and postnatal women who may be experiencing perinatal mood and anxiety disorders, their partners and families until the index child is ready for school; and

Women and their families with problems related to childbearing, such as fertility/infertility, miscarriages, that can impact adversely on their mental health.

# Exclusion criteria

- Acute or enduring psychotic illness
- Active suicidal/homicidal intent
- Significant child protection issues
- Current alcohol or other drug abuse
- Recent history of violence or aggression
- Current family custody disputes undergoing legal proceedings

# Staffing

A multidisciplinary team links to a broader network or virtual team.

Expertise include:

- management

- administration

- midwifery, child and family health

- perinatal and infant mental health

- credentialed mental health nurses

- psychology

- family therapy

- relationship counselling and group work

- perinatal and/or child and family psychiatry

The broader network includes GPs, obstetricians, paediatricians, maternity services, NGOs, where appropriate.

# Referral and Assessment

Referral occurs through a range of health professionals including GPs, child and family health nurses, obstetricians, paediatricians and midwives; welfare agencies.

With the increased national and state focus on perinatal and infant mental health, often family difficulties have been at least partly identified and other relevant actions completed (e.g. physical health check for mother and baby) before specialist mental health is involved.

# Referral and Assessment

Referral from a GP is required for services such as psychiatric assessment by a psychiatrist or credentialed mental health nurse, Better Access and ATAPS programs

All families accessing the therapeutic services complete a comprehensive biological, psychological and social assessment. This includes a full developmental history of the woman and appropriate information regarding the partner/father, infant, other children, other relatives and friends.

# Interventions

Intervention is discussed fully with the woman, and, wherever possible, her partner and family. The range of interventions includes:

- group or individual psychotherapy – Cognitive Behavioural Therapy; Interpersonal Therapy; Dialectical Behaviour Therapy; anxiety/stress management; loss and grief; alcohol and other drugs; inter alia
- couple therapy – group and individual
- parent-infant therapy – including Circle of Security, Watch, Wait and Wonder, Marte Meo
- parent-toddler therapy
- medication
- parentcraft and related education
- support for other family members.

# Networking

Staff work with and have knowledge of a local network of referral sources and resources. They actively collaborate with others in order to ensure that a broad suite of early intervention and prevention services is available.

This includes effective links with psychiatric and other inpatient services as well as, other relevant secondary and primary care services.

Staff also collaborate in local educational programs for the community, e.g. to raise awareness.

# Evaluation

The service and programs are suitably evaluated. This includes outcome measurement and client satisfaction evaluation.

Appropriate pre- and post- assessment scales and questionnaires are completed, collated, analysed and reported.

# Training

Training is provided and supported at a number of levels: orientation; regular case review and supervision, clinical and reflective; and advanced training.

Appropriately trained professionals within SJGHC provide training in-house for other caregivers and also offer training externally.

# Case Study

- 30 year old Arabic speaking woman
- 31 weeks gestation
- Gravida 5 Parity 3 (miscarriage prior to this pregnancy)
- Edinburgh Depression Scale Score 17 and 0 question 10 (self harm)
- 1st born child – disability
- Postnatal depression following birth of third child
- Poor support

# Case Study

- Psychosocial risk factors identified at antenatal booking-in appointment
- Linked with the Multicultural Liaison Officer
- Referred to Safe Start meeting and client allocated to the Raphael Centre
- Referral by O&G registrar and information forwarded to the Raphael Centre
- Case discussed at weekly intake meeting where the treating psychiatrist is present
- Client allocated to the credentialed mental health nurse to undertake initial assessment
- Outcome of assessment reported back to the team where a management plan is discussed
- Follow-up appointments with the credentialed mental health nurse and the psychiatrist are made to monitor mental state and assess need for medication
- Multicultural Liaison Officer contacted per phone to discuss strategies to link client with practical and emotional support
- Letter sent to the antenatal clinic with details of outcome of assessment and management plan
- Client requested to inform her Gp of the current situation – referral required for longer term intervention into the postnatal period
- A care plan for delivery will be developed in consultation with all those involved and copies will be distributed, including one to the client
- Regular feedback to the Gp via letters and phone consultations if necessary will be provided