

How do we do it?

PROVIDE A WDHB MATERNAL MENTAL HEALTH SERVICE

1 the objective



To provide a Maternal Mental Health Service to the women, living in the WDHB area, who develop a mental illness due to the experience of pregnancy, childbirth or the adjustment to a baby under the age of one year.

2 the challenge

1. To cover the whole WDHB catchment area
2. To manage the high incidence of women, presenting each year with a perinatal related mental illness. Since 1995 the service has closed twice due to high rate of referrals



6,918 women birthing live in WDHB area (2007 WDHB stats.)

691 women predicted to develop a mental illness (O'Hara et al., 1996)

210 women assessed by Maternal Mental Health

3. To manage acutely unwell women with no access to a regional Mother-Baby Inpatient Unit
4. To provide a service utilising limited resources - 8.4 FTE clinicians allocated to service.

* O'Hara MW, Swain AM. Rates and risks of postpartum depression: a meta-analysis. Int Rev Psychiatry 1996;8:37-54.

3 possible solution



Develop Maternal Mental Health into a tertiary health care provider!

- Develop service criteria and clinical pathway
- Accept referrals from Secondary Psychiatric service providers who are able to identify women whose needs are best met by a specialist service.

- Provide specialist assessment and treatment to women when most at need
- Liaise and consult with Primary and Secondary Health Care providers on perinatal psychiatric questions
- Provide training to Maternity and Mental Health colleagues to assist with screening and assessment of women at first point of contact.

6 outcomes

Disadvantages of this model

- Service gaps for women with mild to moderate needs
- Additional services for Maternal Mental Health to liaise with
- Extra time required for Primary and Secondary health care providers to familiarise with new clinical pathway
- Need for Primary and Secondary Health Care Providers to assess and manage women with mild-to moderate illnesses
- Recruitment. Dedicated clinicians skilled in perinatal psychiatry clinicians required. Limited training options for this speciality available. Specialised training offered in Christchurch only.

Advantages of this model

- Women with most severe illness, in particular psychosis, are targeted
- Acutely ill women, whose risk has been assessed, are managed by Maternal Mental Health in a community setting utilising "Acute Community Care". This intervention places a caregiver with the women and utilises a supportive, coaching, and problem solving recovery focus. Mothers



- are then enabled to remain with their baby. Many of these women, in "best practise", would be hospitalised if a Unit were available.
- Specialised treatments are able to be provided: e.g. Mother-Infant Attachment Therapy, Cognitive Behaviour Therapy adapted for new mothers, Resilience Skills, Lifeskills to assist with Postnatal Adjustment, "Acute Community Care" to manage acutely unwell women, Preparation for Childbirth.
- Infant's Needs recognised
- Family focused service
- Primary and Secondary Health Care providers have ready access for advice
- Team satisfaction increased as clinicians feel better able to assist women with complex needs
- Single point of entry for referrals from Primary Health Care Providers, via local Community Mental Health Centre
- 80% of women at the time of discharge are referred back to Primary Health Care Providers, 20% referred to Adult Mental Health for ongoing follow-up
- Waiting reduced for women to access psychiatric input. 90% of women referred seen by Community Mental Health Centre within 3 days, Joint Community Health/Maternal Health assessments occurring within 6 days. Maternal Mental Health assessments provided within 7-20 days.

4 the question



Is this the best model of service provision?

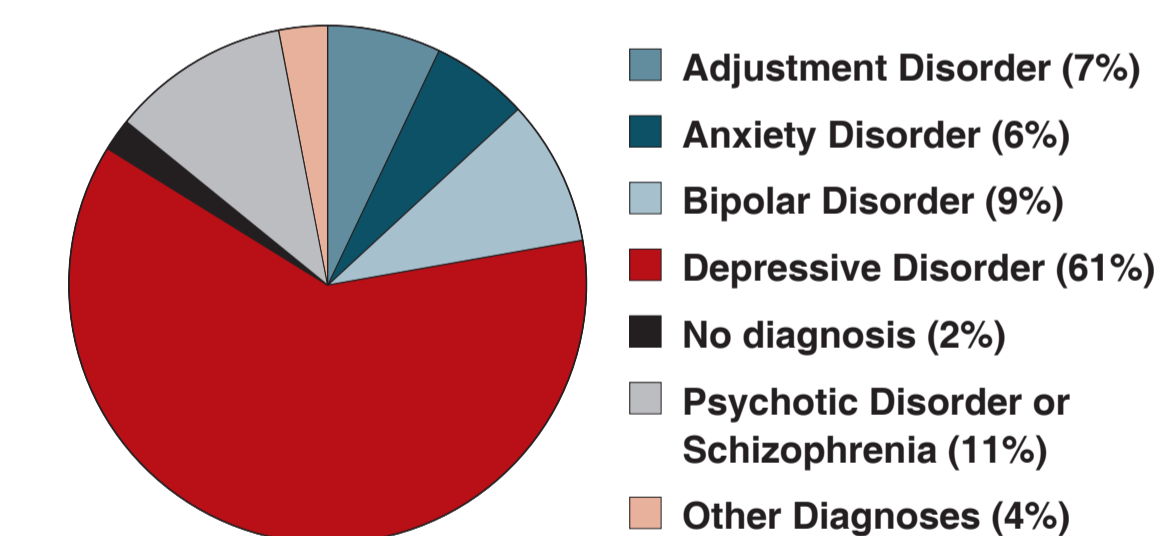
5 evaluation



Clinical files are reviewed. Stakeholders including consumers, family members, cultural services, primary and secondary health care providers are consulted.

Questions:

- Who are the women who require the service most?
- What is their primary diagnosis?



- Is the service's quality addressed and maintained?
- What specialised interventions are offered?
- What outcomes are achieved?

7 conclusion



Maternal Mental Health operating as a Tertiary Health Care provider is able to support Primary and Secondary Health Care Providers through the provision of a consult/liaison service and training.

Women with severe mental illness, for whom no other services exist to assist, are able to be assessed, their care managed and co-ordinated, and to receive specialist perinatal psychiatric treatment.