FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into Perinatal Services

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This submission addresses Terms of Reference #s 1, 2, 5 and 7 and relates to the provision of postnatal services that support the mental health of women who have recently given birth and their partners in Victoria.

Preamble
The birth of a baby is a major life change. All parents have increased psychological needs as they adjust to new roles and responsibilities, but some will experience clinically significant mental health problems. These postnatal mental disorders are usually conceptualised on a continuum.

At the severe end are the rare severe postnatal mental disorders. About one in 1000 women experience postpartum psychoses, which are psychiatric emergencies and require hospital admission and specialist in-patient treatment [1].

The term ‘postnatal depression’ is now widely used, but lacks specificity. It describes a heterogeneous group of conditions including depressive, anxiety, adjustment and post-traumatic stress disorders, which do not usually require acute hospital admission, but can benefit from community-based early interventions [2]. As these disorders often co-occur and are in practice difficult to distinguish, it is now more usual to refer to them as postnatal common mental disorders (PCMD). Up to one in three women and one in six men can experience clinically significant PCMD symptoms at some point in the first 6 months after giving birth [3]. These are associated with poor family functioning and reduced caregiving capacities. They can have adverse consequences for infant development, and are regarded internationally as a significant public health problem.

This submission is concerned with PCMD, and with evidence-informed, non-pharmacological early interventions that can be integrated into routine primary care to reduce incidence and duration of mental health problems and improve family functioning and parenting capabilities.

1. The availability, quality and safety of health services delivering services to women and their babies during the perinatal period
Victoria is well served with specialist psychiatric and residential early parenting services (REPS) to which women can be admitted, with their infants, for postpartum psychiatric or psychological causes. About 6% of women in Victoria who have recently given birth are admitted to these services annually. Relatively few (< 1%) are admitted to specialist psychiatric Mother Baby services and quite low occupancy rates suggest that Victoria has sufficient beds to meet community needs [4]. Most mother-infant admissions are to non-psychiatric REPS (5.05%). These services offer 4-5 night admissions and structured psychoeducation programs to assist with management of unsettled infant behaviours and mild to moderate maternal mental health problems. The programs are associated with sustained improvements in maternal mood and infant manageability in the short and medium term [5]. Long waiting lists and high occupancy rates in REPS suggest an unmet need for these services [4].
Primary care health services play a central role in prevention, early intervention, and, when necessary, referral for treatment of PCMDs.

2. The impact that the loss of commonwealth funding (in particular, the National Perinatal Depression Initiative) will have on Victorian hospitals and medical facilities as well as on the health and wellbeing of Victorian families

Primary care health services are an important component of prevention and management of PCMD. The National Perinatal Depression Initiative (2008-2013) enabled state-based initiatives in staff training for screening and referral. In Victoria this also included funding of the Perinatal Emotional Health Program (PEHP) to improve liaison between maternity and specialist psychiatric or psychology services, in rural or regional areas.

The predominant approach advocated by the NPDI was early intervention, with initiatives that aim to target treatment to those in need. This approach relies on screening to identify those at risk or experiencing symptoms, and referral for treatment. Screening for PCMD is advocated in Australian Clinical Practice Guidelines [6], but among clinical practice guidelines in other settings there is disagreement on its inclusion in routine perinatal care [7]. Australian evidence shows that screening programs are difficult to implement systematically because of health system constraints and staff perceptions that appropriate referral services are not available [8]. Accessible, affordable and acceptable referral services are unavailable in many settings, especially in rural areas, and women frequently do not take up services where they are available, because of stigma and perceptions that mental health services do not meet their needs [9].

There is also a paucity of evidence that screening has measurable benefits for perinatal mental health. A systematic survey and meta-analysis of the international literature concluded that there is no robust evidence that screening for depression would benefit women in pregnancy or postpartum, and that guidelines should be re-considered [7]. Therefore responses other than screening and referral are required [10].

Population-based approaches to mental health care seek to reduce the risks among all members of a group and are preferred over screening and referral because they have a greater population health benefit [11]. The population-based approach relies on a universal health service with an appropriately skilled primary care workforce who understands the risk and protective factors for PCMD and has the clinical skills to strengthen protective and reduce risk factors where possible.

5. Access to and provision of an appropriately qualified workforce, including maternal and child health nurses, across Victoria;

Victoria is in a nationally enviable position in providing universal access to health services for families with babies and children up to the age of 5 at no cost to consumers. Victoria’s Maternal and Child Health (MCH) Services provide health and development assessments for infants and children, and evidence-based advice, advocacy and support for families. MCH nurses recognise their important role in supporting parents’ mental health and preventing onset of common mental health problems, but most have limited training in providing the kind of psychologically-informed clinical care that is required [12].


PCMD are determined by multiple individual, relational and societal factors. Risk is increased by having a past history of mental health problems or experiencing coincidental adverse life events, which are not amenable to change. However, other factors, including the quality of her relationship with an intimate partner, caregiving knowledge and skills and access to emotional and practical support are potentially modifiable. MCH services are in a powerful position to influence new parents’ attitudes and behaviours. MCH nurses work in a social model of clinical practice and have a good understanding of PCMD risk and protective factors [13]. However, many report that
they lack the clinical skills to assist parents to manage difficult life circumstances or to make healthy adjustments to roles, responsibilities and interpersonal interactions after the birth of a baby. Best practice psychologically-informed care that promotes parents’ mental health and reduces risks for PCMD requires professional development to strengthen these skills.

With the support of the Victorian Government Department of Education and Training [14] and 6 local government areas we have recently published high quality evidence of a trial of the successful What Were We Thinking (WWWT) program to prevent PCMD among women who have given birth to a first baby [15].

The What Were We Thinking (WWWT) program represents a new way of thinking about prevention of postnatal common mental disorders. WWWT is a well theorised gender-informed psychoeducation program for all parents of a first baby offered by trained MCH nurses as part of First Time Parents’ (FTP) Groups. WWWT provides evidence-based, life-stage specific active learning opportunities. These give participants the understanding, language and skills to adapt to changed roles and responsibilities, resolve conflict respectfully, provide competent effective infant care and reduce fatigue.

WWW T challenges gender stereotypes about roles and responsibilities, positions mothering and fathering as of equal importance, promotes respect for the unpaid workload and improves emotional literacy without the use of psychiatric labelling. The program comprises a highly-interactive, structured face-to-face small group seminar for couples and their babies, take-home materials for ongoing reference, and routine primary care from a WWWT-trained MCH nurse. WWWT differs from other programs by including the father and the baby and being offered in the earliest weeks of the baby’s life [16].

Results of the trial showed that participation in WWWT was associated with significantly lower rates of mild to moderate anxiety symptoms and better self-rated health among women at 6 months postpartum compared to the usual standard of care [15], and a sustained beneficial impact on postnatal generalised anxiety at 18 months postpartum [17]. These outcomes were achieved by building capacity among the MCH nurse workforce with evidence-based resources and a dedicated Training Course.

The WWWT approach reduces social risks associated with partner and infant behaviours. It is totally consistent with and supports the Victoria Government Department of Education and Training’s Respectful Relationships program, now being rolled out in schools and early childhood services across the state. WWWT provides an opportunity for MCH services to contribute to the Respectful Relationships agenda with evidence based resources specifically targeted to the phase of life after a first baby when coercive and violent behaviours are often manifest for the first time. Implementation of WWWT has the added potential benefit of reducing the high demand for Victorian residential early parenting services.

The low cost WWWT Training Course is being delivered through the Monash Institute of Health Professional Education interactive online platform and attracts continuing professional development points. We recommend that Victoria embraces the opportunity provided by Monash University’s evidence-based resources to build postnatal mental health capacity in MCH nursing services by supporting access for all MCH nurses to the WWWT Training Course and thereby promoting the mental health of new parents in Victoria.

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References