



# Putting Guidelines into Practice in a Digital World:

Adopted Approaches and  
Observed Impacts

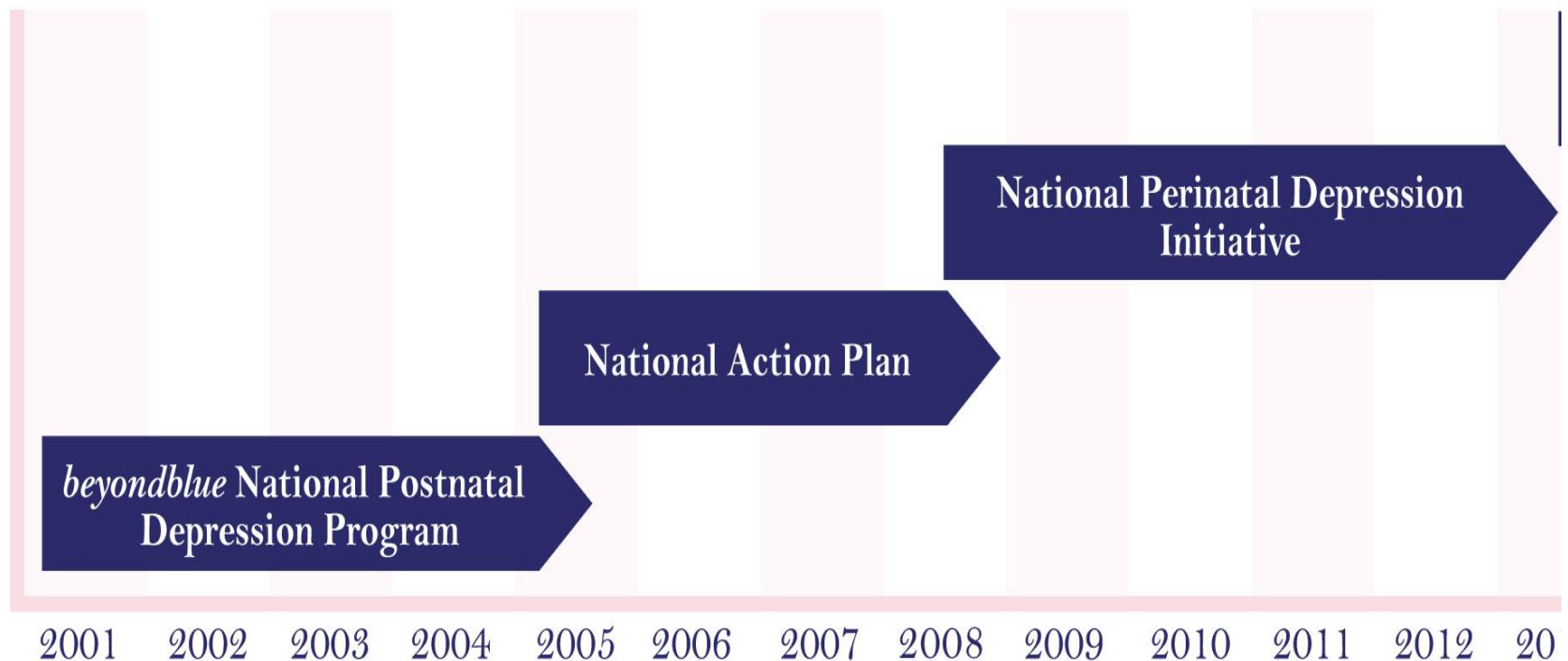
August 2019



**Dr. Nicole Highet**  
Executive Director,  
Centre of Perinatal Excellence  
(COPE)

# Where have we come from?

## Australia's Perinatal Journey



**What came out  
of the NPDI?**



## THE NATIONAL PERINATAL DEPRESSION INITIATIVE

A synopsis of progress to date and recommendations for beyond 2013

*“This report is designed to provide a synopsis of activity under the six objectives of the NPDI, review outcomes and provide recommendations for beyond 2013.”*

Highet and Purtell, 2012

# Overview of progress

(Fig 1, pg 3, Beyondblue Synopsis Report)

# Objective

**1. Develop Clinical Practice Guidelines**

# Progress

- ✓ Developed and approved by NHMRC
- ✓ National dissemination

# Outcomes

**Guidelines developed to inform and promote best practice**

## Objective

**1. Develop Clinical Practice Guidelines**

**2. Workforce Training Development**

## Progress

- ✓ Developed and approved by NHMRC
- ✓ National dissemination
- ✓ Scoping and mapping HP training needs – Matrix
- ✓ Online training Program
- ✓ Health Professional Resources

## Outcomes

**Guidelines developed to inform and promote best practice**

**Provision and ongoing uptake of training and resources for health professionals**

# Objective

# Progress

# Outcomes

**1. Develop Clinical Practice Guidelines**

- ✓ Developed and approved by NHMRC
- ✓ National dissemination

**Guidelines developed to inform and promote best practice**

**2. Workforce Training Development**

- ✓ Scoping and mapping HP training needs – Matrix
- ✓ Online training Program
- ✓ Health Professional Resources

**Provision and ongoing uptake of training and resources for health professionals**

**3. Routine, universal screening**

- ✓ Scoping barriers
- ✓ Screening Guidelines, training and tools for professionals
- ✓ Screening being embedded into practice

**Increasing uptake of screening across jurisdictions**



## Objective

**4. Follow up support and care for women at risk**

## Progress

- ✓ National implementation of NPDI across jurisdictions
- ✓ Development of local pathways to care
- ✓ Screening being embedded

## Outcomes

**Increasing identification of local services for referral**

## Objective

**4. Follow up support and care for women at risk**

**5. Research and data collection**

## Progress

- ✓ National implementation of NPDI across jurisdictions
- ✓ Development of local pathways to care
- ✓ Screening being embedded

- ✓ Funding range of research projects
- ✓ National Maternity Data Development

## Outcomes

**Increasing identification of local services for referral**

**Variable rates of data collection and analysis**

## Objective

## Progress

## Outcomes

**4. Follow up support and care for women at risk**

- ✓ National implementation of NPDI across jurisdictions
- ✓ Development of local pathways to care
- ✓ Screening being embedded

**Increasing identification of local services for referral**

**5. Research and data collection**

- ✓ Funding range of research projects
- ✓ National Maternity Data Development

**Variable rates of data collection and analysis**

**6. Community awareness and destigmatisation**

- ✓ Community knowledge scoped
- ✓ Identified consumer/carer needs
- ✓ Campaigns developed
- ✓ Millions of resources disseminated

**Targeted community awareness and education activities**

# Key recommendations from Synopsis Report

*“The current synopsis and review highlights the need to maintain a national focus as the initiative continues to be implemented nationally across jurisdictions.*

*This is paramount in order to ensure that evidence-based, best practice continues to be applied consistently, that national momentum is maintained, duplication is avoided, and consistent messaging is provided at a community level.”*

Beyondblue Synopsis report, 2012 pg 4

**Where were we after the NPDI?**

# Where were we after the NPDI?

- No evaluation
  - Beyondblue Synopsis Report
- Lack of consistent screening data
  - Difficult to know uptake and outcomes of screening
- No ongoing funding certainty
- National Guidelines out of date
- National momentum was being lost



Centre of  
Perinatal Excellence

Governance

Company Membership

Board of Directors

Privacy Policy

## Company Membership

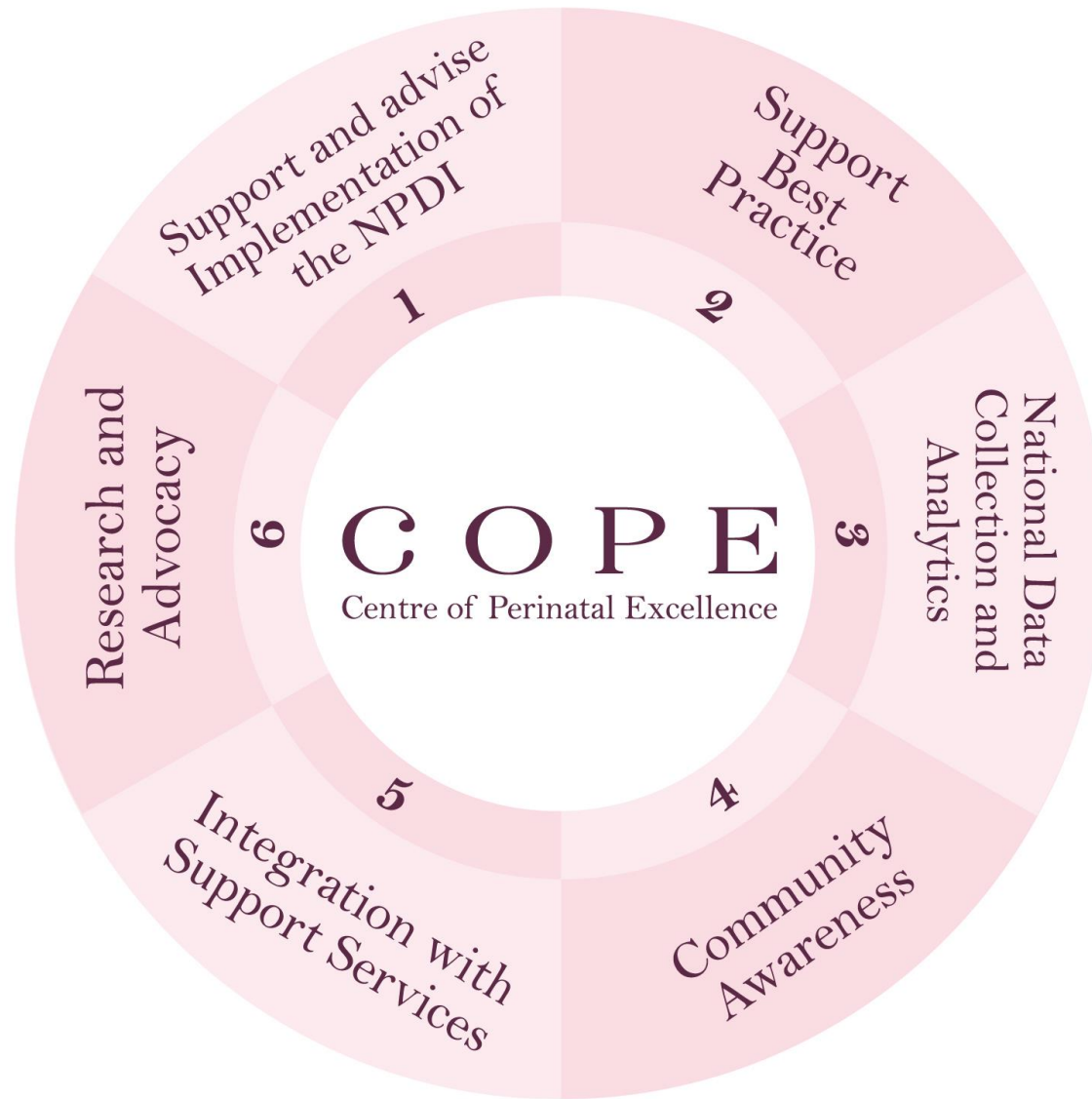
As a not-for-profit organisation, the work of COPE is informed and guided by our Members. The Company Membership of COPE is comprised of the professional bodies responsible for the delivery of maternity, postnatal, primary and mental health care in Australia.

These organisations and their representatives are detailed below.

### Current Membership and Representatives

- Australian College of Mental Health Nurses (ACMHN) – represented by Ms Kim Ryan
- Australian College of Midwives (ACM) – represented by Ms Ann Kinnear
- Australian Psychological Society (APS) – represented by Dr Helen Lindner
- Maternal Child and Family Health Nurses Australia (MCaFNA) – represented by Ms Creina Mitchell
- Perinatal Anxiety and Depression Australia (PANDA) – represented by Ms Terri Smith
- Royal Australian College of General Practitioners (RACGP) – represented by Dr James Best
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) – represented by Dr Rachael Hickinbotham
- Royal Australian and New Zealand College of Psychiatrists (RANZCP) – represented by Dr Nik Kowalenko





# Branding and Positioning

# cope.org.au

**COPE**  
Centre of Perinatal Excellence



Donate



About

Planning a family

Expecting a baby

Preparing for birth

New parents

Health professionals

Family & community

Support us

Getting help

**COPE:**

Providing support for the emotional challenges of becoming a parent

## Becoming a parent



Planning a family



Expecting a baby



Preparing for birth



New parents

## Supporting others



Health professionals



Family & community



Support us



Getting help

## Planning a family

For many, the journey into parenthood begins...  
before it's even begun



### Preparing for pregnancy

How you can prepare yourself both physically and emotionally for pregnancy

[Read more](#)



### When becoming pregnant isn't easy

Coping with the emotional challenges of becoming pregnant and IVF

[Read more](#)



### Coping with pregnancy loss

Coping with sadness and grief following a miscarriage or stillbirth

[Read more](#)



### Getting help

Understanding when and how to get support when trying to have a baby

[Read more](#)

## Expecting a baby

Helping you adjust to the growing changes in pregnancy



### Pregnant!

Understanding how you may feel when discovering you are pregnant

[Read more](#)



### Looking after yourself

How you can physically and emotionally take care of yourself in pregnancy

[Read more](#)



### Antenatal mental health conditions

Understanding and managing mental health conditions in pregnancy

[Read more](#)



### Getting help

Find out when and how to get the help you need when expecting a baby

[Read more](#)

## Preparing for birth

Preparing and nurturing yourself... before,  
during and following birth



### Preparing for birth

Important factors to keep in mind  
when preparing for birth

[Read more](#)



### The days following birth

The challenges that may arise in  
the early days following birth and  
how to cope

[Read more](#)



### When things don't go to plan at birth

Recovering from a traumatic birth  
and understanding PTSD

[Read more](#)



### Getting help

Find out when and how to get  
help when preparing for birth

[Read more](#)



## New parents

Adjusting to the changes and challenges in the first year



### Adjusting to parenthood

Being aware of and managing with the many challenges of early parenthood

[Read more](#)



### Looking after yourself

Strategies to reduce stress and nurture your emotional wellbeing

[Read more](#)



### Postnatal mental health conditions

Understanding mental health conditions that can occur after having a baby

[Read more](#)



### Getting help

Find out when and how to get the help you need in early parenthood

[Read more](#)

# Branding and Positioning

- Two large audiences
  - Consumers and family members
  - Health professionals



## Health professionals

Supporting health professionals to provide best practice

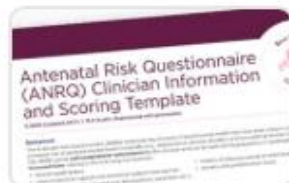


Mental Health Care  
the Perinatal Period  
Australian Clinical  
Practice Guideline  
October 2017

### Best Practice in perinatal care

Access the latest Guideline and resources

[Read more](#)



### Screening & assessment tools

Download recommended screening and assessment tools

[Read more](#)



### Fact Sheets for professionals and clients

Download the latest fact sheets for professionals and patients

[Read more](#)



### Health Professional Registration

Register your details to receive the latest health professional updates

[Read more](#)



### COPE online training

Free online accredited training programs to support best practice

[Read more](#)



### iCOPE digital screening

Access the latest innovative approach to best practice screening and reporting

[Read more](#)



### Register on the e-COPE directory

Register yourself as a perinatal mental health specialist

[Read more](#)



### Find a COPE accredited professional

Find a professional with expertise in perinatal mental health

[Read more](#)

# Australian National Guideline

Funded by the Commonwealth

## Broader Range of Conditions

- Depression
- Anxiety
- Bipolar Disorder
- Postpartum Psychosis
- Schizophrenia (New)
- Borderline Personality Disorder (New)



Mental Health Care in  
the Perinatal Period

Australian Clinical  
Practice Guideline

October 2017



# New Perinatal Mental Health Guideline

Get the new Guideline, companion documents and relevant updates delivered straight to your inbox

Register today at  
[cope.org.au/hpsignup](https://cope.org.au/hpsignup)

C O P E: Keeping you up to date with best practice



# Key Guideline Recommendations

- Psychoeducation for consumers
- Education for health professionals
  - How to put guideline into practice
- Screening and psychosocial assessment
- Referral pathways
- Community awareness

# Key Areas of Focus

## 1. Psycho-education for consumers

- Unaware of symptoms
- Shame and stigma
- Fear of disclosure



Mental Health Care in  
the Perinatal Period  
Australian Clinical  
Practice Guideline  
October 2017



# Guideline Recommendations

## Supporting emotional health and wellbeing

- At every antenatal or postnatal visit, **enquire** about women's **emotional wellbeing**. (PP)
- Provide women in the perinatal period with **advice on lifestyle issues and sleep**, as well as assistance in planning how this advice can be incorporated into their daily activities during this time. (PP)

# Guideline Recommendations

## Prevention

- Provide **all women with information** about the importance of enquiring about, and attending to, any mental health problems that might arise across the perinatal period. (CBR)
- If a woman agrees, **provide information to and involve her significant other(s)** in discussions about her emotional wellbeing and care throughout the perinatal period. (PP)
- Provide **advice about the risk of relapse** during pregnancy and especially in the early postpartum period to women who have a new, existing or past mental health condition and are planning a pregnancy. (PP)







Ready to  
C O P E

## Ready to COPE

Becoming a parent is many things...and easy isn't always one of them.



### See also:

[Resources for healthcare providers](#)

[Resources for other service providers](#)

Feel **prepared** and **reassured** for the emotional realities and challenges of pregnancy and early parenthood.

Sign up to receive **free** emails filled with trustworthy and supportive insights, strategies and advice about how you may be feeling.

By providing your baby's due or birth date, we'll make sure the emails arrive when you need them the most.

### Sign up for Ready to COPE

Fill out your details below to receive the Ready to COPE newsletter, delivered straight to your inbox with fresh information both during and after pregnancy.

First Name	Email
<input type="text"/>	<input type="text"/>
Postcode	Expected / actual date of birth *
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Are you expecting a baby, or a new parent?	Are you the baby's mother, or father?
<input type="text"/>	<input type="text"/>
How did you hear about Ready to COPE?	
<input type="text"/>	

\* We ask you to share your baby's due/birth date so that the information in our emails will arrive when you need it the most.

☒ I have reviewed and agree to the terms of COPE's [Privacy Policy](#)

Yes, sign me up!

[FAQs about Ready to COPE](#)

# Ready to COPE



## 6 Weeks

**Hi,**

So you found out you're pregnant! With this one piece of news you've entered into a whole new world of information, changes and feelings, especially if this is your first baby.

### **Reacting to your big news**

There is no “right” way to feel after finding out you're pregnant. Your reaction will depend greatly on your personal situation, and everyone's situation is different.

If you were trying to conceive or feel ready for motherhood or another child, the news may bring feelings of great joy – in fact, you may feel quite ecstatic. You may equally feel anxious, shocked and possibly overwhelmed, particularly if your pregnancy wasn't planned.

If you've struggled with fertility or miscarriage, you may find yourself trying to be positive while also trying not to get *too* excited for fear of disappointment.

Experiencing strong, even conflicting, emotions about your pregnancy is common. There's no shame in feeling the way that you do – whatever it may be. Your feelings today have no impact on your future capabilities as a mother. What's important is that you acknowledge, respect and accept how you're

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By providing your baby's due or birth date, we'll make sure the emails arrive when you need them the most.

Over 8,520 subscribers

Over 110,000 emails sent

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# Ready to COPE



**34 Weeks**

**Hi,**

At this stage in your pregnancy, you may feel calm and even excited about your baby's arrival or you may find that questions and doubts are slowly bubbling (or exploding) to the surface. If you're in the latter group, you are not alone. In this edition of Ready to COPE, I will address some of the more common end-of-pregnancy fears.

## **Will I feel love at first sight?**

Many pregnant women worry that they won't feel an instant love and connection with their baby. If this includes you, let me assure you that while this instant love does happen for some parents, it doesn't happen for everyone (or even from one child to the next).

For many parents, bonding is a more gradual process wherein they grow to love their child over time. It's totally okay if this happens to you; it doesn't make you any less maternal and there's absolutely no need to place extra pressure on yourself to feel love at first sight.

## **Will everything be different?**

## Ready to COPE



**Hi,**

According to your due date, your baby has probably arrived by now – so congratulations (and hang in there if your bubs is still camping out inside)! You're incredibly strong and brave for bringing your baby into this world.

Hopefully you're experiencing joy and wonder as you get to know your child, but even amongst these positive feelings you may also feel some more complicated emotions which I will discuss in this email and over the next few weeks.

### **Processing your birth and recovery**

As you regain your energy, you're likely coming to terms with what happened during your labour and delivery as well as your current physical state. Processing what happened and getting used to your body can take some time, especially since your focus at this time is on your newborn.

Recovery is a process. It's personal to your body and your journey. And it often requires patience. Most women do not "bounce back" immediately after birth.

For now, try to focus on the miracle in your arms and remember that however he or she came into the world, ***your*** safety and ***their*** safety is the most important thing. However, if you find yourself distressed by your birth experience, **talking with a health professional** can help. It can also help you to identify and/or manage any early signs of **post traumatic stress disorder**.

Finally, if you find yourself feeling jealous of others women who had a more positive experience or recovery – know that this is perfectly understandable. You don't have to feel guilty for wishing things had gone differently.

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**Learn more about your emotional health during the first few weeks of your child's life here:**

- **Recovering from birth**
- **Baby blues**
- **When birth doesn't go to plan**
- **Recovering from a traumatic birth**
- **Breastfeeding**
- **Feeling overly emotional**
- **Bonding with your baby**
- **Managing advice**
- **When to seek help**
- **Helplines, resources and services**
- **Available support under Medicare**

Because these first few weeks can be filled with lots of intense emotions, my emails will come weekly instead of fortnightly for the next few weeks.

Take it easy, you are in the early days of a long journey,

# SOME Topics include

- Managing expectations
- Ideals versus reality
- Advice on lifestyle issues (e.g managing sleep, support)
- Preparing for birth and recovering
- Impacts on relationships, friendships
- Mother Guilt
- Coping with challenges
- Stigma
- Anxiety and depression and postpartum psychosis
- Risk factors for developing MH problems
- Identifying signs of relapse for HPD and SMI



# Posters

## Becoming a mum isn't always easy.

Be informed and  
feel reassured.

Sign up to receive  
free supportive emails  
throughout pregnancy  
and early motherhood.

SMS: COPE  
to 0458 773 529  
Or go to:  
[readytcope.org.au](http://readytcope.org.au)

It's totally free and confidential



## Motherhood. It isn't always easy.

Be informed and  
feel reassured.

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free supportive emails  
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and early motherhood.

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to 0458 773 529  
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# Outcomes to date

83%

Indicated the Guide comforted and supported them

83%

Said the Guide made them feel less alone with difficult times

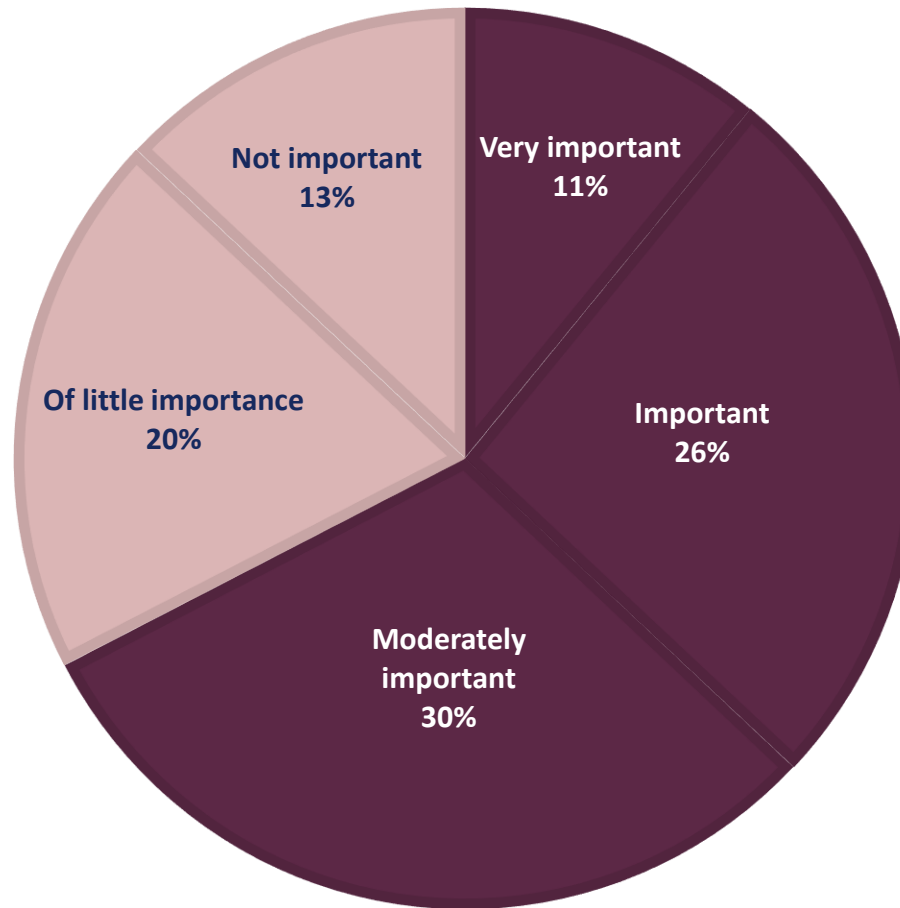
92%

Would recommend the Guide to others

*“The emails were wonderful, and perfectly timed. It felt like whenever I was having trouble with something, that week an appropriate email magically turned up in my inbox. I found the support to be authentic and not patronising and supportive no matter what sort of journey you are on. I'd recommend it to anyone and everyone.”*

# Impact on help-seeking

# Impact on help-seeking



67% said Ready to COPE was important in their decision to get help

**Now available for fathers!**

# Fatherhood isn't always easy.

Be informed and  
feel reassured.

Sign up to receive  
free supportive emails  
throughout pregnancy  
and early fatherhood.

**SMS: COPE**  
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- Coping with new identity
- New expectations on fathers (unique)
- Need to be the strong one
- Managing expectations
- Supporting your partner
- Coping with increased responsibilities
- Managing stress
- Recognizing symptoms in self/partner
- Managing work and family transitions

# Resources Available

**Becoming a parent  
isn't always easy.**

Feel prepared and reassured.

Sign up at [readytcope.org.au](http://readytcope.org.au)





## A4 Posters for Download



**Becoming a mum isn't always easy.**

Be informed and feel reassured.

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Or go to:  
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**Parenthood isn't always easy.**

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# Next Steps

- Adaption for Aboriginal and Torres Strait Islander women - October 2019
  - Baby Coming Your Ready
- Translation into 10 languages
  - 5 languages by June 2020
  - 5 languages by June 2021

\* Dissemination of RTC and adaption for Aboriginal and Torres Strait Islander women and languages all funded by the Commonwealth Government

# Next Steps – Election Commitment

- Adaption for Aboriginal and Torres Strait Islander men – 2022
- Translation men's guide into 10 languages

# Key Areas of Focus

1. Psycho-education for consumers
- 2. Screening and early detection**



Mental Health Care in  
the Perinatal Period  
Australian Clinical  
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October 2017



# Screening and Assessment

# Screening for Symptoms and Risk Factors

- What:
  - Depression and anxiety – EPDS
  - Risk Factors – ANRQ/PNRQ

# ANRQ

## The ANRQ covers:

- relationship with partner
- social support
- recent stressful life events
- anxiety or perfectionism
- past history of depression or other mental health conditions (and treatment for same)
- having experienced abuse (emotional, physical or sexual) as a child or as an adult
- quality of relationship with mother in childhood
- \* Add in – Family Violence and Drugs & Alcohol

# Screening for Symptoms and Risk Factors

- What:
  - Depression and anxiety – EPDS
  - Risk Factors – ANRQ/PNRQ
- When:
  - Pregnancy – as early as possible and 30 weeks
  - Postnatal period – 6-12 weeks after birth

# Edinburgh Postnatal Depression Scale (EPDS)

Cox JL, Holden JM, Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. *Brit J Psychiatry* 150 782-86. Reproduced with permission.



Name: \_\_\_\_\_ Date: \_\_\_\_\_

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days**.

Here is an example already completed.

## I have felt happy:

- ☐ Yes, all of the time  
☒ Yes, most of the time  
☐ No, not very often  
☐ No, not at all

This would mean: 'I have felt happy most of the time during the past week'.

Please complete the other questions in the same way.

## 1. I have been able to laugh and see the funny side of things

- ☐ As much as I always could  
☐ Not quite so much now  
☐ Definitely not so much now  
☐ Not at all

## 2. I have looked forward with enjoyment to things

- ☐ As much as I ever did  
☐ Rather less than I used to  
☐ Definitely less than I used to  
☐ Hardly at all

## 3. I have blamed myself unnecessarily when things went wrong

- ☐ Yes, most of the time  
☐ Yes, some of the time  
☐ Not very often  
☐ No, never

## 4. I have been anxious or worried for no good reason

- ☐ No, not at all  
☐ Hardly ever  
☐ Yes, sometimes  
☐ Yes, very often

## 5. I have felt scared or panicky for no very good reason

- ☐ Yes, quite a lot  
☐ Yes, sometimes  
☐ No, not much  
☐ No, not at all

## 6. Things have been getting on top of me

- ☐ Yes, most of the time I haven't been able to cope at all  
☐ Yes, sometimes I haven't been coping as well as usual  
☐ No, most of the time I have coped quite well  
☐ No, I have been coping as well as ever

## 7. I have been so unhappy that I have had difficulty sleeping

- ☐ Yes, most of the time  
☐ Yes, sometimes  
☐ Not very often  
☐ No, not at all

## 8. I have felt sad or miserable

- ☐ Yes, most of the time  
☐ Yes, quite often  
☐ Not very often  
☐ No, not at all

## 9. I have been so unhappy that I have been crying

- ☐ Yes, most of the time  
☐ Yes, quite often  
☐ Only occasionally  
☐ No, never

## 10. The thought of harming myself has occurred to me

- ☐ Yes, quite often  
☐ Sometimes  
☐ Hardly ever  
☐ Never

# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) - Client

V.2004 (Updated 2017) © M-P Austin



Name: \_\_\_\_\_

The questionnaire asks you to answer the questions as you are now.

Please complete the questionnaire for your clinic.

# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) - Client

V.2004 (Updated 2017) © M-P Austin



Q1. Have you ever felt part of a family?

If Yes, did you feel:

Q1.a. Satisfied or not?

Q1.b. Loved or not?

Did you feel loved or not?

Q1.c. Did you feel safe or not?

Q2. Is your relationship supportive?

Q3. Have you ever been bereaved?

If Yes:

Q3.a. How often or how long?

Q4. Would you like to have a baby?

© M-P Austin, Reproduced with permission.

Q5. In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)

Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much ☐

Q6. Do you feel you will have people you can depend on for support with your baby?

Very much ☐ Quite a lot ☐ Somewhat ☐ A little ☐ Not at all ☐

Now you are having a baby, you may be starting to think about your own childhood and what it was like:

Q7. Were you emotionally abused when you were growing up?

No ☐ Yes ☐

Q8. Have you ever been sexually or physically abused?

No ☐ Yes ☐

Q9. When you were growing up did you feel your mother was emotionally supportive of you?

Very much ☐ Quite a lot ☐ Somewhat ☐ A little ☐ Not at all ☐ No Mother ☐

And finally...

Do you feel safe with your current partner?

Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much ☐ No partner ☐

Do you think that you (or your partner) may have a problem with drugs or alcohol?

Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much ☐

Do you have any other concerns that you would like to talk about today?

© M-P Austin, Reproduced with permission. ANRQ June 04 (updated May 2017). The Antenatal Risk Questionnaire (ANRQ) was developed by Marie-Paule Austin Chair of Perinatal Mental Health, University of NSW & St John of God Health Care, Randwick, Austin, M-P, Collin, J, Priest, S., Riley, N., & Hadzi-Pavlovic, D. (2013). The Antenatal Risk Questionnaire (ANRQ): Acceptability and use for psychosocial risk assessment in the maternity setting. *Women & Birth*, 26, 17-25.

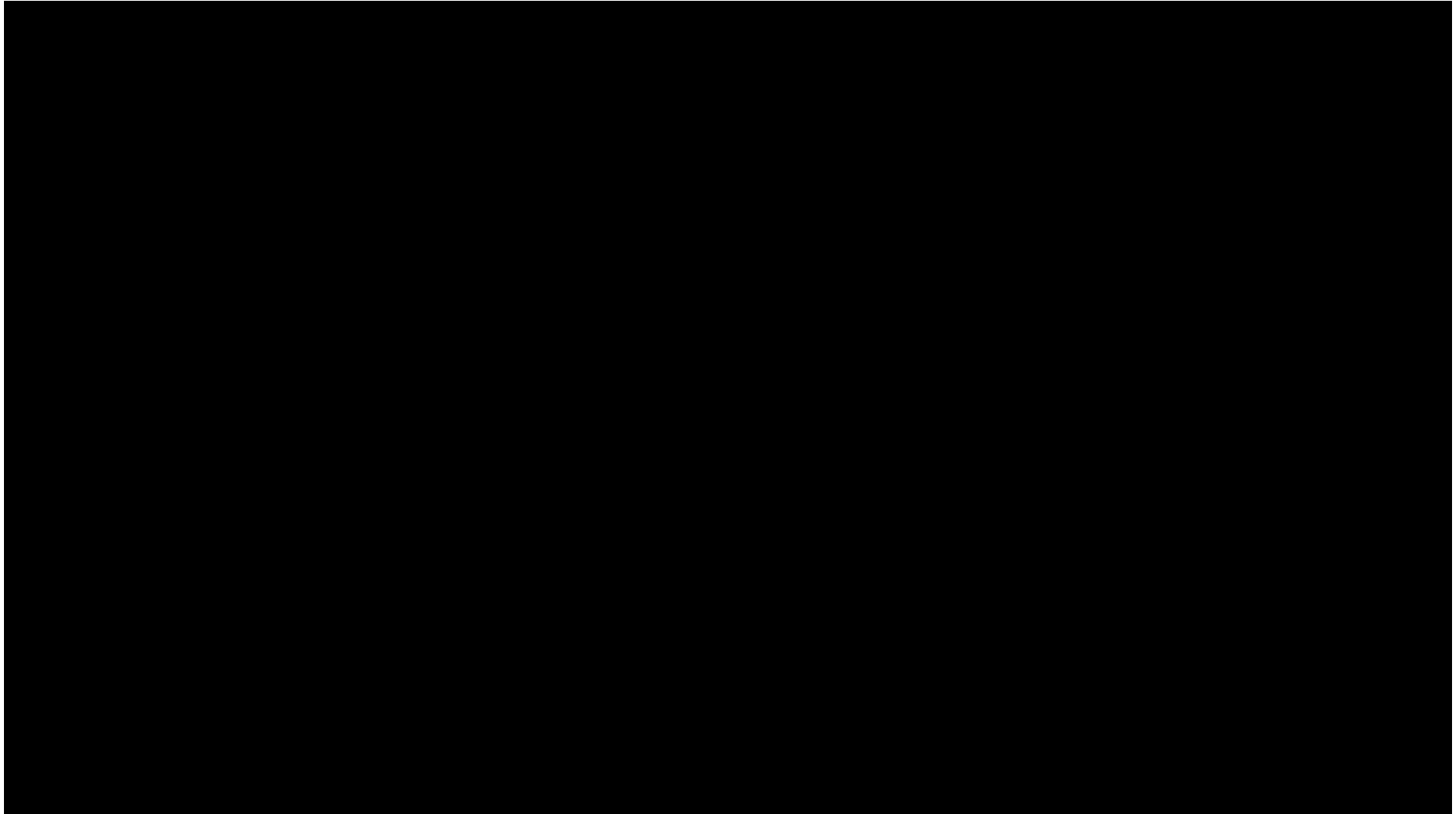
cope.org.au



# How can we screen

- Pen and Paper
  - Providing paper questionnaires/  
verbally asking questions
  - Manual Scoring
  - Psychosocial – only English
  - EPDS – languages (different versions)
- Digital Screening

# iCOPE solution



# How can we screen

- Pen and Paper
  - Providing paper questionnaires/  
verbally asking questions
  - Manual Scoring
  - Psychosocial – only English
  - EPDS – 27 languages (different versions)
- Digital Screening
  - Completed on iPad in waiting room
  - Automated Scoring
  - Psychosocial and EPDS combined
  - 13 languages
  - Instantly generated:
    - Clinical report (pdf)
    - Patient report (sms/email)

# Key benefits of iCOPE

- Saves time – average time 6-8 minutes for client
- No scoring time for clinician
- 100% accuracy
- Instant clinical reports:
  - Log-in and password access
  - Meets all MBS auditing requirements
  - Can make notes into the clinical report
  - Upload pdf into patient software

# Feedback

*“Looks more professional I feel it is more private for the patient in a very small waiting room”*

*“Patients are more open to discussing mental health issues. Easy way to raise the subject”*

# Key benefits (continued)

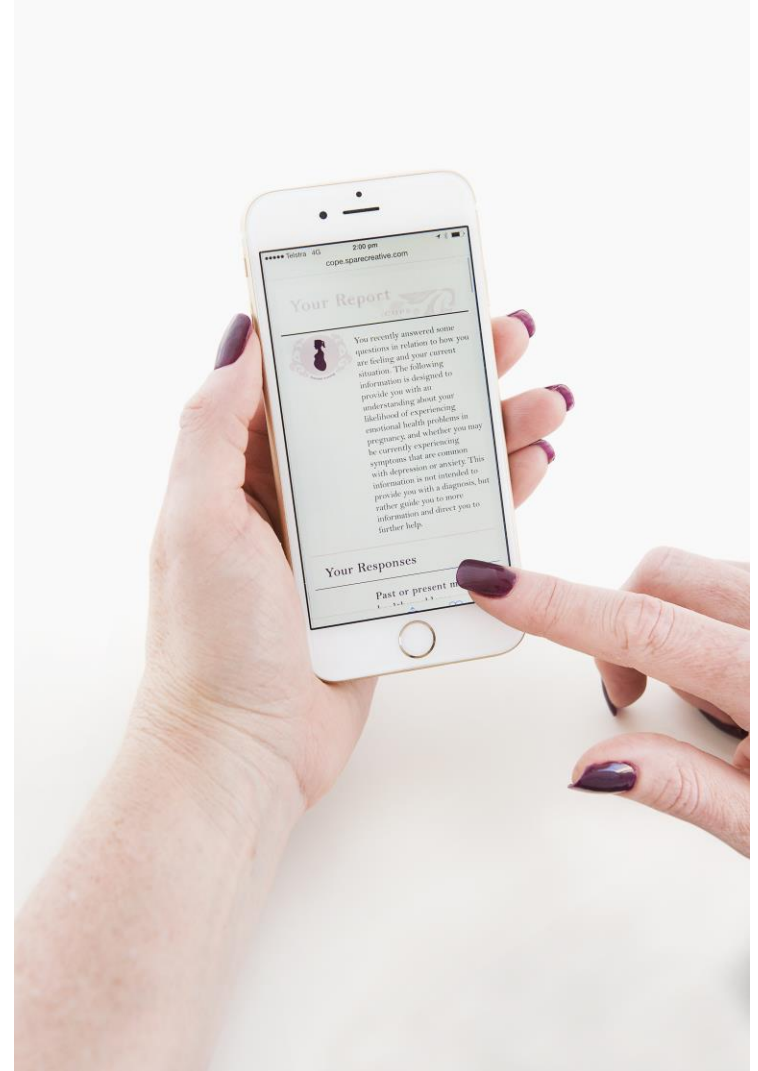
- Screening in different languages
  - Opportunity to screen
  - Increases accuracy vs interpreter
  - Built-in cut-off scores and clinical advice

# iCOPE Current Languages

- English
- Arabic
- Persian/Farsi
- Dari
- Tamil
- Turkish
- Mandarin
- Cantonese
- Vietnamese
- Dinka
- Chin Hakka
- Punjabi

# Key benefits (continued)

- Patient reports
  - Saves time explaining outcomes – can read prior
  - No identifying patient information
  - In own language, tailored to responses
  - Prompt for clinician (can view at back end)
  - Links to further information and services





# Next Steps

- Increasing uptake – private sector
  - Highly positive feedback from OBGYNS
    - Private, patient informed, saves time, guides clinician

# Feedback

*“There are just SO many positives: It is MUCH more comprehensive than just using an EPDS. The program is engaging, and love that it is paperless. We find that people appreciate that we are caring about someone's Mental Health as much as their Blood pressure and scans. It is just more comprehensive and professional. We are now conducting it twice, so the 2nd time it is quicker and women are feeling more familiar with it, so it takes less time. Unexpected outcomes have happened when women have scored much higher or lower than one may have thought, but regardless, we are just grateful for this tool as it makes the conversation SO much easier”*

# Next Steps

- Baby Coming - You Ready?
  - Aboriginal and Torres Strait Islander screening and assessment tool
    - Image based with prompts
    - Client and clinical reports

# Next Steps

- National Rollout – public sector
  - 2019 Election commitment
  - Screen all mums and dads in every public maternity hospital in Australia.
- Amazing opportunity to support routine, universal screening.
- Monitor and evaluate screening outcomes.

New Release

# Basic Skills in Perinatal Mental Health

**FREE** online  
training program

Enrol today at  
[training.cope.org.au](http://training.cope.org.au)



# E-Resources

## Depression during pregnancy

A guide for for women and their families



During pregnancy women experience higher rates of depression and anxiety than before pregnancy.

How common is depression during pregnancy?

Up to 15% of women experience depression during pregnancy. It is common for women to experience depression and anxiety at the same time.

What causes depression during pregnancy?

There is no single cause of depression during pregnancy. It can be caused by a combination of factors including:

- your genetic make up and how you feel about pregnancy
- your personal way of thinking and coping
- hormonal changes in your body
- your social support network

What are the signs and symptoms of depression during pregnancy?

Many women notice the early signs of depression during pregnancy. These can include:

- feeling tired or exhausted
- changes in sleep patterns
- changes in appetite
- loss of interest in life
- difficulty concentrating
- feeling sad or tearful
- feeling hopeless or helpless
- feeling that life is not worth living
- feeling that you are a burden to others
- feeling that you are not good enough
- feeling that you are not in control
- feeling that you are not safe
- feeling that you are not loved
- feeling that you are not wanted
- feeling that you are not needed
- feeling that you are not appreciated
- feeling that you are not respected
- feeling that you are not valued
- feeling that you are not important
- feeling that you are not special
- feeling that you are not unique
- feeling that you are not different
- feeling that you are not the same
- feeling that you are not who you used to be
- feeling that you are not who you want to be
- feeling that you are not who you need to be
- feeling that you are not who you should be
- feeling that you are not who you have to be
- feeling that you are not who you are

## Antenatal anxiety

A guide for for women and their families



During pregnancy women experience more physical, emotional and mental anxiety than before pregnancy. It is common for women to experience anxiety and depression at the same time.

How common is antenatal anxiety?

Up to 15% of women experience antenatal anxiety during pregnancy. It is common for women to experience anxiety and depression at the same time.

What causes antenatal anxiety?

There is no single cause of antenatal anxiety. It can be caused by a combination of factors including:

- your genetic make up and how you feel about pregnancy
- your personal way of thinking and coping
- hormonal changes in your body
- your social support network

What are the signs and symptoms of antenatal anxiety?

Many women notice the early signs of antenatal anxiety. These can include:

- feeling nervous or jittery
- feeling that something is not right
- feeling that you are not in control
- feeling that you are not safe
- feeling that you are not loved
- feeling that you are not wanted
- feeling that you are not needed
- feeling that you are not appreciated
- feeling that you are not respected
- feeling that you are not valued
- feeling that you are not important
- feeling that you are not special
- feeling that you are not unique
- feeling that you are not different
- feeling that you are not the same
- feeling that you are not who you used to be
- feeling that you are not who you want to be
- feeling that you are not who you need to be
- feeling that you are not who you should be
- feeling that you are not who you have to be
- feeling that you are not who you are

Types

There are two types of antenatal anxiety:

- Generalised anxiety disorder (GAD):** This is a long-term condition that affects your whole life. It is characterised by excessive worry about everyday things.
- Panic disorder:** This is a long-term condition that affects your whole life. It is characterised by sudden attacks of intense fear or panic.

How it is diagnosed

Antenatal anxiety is diagnosed by a healthcare professional. They will ask you about your symptoms and how they affect your life. They will also ask you about your family history of anxiety and depression.

How it is treated

Antenatal anxiety can be treated with a combination of psychological and medical treatments. Psychological treatments include cognitive behavioural therapy (CBT) and relaxation techniques. Medical treatments include antidepressant medication.

## Antenatal (Psychosocial) Risk Questionnaire (ANRQ) - Client

V2004 (updated 2017) © H P A



The questions below are designed to help you and your healthcare provider to identify any psychological or social factors that may be affecting your pregnancy. Please complete all questions. Your healthcare provider will discuss your answers with you.

Q1. Have you ever had a period of particularly worried, miserable or stressed feelings?

Q1.a. If yes, did this:

Q1.a.1. Seriously interfere with your relationships with friends or family?

Q1.a.2. Lead you to seek professional help?

Q1.a.3. Do you have any other problems (e.g. eating or sleeping difficulties)?

Q2. Is your relationship with your partner or family:

Q2.a. In general, do you become upset or angry?

Q2.b. In general, do you become upset or angry?

Q2.c. In general, do you become upset or angry?

Q2.d. In general, do you become upset or angry?

Q2.e. In general, do you become upset or angry?

Q2.f. In general, do you become upset or angry?

Q2.g. In general, do you become upset or angry?

Q2.h. In general, do you become upset or angry?

Q2.i. In general, do you become upset or angry?

Q2.j. In general, do you become upset or angry?

Q2.k. In general, do you become upset or angry?

Q2.l. In general, do you become upset or angry?

Q2.m. In general, do you become upset or angry?

Q2.n. In general, do you become upset or angry?

Q2.o. In general, do you become upset or angry?

Q2.p. In general, do you become upset or angry?

Q2.q. In general, do you become upset or angry?

## Edinburgh Postnatal Depression Scale (EPDS)

See A. Horowitz (1989) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. *Br J Psychiatry* 155: 97-106. Reproduced with permission.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, or just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the last seven days.

How is an example already completed.

I have felt happy:

☐ Yes, all of the time

☐ Yes, most of the time

☐ Yes, not very often

☐ No, not at all

1. I have been able to laugh and see the funny side of things:

☐ As much as I always could

☐ Not quite so much now

☐ Definitely not so much now

☐ Not at all

2. I have looked forward with enjoyment to things:

☐ As much as I ever did

☐ Rather less than I used to

☐ Definitely less than I used to

☐ Not at all

3. I have been or unhappy that I have had difficulty sleeping:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

4. I have been or unhappy that I have been crying:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

5. I have been or worried for no good reason:

☐ Yes, all of the time

☐ Yes, sometimes

☐ Yes, not much

☐ No, not at all

6. I have felt scared or panicky for no very good reason:

☐ Yes, quite a lot

☐ Yes, sometimes

☐ Yes, not much

☐ No, not at all

7. The thought of harming myself has occurred to me:

☐ Yes, quite a lot

☐ Yes, sometimes

☐ Yes, not much

☐ No, not at all

8. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

9. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

10. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

11. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

12. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

13. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

14. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

15. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

16. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

17. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

18. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

19. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

20. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

21. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

22. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

23. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

24. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

25. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

26. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

27. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

28. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

29. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

30. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

31. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

32. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

33. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

☐ Yes, quite often

☐ Not at all

34. I have been so unhappy that I have been or miserable:

☐ Yes, most of the time

☐ Yes, sometimes

# Online Programs

- Basic Skills
- Intermediate Skills in development
- Perinatal Loss – by October 2019

**The next step:  
Referral**



## Health professionals

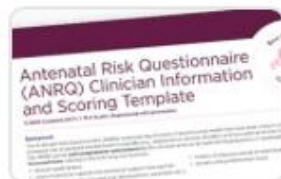
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# **E-COPE**

## **Directory**

# Development

- Development of National Standards
- Training Matrix
  - Basic Skills
  - Basic Skill Plus
  - Intermediate
  - Advanced

## Matrix Framework of PERINATAL DEPRESSION and ANXIETY DISORDERS

### Aim of the framework:

- Provide guidelines on the core skills required by health professionals involved in screening, referral and providing support and/or treatment for depression and related disorders in the perinatal period.
- Ensure uniform standards of comprehensive clinical care informed by clinical practice guidelines (Centre of Perinatal Excellence, 2017).
- Promote best practice across Australia for perinatal mental health training, informed by the Clinical Practice Guidelines.
- Inform organisations currently providing or developing professional development courses.
- Inform the development of National Standards against which existing training programs and services can be assessed.

This matrix defines different levels of: training, content areas to be covered, and which professionals could be the target of training.

	SKILLS TRAINING				
	Awareness/Health Promotion/ Prevention	Basic Skills	Basic Skills Plus	Intermediate Skills	Advanced Assessment and Intervention Modules
Who for	<ul style="list-style-type: none"> <li>• General community</li> <li>• Parents</li> <li>• Significant others</li> <li>• Health professionals</li> <li>• All Perinatal health professionals</li> <li>• Indigenous health professionals</li> <li>• General health workers</li> <li>• Childcare workers</li> <li>• NGOs</li> <li>• Health promotion/ Health Education Officers</li> <li>• Workplaces</li> </ul>	<p>This module is designed for health professionals to equip them with knowledge and a basic understanding of perinatal mental health disorders and with the skills to screen perinatal women and/or men for depression and anxiety:</p> <ul style="list-style-type: none"> <li>• Midwives</li> <li>• MCFH Nurses</li> <li>• Mental Health Nurses</li> <li>• GPs</li> <li>• Allied health</li> <li>• All Perinatal health professionals</li> <li>• Indigenous health professionals</li> <li>• General health workers</li> <li>• Childcare workers</li> <li>• Obstetricians</li> <li>• Paediatricians</li> </ul>	<p>This module is designed for health professionals who have completed the 'Basic' Skills Online Training Package and are equipped to screen for perinatal depression and anxiety.</p> <p>It is specifically targeted at health professionals who want to support those with mild levels of perinatal depression and/or anxiety and is also helpful for those who will have some continued contact with clients across the perinatal period, even if they are not the primary professional managing the depressive episode.</p> <p>Thus, they will need some basic understanding of how to effectively work and support those experiencing mild depressive and anxiety symptoms at the present time, or who have been referred to an appropriate health professional for further assessment and treatment.</p> <p>This may include:</p> <ul style="list-style-type: none"> <li>• Midwives</li> <li>• Maternal and Child Health Nurses</li> <li>• Mental Health Nurses</li> <li>• Social Workers</li> <li>• GPs</li> <li>• Obstetricians</li> </ul>	<p>"Intermediate" skills are relevant to health professionals who will be facilitating the treatment of mild to moderate anxiety and depression symptoms. For more severe or complex cases, specialist providers may be referred to and can be considered to have 'advanced' skills.</p> <p>The skills below can be developed through didactic information and workshops, as well as case presentations, but importantly need to be consolidated through <u>supervised</u> practice.</p> <p>Below is an outline of skills considered to fall in the "Intermediate" category and are designed for various professional groups who have sufficient background (e.g. counselling skills) to manage mild and moderate mental health problems.</p> <p>This may include:</p> <ul style="list-style-type: none"> <li>• GPs</li> <li>• Child and Family Health Nurses /Maternal and Child Health Nurses</li> <li>• Psychologists</li> <li>• Mental Health Nurses</li> <li>• Midwives (with sufficient background/ specialist training)</li> <li>• Social Workers, Occupational Therapists and other Allied Health professionals with relevant mental health expertise</li> <li>• Health workers with mental health expertise, e.g. Indigenous</li> <li>• Mental Health Clinicians</li> </ul>	<p>This level of training is designed for health professionals who already have extensive mental health training and are thus assumed to already have the knowledge covered in the Basic Skills Online Training Package, as well as the skills outlined in the Basic Plus and Intermediate Skills Section.</p> <p>This section provides an overview of the essential skills that health professionals with a mental health background ought to have, specific to the perinatal field. It is specifically targeted at health professionals who will be actively treating perinatal depression and/or anxiety, while also managing other co-morbid mental health issues and psychosocial factors that may be present. These specialists will also have the skills and competency regarding differential diagnosis and be able to make a final diagnosis,</p> <p>This may include:</p> <ul style="list-style-type: none"> <li>• Psychiatrists</li> <li>• Psychologists</li> <li>• GPs</li> <li>• Mental Health Nurses</li> <li>• Mental Health Clinicians</li> <li>• Enhanced Maternal and Child Health workers</li> <li>• Appropriate professional staff in Parenting Centres</li> <li>• Appropriate professional staff in Residential Units</li> <li>• Social Workers, Occupational Therapists and other Allied Health professionals with relevant mental health expertise</li> </ul>

# Development

- Assessment of training/courses against criteria
- Endorsement of healthcare providers



Health Professionals looking to register on the new e-COPE Directory, [click here](#).

## COPE:

Providing support for the emotional challenges of becoming a parent

### Becoming a parent



Planning a family



Expecting a baby



Preparing for birth



New parents

### Supporting others



Health professionals



Family & community



Support us



Getting help



## Health professionals

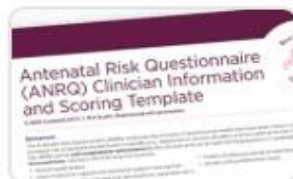
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[Read more](#)



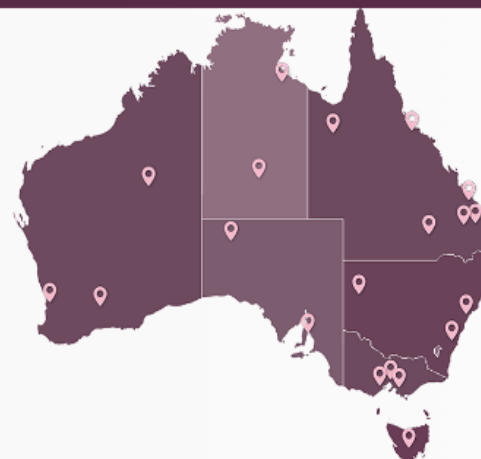
### Find a COPE accredited professional

Find a professional with expertise in perinatal mental health

[Read more](#)

## e-COPE Directory

Individual Practitioner Registration



One of the greatest challenges for referring health professionals, women and their family members, is being able to identify local services with expertise in perinatal mental health. In response to this need, COPE, with support from the Commonwealth Government of Australia has developed Australia's first Perinatal Service Directory: The e-COPE Directory.

### Purpose

The e-COPE Directory serves to support consumers and health professionals in accessing timely support and treatment for perinatal mental health problems and associated risk factors. For more information about the e-COPE Directory [click here](#)

### How to register

To register your service you will need to complete and submit this survey to provide COPE with information about your professional skills and qualifications, and the nature and type of service(s) you provide.

### How the information is used

COPE will assess the provided information pertaining to perinatal mental health expertise to identify whether you are suitably qualified to be listed on the e-COPE Directory. This ultimately serve to inform individuals and referring agencies about your service as a referral pathway to access timely support and treatment. This survey has two sections:

**Part A:** Your professional profile – derives information about your professional qualifications, skills and experience in perinatal mental health. Here you will be required to upload supporting documentation to substantiate your qualifications and experience.

**Part B:** Details of the business entity(ies), site locations, and the nature and types of services you are registered to provide. We look forward to working with you to increase access to services for expectant and new parents across Australia.



## e-COPE Directory

### Individual Practitioner Registration

Thanks for signing up!

Now that you've registered on the website, you're ready to start completing each of the following steps to provide the information necessary to be displayed on the e-COPE Directory.

STEP

1

#### Profile Overview

Information about yourself, as an individual practitioner and the service you provide.

[Go to this section](#)

STEP

2

#### Qualifications and Experience

Your personal qualifications and expertise in perinatal mental health.

[Go to this section](#)

STEP

3

#### Business Entities and Locations

Registration of the Business Entities under which you provide your clinical service.

[Go to this section](#)

STEP

4

#### Disclaimer

Agree to the conditions to display your information on the e-COPE directory.

[Go to this section](#)

## Profile Overview

Please provide the following information about **yourself**, as an individual practitioner and the service you provide.

*Information marked with a carat (^) will be visible on the public directory.*

Title^ \*

First Name^ \*

Last Name^ \*

Gender^ \*

Please choose the gender with which you most identify

Profession^ \*

APHRA Registration^ \*

If you are a Social Worker and do not have an APHRA Registration number, please type 'Not Applicable'.

## Step 1: Profile Overview

- Personal Details
- AHPRA Registration
- Professional Membership
- Other languages spoken

## e-COPE Directory

### Individual Practitioner Registration

You're making progress!

We've noticed you've already started providing some of the information we need. Please continue adding the remaining information to each of the steps below.

You will be able to submit your application for review once all of steps have been completed.

[Submit Application](#)

STEP



#### Profile Overview

Information about yourself, as an individual practitioner and the service you provide.

[Go to this section](#)

STEP



#### Qualifications and Experience

Your personal qualifications and expertise in perinatal mental health.

[Go to this section](#)

STEP



#### Business Entities and Locations

Registration of the Business Entities under which you provide your clinical service.

[Go to this section](#)

STEP



#### Disclaimer

Agree to the conditions to display your information on the e-COPE directory.


[Go to this section](#)

# Your Qualifications and Experience in Perinatal Mental Health

In this section we are asking about your personal qualification and expertise in perinatal mental health.

## Perinatal Depression and Anxiety

Please indicate those conditions where you have specialist expertise in providing support/treatment for clients presenting with perinatal depression and/or anxiety.

For each area indicated, please detail specific training and/or skills that you have in this area (please refer to the [Perinatal Depression and Anxiety Matrix](#)  to inform your perceived level of competency.)

Note: If your training and qualifications spans each of the areas below, you are only required to upload the evidence of your qualifications once.

- ☐ Antenatal Depression
- ☐ Antenatal Anxiety
- ☐ Postnatal Depression
- ☐ Postnatal Anxiety

In addition to the above, please detail your experience in providing treatment interventions for any of the following perinatal-related conditions or issues.

- ☐ Birth Trauma
- ☐ Grief and Loss (Due to Miscarriage/Stillbirth)
- ☐ Fear of Birth

## Step 2: Profile Overview

- Qualifications and Experience in PMH
- Other special interest areas

## e-COPE Directory

### Individual Practitioner Registration

You're making progress!

We've noticed you've already started providing some of the information we need. Please continue adding the remaining information to each of the steps below.

You will be able to submit your application for review once all of steps have been completed.

Submit Application

STEP

1



#### Profile Overview

Information about yourself, as an individual practitioner and the service you provide.

[Go to this section](#)

STEP

2



#### Qualifications and Experience

Your personal qualifications and expertise in perinatal mental health.

[Go to this section](#)

STEP

3

#### Business Entities and Locations

Registration of the Business Entities under which you provide your clinical service.

[Go to this section](#)

STEP

4

#### Disclaimer

Agree to the conditions to display your information on the e-COPE directory.

[Go to this section](#)

## Registration of the Main Business Entity and Locations

Details of the organisation(s) you are registering your services with

Please provide the following information regarding the **Main Business Entity** under which you provide your clinical service as an independent practitioner.

Note: Information marked with an carat (^) will be visible on the public directory.

Name of Legal Entity (i.e. Business name) \*

Name of Practice/Service^ \*

ABN/ACN \*

Contact Phone Number^ \*

Contact Email Address^ \*

Company Website^ \*

## Step 3: Organisation details

Organisation name,  
ABN, contact details

Number of locations

Details of each  
location

MBS Provider number  
for each location

Services available

## Registration of the Main Business Entity and Locations

### Details of the organisation(s) you are registering your services with

Please provide the following information regarding the **Main Business Entity** under which you provide your clinical service as an independent practitioner.

Note: Information marked with an carat (^) will be visible on the public directory.

Name of Legal Entity (i.e. Business name) \*

Name of Practice/Service^ \*

ABN/ACN \*

Contact Phone Number^ \*

Contact Email Address^ \*

Company Website^ \*

## Services available for each location

- Interpreter service
  - Bulk billing
  - Referral required
- 
- Individual/group
  - Couples/family
  - Telehealth
  - Home visiting
  - After hours

## Disclaimer

COPE collects, stores, uses and discloses your personal information for the purpose of managing and verifying the information contained in the e-COPE directory and complying with our legal obligations. If you do not provide your personal information we may not be able to register you as an individual practitioner in the e-COPE Directory.

By submitting this information you acknowledge that the information will be assessed by COPE to consider listing on the specialist e-COPE Directory, and that you consent to your details being listed on the e-COPE Directory as a publicly available record. If required, a representative from COPE may contact you to validate the information provided or to gather additional information where required. For more information, see our Privacy Statement [here](#) or contact us at [info@cope.org.au](mailto:info@cope.org.au).

COPE may share relevant information with contractors that perform its services or store or dispose of its documents, health service providers and/or Government bodies. We don't disclose your information to anyone outside Australia.

For more information, see our Privacy Statement [here](#) or contact us at [info@cope.org.au](mailto:info@cope.org.au).

- ☐ I hereby consent that all information is true and current to the best of my knowledge.
- ☐ I agree to amend or remove my professional profile or listing in accordance with any changes to my qualifications or professional registration.
- ☐ I consent to this information being used for the purpose of review and inclusion in the e-COPE Directory.

[Update Details](#)

## Part 4: Disclaimer



# e-COPE Directory

## Individual Practitioner Registration



Create your online COPE  
Health Professionals  
account



Complete steps to register  
as COPE-accredited  
Individual Practitioner



Submit your registration  
for COPE to review



Display your clinical  
information on the  
e-COPE Directory

# Finding a Practitioner



## Health professionals

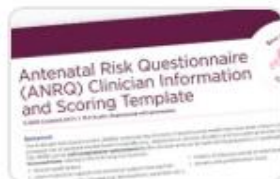
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Register yourself as a perinatal mental health specialist

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### Find a COPE accredited professional

Find a professional with expertise in perinatal mental health

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## Resources Directory

Based upon your search criteria, below are identified perinatal mental health professionals.

### Search filter

[Reset](#)

Category ▾

☒ Individual practitioner

Service type ▴

- ☐ All services
- ☐ Clinical Psychologist
- ☐ General Practitioner
- ☐ Mental Health Nurse
- ☐ Occupational Therapist
- ☐ Registered Psychologist
- ☐ Social Worker
- ☐ Specialist Psychiatrist

Postcode or Suburb ▴

Language ▾

Bulk bill ▾

Telehealth ▾

Refine search



## Resources Directory

Based upon your search criteria, below are identified perinatal mental health professionals.

### Search filter

Reset

#### Category

☒ Individual Practitioner

#### Service type

- ☒ All services
- ☒ Clinical Psychologist
- ☒ General Practitioner
- ☒ Mental Health Nurse
- ☒ Occupational Therapist
- ☒ Registered Psychologist
- ☒ Social Worker
- ☒ Specialist Psychiatrist

#### Postcode or Suburb

#### Language

#### Bulk bill

#### Telehealth

Refine search

CLOSE



**Ms Jasmine Meier**

Clinical Psychologist

APHRA Number: PSY0001818492

Company/Practice: Victoria Street Psychology

#### Areas of Expertise:

Non-directive counselling, Cognitive Behaviour Therapy (CBT), Acceptance and Commitment Therapy (ACT), Mindfulness-based Stress reduction (MBST), Mindfulness-based Cognitive Therapy (MBCT), Schema Therapy/Cognitive Therapy, Grief and Loss Counselling, Attachment Theory

Phone: 0476609301

Languages spoken: English

Interpreter service available: No

Bulk bill: No

Bulk bill healthcare card holders: No

Company website:

[www.victoriastreetpsychology.com.au](http://www.victoriastreetpsychology.com.au)

Other details: n/a



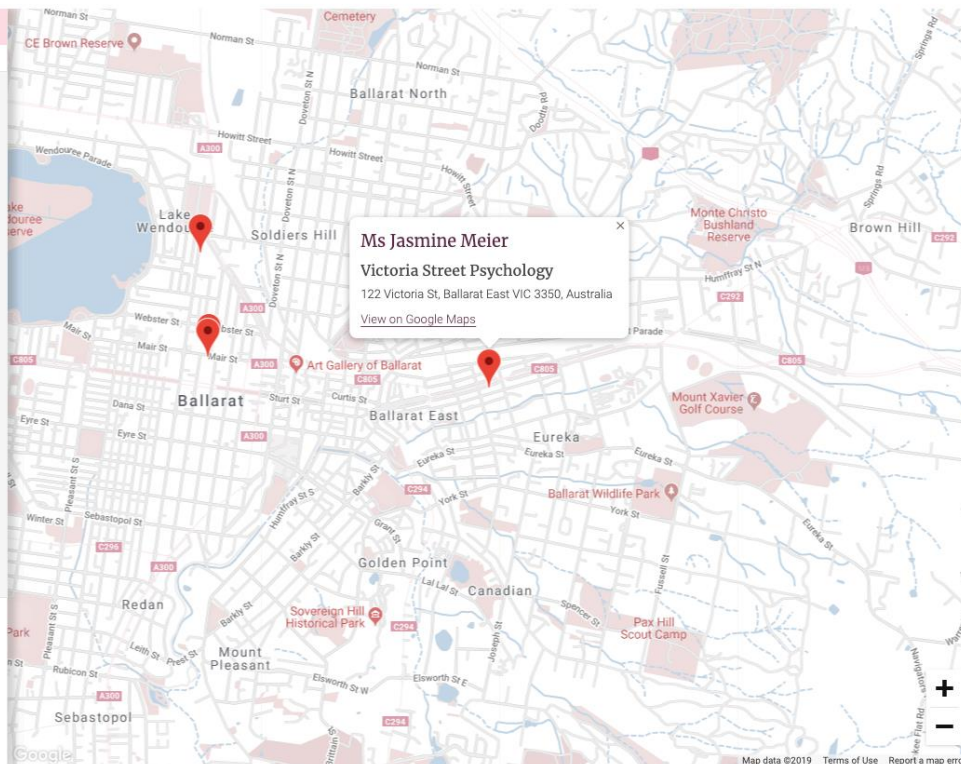
**Ms Katina Moisis**

Clinical Psychologist

APHRA Number: PSY0001130481

Company/Practice: Katina Moisis

Areas of Expertise:



#### About this site

All information on this site is based on the latest research and National Clinical Practice Guidelines.

All photographs are generously provided by Katrina Christ Photographer.

#### Registered Charity



#### Contact Us

PO Box 122  
Flemington Victoria 3031  
Australia

T: (03) 9376 6321

M: 0438 810 235

E: [info@cope.org.au](mailto:info@cope.org.au)

#### Connect with us



Search keywords





## Resources Directory

Based upon your search criteria, below are identified perinatal mental health professionals.

### Search filter

Reset

#### Category

☒ Individual Practitioner

#### Service type

- ☒ All services
- ☒ Clinical Psychologist
- ☒ General Practitioner
- ☒ Mental Health Nurse
- ☒ Occupational Therapist
- ☒ Registered Psychologist
- ☒ Social Worker
- ☒ Specialist Psychiatrist

#### Postcode or Suburb

#### Language

#### Bulk bill

#### Telehealth

Refine search

CLOSE



**Assoc Prof Harish Kalra**  
Specialist Psychiatrist

APHRA Number: MED0001216234

Company/Practice: Mair St Clinic

#### Areas of Expertise:

Non-directive counselling, Cognitive Behaviour Therapy (CBT), Interpersonal therapy (IPT), Psychodynamic therapy, Acceptance and Commitment Therapy (ACT), Compassion-Focused Therapy (CFT), Mindfulness-based Stress reduction (MBST), Mindfulness-based Cognitive Therapy (MBCT), Schema Therapy/Cognitive Therapy, Grief and Loss Counselling, Dialectical Behaviour Therapy (DBT), Attachment Theory, Family Systems Theory

Phone: 03 4308 0673

Languages spoken: English

Interpreter service available: No

Bulk bill: No

Bulk bill healthcare card holders: No

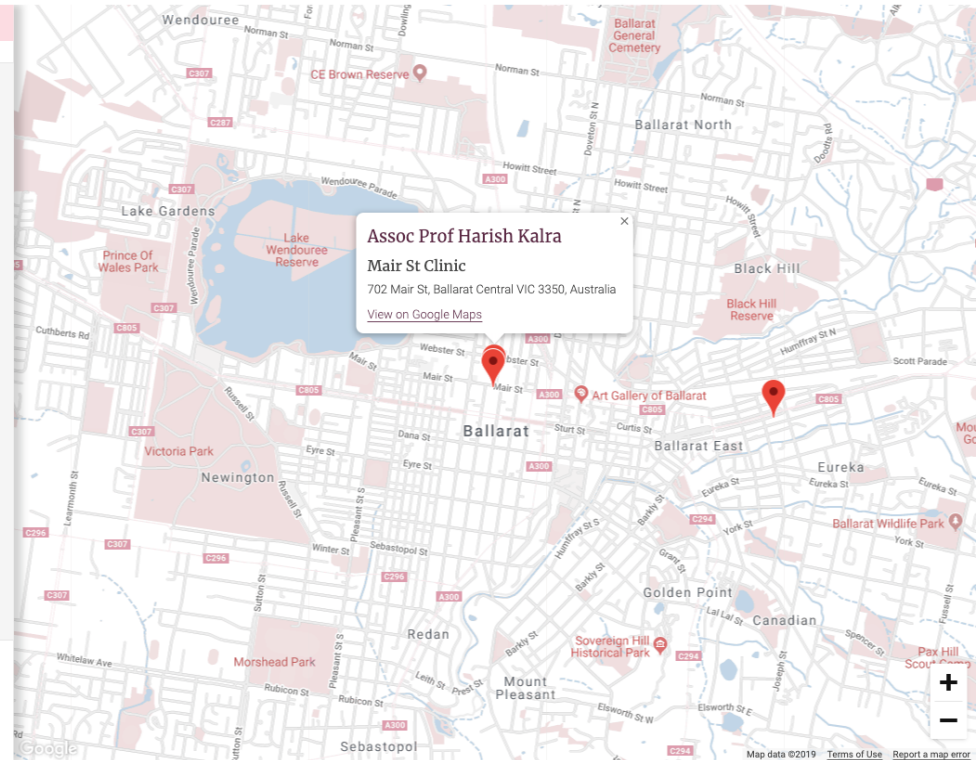
Company website: [www.ballaratpsychiatry.com.au](http://www.ballaratpsychiatry.com.au)

Other details: Private perinatal psychiatry clinic



**Mrs Marie Carter**  
Social Worker

APHRA Number: not applicable



#### About this site

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#### Registered Charity



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Australia  
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M: 0438 810 235  
E: [info@cope.org.au](mailto:info@cope.org.au)

#### Connect with us



Search keywords



## Health professionals

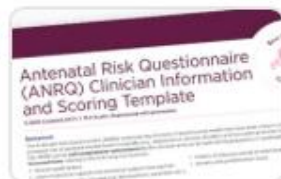
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# Community Awareness Activity





# The Mum Drum





# The Mum Drum

A Brand New Series to Help Mums Navigate the Beautiful Chaos of Pregnancy and Motherhood



## About Mum Drum

Find out why we created the Mum Drum and what it's all about.

[Read more](#)



## The Pilot

Meet the creators of the Mum Drum, Psychologists Amy Felman and Dr Nicole Highet.

[Read more](#)



## View episodes

View Mum Drum episodes from series one.

[Read more](#)



## Sign up to be notified

Sign up to be notified of future episodes as soon as they are released.

[Read more](#)

# The Mum Drum Episodes – Series 1

## The Pilot: What is the Mum Drum all about?

The Mum Drum hosts Amy Felman and Nicole Highet unveil what the Mum Drum is all about. Amy interviews Nicole about the current context of motherhood and why COPE was established to address the range of challenges that modern parents face.

*(Viewing time: 15m)*

[!\[\]\(cbe80b694ebd74fcfe136a095b608235\_img.jpg\) Watch Video](#) [!\[\]\(27df6be88af07602ea392719b144fe7f\_img.jpg\) Listen to Podcast](#)



## Episode 1: The Mother's Group

In this episode, seven mothers talk openly about their hopes, expectations and experiences of becoming a mum. Through open and honest conversations, the women discuss the unique challenges they each faced, their reflections and what advice they would give to other hopeful, expectant and new mums.

*(Viewing time: x)*

[!\[\]\(5361750c22c4e047a52f4eac1ec2d4cc\_img.jpg\) Watch Video](#) [!\[\]\(f276343e5e0d2402c20fdc9e8443c0dd\_img.jpg\) Listen to Podcast](#)



## Episode 2: Our real birth experience

Rachel Watts, known for her role in Yummy Mummy's, talks candidly for the first time about the traumatic birth experience with her first son, Harvey. Rachel and her husband Jayson describe the unplanned events that unfolded at birth, and the profound impact this has had on them. Drawing from their experience, the couple share their advice for others.

*(Viewing time: x)*

[!\[\]\(7d1d6890825e83a6a4a51febe2dcc7f3\_img.jpg\) Watch Video](#) [!\[\]\(5b78f4d8e2942ab203be44f938cc0a7c\_img.jpg\) Listen to Podcast](#)



# **mumdrum.org.au**

- The Pilot – What the Mum Drum is all about
- Episode 1 – The Mother's Group
- Episode 2 – My real birth experience
- Episode 3 – The work-life juggle
- Episode 4 – Coping with motherhood
- Episode 5 – Living with postnatal depression
- Episode 6 – Parenthood and relationships

**mumdrum.org.au**



# cope.org.au

## COPE

Centre of Perinatal Excellence



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[Expecting a baby](#)

[Preparing for birth](#)

[New parents](#)

[Health professionals](#)

[Family & community](#)

[Support us](#)

[Getting help](#)

### COPE:

Providing support for the emotional challenges of becoming a parent

### Becoming a parent



Planning a family



Expecting a baby



Preparing for birth



New parents

### Supporting others



Health professionals



Family & community



Support us



Getting help

# Healthcare Professional Registration

Thank you for your interest in COPE and your dedication to creating better emotional and mental health outcomes for mothers, babies and families.

Below, please register to receive straight to your inbox our resources that will help you implement best practice, including a copy of the new Australian Clinical Perinatal Mental Health Guideline. We will also send you updates when additional resources become available, including professional-specific e-packs and free online accredited training.

## Please fill in the form below

Email Address \*

Title ▼

First Name

Last Name

Postcode

### Profession

*Check all that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> General Practitioner    | <input type="checkbox"/> Carer Representative            |
| <input type="checkbox"/> Consumer Representative | <input type="checkbox"/> Maternal and Child Health Nurse |
| <input type="checkbox"/> Mental Health Nurse     | <input type="checkbox"/> Midwife                         |
| <input type="checkbox"/> Obstetrician            | <input type="checkbox"/> Paediatrician                   |
| <input type="checkbox"/> Psychiatrist            | <input type="checkbox"/> Psychologist                    |
| <input type="checkbox"/> Psychotherapist         | <input type="checkbox"/> Social Worker                   |
| <input type="checkbox"/> Academic                | <input type="checkbox"/> Other, Please Specify:          |

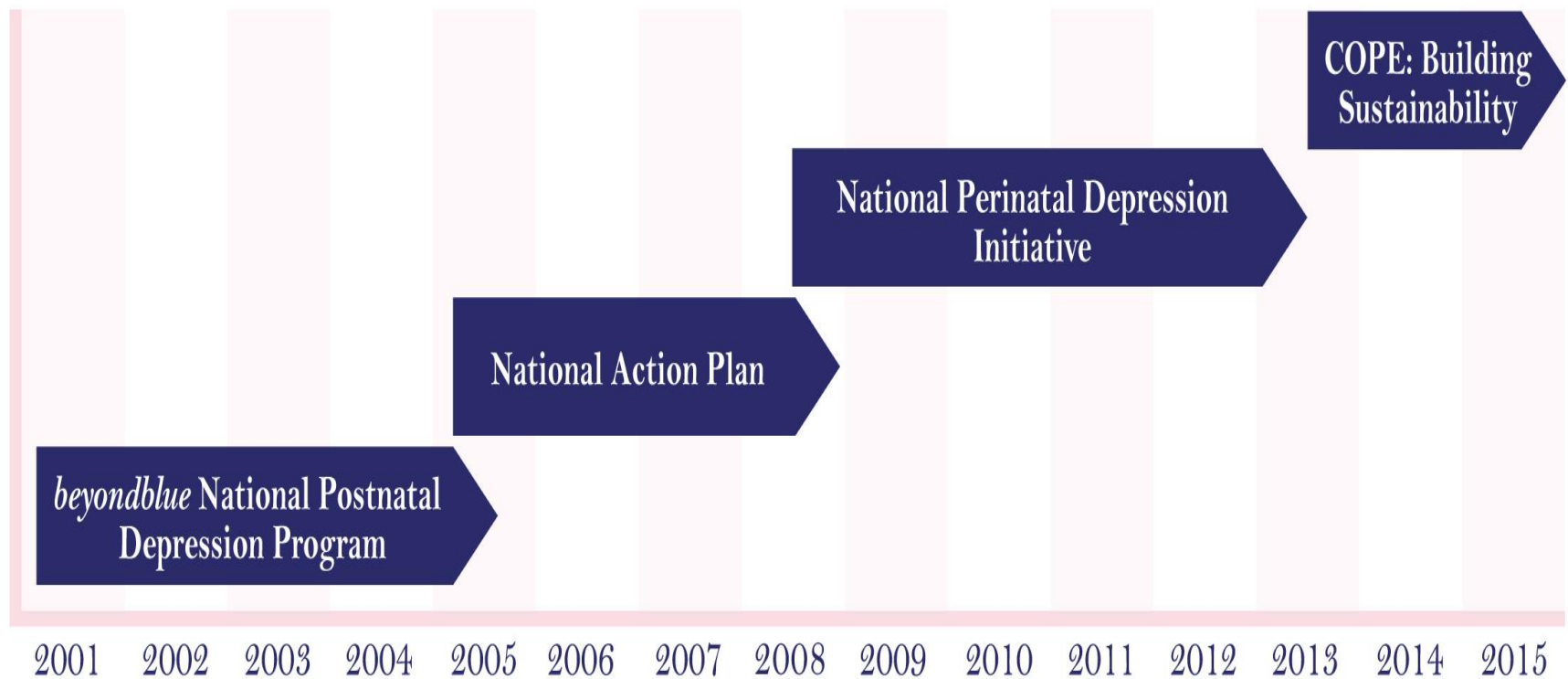
Other

Submit





# Australia's Perinatal Journey







# Mental Health Care in the Perinatal Period

## Australia's Clinical Practice Guideline

October 2017

**Dr. Nicole Highet**  
Executive Director,  
Centre of Perinatal Excellence  
(COPE)