Key areas for submission:

- Outcomes focused description of a rural perinatal mental health care model in Northeast and Border region. This is a ‘No Wrong Door’, home based, stepped care model which is aligned with current best practice Perinatal Mental Health Care guidelines (Beyond Blue, 2011).

- Recommendations for service improvement in Perinatal Mental Health Care.

**The Albury Wodonga Health Perinatal Emotional Health Program**

**Best Practice in Rural Perinatal Mental Health Care**

*The service is invaluable, and continues to be a lifeline for so many mothers, fathers and families.*

(AJR, PEHP client).

Perinatal mental health care has been a key service component of the Northeast Health / Albury Wodonga Health mental health service since 1998. The service has been recognised with Quality of Care awards and a Victorian Public Health Care award.

The program was externally evaluated by Professor Fiona Judd and the Victorian Centre for Women’s Health. This resulted in the service becoming the template for the state-wide Victorian Perinatal Emotional Health Program (PEHP).

- The PEHP service has provided effective perinatal mental health care to more than 2,000 families in Albury, Beechworth, Benalla, Bright, Chiltern, Corowa, Corryong, Culcairn, Henty, Holbrook, Mansfield, Mount Beauty, Myrtleford, Rutherglen, Wangaratta, Wodonga, Yarrawonga, and surrounding areas.

- Commencing with one full time worker in 1997, the program has grown to 2.8 FTE with the onset of PEHP funding.

- There are more than 2,500 births in this region, with close to 20 % of these mothers requiring perinatal mental health care. Without the PEHP service in this region, every year up to 500 women and families risk being denied care that will prevent proven long term negative effects on their mental health, infants, and relationships.

- There are currently 150 women and families receiving PEHP services, with more than 400 referrals in the past 12 months.
**FUNDING**

- Original funding for the Early Motherhood Service (perinatal mental health care) in Northeast Victoria came from Adult Mental Health Services, and was enhanced by the Department of Health with $50,000 recurrent funding.
- In 2010 funding ($150,000) for the PEHP program was received through the Commonwealth National Perinatal Depression Initiative (NPDI) and was enhanced with Victorian State Funding ($177,504 recurrent). This funded 2.8 FTE across the northeast and border region.
- Funding from the Commonwealth NPDI ceased abruptly on June 30th 2015, creating great uncertainty for clients, staff and other service providers.
- The Victorian State Government continued to fund the program (including the Commonwealth 50%) until 30th December 2015.
- From this date AWH committed to continuing this highly valued program, without an identified funding stream.
- The 2016/17 additional mental health program funding for AWH included $177,504 recurrent funding and $156,907 funding until 30 June 2017, for the PEHP program.

**PEHP MODEL OF CARE**

With reference to the current Perinatal Mental Health Care guidelines (Beyond Blue, 2011), the model of care provided by AWH PEHP ticks all the boxes for a best practice service.

1. AWH PEHP staff are skilled and experienced mental health nurses, with a range of extra qualifications including midwifery, neonatal nursing, family therapy, CBT and parenting skills training. The manager is a mental health nurse, family therapist, midwife and maternal and child health nurse.
2. AWH PEHP staff have regular access to primary and secondary consultation and clinical supervision with psychiatrists who are specialist in perinatal mental health care.
3. All women birthing in the AWH catchment have routine antenatal psychosocial screening and repeated EPDS (Edinburgh Postnatal Depression Screen) screening in the perinatal period. Discussion of available assistance and support options are provided where indicated.
4. Referrals to PEHP go direct to clinicians, and are received from clients, families and service providers (with client consent).
5. There are close links (including colocation) between PEHP and maternity services, which include maternity wards, maternal and child health services, lactation consultants, obstetric providers, the AWH/Tresillian Parent Baby Unit and local general practitioners. The PEHP staff also work closely with the Albury Wodonga Aboriginal Health Service (see below case study). All maternity service providers have available in person/telephone contact directly with PEHP staff – enabling them to make referrals, request training or for secondary or tertiary consultations.
6. PEHP staff participate in early intervention/health promotion activities such as antenatal classes and new parent groups, discussing emotional wellbeing and lifestyle and support strategies. These strategies, along with service provider capacity building foster early detection and intervention.
7. PEHP staff provide structured psychoeducation for referred women and families.
8. PEHP staff provide access to ‘Getting Ahead’ a facilitated CBT (cognitive behavioural therapy) group for women with postnatal depression and anxiety.
9. PEHP provides a stepped care approach, giving women holistic and targeted support. This includes:
   - Access and education to quality mental health options.
   - Provision of group (Albury Wodonga) or individual counselling.
   - Home or centre based care.
   - Couple support, parent infant interaction support or facilitated onward referral.
   - Post traumatic birth counselling.
   - Individual psychological interventions, including CBT, directive counselling and interpersonal counselling.
   - Seamless transition through mental health care – as PEHP is an integral part of the clinical mental health service, transfer of care and support between PEHP and adult, child and adolescent and inpatient services are fostered through organisational relationships and shared client information.
   - PEHP provides ongoing support and consultation with the specialist mental health service for women with severe mental illness.
TESTIMONIALS FOR THE PEHP PROGRAM

| From: | Julie Wright  
Operational Director - Women’s & Children’s Services, AWH. (06/03/17) |

Mental ill health during pregnancy and early motherhood, is a serious public health issue with potentially serious consequences for women’s life-long mental health and the health and wellbeing of their children and families. The AWH Perinatal Mental Health Service is an integral component of Maternity Care and is intrinsically linked to Maternity Services, Maternity Care providers and maternity care pathways.

Maternity Care providers and the Maternity Unit staff work closely with the Parents and Babies Service and the PEHP team with the focus being on the needs of individual women. Over the past four to five years there has been an improved level of emotional support and continuity of care for women experiencing mental health and anxiety related illness in the perinatal period, pivotal to this has been the PEHP service who have continues to strengthen their role in supporting women and their families during vulnerable times. Knowing the service is accessible at any point in the pregnancy or post birth has enabled service providers and in turn women to access support in a timely manner, ensuring early intervention and treatment and reducing the likelihood of long term adverse effects of perinatal mental illness and anxiety.

Intervention during the critical perinatal period is essential to improve the health of mothers, increase their confidence as parents and improve their ability to nurture their child. Additionally early intervention it is crucial for infants to develop a secure attachment with their mother.

PEHP offer treatment for the whole spectrum of perinatal mental health issues, including: antenatal/postnatal depression, negative feelings, lack of confidence in parenting ability, and prolonged episodes of sadness, irritability or anxiety, after the birth of a baby.

The PEHP program is a vital service as it has enabled improved outcomes for women and their children and reduced the burden of ongoing illness that occurs when early detection, intervention and treatment is not offered. The positive outcomes for women, the infant and families has been testament to the benefits of the PEHP program and is clearly visible to health care providers. Furthermore the social, emotional and financial benefits to the community cannot be underestimated.

AWH Maternity Services and the women and families it serves are privileged to have access to the PEHP Service and to the Parents and Babies Service. The associated staff and their high level of clinical expertise provide the women an invaluable service that we have come to rely on to ensure a holistic approach to supporting women in the perinatal period.

Ongoing accessibility to the PEHP service is essential as Maternity Services continue to strive to improve physical, social and emotional outcomes for women across all domains of the pregnancy continuum.
CLIENT COMMENTS

From: PEHP SATISFACTION SURVEY 2016

‘Amazing to have this extraordinarily helpful service available – and at no cost.

‘This service is so important for new mothers, especially for mothers who are finding the adjustment to parenthood extremely difficult.”

‘This is my second ‘round’ with (PEHP) They are so supportive and really helped me avoid a more serious depressive episode. I’m glad we have this service. And great that it is free and they come to your house. 5 stars.’

Kate Bell, pictured with her children Harrison (11), Samantha (3) and Emilee (9), couldn’t be happier as a family thanks to the support of the Perinatal Emotional Health Program.

Wangaratta Chronicle, June 2016.

‘I would like to thank (PEHP) from the bottom of my heart…(PEHP) helped my family work to put things back together…Thank you so very much for all of your support. My family have all seen the benefits of your work and we can’t thank you enough.’

‘We are so fortunate to have this service available, that we can self-refer to and attend as required. My mental health is stable and I feel like myself again because of the support I received from (PEHP).

‘I found the service to be excellent. Professional, respectful, helpful, and with counsellors that genuinely cared and went the ‘extra mile’.

EFFECTIVENESS OF PROGRAM

Clinical outcomes
Over many years of delivering perinatal mental health services we have proven that support, delivered at the right time by clinicians with the right knowledge and skills can make a difference that is life-supporting and
life enhancing. This is supported by strong evidence that early intervention results in improved outcomes for the mother, her infant and the family.

**Health Outcome Measures.**
PEHP clients are assessed pre and post their engagement with the service, using the clinician-administered HoNOS (Health of the Nation Outcome Scale) and the client-administered DASS (Depression, Anxiety, Stress Scale). Both measures indicate significant improvement in symptoms and quality of life.

**HoNOS**
- Median treatment scores for HoNOS indicates that clients experienced significant decrease in their symptoms and difficulties at completion of their engagement with PEHP.

**DASS**
- The median scores for the DASS indicate significant improvement in client symptoms of depression, anxiety and stress.
  - Depression severity reduced from 'Moderate' to 'Normal'.
  - Anxiety severity reduced from 'Moderate' to 'Mild'.
  - Stress severity reduced from 'Moderate' to 'Normal'.
From a PEHP clinician perspective:

Following are two client stories which typify the work of PEHP.

‘Kim’s’ story

I have been seeing a 19 year old aboriginal woman, Kim (not her name) referred to PEHP by the Maternity Social Worker after the early birth of her first child. The reason for referral was for worsening anxiety symptoms.

Kim had a history of untreated anxiety. When I first met her and her partner Paul, their baby girl May, was in the Special Care Nursery. May was delivered because of her small size at 36 weeks and stayed in hospital for a month. She reported to me she had been managing this anxiety since she was 12 years by daily cannabis use and with the support of her Mum. She was having panic attacks since May’s birth and had started to have some suicidal thoughts. She was sleeping poorly and had no appetite.

Kim was reluctant to start any medication but agreed to see her GP who prescribed an antidepressant. She embraced techniques for relaxation and mindfulness that we discussed. She agreed to pay more attention to her diet and took time out from her long days caring for May at the hospital. Kim started medication reluctantly two weeks after they were prescribed after a couple of nights of sleeplessness, panic attacks and self-harm thoughts that frightened and exhausted her. She was desperate to be a good mum for May.

Now, Baby May is 3 months old. Kim and Paul are caring for her at home. May is thriving. Paul supports Kim in getting sufficient sleep to manage her mothering roles. Kim feels that her anxiety has greatly lessened. She proudly reports that she can do tasks independently now, like going to the supermarket, Centrelink, or visiting her GP, where in the past she used her Mum to go and do the talking.

Kim values the time spent with PEHP to help her be a Mum.

‘Sandy’s’ story

Sandy, is a 28 year old woman and mother of two. Kade, a boisterous 3 year old “threenager” (her description) and Sam, who is one month old. She has a supportive husband Steve, who works evening shift.

Sandy was referred by her Child and Family Nurse. She was tearful and said she was not coping. She was sleeping poorly, Sam was unsettled and breast fed frequently. She felt no emotional bond with baby Sam but worked hard to take care of him. She misses one-on-one time with Kade, which she described as her “happy place”. She was overwhelmed with sadness and thoughts of being a bad mother to both her boys. Sandy became more anxious throughout the day at the thought of Steve going to work. She would cry and beg him to stay home. The evenings were hard as both boys would be tired and irritable.

I referred Sandy to her GP and she was prescribed an antidepressant medication which she feels has started to help. She has also found my suggestion mindfulness practice “grounds her” when she is anxious about the children. She is coping better when Steve goes to work.

Very pleasingly, Sandy is starting to have warm feelings towards Sam, feeling more like his Mum than his caretaker. Sam has started to have his first smiles. She brightened as she told me that she had a “real” laugh yesterday. She is beginning to see the chance of a “light at the end of the tunnel”.
RECOMMENDATIONS FOR SERVICE IMPROVEMENT

1. Recurrent funding for state-wide PEHP program, with support for all rural health services to reinstate this service.
2. Reinstatement of state-wide PEHP interest group, with ongoing specialist training and development opportunities.
3. The roots of the PEHP service are in adult clinical mental health, with a primary focus on the parent. Optimum perinatal mental health care must incorporate both parental and infant mental health. Therefore an up skilling and building on the PEHP workforce to foster expertise in providing specialist infant mental health care is an essential element of future mental health care planning.

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Signature: Date: 14/07/2007.