



**Pregnancy
to Parenthood**
Early Connections Endless Impact

**BUILDING STRONGER
FOUNDATIONS:
THE GERALDTON PERINATAL AND
INFANT MENTAL HEALTH (PIMH)
WORKFORCE PROJECT**

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STAN PERRON
CHARITABLE
FOUNDATION

Acknowledgement of Country

A person wearing a pink and purple floral dress is sitting on a sandy beach. The background shows a sunset with a warm orange glow. The person's legs and feet are visible, and they are barefoot.

Pregnancy to Parenthood acknowledges the Traditional Custodians of the land on which we work and gather, paying our respects to their Elders past, present, and emerging. We honour First Nations peoples' enduring wisdom, resilience, and contributions, who have cared for and shaped these lands for countless generations. Their knowledge, culture, and insights continue to enrich our community, inspiring us to work together towards a future of shared respect, opportunity, and understanding. We are committed to walking alongside Aboriginal and Torres Strait Islander peoples in the spirit of reconciliation, recognising their invaluable contributions to our workplace, communities, and nation.



Pregnancy to Parenthood walks alongside families, nurturing and guiding parents and their babies to grow and flourish in their connections to each other.

1 in 5
mothers

and 1 in 10
fathers will
experience
perinatal
depression or
anxiety.



24%

of children in
Western Australia
are developmentally
vulnerable in one or
more areas of their
development. Higher
than the national
total of 23.5%



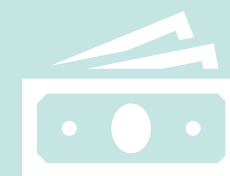
\$1.5
billion

The cost of
perinatal
depression and
anxiety in
Australia three
years after a baby
is born.



\$1 investment

in CPP, a P2P
Program, yields
\$20.59 per child
in savings for
healthcare,
education, and
criminal justice
expenditure.



Our earliest experiences shape brain development, laying the foundations for lifelong health and wellbeing.



***Early Experiences
Matter***

Adverse experiences during infancy, such as maternal depression, exposure to violence, or neglect, have profound and lasting effects on development and emotional regulation.



***Early Inaction
causes Harm***

Adverse experiences increase risk of mental health disorders, chronic diseases, and challenges later in life, imposing burdens on healthcare systems and social services.




***Substantial Burdens
on Society***

P2P can disrupt intergenerational patterns of adversity, helping parents to foster mental health and wellbeing in their children.



***Early Intervention
disrupts adversity***



The **first three years**
aren't a warm-up.

They are the
MAIN EVENT.

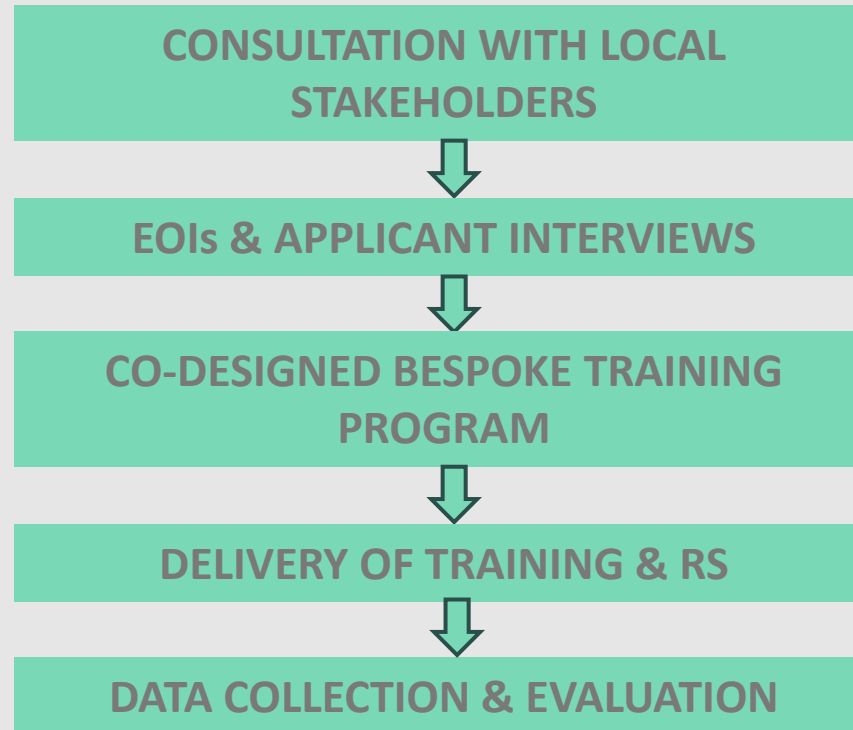


The Training Program

The Training Program

- The project was **funded by a community grant from the Stan Perron Charitable Foundation.**
- **Twelve mental health, health and allied health practitioners** working with vulnerable infants aged 0-3 years and their families participated in a 9-month intensive interdisciplinary training program.
- **6 days of face-to-face group training** sessions in two training blocks.
- **3 days of Reflective Supervision** (and ongoing online small groups thereafter).
- Created to directly **align with AAIMH endorsement** at the Infant Mental Health Practitioner category.
- **Delivered by P2P PIMH Training Team** of Infant Mental Health Practitioners® and Infant Mental Health Clinical Mentors®.

The Training Program

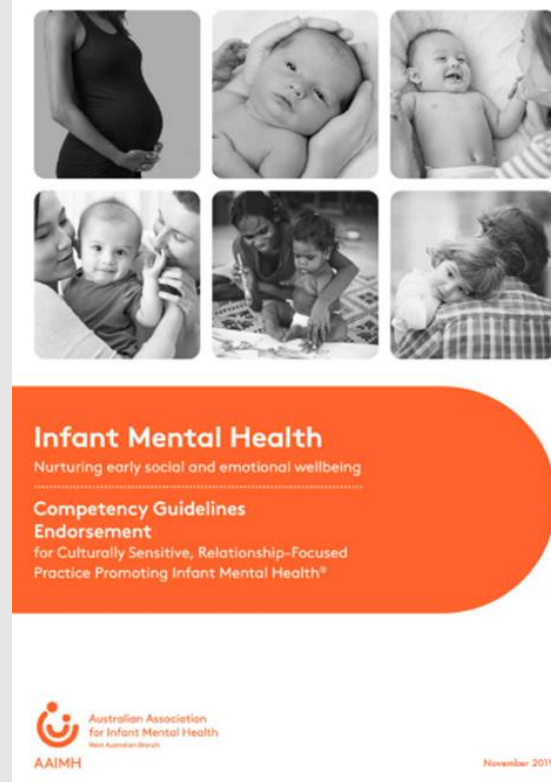


Aligning with AAIMH Competencies

The training session content was aligned to the eight **Competencies/Areas of Expertise of AAIMH's Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®**:

- 1) Theoretical Foundations
- 2) Law, Regulation & Agency Policy
- 3) Systems Expertise
- 4) Direct Service Skills
- 5) Working with Others
- 6) Communicating
- 7) Thinking
- 8) Reflection

The training combined with the reflective supervision component ensured the training **meets the requirements for endorsement in the IMH Practitioner category.**



Project Outcomes

A Highly Valued Training Program



Feedback on the training content:

"Thank you to xxxxxx, xxxxx & P2P for being so generous with their knowledge, vulnerabilities and sharing of skills. You both held us as a group so beautifully :) thank you".

"xxx and xxx did a great job... I think in terms of the content they've pulled together and how they're facilitated... I think they did a very good job".

Feedback on Reflective Supervision:

"I loved the clinical supervision. I absolutely got a lot out of it".

"having the supervision in between sort of brought it together with putting that into practice as well... so you're watching that picture change... within the families".

"xxx has an approach in that she looks at the small and then she looks at the systems and then she looks at the patterns and the synchronicity, but then she challenges you in a gentle way... I often... hear her voice in my mind most days.... she's got a lot of depth and experience".

Key Findings – Enablers

- Increased awareness and understanding of PIMH
- Reflective practice
- Relationships and network creation
- Passion for PIMH amongst participants and facilitators and a desire to work together
- Creating a shared community response
- Increased PIMH referrals in some services

"Understanding PIMH is the key to providing quality, effective support and services to infants and their families. Competence in PIMH requires the development of a unique knowledge base, skills and reflective practice"
(AAIMH, 2019).

Key Findings – Barriers

- Resources
- Competing factors
- Protected time for PIMH focused work
- Developing a shared PIMH language to engage the system
- Recognition of the importance of reflective supervision
- Access to reflective supervision
- Ongoing opportunities for learning, reflection & PIMH mentorship



Key Findings – Barriers

Reflective Supervision is a key PIMH competency and was the most striking need and gap at the time of the evaluation:

“it always fascinates me that it’s not [provided]... it should be”

“it’s probably not seen as important”

“we need it... but you have to actually carve that space out”

“wishing we had some more reflective supervision”

“in terms of like reflective supervision being a component of that, it’s probably not... there’s no funding in our budget... for me to access that”

“I haven’t actually got my own reflective [supervision]... I don’t have space for myself so I’m still trying”.

Recommendations

- 1) Establishing a shared community response
- 2) Continuing Reflective Supervision for phase one participants
- 3) Supporting endorsement for Infant Mental Health practitioners
- 4) Establishing a local PIMH Advisory Group for sustainable, community led service
- 5) Securing additional PIMH funding and resources
- 6) Scaling the training model for broader regional impact



Geraldton PIMH Workforce Project - Phase 2

Is currently underway thanks to additional funding!

- Ongoing **monthly Reflective Supervision** opportunities for Phase 1 practitioners.
- Support in applying for **AAIMH endorsement** for Phase 1 practitioners at the relevant category (to formally recognise specific IMH skills, knowledge and experience).
- Delivery of **4 one-day training sessions** and **4 online training sessions** (as part of a co-design process) to additional local interdisciplinary practitioners.
- Evaluation of Phase 2 outcomes by the P2P Research Team.



WACHS CAMHS PIMH Training

- In addition to Geraldton phase 2, **WACHS CAMHS 12-month** interdisciplinary PIMH training has commenced, thanks to additional funding.
- Includes **6 face to face training workshops** and **2 days of in person Reflective Supervision.**
- Highlights a broader State based approach to interdisciplinary PIMH training.
- Due for completion in 2026.



References

Australian Association of Infant Mental Health West Australian Branch. (2019). *Competency Guidelines Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.*

Finlay-Jones, A², Griffin, K¹, (IMH-E[®]), Maddestra, B¹, (IMH-E[®]), Matacz, R¹, (IMH-E[®]), McKenzie, G¹, (IMH-E[®]), Morris, V¹, Nosaka, K¹ & Thornton, J¹. (2024). *Building Stronger Foundations: The Geraldton Perinatal and Infant Mental Health (PIMH) Workforce Project.* Pregnancy to Parenthood Clinic.

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- Affiliation 1- Pregnancy to Parenthood Clinic
- Affiliation 2- The Kids Research Institute



Thank You



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to Parenthood
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Together, we can
build stronger
families and
healthier
communities for
generations to
come, ensuring
no WA baby is
left behind.