

# Policy Priorities for NSW Health Perinatal & Infant Mental Health Services (PIMHS)

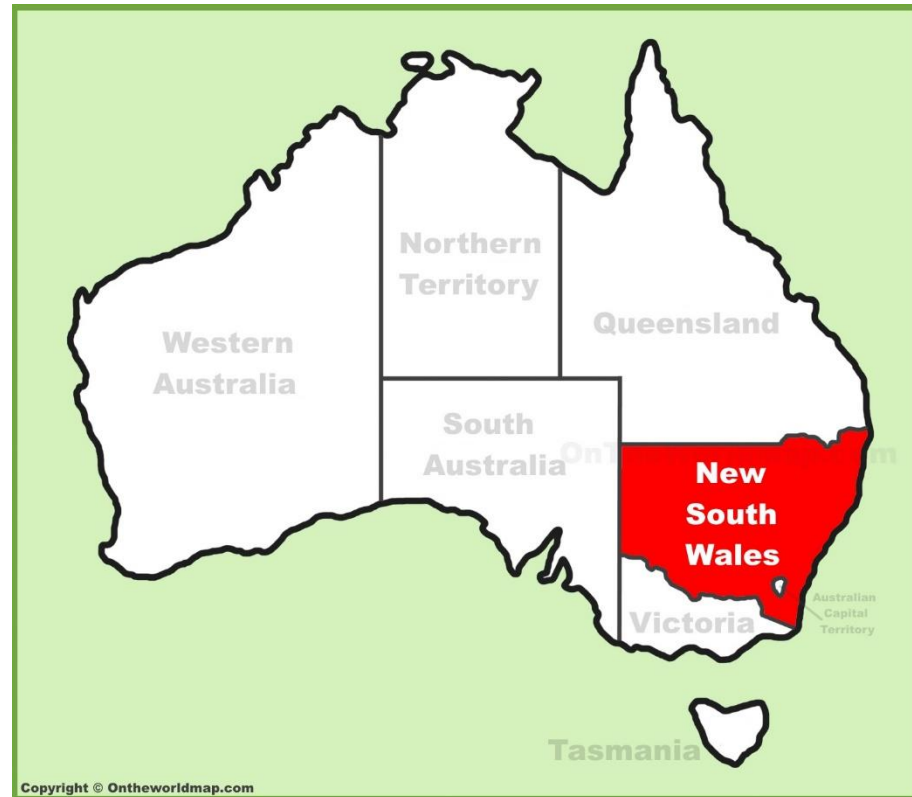
## MARCE Perth 2019

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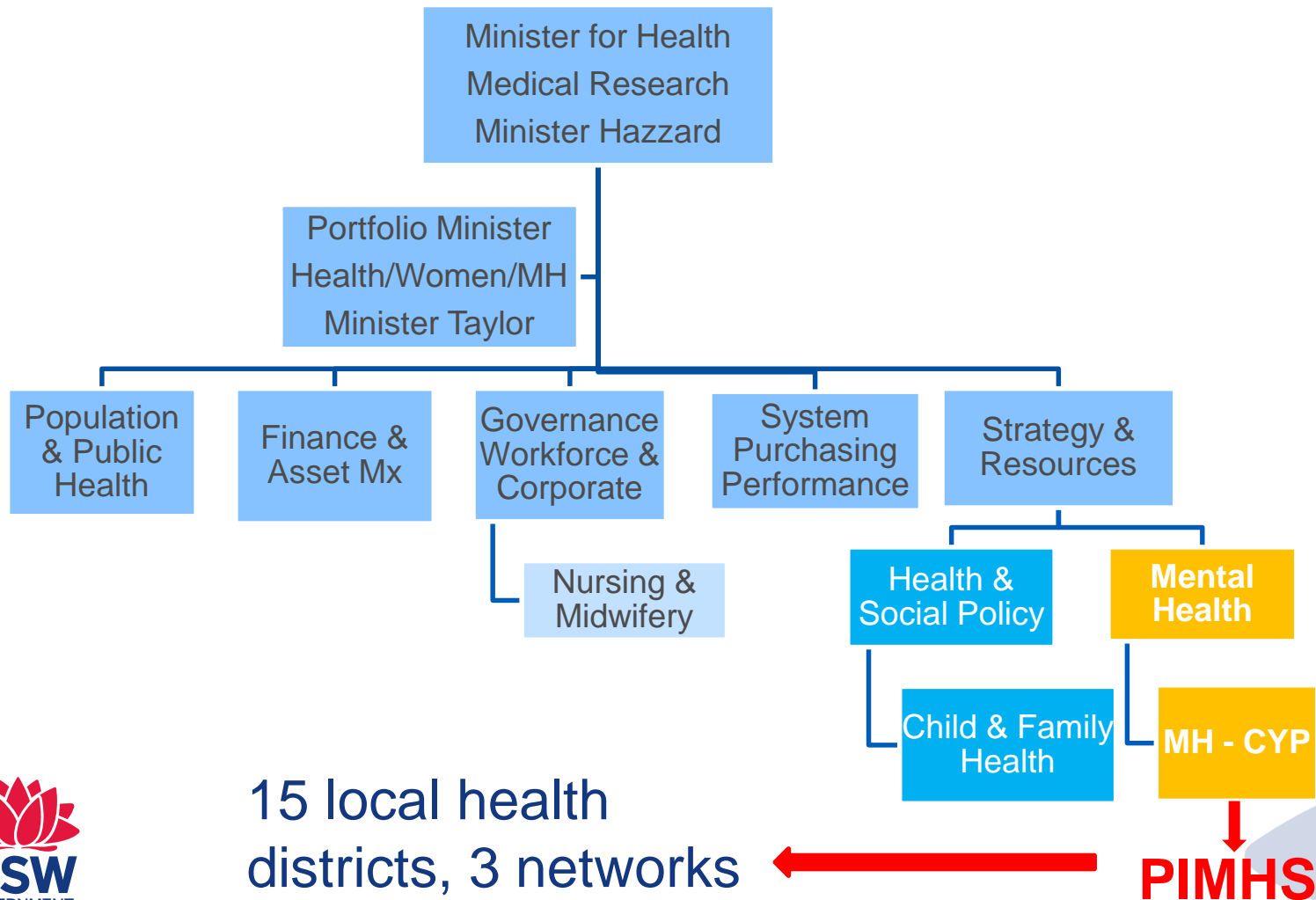


# About NSW

- 8 million people
- Over 1/3 of Australia's population lives in NSW
- 64% live in Greater Sydney, 36% in regional/rural
- 95,825 births (2017)

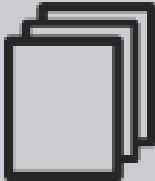





# Governance of NSW perinatal and infant mental health services



# Role of PIMH Program Manager



	Role	Example
	Policy development	Mother-Baby Model of care, Review of universal MH screening
	Funding oversight	Allocate funding, commission NGOs
	Monitoring & performance	Provide feedback on KPIs, data improvement
	Workforce development	State-wide training, symposiums, state-wide resources

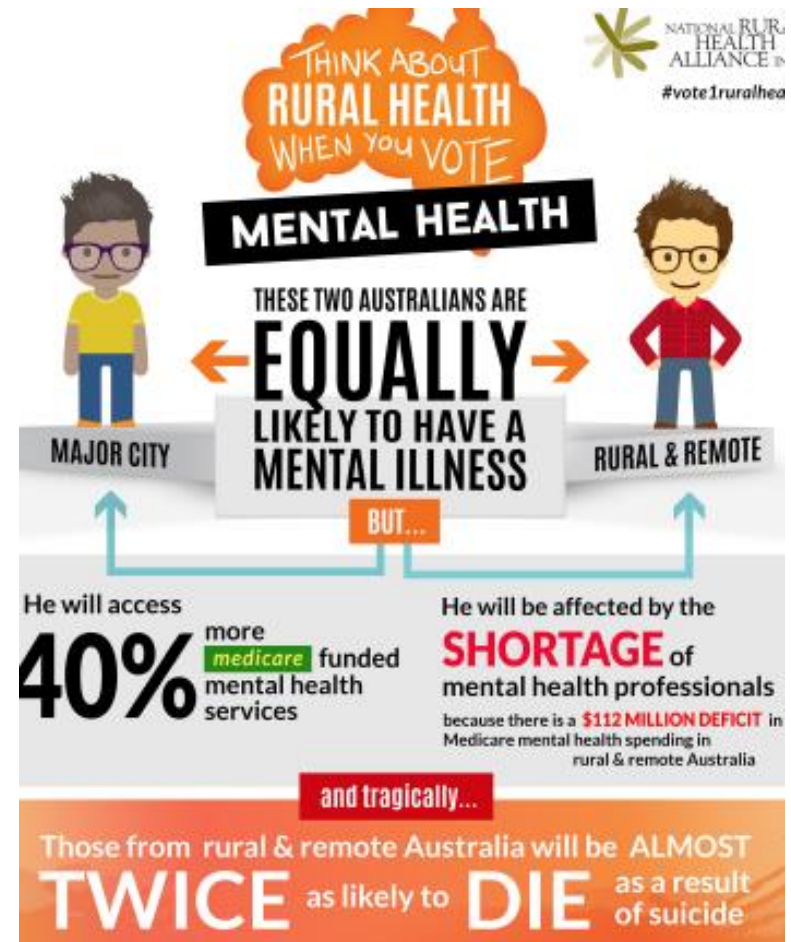
# 14 of 15 local health districts have a PIMH service



# Inequities in health & access

**Problem:** Women in areas of low population and birth-rate don't have the same level of access to specialist PIMH care and treatment as those in high birth rate areas.

**Solution:** SwOPS-mh, service in women's prisons, targeted rural funding, CL role, PIMH champions.



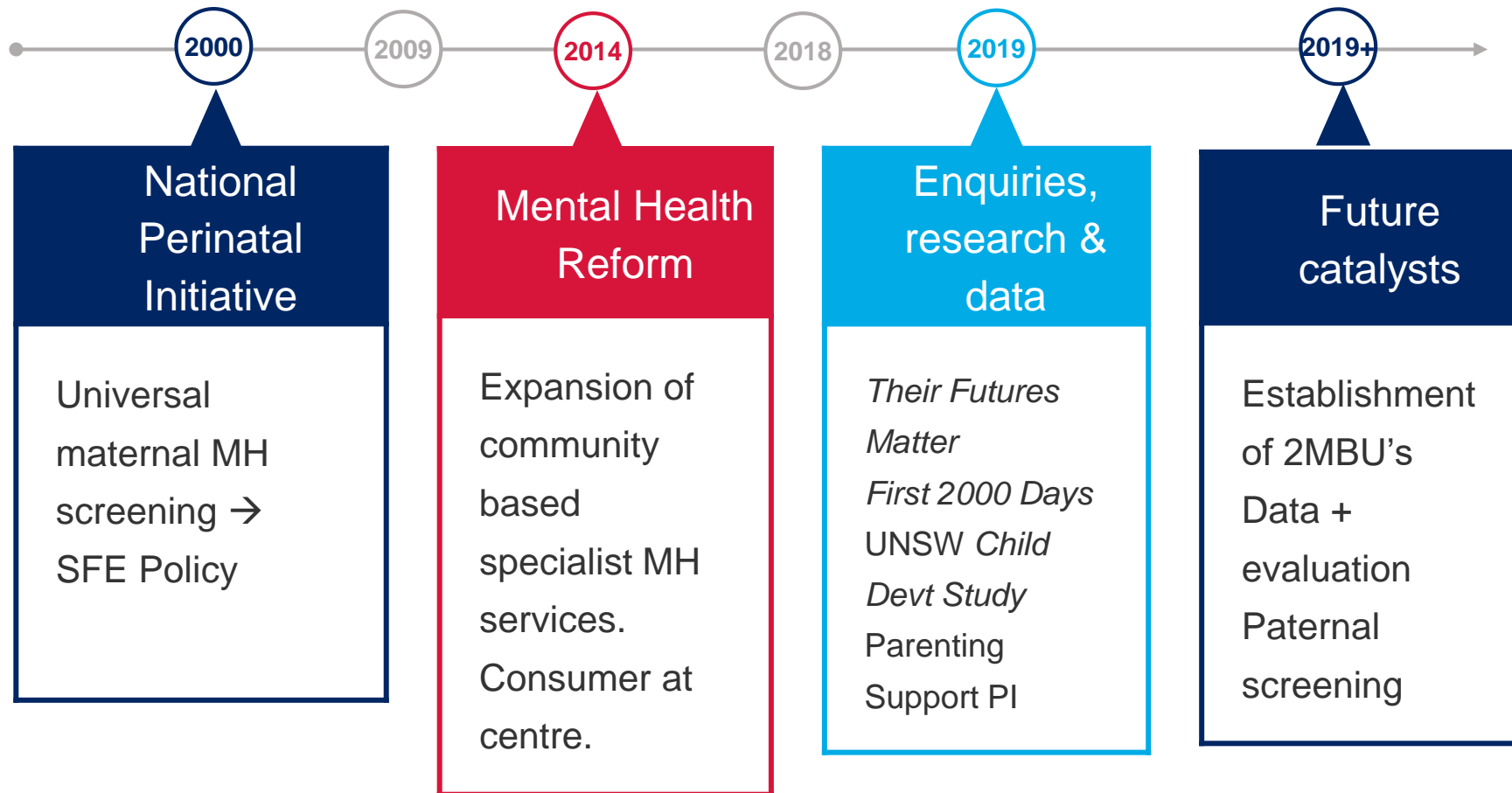
# 3 Priorities of PIMHS



1. 'Grow' the NSW Health PIMH network and plug the service gaps
  - Model of care, service delivery, funding, data
  - Advocacy, consumers, policy guidelines
2. Support evidence-based care and innovation
  - parent-infant practice, fathers, CALD, inpatient care, capacity building
  - Workforce development
3. Establish public MBUs & cross-sector integration

# What helps 'grow' PIMHS?

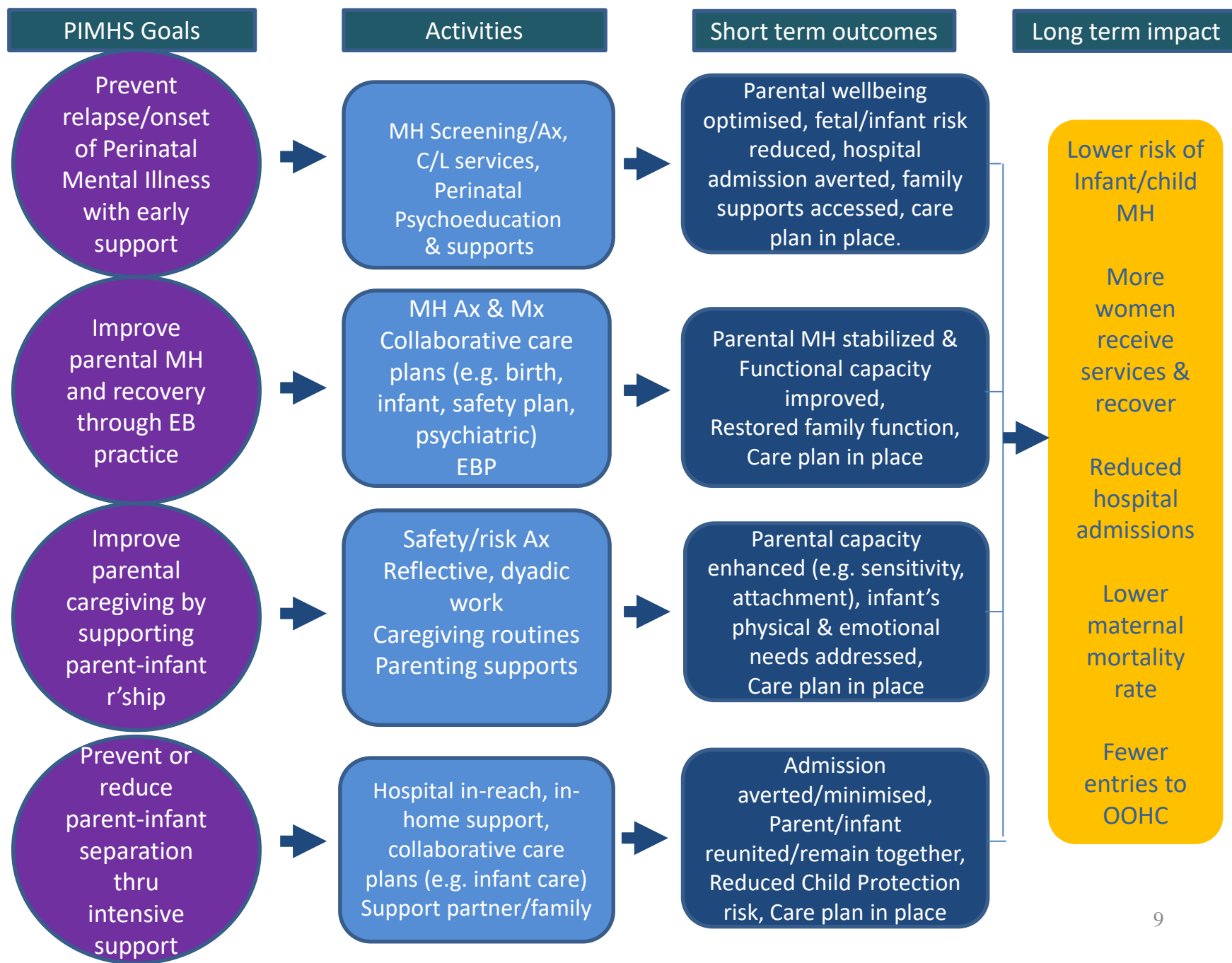
**Critical triggers:** policy changes, ministers, inquiries and advocacy



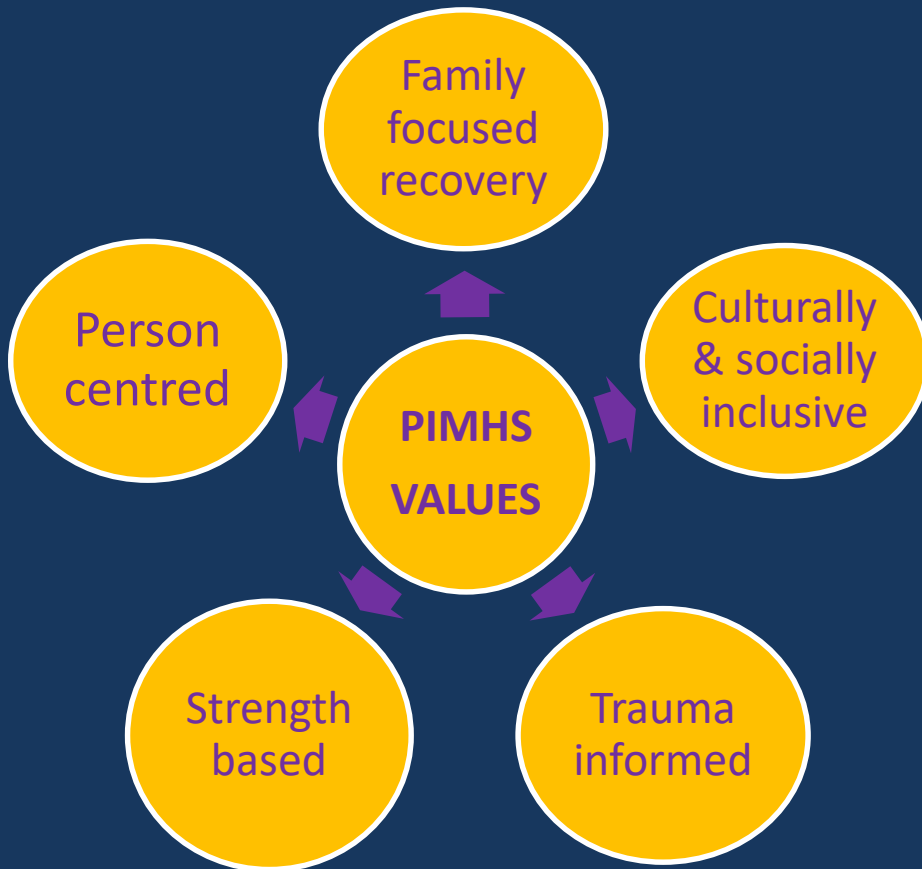
# Model of care



- Community-based, specialist
- Adult mental health (AMH): case mx or shared care model
- Severe, complex or acute mental illness
- Pre-conception→2 yrs postnatal
- Short-medium term < 3 mths
- Intensive (>1/week)
- Direct care (HV, clinic, hospital in-reach)
- Consultation liaison: advice, Ax, referral, review.



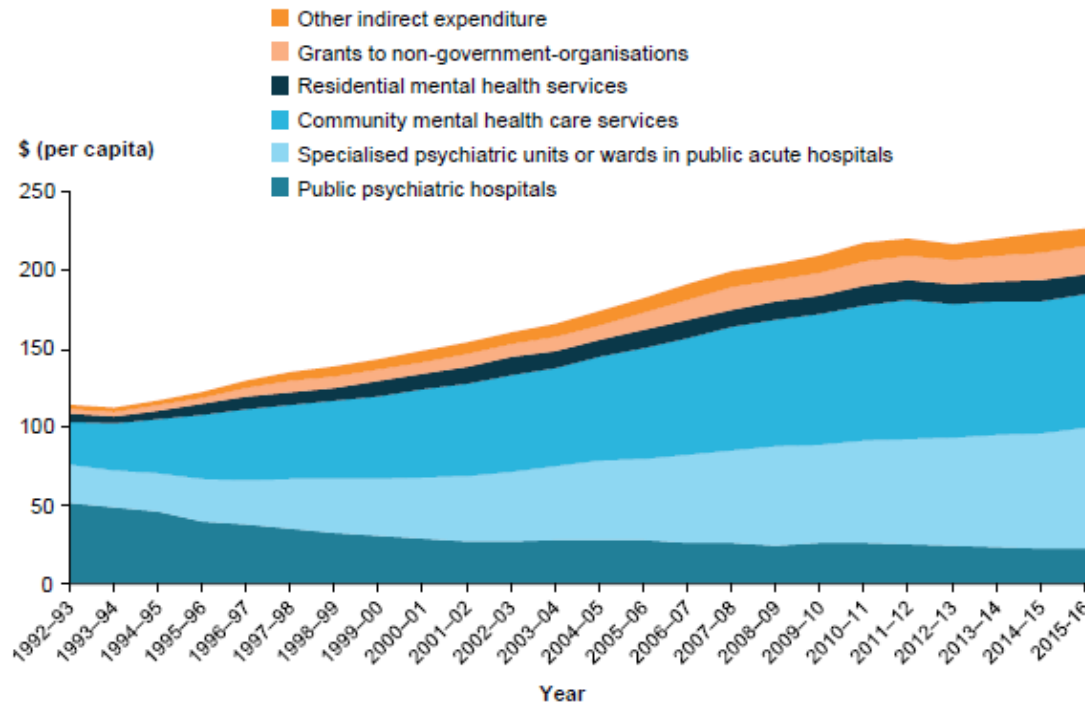
# Guiding Principles for Model of Care



- Equity of access for women/infants regardless of ethnic origin, social status, disability, physical health and location of residence
- Consumer is central to care plan: focus on individual's needs, strengths and vulnerabilities that impact mental health and recovery
- Parenting role is central to recovery, parent and infant outcomes are interdependent and partner/family influence the recovery process

# Sustain \$\$ spent on specialist community MH services

Figure 17: Recurrent expenditure per capita on state and territory specialised mental health services, constant prices, 1992–93 to 2015–16

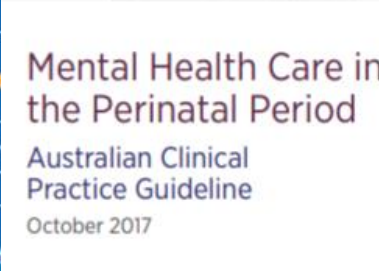
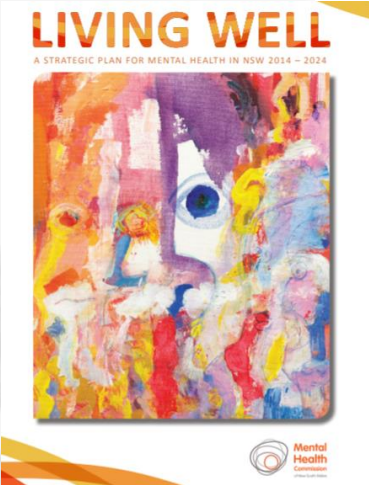
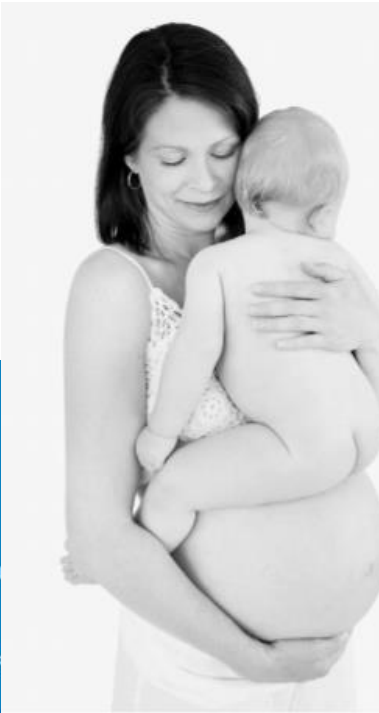


2015 \$2.1m

2019 \$4.2

Over 70 PIMH  
staff incl 8  
perinatal  
psychiatrists

# Key evidence/policies for PIMH



UNSW SYDNEY NSW Child Development Study



## Their Futures Matter

- 0-5 year old children with 1 or more parent risk factors (< 21, prenatal smoking) & ROSH
- 0-15 year old (or parent) use of mental health services

**UNSW Study** - 10% of kindergarten children with mental health concerns had risk factors & co-variates

- Parental mental illness, maltreatment
- Parents in custody/justice involvement
- Prenatal smoking

# Consumers shape PIMHS



- Training/speaking
- Advisory committees
- Support groups
- Paid peer work
- MBU planning
- Resource devt

## PANDA volunteer training

### Introduction to Peer Volunteer Work: Health Service Involvement as a Consumer

A one day training course for people with a lived experience of anxiety, depression or other mental health issues during the perinatal period: through pregnancy and early parenthood.

Come along to strengthen your skills, gain practical tips and resources and be inspired by other consumers. Find out about how PANDA's national network of lived experience volunteers can support you and connect you with NSW Health consumer involvement programs.

**Peer volunteers** (sometimes called consumer advocates) are people with a lived experience of illness, who draw on their experiences and share their insights to help improve supports available for people affected by that illness.

**PANDA (Perinatal Anxiety & Depression Australia)** is the national consumer organisation for people who experienced mental health issues in the perinatal period. PANDA also delivers a national perinatal mental health counselling service for anyone experiencing emotional or mental health difficulties in the perinatal period, and/or their partners or loved ones.

#### Training includes

This one-day training workshop will provide an introduction and/or refresher on perinatal mental health peer volunteer work, with a specific focus on engaging with NSW Health's Perinatal Infant and Mental Health Services consumer involvement programs. It will also provide entry into PANDA's ongoing support program and national network for consumer volunteers, the PANDA Community Champions program.

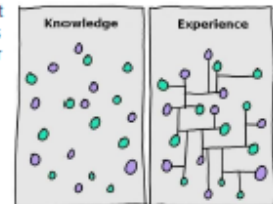
The workshop is free, and reimbursement of travel expenses will be provided for those travelling from rural/remote NSW.

**COST** Free

**WHEN** Wednesday 12 June 2019  
9.30am to 4.30pm (flexible for caring responsibilities)

**WHERE** Collective Purpose/WayAhead NSW Mental Health Association  
5/80 William St Woolloomooloo  
Remote access will also be available via Zoom

**CONTACT** To register your interest, contact your Perinatal Infant Mental Health Worker by 31 May. You may then be selected for a 10-15 minute pre-training phone consultation with PANDA.



Find out more about PANDA at [panda.org.au](http://panda.org.au).

A partnership of PANDA and WayAhead with support from NSW Health Perinatal Infant Mental Health Program and the NSW Mental Health Commission.



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# Innovation for best practice



- Inpatient toolkit
- Parent-infant screen & care plan
- CALD & PIMH
- EPDS x 22 translations for eMR
- Dad's left holding the baby
- SwOPS-mh case reviews
- Women in custody
- Indigenous PIMHS

**THE ART & SCIENCE OF PERINATAL & INFANT MENTAL HEALTH CARE**

**14 11**

NSW HEALTH PERINATAL & INFANT MENTAL HEALTH SYMPOSIUM 2017

Kolling Bldg Lvl 5  
Royal North Shore Hospital  
Nov 14, 2017  
8:45 - 16:00  
Free

Network & learn about new evidence-based and relational interventions in perinatal infant mental health. Psychiatrists, medical specialists, mental health, maternal child family health professionals welcome

**GUEST SPEAKERS INCLUDE:**

Marie-Paule Austin: Aust clin practice guidelines perinatal mental health care update 2017  
Richard Fletcher: Connecting with expectant fathers for family mental health  
Sophie Havighurst: A parent-toddler emotion focused intervention  
David Hawton: Developmental pathways to psychopathology early in life  
Cathy McMahon: Measuring parent-infant interaction  
Clinicians: Touch points in rural, telehealth, home & hospital care  
Perinatal mental health consumer panel: Q & A moderator Terri Smith, CEO PANDA

Lunch included  
Video/web conferencing available  
Registration essential via Eventbrite:  
<https://nswhealthsymposium2017.eventbrite.com.au>  
Enquiries: tracey.faystambach@moh.health.nsw.gov.au

NSW GOVERNMENT Health

NSW HEALTH

**Trauma and perinatal mental illness: Repairing relationships**

PERINATAL & INFANT MENTAL HEALTH 2019 SYMPOSIUM

FRIDAY 15TH NOV | 9 AM - 4:30 PM  
KOLLING INSTITUTE, RNSH

Gain insights from research and practice on the impact of trauma & stress on mental illness during pregnancy and early parenthood.

NSW GOVERNMENT

NSW HEALTH  
MENTAL HEALTH BRANCH

## PERINATAL & INFANT MENTAL HEALTH SYMPOSIUM

*Early risks: Timely care*  
Wed 7 Nov '18: 9-4pm

This symposium will translate research in maternal & infant mental health risk into recommendations for parent-infant interventions.

KOLLING INSTITUTE, LVL 5  
ROYAL NORTH SHORE HOSPITAL, ST LEONARDS 2065  
OR VIA LIVE STREAMING

Register at:  
<https://pimh18.eventbrite.com.au>  
More details on next page



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# Establish first public state-wide MBUs (min 12 beds)



- \$700m State-wide MH infrastructure program
- Royal Prince Alfred Hospital
- Westmead Hospital
- Guideline drafted



# Genuine cross-sector collaboration?



Well population	At risk groups	Mild Mental Illness	Moderate mental illness	Severe mental illness
More of...				
Promotion and prevention through information, advice, self help.	Increase early screening, lower cost services, support groups. Reduce social risks.	Better access, to lower cost, low intensity services, improved screening/referral. E-health.	Increase access for Priority populations & fathers.	More intensive, short, term PIMHs, outreach. Wrap around social care.
Examples of services				
web - based resources (WayAhead, PANDA), E-Health, community inclusion.	GP's, E-health, Free antenatal/postnatal groups.	GP's, NGOs, Family support, C & FH, E-Health, Telephone support, parent training.	GP's, SNHV, WFT, residential, clinical & parenting services MKM, Karitane, Gidget, Tresillian, St John of God.	Mother-Baby units, SwOPS, inpatient MH Units. PIMHS in Justice Health.

# Thank you – any questions?

Contact:

[Tracey.faystammbach@health.nsw.gov.au](mailto:Tracey.faystammbach@health.nsw.gov.au)

