21st July 2017

The Executive Officer
Family and Community Development Committee
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

Re: Submission to the Family and Community Development Committee
Inquiry into Perinatal Services

Further to my request and subsequent approval to lodge a late submission to the Family and Community Development Committee, please accept my submission to the Committee's inquiry.

As Manager of South West Healthcare's Primary Mental Health Team (PMHT), I manage the service's Perinatal Emotional Health Program (PEHP). PEHP provides support to women and their families who experience or are at risk of experiencing mental health concerns during the perinatal period. PEHP additionally supports practitioners including midwives, Maternal Child Health Nurses (MHCN), general practitioners, and family support workers, in their provision of services to women during the perinatal period. South West Healthcare has operated this program since the State and Commonwealth Governments jointly funded the program in rural Victorian in 2010\(^1\), the latter through the National Perinatal Depression Initiative.

South West Healthcare’s Perinatal Emotional Health Program is well placed to make this submission. In particular the program has been directly impacted by the withdrawal of Commonwealth funding (Terms of Reference point 2). With the Commonwealth Government’s cessation of funding on 30th June 2015, South West Healthcare’s Mental Health Services Division committed to continuing this important program without confirmation of ongoing government funding. The author is cognisant that other regional PEHP teams ceased to operate or significantly reduced service provision upon withdrawal of the Commonwealth’s funding, leaving principally South West Healthcare and (to the author’s knowledge) North East and Border Mental Health Services solely operating their substantive programs.

Together with a number of other Victorian mental health services including North East and Border Mental Health Services, South West Healthcare (SWH) has demonstrated a long-standing commitment to perinatal mental health care. PEHP has extended South West Healthcare’s ‘pioneering’ work in the area of identifying and supporting women experiencing or at risk of experiencing perinatal mental health concerns. Notably the author oversaw the introduction of screening of women for perinatal mental health concerns during the antenatal period by midwives in all birthing hospitals in South West Victoria in 2004, at the same time Beyondblue was researching the utility of using the Edinburgh Postnatal Depression Scale (EPDS) during the antenatal period. Screening across these hospitals has been maintained to this day, a practice consistent with current best practice guidelines\(^5\).
In dot point form, this submission seeks to succinctly address aspects of the Inquiry's Terms of Reference, but additionally provides a summary of the Perinatal Emotional Health Program (PEHP) that is operated by South West Healthcare in South West Victoria, and a sample of comments from consumers of the program.

**South West Healthcare’s Perinatal Emotional Health Program (PEHP)**

- The Victorian Government allocated PEHP funding to regional Victorian Area Mental Health Services (AMHS) on the basis of one (1) FTE per 1,000 births. With a little over 1,000 births per annual in its AMHS catchment area, South West Healthcare was funded for one (1) FTE.

- South West Healthcare’s PEHP covers the municipalities of Corangamite, Glenelg, Moyne, South Grampians, and (City of) Warrnambool. The region extends 26,000 square kilometres, and covers four (4) birthing hospitals: Portland District Health, South West Healthcare (Camperdown and Warrnambool campuses), Terang Mortlake Health Services, and Western District Health Services.

- South West Healthcare’s PEHP staff profile is that of two (2) 0.5 FTE PEHP clinicians. Both PEHP clinicians are midwives who have additional training in perinatal mental health. PEHP in turn is supported by the Primary Mental Health Team (PMHT) and its Consultant Psychiatrist.

- Whilst consumers are able to and do self refer to PEHP, referrals predominantly come from antenatal support services e.g. South West Healthcare’s Women’s Health Clinic, midwifery departments across the region, Maternal & Child Health Nurses, General Practitioners, other Area Mental Health Services’ programs, and family support agencies.

- South West Healthcare’s PEHP has averaged over 10 referrals a month since its inception, realising in excess of 120 referrals a year to the program that is operated by 1.0 FTE. This in turn occurs in the context of an average birth rate across the catchment’s birthing hospitals of approximately 1070 births per year, and reflects an average annual referral rate to the program of 12% of all births in the catchment’s birthing hospitals. The referral rate and the volume of referrals made to the program since its inception illustrates:
  - The demand for services of this nature.
  - The significant recognition of the program’s value to its target population by consumers and their referring care providers/stakeholders.

**Notes:** Referrals per financial year to SWH’s PEHP
PEHP Model of Care

- The Perinatal Emotional Health Program’s (PEHP) practices align with best practice guidelines. PEHP endorses and is committed to the delivery of high quality support and services to rural women and their families during the perinatal period. In many instances, isolated rural women in particular do not routinely have access to high quality support services.

- PEHP operates as a program of the Primary Mental Health Team (PMHT) within the broader Mental Health Services Division of South West Healthcare.

- PEHP operates a stepped model of care identified as best practice and highlighted by Perinatal Mental Health Clinical Guidelines (Beyondblue, 2011) and reinforced in more recent (respective) Victorian and Commonwealth Government mental health policy frameworks.

- PEHP supports home based care, and collaboration with other perinatal care providers / stakeholders including but not restricted to midwives, general practitioners, Maternal Child Health Nurses, Area Mental Health Services, and family support agencies including Child First and DHHS’ Child Protection Services.

- All women birthing in the South West catchment region have routine antenatal psychosocial screening, utilising the Edinburgh Postnatal Depression Screen (EPDS) and additional psychosocial screening assessment. Midwives undertaking this screen represent the largest source of referrals to PEHP.

- PEHP staff participate in a range of ante and postnatal education and early intervention / health promotion activities such as antenatal classes and new parent groups discussing and highlighting emotional wellbeing and support strategies.

- PEHP staff are skilled and experienced midwives with additional mental health and related training.

- Research demonstrates that women, infants and children, and their families receive long term benefits from intervention at the earliest opportunity.

- PEHP is committed to further strengthening its relationships with indigenous health practitioners and support agencies, CALD communities, and at risk populations including women subject to domestic violence during the perinatal period who do not access support services as readily as the general population does.

- PEHP provides evidenced base care that includes / extends to:
  - Encouragement of self-directed learning and treatment options i.e. e-learning.
  - Home and centre based care.
  - Parent infant interaction assessment and support.
    [Of note, PEHP staff and colleagues in the Child & Adolescent Mental Health Services (CAMHS) team have Newborn Behavioural Observation (NBO) and Circle of Security (COS) training.]
  - Post traumatic birth counselling.
  - Individual psychological interventions including psycho-education, problem solving, skills training, Cognitive Behavioural Therapy (CBT), and interpersonal counselling.
- Adjunct consultation and support to consumers managed by other clinical teams operated by the Mental Health Services Division.

**Consumer feedback**

[PEHP clinician] was a great support to me during a difficult time in my life and I will be forever grateful for the support she offered me.

[PEHP clinician] was a great support to me both during and after my pregnancy. It was great to be able to discuss issues in a relaxed and comfortable environment when I felt I wasn't being judged. [PEHP clinician] always made my appointments at a time that suited me best and offered for my husband to come to appointments if I wished. I would definitely recommend PEHP to others.

I found the service to be excellent; the nurses were caring, responsive and dedicated. They worked with my family through a range of issues and provided excellent emotional and practical support. It is a wonderful program that should be continued at all costs.

Once in touch, it was an extremely friendly and efficient service. I was helped immensely by the kind, caring and supportive staff. Thank you. You changed my life for the better.

[PEHP clinician] has been a wonderful support during a challenging pregnancy. She was very responsive and always accommodating of my needs. Phone calls were returned promptly, she travelled to Camperdown to see me and even came by on the day I delivered to check how I was feeling. With a history of emotional health issues, I was keen to be proactive in my health and the PEHP program has been a God-send. I would strongly recommend this service to friends and family. Thank you.

The support received from PEHP was fantastic. It was the right level of support needed for me and my family after a traumatic time. Thank you [PEHP clinician].

Thank you, an open and non-judgemental are makes a huge difference. It helps to know I can just say whatever, just to get it off my chest. I still have hard days but that feeling of being in 'that hole' isn't there anymore and that was what I found the scariest. Thank you again [PEHP clinician]. You do an amazing job to take on so much and still be able to smile.

Great work, both in person and on the phone when needed. Really understanding and helpful and informative in the area I thought were lacking with my other maternal care. So very grateful for this program and [PEHP clinician] who is just beautiful. And my husband and darling girl are just as grateful I'm sure. Hugest thanks.

Thank you for getting me back on track. I had no idea services like this existed. With my first two children I had very little support and I felt alone and isolated. This time around I have always felt like I had someone to turn to and help me get in touch with the right people/services to help. I don't know how I would be managing now without the support provided to me by PEHP and [PEHP clinician].
Of note at the time of drafting this submission, two consumer experiences highlight the very apt nature of specialist support PEHP is able to provide to women and families experiencing more major mental health disorders during the perinatal period. In the context of difficulty rural services have accessing admissions to specialist Mother Baby Units (MBU), two women currently 'occupy' two of the fifteen acute (mental health) inpatient beds South West Healthcare operates. It has not been possible to elaborate on issues relating to such consumer presentations in this late submission, however with a possible invitation to attend a public hearing that the Committee conducts as part of this Inquiry, the author can further elaborate on the additional challenges associated with delivering evidenced interventions to women who experience more major depression and or psychosis during the perinatal period.

**Summary**

In summary, this submission attests that:

- Perinatal Emotional Health Programs operated by Area Mental Health Services (to date in rural and regional Victoria) provide invaluable services to women in need of perinatal mental health support.
- The significant demand for PEHP service provision reflects the demand for specialist services of this nature, and the acceptance by consumers and care providers of the need for this program.
- The PEHP initiative has been disadvantaged by the withdrawal of Commonwealth funding of PEHP.
- In the absence of the Commonwealth Government reinstating recurrent funding, the State Government should (recurrently) assume this funding shortfall (and to the author's knowledge the State Government has done this).
- PEHP funding and positions should be further increased on the strength of significant demand for services demonstrated over a substantial period of time.
- PEHP services operated across the State undertake and or support evidenced based practices including 'universal' screening of women during the perinatal period, the provision of early intervention and health promoting activities, the provision of evidenced based treatment services, and invaluable support for interventions for women and families considered at risk including women experiencing more major mental health disorders.
- PEHP teams / clinicians should be supported in their efforts to maintain delivery of evidenced based best practice.
- Research demonstrates that women, infant and children, and their families receive long term benefits from intervention at the earliest opportunity.

In the absence of Ms Karyn Cook (Director, Mental Health Services Division, South West Healthcare) who endorsed my request to lodge a late submission to the Inquiry, the Acting Director Ms Jodi Radley confirms Divisional support of this submission.

Thank you for accepting my late submission to the Family and Community Development Committee's Inquiry into Perinatal Services.

Yours sincerely,

Nicholas Place
Manager, Primary Mental Health Team (incorporating Perinatal Emotional Health Program)
Mental Health Services Division,
South West Healthcare
Koroit Street, Warrnambool. 3280.

Ms. Jodi Radley
Manager CAMHS
A/Director
Mental Health Services Division,
South West Healthcare
Koroit Street, Warrnambool. 3280.
**Endnotes:**

i Attached for the Committee’s benefit is the Perinatal Emotional Health Program Implementation plan dated March 2010.

IMPLEMENTATION OF THE PERINATAL EMOTIONAL HEALTH PROGRAM

AREA MENTAL HEALTH SERVICES, MATERNITY SERVICES AND MATERNAL AND CHILD HEALTH SERVICES

MARCH 2010

PURPOSE

This document is for Victorian rural and regional Area Mental Health Services. It provides background information and an implementation plan for the Perinatal Emotional Health Program. The program is part of the National Perinatal Depression Initiative. The Perinatal Emotional Health Program was developed following extensive consultation with consumers who have suffered pre and post natal depression, perinatal psychiatrists, general practitioners, Area Mental Health managers, midwives, maternal and child health nurses, obstetricians, enhanced maternal and child health nurses and researchers.

If you require further information or wish to discuss the implementation plan, please contact Ms Nicola Quin, Project Manager, Victorian Response to the National Perinatal Depression Initiative on 9096 5045 or Nicola.quin@health.vic.gov.au

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PART I

**Background- National Perinatal Depression Initiative**

The National Perinatal Depression Initiative aims to improve early detection of depression in pregnancy and postnatal depression, and to provide better support and treatment for expectant and new mothers experiencing depression. It has funding from Commonwealth and State Governments. The main elements of the Initiative are routine screening of pregnant women and new mothers for risk of depression, workforce training, and treatment provision. The Perinatal Emotional Health Program is a key treatment component of the Victorian National Perinatal Depression Initiative response. This Program will provide additional treatment services for women in rural and regional communities in Victoria.

**The Perinatal Emotional Health Program**

The Perinatal Emotional Health Program (PEHP) aims to provide early interventions for women at risk of or experiencing perinatal mental health problems. Sixteen PEHP workers are to be collocated with maternity and maternal and child health services to provide support and mental health care for women during pregnancy and up to twelve months after the birth of a child. These positions will be employed in 2010/11 in rural and regional Victoria. A three year evaluation will also be undertaken to assess the benefits of the program and reshape elements as required.

Key features of the program are:

1. Collocation with health services already seeing the women to reduce stigma, overcome barriers to access and include mental health care as routine in the perinatal period
2. Assertive follow up of women identified as at risk of or experiencing perinatal mental health problems
3. Flexible home-based outreach or clinic-based appointments at no cost to consumers to overcome practical and financial difficulties of access to services
4. Follow up of screening for perinatal depression and concerns of midwives or maternal and child health nurses about perinatal mental health
5. Coordination of referrals to existing services, including advocacy on the woman’s behalf to ensure a timely response
6. Education of families and healthcare workers about perinatal mental health, including up-skilling of midwives and maternal and child health nurses in management of mental health problems
7. Communication with other healthcare providers aiming for an improved transition between antenatal and postnatal care

The PEHP position is designed to enhance existing services providing mental health care to pregnant women and new mothers, not replace them.

A position description for this role is at Appendix 1. Proposed locations for the PEHP workers are at Appendix 2. The allocation of these positions is based on birth rates and geographical spread in each Area Mental Health Services catchment. Please note the geographic location of the position within each Area Mental Health Service catchment is subject to negotiation with collocating services and the Regional Office.
Completing the implementation plan

A one off implementation funding grant of **$40,000 per 1.0 EFT position** is available in 2009/10 for PEHP positions. This funding is to cover the implementation costs associated with the establishment of the position including administration, training, information technology, car, mobile telephone, and recruitment costs. Up to $5,000 is available for maternity and maternal and child health programs per position to cover the time of staff in establishing these positions.

Implementation funding will be paid when the attached implementation plan has been satisfactorily completed and returned to Nicola Quin, Project Manager, Victorian Response to the National Perinatal Depression Initiative at Mental Health, Drugs and Regions Division, Department of Health at 17/50 Lonsdale St, Melbourne 3000.

Any plans that are received after 1 June 2010 will not be eligible for implementation funding.

Funding for PEHP workers is recurrent and will begin on 1 July 2010 or when the PEHP worker/s begin employment after 1 July 2010.

If you require further information or wish to discuss the implementation plan, please contact Ms Nicola Quin, Project Manager, Victorian Response to the National Perinatal Depression Initiative on 9096 5045 or Nicola.quin@health.vic.gov.au

STEERING COMMITTEE FOR THE IMPLEMENTATION OF THE PERINATAL EMOTIONAL HEALTH PROGRAM

The implementation of the PEHP program is being overseen by a steering committee comprising the following representatives:

Leanne Beagley, Acting Assistant Director, Service Improvement, Department of Health (Chair)
Tracy Beaton, Senior Nurse Advisor, Department of Health
Joan O’Neill, Rural Maternity Services, Department of Health
Mary Stapleton, Representative of DHS Regional Offices, Department of Health
Anne Colahan, Manager, Maternal and Child Health, Department of Education, Early Childhood Development
Fiona Judd, Royal Women’s Hospital
Anne Buist, Perinatal Psychiatrist
Campbell Paul/Megan Chapman, Infant Psychiatrist
Shastra Naidu, General Practitioner
Helen Rowe, Municipal Association of Victoria
Jennifer Ahrens, Early Motherhood Service, Wangaratta
Consumer representative, PANDA
Representative, Victorian Early Parenting Centres
Nicola Quin, Perinatal Depression and Mental Health, Department of Health
Maya Rivis, Perinatal Depression and Mental Health, Department of Health
PART II

Implementation Plan for Perinatal Emotional Health Positions

Introduction

The implementation plan includes sections on governance, clinical supervision, placement of worker, on-site support, recruitment and performance reviews, training, evaluation, and Key Performance Indicators. The plan needs to be signed by representatives of the relevant Area Mental Health Services, maternity services and maternal child health services.

When completing the implementation plan please consider how the PEHP position will integrate with already established local services and systems.

Governance of PEHP position

The Area Mental Health Service (AMHS) will be responsible for employing and providing clinical supervision to the PEHP worker. The PEHP worker will assess clients and, where appropriate, seek access to mental health services offered by the AMHS such as treatment by a psychiatrist, multidisciplinary mental health team involvement and case management. The PEHP worker will also offer treatment when other services are not available or not accessible.

A) Clinical Supervision:

AMHS: Experience from programs similar to the PEHP program indicates that clinical supervision is best provided by a psychiatrist. Please identify who will be responsible for clinical supervision of the PEHP worker and how often this supervision will take place.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please outline the experience of this supervisor in perinatal mental health (NB if limited experience, training is strongly encouraged and can be arranged by Department of Health Mental Health, Drugs and Regions Division):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

B) On-site support by maternity and maternal and child health services

The PEHP worker will spend the majority of the week collocated with maternity services and maternal and child health services. Staff from Maternity Services and Maternal and Child Health services will be key relationships for the PEHP worker. An appropriate work area will need to be provided for the PEHP worker to see clients. Maternity and maternal and child health services may need to provide advice and support regarding pregnancy, physical wellbeing of the women and families seen by the worker, and parenting issues.

Please identify a contact from maternity services and maternal and child health that will ensure the PEHP worker has adequate support at each location of work.

Maternity services:_______________________________________________
Maternal and Child Health:_________________________________________
C) Placement of worker:

The decision on where to locate the PEHP workers is a local decision. Appendix 2 provides guidance but is subject to negotiation of the parties.

Please provide an indication of where the position may be based during the week (eg: home visiting, maternity services, maternal child health, area mental health offices). It is anticipated that these details may change as the PEHP worker role develops.

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Please identify what location the PEHP worker can keep files, receive mail and return telephone calls:

____________________________________________________________________________

D) Recruitment of worker and performance reviews

The successful applicant needs to be selected by a panel comprising a representative from Area Mental Health, maternity services and maternal and child health.

Please identify the representative from each service who will take part in interviewing and selecting the PEHP worker.

Area Mental Health Services: ________________________________
Maternity Services: ________________________________
Maternal and Child Health: ________________________________

These positions/representatives will also contribute to performance reviews of the PEHP worker.

E) Key Performance Indicators

A set of Key Performance Indicators (KPI) will be developed through the PEHP Implementation Committee to monitor the performance of the PEHP. The KPI for direct services to clients will increase as a percentage of the position over the first two to three years to give the worker time to develop referral pathways, create networks and upskill other workforces in perinatal mental health issues.

Indicators in year one may include:

- Completion of a Memorandum of Understanding between the Area Mental Health Services, Maternal Child Health and Maternity Services.
- Development of referral pathways
- Development of data collection and storage protocol
- Contact hours spent with clients
- Contact hours spent in group education with women (antenatal classes, first parents groups)
- Contact hours spent with midwives, maternal child health nurses and other referring partners in education, networking and capacity building.

Further information on key performance indicators will be provided as soon as possible.
F) Training offered

Training will be provided for PEHP workers by the Mental Health, Drugs and Regions Division on the following topics:

- Review/refresher of perinatal mental health issues
- Overview of parent infant attachment and infant mental health
- Introduction to antenatal psychiatric services
- Introduction to specialist mother-baby acute psychiatry units
- Information on the Wangaratta Early Motherhood team which PEHP is based on.
- Introduction to perinatal drug information line
- Clinical supervisor training
- Background on the Maternal and Child Health program
- Background on rural and regional maternity services programs

The Mental Health, Drugs and Regions Division will also be coordinating regular compulsory peer support days for the PEHP workers.

In addition to the training offered by the Mental Health, Drugs and Regions Division, some workers may need additional help in the language and terminologies used by Area Mental Health Services, maternity services and maternal child health, and identifying local support services for women and/or their children and families.

Please identify the representative from each service who will support the worker in understanding the terminology and language of maternity services, maternal and child health or the operation of the area mental health service, if required:

Area Mental Health Services: _________________________________
Maternity Services: _________________________________
Maternal and Child Health: _______________________________

G) Evaluation of the PEHP program

The PEHP program will be evaluated over three years to ensure it is successful in improving the mental health of expectant mothers and new mothers. An evaluation framework will be developed by independent evaluators. The framework will aim to measure the impact of the program and may recommend amendments to the program to improve its efficacy. The PEHP positions are recurrently funded and will continue after the evaluation but may be amended as per the evaluation outcomes.

It is expected that PEHP workers and supervisors will be actively involved in the evaluation of the program. The evaluators will need access to the PEHP worker as well as supervisors as part of the evaluation.

Please identify the representative from each service who will be the point of contact for the evaluators:

Area Mental Health Services: _________________________________
Maternity Services: _________________________________
Maternal and Child Health: _______________________________
**Agreement on the implementation of the PEHP worker**

We understand the aim of the Perinatal Emotional Health Program worker is to provide early intervention for women at risk of or experiencing perinatal mental health problems. This intervention includes assessment, referral, follow up, outreach or clinic based appointment at no cost to consumers as well as education of families and healthcare workers about perinatal mental health.

We agree to work together to implement and evaluate the program in our local area, to recruit, supervise and support the worker and to ensure the program results in better mental health outcomes for local pregnant women and mothers.

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1 Please discuss the appropriate signatories with departmental regional staff or Nicola Quin (contact details on page 1)
Position description for Perinatal Emotional Health Program Worker

Job Title: Perinatal Emotional Health Program Worker (PEHP Worker)

Reporting To: Area Mental Health Service
Supported by nominated maternity services and nominated maternal child health supervisors.

Funding: The funding for this program is $120,834 based on a Registered Psychiatric Nurse Year 4 or equivalent with on costs.

Activities to be undertaken by PEHP workers:
- Active follow up of mental health screening or perinatal mental health concerns identified by midwives, maternal and child health nurses or general practitioners including:
  - Clinical assessment
  - Psychoeducation regarding perinatal mental health
  - Care coordination for women identified as at risk of or experiencing perinatal depression
    - Advice on where and how to seek help, provision of referrals
    - Advocacy for women with services to ensure timely responses
    - Maintenance of supportive contact until women are adequately engaged with other services
    - Introduction of women identified during pregnancy with significant mental health programs to her maternal and child health nurse
- Treatment provision when other services are not available or not accessible to the woman, using interventions shown to be effective for women with perinatal depression, such as non-directive counselling, cognitive-behavioural therapy, interpersonal therapy, family therapy or a combination of such approaches. Other evidence-based treatment approaches may be taken, such as group therapy, where this is appropriate.
- Flexible visiting, either home-based or in midwifery or maternal and child health clinics.
- Education at antenatal classes and new parents’ groups to raise awareness among families of the possibility of perinatal mental health problems and to advise them on how to seek help.
- Support and up-skilling of midwives, maternal and child health nurses and mental health workers in identification, assessment and management of perinatal mental health problems
- When guidelines on screening are available, oversight of screening in maternity services to ensure that all women are offered screening for pre natal depression during pregnancy.
- Participate in supervision and secondary consultation and other clinical accountability measures as directed by the Area Mental Health Service, particularly for formulation of mental health diagnoses, risk management and provision of clinical care.
- Maintaining records and data as required by the Area Mental Health Service.
- Participate in the program evaluation of the Perinatal Emotional Health Program.

Qualifications
Required:
- Mental health worker qualified to practice in Victoria
- Mental health qualification/s and experience sufficient to perform the activities of the position, including clinical assessment, treatment interventions and education of families and healthcare workers
- Current driver’s license
- Experience in treatment interventions appropriate to perinatal depression
- Experience working with mothers and babies
• Capability to provide shared care, secondary consultation and partnership/leadership.

Desirable:
• Training and/or experience in midwifery, maternal and child health or family therapy
• Knowledge of psychotropic medications