

Request for Network Representation

Lead Agency/Program: SA Health – National Perinatal Initiative

Representative Group: National Perinatal Initiative Project Reference Group

Purpose:

The purpose of the Project Reference Group is to provide strategic advice to guide the implementation of the National Perinatal Depression Initiative within SA. The Project Reference Group will be a mechanism through which a statewide approach to perinatal depression can be developed, monitored and supported.

The Project Reference Group will also provide advice as needed to the Department of Health in the planning, implementation and evaluation of strategies for statewide Perinatal and Infant Mental Health Services in SA.

Role and Function:

- Provide advice and guidance in the planning, implementation and evaluation of the South Australian commitment to the National Perinatal Depression Initiative
- Provide advice on priorities for program development and service improvement of perinatal infant mental health services
- Assist in the development of coordinated statewide perinatal depression services
- Participate in and support a detailed mapping exercise for statewide perinatal and infant mental health services
- Participate in and support data collection for the purpose of meeting national reporting requirements
- Assist in the identification of networks and service structures relevant to implementation of routine psychosocial assessment
- Provide a mechanism through which to foster partnerships between the NGO sector, Divisions of General Practice and state mental health services in provision of perinatal care
- Share information with, and report back the views of, the organisations and groups they represent.

See attached Terms of Reference and *Framework for the National Perinatal Depression Initiative 2008-09 to 2012-13*.

Participation requested: SA Divisions Network representative.

Meeting dates: Bi-monthly on the last Thursday of the month, 11.00 am to 12.30 pm:

27 May 2010, 29 July 2010, 30 September 2010, 25 November 2010

Key Contact Person:

Anna Kleinig, Principal Project Officer, National Perinatal Depression Initiative, SA Health. Ph 08 8226 6150, Fax 08 8226 6235, Email Anna.Kleinig@health.sa.gov.au

Expressions of Interest

Expressions of interest should be forwarded to **General Practice SA** by **Wednesday, 21 April 2010**.

Please email to Jenny Sadler at jenny.sadler@gpsa.org.au.

General Practice SA Inc
Level 1, 66 Greenhill Road
WAYVILLE SA 5034
p 08 8271 8988 f 08 8271 8344



TERMS OF REFERENCE

National Perinatal Depression Initiative

Project Reference Group

BACKGROUND

Agreement was made at the Australian Health Minister's Advisory Council (AHMAC) meeting in March 2008 to collaborate on the development of a National Depression Initiative to improve the prevention and early detection of antenatal and postnatal depression, and to provide better care, support and treatment for expectant and new mothers experiencing perinatal depression.

State and Territory Governments will collaborate in the development of a national approach to perinatal depression and implementation of the National Perinatal Depression Initiative in individual jurisdictions in accordance with local needs and priorities.

PURPOSE

The purpose of the Project Reference Group is to provide strategic advice to guide the implementation of the National Perinatal Depression Initiative within SA. The Project Reference Group will be a mechanism through which a statewide approach to perinatal depression can be developed, monitored and supported.

The Project Reference Group will also provide advice as needed to the Department of Health in the planning, implementation and evaluation of strategies for statewide Perinatal and Infant Mental Health Services in SA.

ROLE AND FUNCTION

The Project Reference Group will:

- Provide advice and guidance in the planning, implementation and evaluation of the South Australian commitment to the National Perinatal Depression Initiative:
 - Universal screening
 - Workforce training
 - Community awareness
 - Pathway development
 - NGO service provision
 - specific population approaches for Aboriginal and Torres Strait Islander people; Rural and Remote populations; Culturally and Linguistically Diverse groups
- Provide advice on priorities for program development and service improvement of perinatal infant mental health services
- Assist in the development of coordinated statewide perinatal depression services
- Participate in and support a detailed mapping exercise for statewide perinatal and infant mental health services
- Participate in and support data collection for the purpose of meeting national reporting requirements
- Assist in the identification of networks and service structures relevant to implementation of routine psychosocial assessment
- Provide a mechanism through which to foster partnerships between the NGO sector, Divisions of General Practice and state mental health services in provision of perinatal care
- Share information with, and report back the views of, the organisations and groups they represent
- Participate in subcommittees/working parties as necessary
- Maintain confidentiality where stipulated

MEMBERSHIP

- Sally Sinor, Manager Statewide Services, Mental Health Operations
- Anna Kleinig, Principal Project Officer, NPDI, Mental Health Operations
- Dr. Pauline Hall, Training Coordinator NPDI, Mental Health Operations
- Dr. Belinda Edwards, Perinatal Psychiatrist, Lyell McEwin Health Service
- Tracy Semmler-Booth, Perinatal Mental Health Nurse Practitioner, Lyell McEwin Hospital
- Dr. Tarun Bastiampillai, Clinical Director Southern Mental Health Inner South, SAHS
- Jo O'Connor, Nursing & Midwifery Director, SAHS
- Louise - Consumer representative
- Maria - Consumer representative
- Dr. Anne Sved-Williams, Director, Perinatal & Infant Mental Health Services, CYWHS
- Sue Ellershaw, Clinical Services Coordinator, Perinatal & Infant Mental Health Services, CYWHS
- Kerrie Bowering, Director, CaFHS, CYWHS
- Wendy Thiele, Manager, Parenting & Support Services, CaFHS, CYWHS
- Pauline McEntee, Director CAMHS, CYWHS
- Chris Cornwell, Director Mothers & Babies, WCH, CYWHS
- Karen Glover, Director, Aboriginal Health, CYWHS
- Dr. Ken Fielke, Clinical Director, Mental Health Services, CHSA
- Konrad Gawlik, Manager, Family Support Program/Staying Attached Program, Anglicare
- Dr. Cate Howell, GP Mental Health Advisor, Adelaide North East Division of General Practice
- Manager Early Childhood, CHSA – tba
- GPSA rep – tba

MEETINGS

Meetings will occur bi-monthly.

The Project Reference Group will be chaired by the Manager, Statewide Services, Mental Health Operations. Executive support will be provided by the Mental Health Operations branch of the Department of Health.

Members are required to send a proxy if unable to attend. Advice must be provided to chair prior to the meeting.

REPORTING

The Project Reference Group will be accountable to the Mental Health Executive through the Director, Mental Health Policy and the Director, Mental Health Operations.

Framework for the
National Perinatal
Depression Initiative
2008-09 to 2012-13

November 2009

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Introduction

Research indicates that each year around one in ten Australian women experience depression during pregnancy and almost one in five experience depression in the weeks and months after giving birth. If left untreated, this can have a negative impact on new mothers, their babies, families and friends, including relationship problems and difficulties bonding with children. Many women who experience perinatal depression are not identified and so do not receive adequate support, placing them at risk of more serious problems.

Structure of the Framework

This framework is divided into two parts. The first part describes the scope of the National Perinatal Depression Initiative, the roles and responsibilities of the Australian Government, State and Territory Governments and *beyondblue*, the key areas for action, the underlying principles and the monitoring arrangements.

The second part contains Investment Plans that have been prepared by each government. These set out the investment that each government will make to achieve the outcomes that have been agreed at the national level and set out in the first part of this document.

Scope of the Initiative

At the Australian Health Ministers' Advisory Council (AHMAC) meeting on 6 March 2008, State and Territory Governments together with the Australian Government agreed to collaborate on the development of a National Perinatal Depression Initiative to improve the prevention and early detection of antenatal and postnatal depression, and to provide better care, support and treatment for expectant and new mothers experiencing perinatal depression.

The following key elements are integral to the National Perinatal Depression Initiative:

- routine and universal screening for perinatal depression;
- follow up support and care for women assessed as being at risk of or experiencing perinatal depression;
- workforce training and development for health professionals;
- research and data collection;
- national guidelines for screening for perinatal depression; and
- community awareness.

For the purpose of this Initiative, the perinatal period is defined as the pregnancy period and the first year after childbirth.

Roles and Responsibilities

Australian Government

The Australian Government will provide ongoing policy leadership for coordination, implementation and evaluation of the National Perinatal Depression Initiative.

It will work in partnership with State and Territory Governments, through the Mental Health Standing Committee of AHMAC, to develop a National Perinatal Depression Initiative framework.

The Australian Government has committed to a contribution of \$55 million over five years towards the Initiative, which includes:

- \$30 million to State and Territory Governments to contribute to the roll out of routine and universal screening, support services, and training for health professionals;
- \$5 million to *beyondblue* to support implementation; and
- an additional \$20 million to the Access to Allied Psychological Services (ATAPS) program to build the capacity of Divisions of General Practice to support better treatment for women with perinatal depression.

State and Territory Governments

State and Territory Governments will collaborate in the development of a national approach to perinatal depression and implementation of the National Perinatal Depression Initiative in individual jurisdictions in accordance with local needs and priorities.

In addition to the funding to be provided to jurisdictions by the Australian Government, State and Territory Governments will also contribute up to \$30 million in funding to supplement the roll out of routine and universal screening, support services, and training for health professionals.

beyondblue: the national depression initiative

beyondblue has already undertaken significant work in the area of perinatal mental health. Its role in supporting the implementation of the Initiative will include:

- providing a centre of excellence and best practice evidence on perinatal depression, including through research activities to enhance knowledge of perinatal depression;
- providing advice and informing all governments on best practice activities in perinatal depression, including advice in relation to particular population groups, such as culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities;
- developing materials that support professional practice, such as national perinatal depression screening guidelines and training materials; and
- undertaking community awareness activities and promotion of help-seeking behaviour in relation to perinatal depression.

beyondblue's Perinatal Mental Health National Action Plan will provide a point of reference to support activities and help to guide the development of jurisdictional investment plans.

Routine screening

National clinical practice guidelines for perinatal mental health, which will include screening guidelines for perinatal depression, are currently being developed by *beyondblue* through the National Health and Medical Research Council. These guidelines are expected to be available in early 2010.

In the interim, universal and routine screening for perinatal depression will be undertaken using the Edinburgh Postnatal Depression Scale (EPDS), which has been shown to be well accepted by women, including those from culturally and linguistically diverse and Aboriginal and Torres Strait Islander populations, and will be based on the following principles:

- Screening will be universally and routinely available to all women during the perinatal period, but will not be mandatory.
- Screening will be offered at least once antenatally (in the second or preferably the third trimester).
- Screening will be offered at least once postnatally (preferably about four to six weeks after the birth).
- Screening will be conducted using the EPDS at a minimum; and, ideally, in conjunction with a psychosocial assessment tool.
- Women identified as being at risk of or experiencing perinatal depression will be referred, as appropriate, for a diagnosis and, if required, treatment and/or support services.

The health care professional undertaking the screening will provide information to every woman who is screened on the purpose of screening as well as the process.

It is anticipated that the screening will take place predominantly in primary care and child and maternal health care settings and will be undertaken by various health care professionals including general practitioners, midwives, child and maternal health nurses, Aboriginal Health Workers, practice nurses and obstetricians. Others likely to be involved in screening are community support workers, especially in rural and remote areas, and non-government organisations, which are particularly important for culturally and linguistically diverse groups.

The EPDS cut-off scores set out below should be used as a guide only and the application of clinical judgement in determining current distress and depressive symptoms is most important.

Score of 0-9	The likelihood of depression is considered low (may indicate the presence of some symptoms of distress that may be short-lived and are not likely to interfere with day-to-day ability to function at home or at work).
Score of 10-12	The likelihood of depression is considered moderate (may indicate the presence of symptoms of distress that may be discomfoting). A score above 10 indicates that the EPDS should be repeated within two weeks. Two scores above 12 indicate that further assessment is required to establish if a clinical disorder is present.
Score of 13 or more	The likelihood of depression can be considered high (14 or more antenatally).
Positive responses to Q10 (thoughts of self-harm)	This must be immediately addressed.

As a screening instrument, the EPDS is only used to assess a woman's mood over the past seven days. As such, it is recommended that a psychosocial assessment tool is used in conjunction with the EPDS and, at a minimum, should include the following broad domains:

- lack of social or emotional support
- recent stressors (in the last year)

- low self-esteem (including self-confidence and perfectionistic traits)
- history of depression, anxiety or other mental health problem
- partner's history of mental health problems and substance misuse
- adverse childhood experience (including poor relationship with the mother)
- domestic violence
- the couple's relationship
- experience of parenting the baby (postnatal)

The sharing of information regarding a woman's screening status is an important and sensitive issue. The following general principles are proposed where care is or may be shared:

- Given that routine and universal screening for perinatal depression should be undertaken by one of the main health care professionals involved in the woman's care during the perinatal period, details of the screening (date, score and any actions required/taken and by whom) should be communicated to other relevant health care professionals.
- The woman should be advised that her EPDS score will be shared with other relevant health care professionals involved in her care.
- The EPDS score should be shared with other health care professionals, irrespective of the score, to ensure that there is no omission or duplication of screening.
- Specific consent will be requested from the woman regarding sharing of broader psychosocial assessment information.
- Information may need to be shared (without consent) in exceptional situations where the woman is unable to give consent or the woman and/or child may be at risk (in accordance with relevant jurisdictional legislation as it relates to privacy, child protection, mental health and domestic violence).
- Wherever possible, existing communication pathways should continue to be used in relation to perinatal depression screening.

Community awareness

Currently there is limited awareness in the community about perinatal depression. Awareness raising activities are therefore needed as part of the implementation of the National Perinatal Depression Initiative to optimise and promote the benefits of early intervention to women at risk of or experiencing perinatal depression, their partners and families.

Community awareness activities will:

- promote the importance of routine screening as a way of ensuring early detection and identification of perinatal depression, and therefore early intervention;
- promote the benefits of management and treatment of perinatal depression for women, as well as the benefits for her family including the development of the child; and
- provide accessible information to the community in forms that meet the needs of diverse groups, including people with a diverse cultural and linguistic background.

The target groups for community awareness activities include expectant and new mothers, women at risk of or experiencing perinatal depression, their families and partners, and the general public.

The types of information that will be included are awareness raising about perinatal depression, including signs and symptoms; information about screening and treatment; and encouraging help-seeking behaviours. Community awareness activities will be delivered through a range of methods, including media campaigns, information shared by health care professionals at the point of service, and information in brochures, fact sheets and websites.

Workforce training and development

Training, development and materials to support professional practice will be available to help health professionals in three key areas:

- awareness of perinatal depression;
- screening using nationally recognised tools to identify women who are at risk of or experiencing perinatal depression, and refer or direct women to treatment, support and care services that meet the individual's needs; and
- provision of treatment and appropriate support.

Training in the use of screening tools should be supplemented by information on locally available support and care pathways. In addition, health care professionals should be aware of relevant legislation as it relates to consent, privacy, child protection, mental health and domestic violence in the context of perinatal depression.

The target groups for workforce training and development include health professionals who will undertake screening and provide treatment, care and support, such as general practitioners, obstetricians, child and maternal health nurses, midwives, Aboriginal Health Workers, community health nurses, allied health professionals and specialised mental health service providers. Training and information can be delivered through formal training, case studies, online modules, local seminars and networking opportunities, and through brochures, fact sheets and websites.

In addition, a variety of broader, non-health professionals in the government, non-government and private sectors will also have specific workforce training and development needs. These professionals may include child care workers and child protection services. It is anticipated that this group will require training or information about perinatal depression (including its signs and symptoms) and encouraging help-seeking behaviours. This information can be delivered through local seminars and networking opportunities and information in brochures, fact sheets and websites.

beyondblue will support this element of the Initiative by developing materials that support professional practice, such as national perinatal depression screening guidelines and training materials.

Follow-up support and care

The availability of appropriate pathways to care and support will result in improved outcomes for those women identified as being at risk of or experiencing perinatal depression.

Principles regarding follow-up support and care include:

- both clinical and non-clinical follow-up support and care services are important for women experiencing perinatal depression and their families;

- investment by State and Territory Governments should be used to expand follow-up support and care service pathways for women with perinatal depression, noting that pathways provided by general practitioners are only one of the pathways available;
- a variety of community-based and in-patient services should be available through the government, non-government and private sectors for women experiencing perinatal depression and their families; and
- special attention should be given to ensure that follow-up support and care are available for specific population groups such as rural and remote communities, Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations.

Appropriate care pathways must be identified and developed that will enable sustainable services that address the needs of women experiencing mild, moderate or severe symptoms of perinatal depression.

Measuring the progress of the Initiative

All governments are committed to working together to achieve outcomes against the key elements of the Initiative. The following measures have been identified to track progress against the outcomes.

Outcome	Progress Measures
Improved early detection of antenatal and postnatal depression (by the routine and universal screening of women during the perinatal period). This will enable early intervention for those women identified through screening as experiencing perinatal depression.	<p>The proportion of the target population (ie women in the perinatal period) who have been screened for antenatal depression.</p> <p>The proportion of the target population (ie women in the perinatal period) who have been screened for postnatal depression.</p>

Possible data sources to measure the activity will be explored through the Mental Health Standing Committee of AHMAC.

An evaluation plan for the Initiative will be developed in 2009-10, the scope of which will be collaboratively developed by the Australian Government and State and Territory Governments.

Individual
Investment Plans for
the National
Perinatal Depression
Initiative

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

Australian Government

The Australian Government has committed \$55 million over five years to support the implementation of the National Perinatal Depression Initiative. This funding comprises \$30 million to State and Territory Governments, \$5 million to *beyondblue* and an additional \$20 million to the Access to Allied Psychological Services (ATAPS) program.

This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression, and providing better care, support and treatment for expectant and new mothers at risk of or experiencing perinatal depression. In particular, the key elements of the Initiative will be supported through:

- funding to State and Territory Governments for:
 - routine and universal screening for perinatal depression during pregnancy and again shortly after the birth of the child;
 - appropriate follow-up care and support for women as required; and
 - development and dissemination of training and information about perinatal depression, including treatment and screening, for health professionals;
- funding to *beyondblue* for:
 - the development of materials to support professional practice, including guidelines;
 - undertaking community awareness activities;
 - the provision of advice on best practice activities in perinatal depression; and
 - undertaking research activities to enhance knowledge of perinatal depression;
- funding to Divisions of General Practice under the ATAPS program to build their capacity to provide care to women with perinatal depression by supporting:
 - key links and referral pathways with child and maternal health services during the first year;
 - the promotion of other pathways to care such as the Better Access to Psychiatrists, Psychologists and General Practitioners program and/or the use of other Medicare items such as Non-directive Pregnancy Support Counselling; and
 - a stronger focus on access to services in rural and remote areas, and communities with special needs (eg Aboriginal and Torres Strait Islander communities).

Related maternal/child health investment activities

In addition to the funding specifically allocated for perinatal depression, the Australian Government is currently undertaking a number of other activities that involve the care of women during the perinatal period. A review of maternity services throughout Australia has recently been concluded and is the first step in developing a comprehensive plan for maternity services reform. The Australian Government is also contributing to the development of national evidence-based antenatal care guidelines, which will facilitate national consistency of service provision and contribute to improving maternal and infant health outcomes.

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

Australian Capital Territory

The Australian Capital Territory (ACT) Government is committed to supporting the implementation of the National Perinatal Depression Framework over five years. Funding of \$2,432,488 over the five year period comprises \$842,488 from the Australian Government's National Perinatal Depression Initiative and \$1,590,000 from the ACT Government. This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression, and providing additional treatment, care and support for expectant and new mothers at risk of or experiencing perinatal depression.

A focus of the ACT Government's investment plan will be to continue the support by maternity services, maternal and child health services and mental health services to routine screening for perinatal depression for expectant and new mothers. Investment will also support the key areas of workforce training and development, follow-up support and care, and community awareness about perinatal depression. Some of the activities that will form part of the plan include:

- further development of pathways to care for women experiencing perinatal depression;
- further development and delivery of training provided to targeted Territory-based health professionals on evidence-based screening and appropriate referral for perinatal depression;
- increased capacity of specialist mental health services to treat and care for mothers with severe perinatal depression; and
- provision of local support services to women at risk of or experiencing perinatal depression through NGOs such as PANDSI (Post and Antenatal Depression Support and Information).

Related maternal/child health investment activities

In addition to the activities and funding specifically allocated for perinatal depression, the ACT Government is currently funding a number of other programs that are broadly linked to the care of women during the perinatal period. These include support groups, promoting prevention and early intervention (e.g. Majura and Brindabella Women's Groups, neighbourhood centres, and play groups that are initiated by the maternal and child health nurses) and Child and Family Centres.

INVESTMENT PLAN - NATIONAL PERINATAL DEPRESSION INITIATIVE

New South Wales

The NSW Government has committed \$16,882,598 to build on existing perinatal and infant mental health promotion, prevention and early intervention initiatives to support the implementation of the national perinatal depression framework over five years. This funding comprises \$8,441,299 from the Australian Government's National Perinatal Depression Initiative and \$8,441,299 from the NSW Government.

In addition to screening and assessment, the NSW investment plan focuses on workforce training and development, follow-up support and care and community awareness about perinatal depression. Activities that will form part of the NSW Government's investment plan include:

- comprehensive psychosocial assessment and depression screening in the antenatal and postnatal periods;
- assistance to community groups and organisations for women experiencing depression in the antenatal and postnatal periods;
- setting up local protocols and procedures to develop local service networks to assist with identification and targeted interventions;
- developing and strengthening integrated care pathways for vulnerable families experiencing perinatal depression;
- training and development for all maternity and child and health workers in the area of perinatal depression;
- increased capacity of specialist mental health and drug and alcohol services to appropriately treat and care for new mothers with depression; and
- improving the quality of mental health data collection and reporting across the continuum of perinatal care.

Related investment activities

In addition to the activities and funding specifically allocated for perinatal depression, the NSW Government funds a number of other services that are broadly linked to the care of women during the perinatal period. These include:

- the NSW Health 'Supporting Families Early' (SFE) package, which is supported by the NSW Government's 'whole-of-government' prevention and early intervention strategy for all families with children up to eight years of age. Implementation of the SFE policy and guidelines aims to strengthen primary health and continuing care in the community for families expecting or caring for a baby and who are experiencing depression or other mental health problems.
- the NSW Aboriginal Maternal and Infant Health Strategy (AMIHS), which aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality. A key component of this initiative is the promotion of social and emotional health.

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

Northern Territory

The Northern Territory Government has committed \$1,311,948 to support the implementation of the national perinatal depression framework over five years. This funding comprises \$1,005,948 from the Australian Government's National Perinatal Depression Initiative and \$306,000 from the Northern Territory Government. This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression, and providing better care, support and treatment for expectant and new mothers experiencing perinatal depression in urban and remote areas.

A focus of the Northern Territory Government's investment plan will be a shift towards integrating a commitment to routine and universal screening for perinatal depression for expectant and new mothers into service delivery. Investment will also support the key areas of workforce training and development, follow-up support and care, and community awareness about perinatal depression. Some of the specific activities that will form part of the plan include:

- establishment of a project that will support
 - the development of local service networks and pathways to care for women experiencing perinatal depression;
 - training provided to all state-based midwives and maternal and child health nurses regarding screening for perinatal depression;
 - the provision of specialist mental health advice and information to midwives, child health nurses, general practitioners and other service providers treating women with perinatal depression; and
 - increased capacity of specialist mental health services to appropriately treat and care for new mothers with severe perinatal depression;
- assistance and training to community organisations/support groups/NGOs providing services to women experiencing perinatal depression; and
- development of an information pamphlet about perinatal depression that will be relevant to Indigenous women.

Related maternal/child health investment activities

In addition to the activities and funding specifically allocated for perinatal depression, the Northern Territory Government is currently undertaking a number of other programs that are broadly linked to the care of women during the perinatal period. Funding is provided to NGOs including Aboriginal organisations to provide family-oriented services and services that support victims of domestic violence. The Northern Territory Government under Bridging the Gap will increase the number of outreach midwives visiting remote areas and is establishing group midwife practices to support and provide continuity of care to women from remote communities who come in to major centres to give birth to their babies.

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

Queensland

The Queensland Government has committed \$11,932,500 specifically to support the implementation of the national perinatal depression framework over five years. This funding comprises \$5,932,500 from the Australian Government's National Perinatal Depression Initiative and \$6,000,000 from the Queensland Government. This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression, and providing better care, support and treatment for expectant and new mothers experiencing perinatal depression.

The Queensland Government's investment plan will prioritise four key areas:

- routine and universal screening for depression in the antenatal and postnatal periods utilising the Edinburgh Postnatal Depression Scale. This will occur within the context of routine psychosocial screening of women in both the antenatal period by Maternity Services and in the postnatal period through the implementation of the Universal Postnatal Contact Services initiative;
- workforce training and development on psychosocial risk assessment, screening and pathways into care consistent with the National Perinatal Depression Initiative, with a particular focus on maternity and child health nurses and mental health professionals in hospitals, community health and primary health care settings;
- increased capacity of specialist mental health services to provide specialist assessment, support appropriate pathways to care, and treat new mothers with severe perinatal depression, as well as the establishment of local service networks and pathways to care for women experiencing perinatal depression, and funding to non-government organisations to support women experiencing perinatal depression; and
- raising community awareness of perinatal depression and pathways to care through pre-existing Queensland Government funding to *beyondblue*.

Related maternal/child health investment activities

In addition to the activities and funding specifically allocated for perinatal depression, the Queensland Government is currently undertaking a number of other programs that are broadly linked to the care of women during the perinatal period. These include:

- supporting local collaborations in primary health care to enhance service coordination and delivery and reduce avoidable hospital admissions;
- the Universal Postnatal Contact Service initiative, which will ensure all mothers of newborn babies in Queensland have access to follow-up contact from a health professional after they leave hospital; and
- as part of the Queensland Plan for Mental Health 2007-2017, establishing a hub of expertise in perinatal and infant mental health to provide co-case management, consultation, liaison, and support to public mental health services and the broader community sector.

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

South Australia

Within South Australia a total of \$11,941,087 is available to support implementation of the National Perinatal Depression Framework over five years. This funding comprises \$2,091,487 from the Australian Government National Perinatal Depression Initiative and \$9,849,600 from the South Australian Government. This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression and providing better care, support and treatment for expectant and new mothers experiencing perinatal depression.

A focus of the South Australian Government's investment plan will be extending the commitment to routine and universal screening for perinatal depression for expectant and new mothers into service delivery. Investment will also support key areas of workforce training and development, further development of pathways of care and support from both clinical and NGO services in the community. It will also support improving community awareness about perinatal depression.

The South Australian Government will invest in workforce development through the employment of specific providers who will:

- ensure that screening becomes universal and routine;
- train the workforce by extending the delivery of the current training packages and also increasing community awareness;
- develop pathways of care in partnership with primary care, secondary and tertiary services; and
- increase the provision of services by the NGO sector and ensure appropriate pathways of care.

Related maternal/child health investment activities

In addition to the activities and funding specifically allocated for perinatal depression, the South Australian Government is currently undertaking a number of other programs that are broadly linked to the care of women during the perinatal period. These services are dedicated to perinatal and infant mental health and include:

- Helen Mayo House: 6 bed inpatient unit providing specialist mother and infant inpatient services
- Helen Mayo Community Team: providing intensive therapeutic community based outpatient services, day programs, specialist mother infant mental health services, community development and capacity building, training and community interface
- Consultation and Liaison service: comprising psychiatrists and a perinatal mental health nurse focusing on the antenatal and postnatal period and unwell babies
- Staying Attached Program: NGO program providing individual psychosocial rehabilitation support to women transitioning from inpatient services or living in the community

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

Tasmania

The Tasmanian Government is committed to the implementation of the National Perinatal Depression Initiative. Mental Health Services will play a lead role in progressing implementation in Tasmania and in doing so will work collaboratively with the Australian Government and other key stakeholders.

The Tasmanian Government has committed \$4,281,645 to support the implementation of the National Perinatal Depression Initiative. It acknowledges the financial investment of the Australian Government amounting to \$977,949 over a five year period and has committed \$3,303,696 over five years. This funding will be committed against each of the elements of the National Perinatal Depression Initiative as follows:

- The Tasmanian Government will build on current practices in areas such as Child Health and Parenting Services and implement the utilisation of screening using the Edinburgh Postnatal Depression Scale screening tool state-wide through its introduction to public and community hospitals, and collaborate with private and community stakeholders.
- Proposed training over the five years will include systematic training for all staff delivering the Edinburgh Postnatal Depression Scale screening tool and associated psychosocial assessment tools including the use of training packages prepared by *beyondblue*.
- Dedicated effort will be committed to defining and raising awareness in relation to appropriate support and care pathways. Some pathways are established in regional areas. The Tasmanian Government will address the care and intervention needs of perinatal women by developing a system of care committed to collaboration and effectively networked to respond to the whole family.
- Community awareness of perinatal depression will be increased through the development and implementation of promotion and education strategies.

Related maternal/child health investment activities

In addition to the activities and funding specifically allocated for perinatal depression, the Tasmanian Government is currently undertaking a number of other programs that are broadly linked to the care of women during the perinatal period. These services include collection of EPDS data via Child Health and Parenting Services for 99% of Tasmanian mothers, the implementation of Tasmania's Health Plan 2007 which is the blueprint for the integrated development of primary and acute health services and establishment of care pathways including the maintenance of existing regional pathways.

In addition a statewide Clinical Network for Women's and Children's Services is being established which will link clinicians in acute to primary facilities around the state and better facilitate the progression of relevant clinical initiatives such as the National Perinatal Depression Initiative. The Tasmanian Government also funds a mother baby unit in the south of the state which has a focus on supporting mothers with a mental illness including postnatal depression.

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

Victoria

The Victorian Government has committed \$17,178,017 to support the implementation of the national perinatal depression framework over five years. This funding comprises \$7,016,517 from the Australian Government's National Perinatal Depression Initiative and \$10,161,500 from the Victorian Government. This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression, and providing better care, support and treatment for expectant and new mothers experiencing perinatal depression.

A focus of the Victorian Government's investment plan will be introducing routine screening across universal service systems to identify expectant and new mothers at risk of perinatal depression. Investment will also be made in additional workforce training and development, follow-up support and care for identified women, and community awareness about perinatal depression. Some of the specific activities that will form part of the plan include:

- training to all state-based midwives and maternal and child health nurses in screening and referral for perinatal depression;
- training to other health services such as community health nurses and Aboriginal health workers in screening and referral for perinatal depression;
- funding to PaNDa, a statewide association that works with women and their families affected by antenatal and postnatal mood disorders;
- funding to specialist mental health mother/baby services to deliver primary and secondary consultation on postnatal depression to a number of enhanced maternal and child health services in high growth urban/regional fringe councils;
- developing protocols for sharing information between health providers for women experiencing antenatal and postnatal depression;
- working with external stakeholders to identify gaps in services available to women experiencing perinatal depression or where capacity could be increased in existing services; and
- working with external stakeholders to identify further research that can be undertaken in Victoria to improve the service system response to routine screening and referral.

Related maternal/child health investment activities

In addition to the activities and funding specifically allocated for perinatal depression, the Victorian Government funds a number of other services that are broadly linked to the care of women during the perinatal period. These include maternity services, maternal child health services, community health services, early parenting centres, 20 inpatient mother baby beds and primary mental health and early intervention teams. Specific funded programs that broadly support women in the perinatal period include 'A New Approach to Supporting Women in Pregnancy', psychiatric consultation and liaison services at three hospitals with the highest number of births in Victoria and the Parent/Infant Mental Health Initiative.

INVESTMENT PLAN – NATIONAL PERINATAL DEPRESSION INITIATIVE

Western Australia

The Western Australian Government has committed approximately \$7,441,812 to support the implementation of the National Perinatal Depression Framework over five years. This funding comprises of \$3,691,812 from the Australian Government's National Perinatal Depression Initiative and \$3,750,000 from the Western Australian Government. This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression, and providing better care, support and treatment for expectant and new mothers experiencing perinatal depression.

The focus of the Western Australian Government's investment plan will be:

- expansion of the training and resource program which currently includes:
 - for health professionals – awareness raising about perinatal depression and training in the use of the Edinburgh Postnatal Depression Scale screening tool, risk assessment and the local referral and care pathways for diagnosis, treatment and support; and
 - for women at risk of or experiencing perinatal depression, their families and the general public – awareness raising about perinatal depression and resources that encourage help-seeking behaviours, information regarding the screening process, and DVDs for Indigenous and culturally and linguistically diverse (CALD) communities regarding perinatal mental health;
- expansion of the range of community support services for specific high risk populations with perinatal depression including those women and families from Indigenous or CALD backgrounds;
- assistance to community organisations for women experiencing perinatal depression;
- provision of local outreach support services to appropriately treat and care for new mothers with severe perinatal depression; and
- setting up protocols for developing local service network and pathways to care for women experiencing perinatal depression.

Related maternal/child health investment activities

In addition to the activities and funding specifically allocated for perinatal depression, a number of other programs that are broadly linked to the care of women and their children during the perinatal period are being developed. The Western Australian Government's Public Child and Adolescent Mental Health Services is developing state-wide protocols and care pathways regarding infant mental health that focuses on the importance of health and wellbeing of parents, babies and children. In addition, a number of anti-stigma campaigns are being developed within the state to encourage help seeking behaviours.