



**ALL
TOGETHER
BETTER**

**Collaborative Mental Health Care in a
Changing World**

COLLAB LAB

**PERINATAL
MENTAL HEALTH**

Session purpose

At the end of this session, participants will:

- have increased confidence to participate in interdisciplinary collaborative care when responding to perinatal mental health presentations.
- a better understanding of how interdisciplinary collaborative care can contribute to better outcomes for perinatal mental health presentations.



Collaborative Mental Health Care in a Changing World

Perinatal Mental Health COLLAB LAB

Session format

Part	Description	Timing	Location
1	Perinatal Mental Health Overview by Dr Nicole Highet	30 mins 3 – 3.30 pm AEDT	This room
2	Moderated discussion of vignette	1 hour 3.30 – 4.30 pm AEDT	Breakout rooms
3	Feedback & session conclusion	30 mins 4.30 – 5.00 pm AEDT	This room



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How to interact

How to interact in Parts 1 & 3

Chat box

- Engage with other delegates (direct message to an individual or post to everyone)

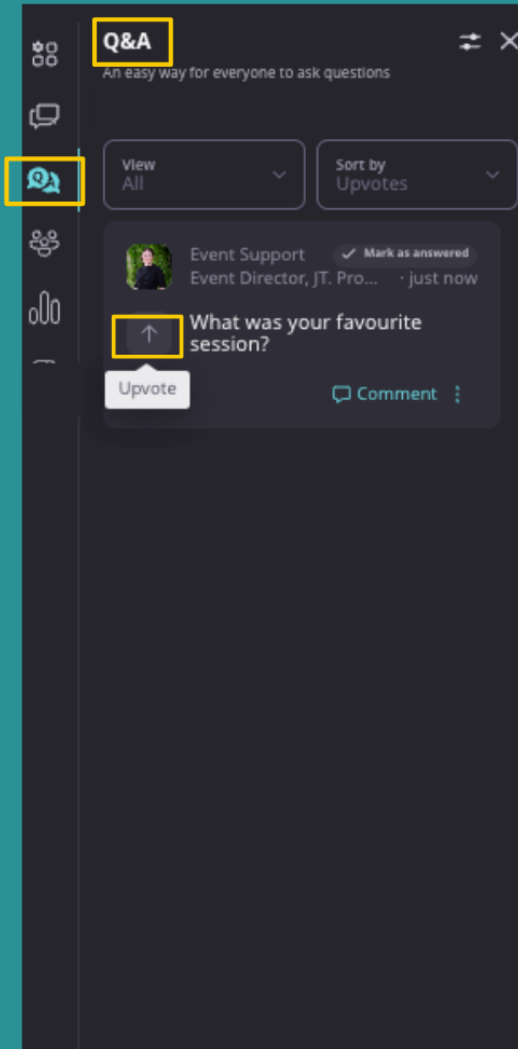
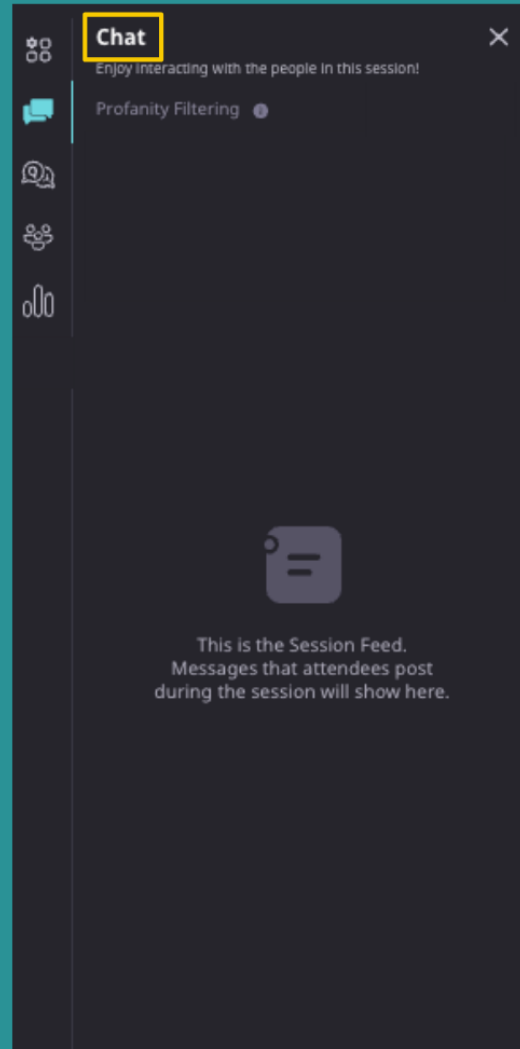
Tech issues? Post in the Q & A tab to receive help,
or visit the Help Desk.



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Perinatal Mental Health COLLAB LAB

How to interact



mhpn
Mental Health Professionals' Network



Collaborative Mental Health Care in a
Changing World



COPE

Centre of Perinatal Excellence

Dr Nicole Highet

Founder and Executive Director



The Perinatal Period

- Conception – Pregnancy – Early Postnatal Period
- Increased risk of developing a MH Condition
- Low awareness, high expectations, high stigma
- Delayed help-seeking
- Increased likelihood of suicide



The Stats: Perinatal Anxiety and Depression

- 1 in 5 women experience anxiety in pregnancy
- 1 in 10 women experience depression in pregnancy
- 1 in 5 women experience anxiety in postnatally
- 1 in 7 women experience depression postnatally
- 1 in 10 fathers experience anxiety/depression



The Stats: Severe Mental Illness

Significant likelihood of relapse of a SMI

- Bipolar Disorder – 1 in 100
- Schizophrenia – 1 in 100
- Postpartum Psychosis – 1 in 1,000



What puts someone at risk?

Risk Factors for Perinatal Mental Health Problems

- History of MH
- Low support
- History of Abuse
- D & A problems
- Partner support
- Stressful life events
- Worrier/Order in life
- Childhood abuse
- Maternal relationship
- Unsettled baby
- Feeding issues
- Negative birth experience



What is the cost?



The Cost to Mothers

- High prevalence of illness
- Leading cause of maternal death and disability
- Exacerbated by expectations, shame and stigma
- Women at risk of suicide, infanticide, self-harm or harm to infant





The Cost to Fathers & Partners

- Fathers & Partners also at risk
- 50% greater risk (fathers) if mother affected by PMH conditions
- Fathers feel need to be 'the rock'
- Less known about NBM





The Cost Infants

- Increased cortisol – fetal development
- Poor birth outcomes
- Increased temperament difficulties
- Impaired bonding & attachment
- Delayed cognitive, emotional, behavioural development
- Increased risk mental health issues



Valuing Perinatal Mental Health

The consequences of not treating perinatal depression and anxiety



A report of the latest cost estimates for Australian births in 2013.

The projected costs for not treating perinatal depression and anxiety in 2013 are estimated at **\$538M** during the perinatal period (that is, from conception to the end of the first year of a child's life).

Detection and early intervention or assistance to help a mother with perinatal depression can bring significant cost savings.

If the prevalence of women affected by perinatal depression was reduced by just 5% (15,500 women) in 2013, total costs in the first two years could be reduced by **\$147M**.

PricewaterhouseCoopers (PwC, 2014)



Background

Based on materials provided to COPE: Centre of Perinatal Excellence by *beyondblue*, these economic figures have been compiled by PricewaterhouseCoopers (PwC) to provide a cost estimate to demonstrate the potential scale and scope of perinatal depression and anxiety in Australia, and the cost benefits that can be derived from early detection, intervention and treatment.

At a time when the future of the National Perinatal Depression Initiative is being reviewed, it is important that government, policy makers and the community alike, are aware of the financial repercussions of *not* investing into prevention and early intervention initiatives.

This research directly addresses this issue.

The Cost to the Community

>\$877 M in 2019 (conception – 1yr)

“If the prevalence of women affected by perinatal depression was reduced by just 5% (15,500 women) the total costs would be reduced by \$147M in the first 2 years”

PriceWateterhouseCoopers (PWC, 2013)



How can we reduce the costs?

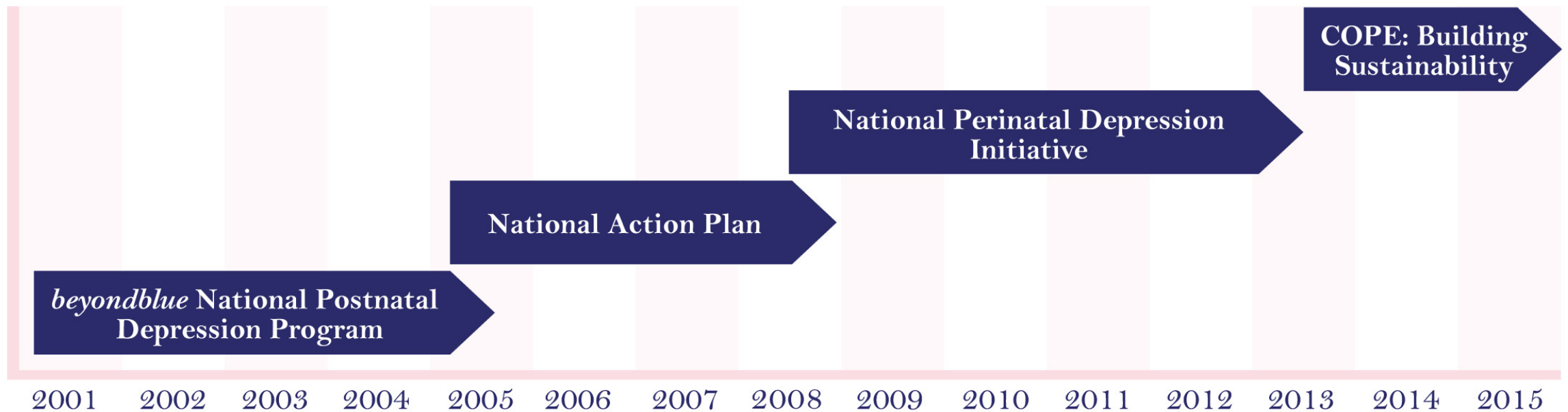
- Personal costs
- Social costs
- Economic costs





How can we reduce the costs?

Australia's Perinatal Journey



COPE Objectives



Supporting Best Practice

1. Awareness raising and stigma reduction
2. Psychoeducation
3. Professional education
4. Universal screening
5. Support timely appropriate referral

“Supporting best practice through innovation”

1. National Awareness Campaigns

#Thetruth

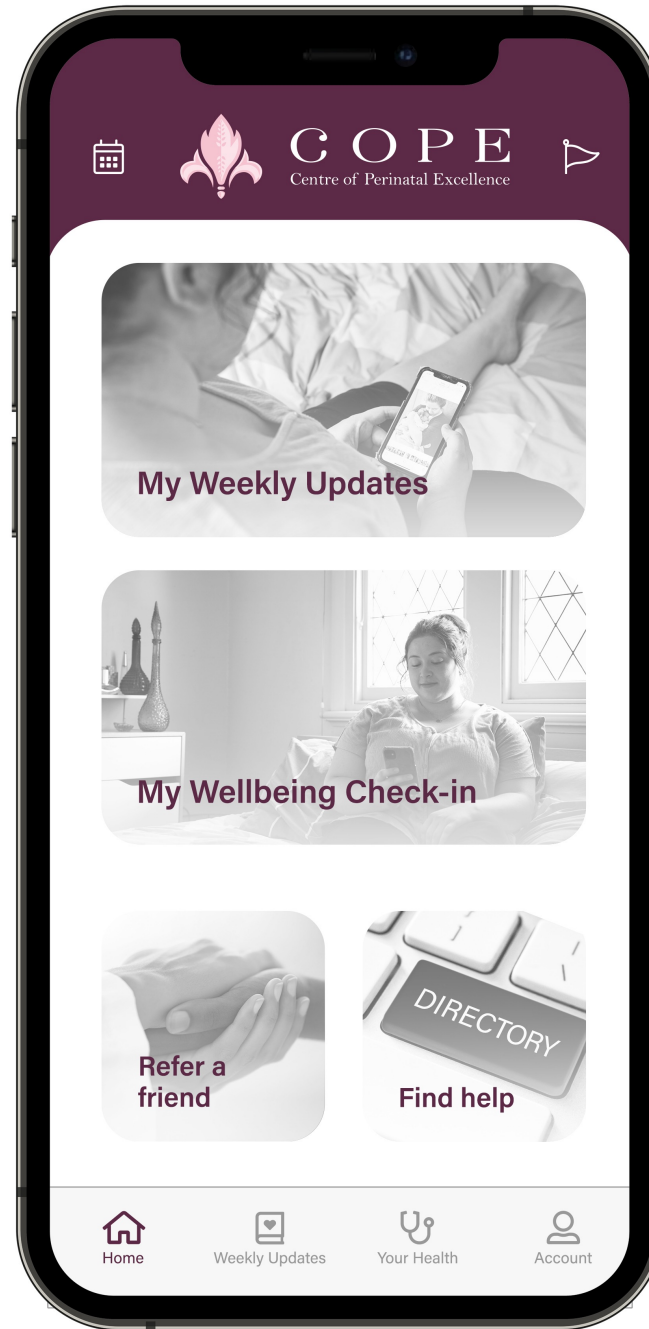


2. Psycho- education

Ready to COPE

Psychoeducation

Prevention & Early
Intervention



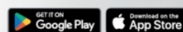
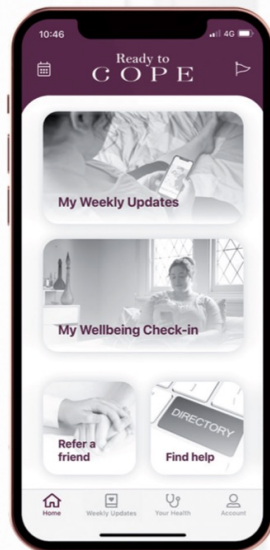
- Birthing Mothers
- Fathers
- Non-Birthing Parents

The free app that helps prepare you for parenthood.

Ready to COPE supports your emotional wellbeing,
throughout pregnancy and early parenthood.

- > Relevant weekly insights and expert advice
- > Check-ins to monitor how you are coping
- > Personal appointments calendar
- > Connection to support and services

Download your **FREE Ready to COPE** app



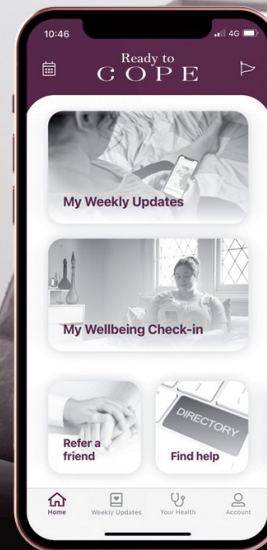
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3. Professional Education



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Preparing for birth

New parents

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Course Overview

✓ Welcome

Module 1: Background and Accurate Assessment

✓ Lesson 1: Why Perinatal Mental Health is Uniquely Important

✓ Lesson 2: What Impacts the Development of Perinatal Mental Health Issues?

✓ Lesson 3: Perinatal Mental Health Biopsychosocial Model

✓ Lesson 4: Mild to Moderate Perinatal Mental Health Issues

✓ Lesson 5: Accurate Assessment

✓ Lesson 6: Reflective Approaches to Assessment

✓ Module 1: Case Studies

Module 2: Treatment of Mild-Moderate Perinatal Depression and Anxiety

✓ Lesson 1: Treatment of Perinatal Mental Health Disorders

✓ Lesson 2: Psychosocial Interventions

✓ Lesson 3: Family Systems and Perinatal Mental Health

✓ Lesson 4: Evidence based psychotherapy approaches

✓ Lesson 5: Pharmacotherapy and Management of Severe Perinatal Mental Illness


✓ Module 2: Case Studies

Applied Skills in Perinatal Mental Health Assessment and Care

✓ Completed

View Results

View Certificate



A practical course designed for trained mental health professionals, to build perinatal mental health specialist skills and expertise.

- 25+ hours of online learning
- Presentation notes summarising course content and for future reference
- Lesson notes and resources throughout
- Clinical workbooks to apply learning to real-life case studies and supply of a clinical Practice Guide on completion
- Templates and resources (eg. assessment templates, care plans) to use in practice during and following the course
- Built-in assessment at the end of each lesson to consolidate your learning and track your progress
- Digital certificate on completion
- Developed and accredited by COPE: Centre of Perinatal Excellence
- All content is underpinned by Best Practice Clinical Practice Guidelines.

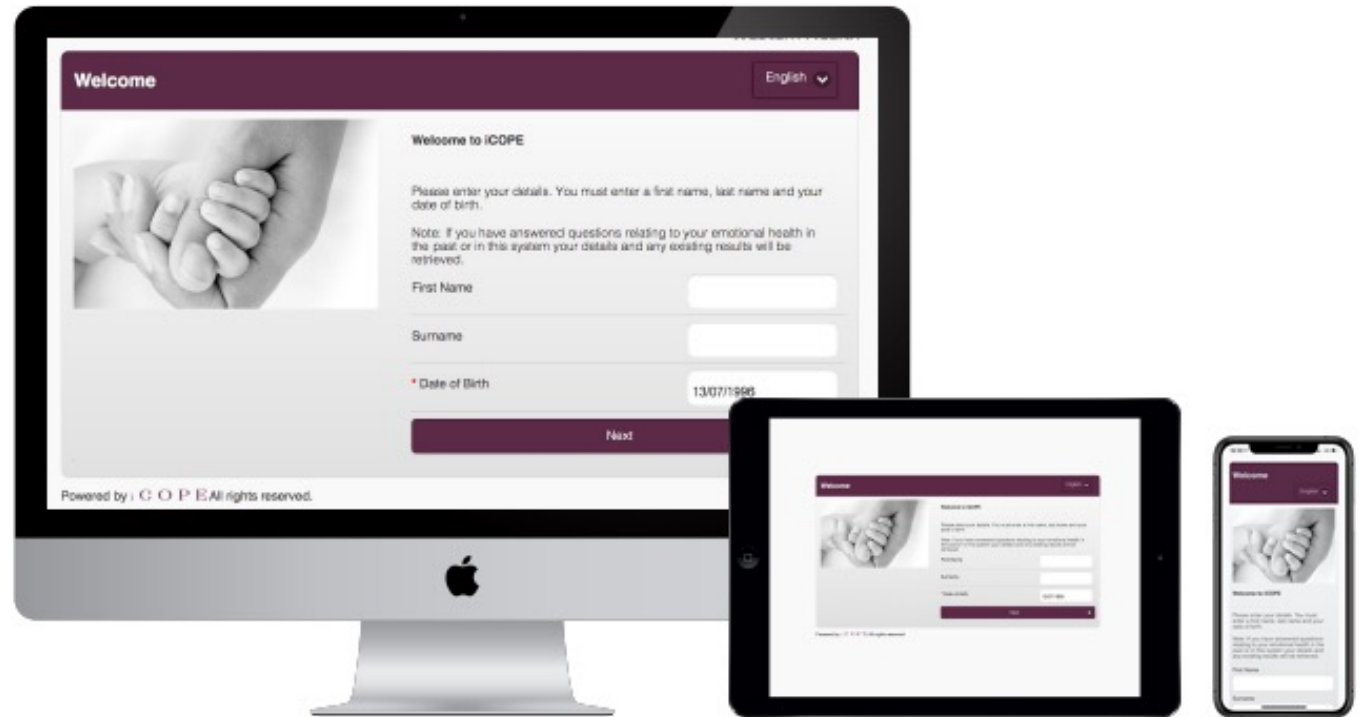
\$1,200 AUD (plus GST)

Note: Purchase of this course entitles course access and certification for *one person only*.

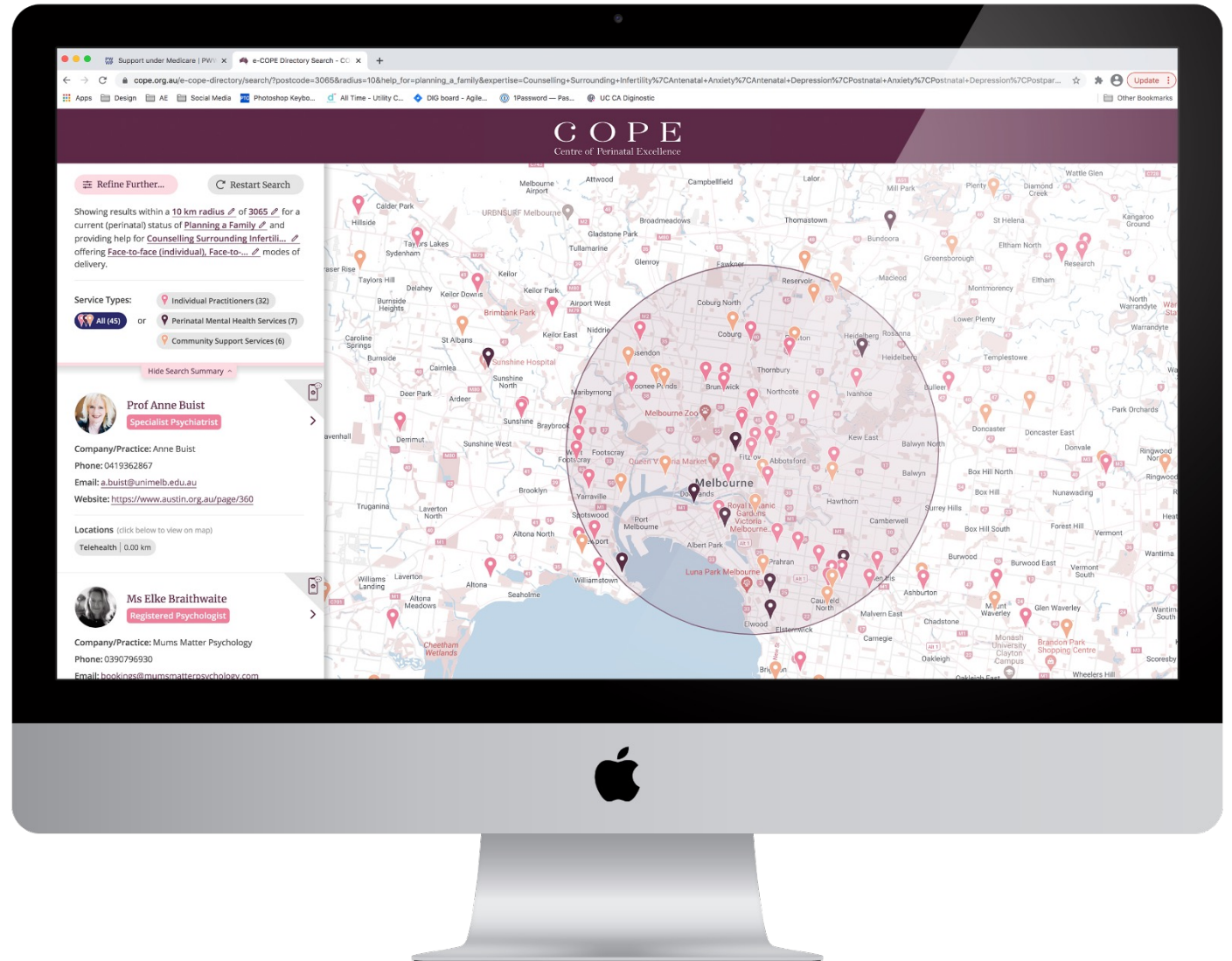
Upfront payment (\$1,200 +GST) or payment plans available (3x \$400 + GST) payment at checkout.

3. Universal Screening and Data Collection

Perinatal Mental Health Check



eCOPE Directory



All activity underpinned by National Clinical Guideline



Mental Health Care in the Perinatal Period

Australian Clinical
Practice Guideline

October 2017

Perinatal Mental Health Context is Unique



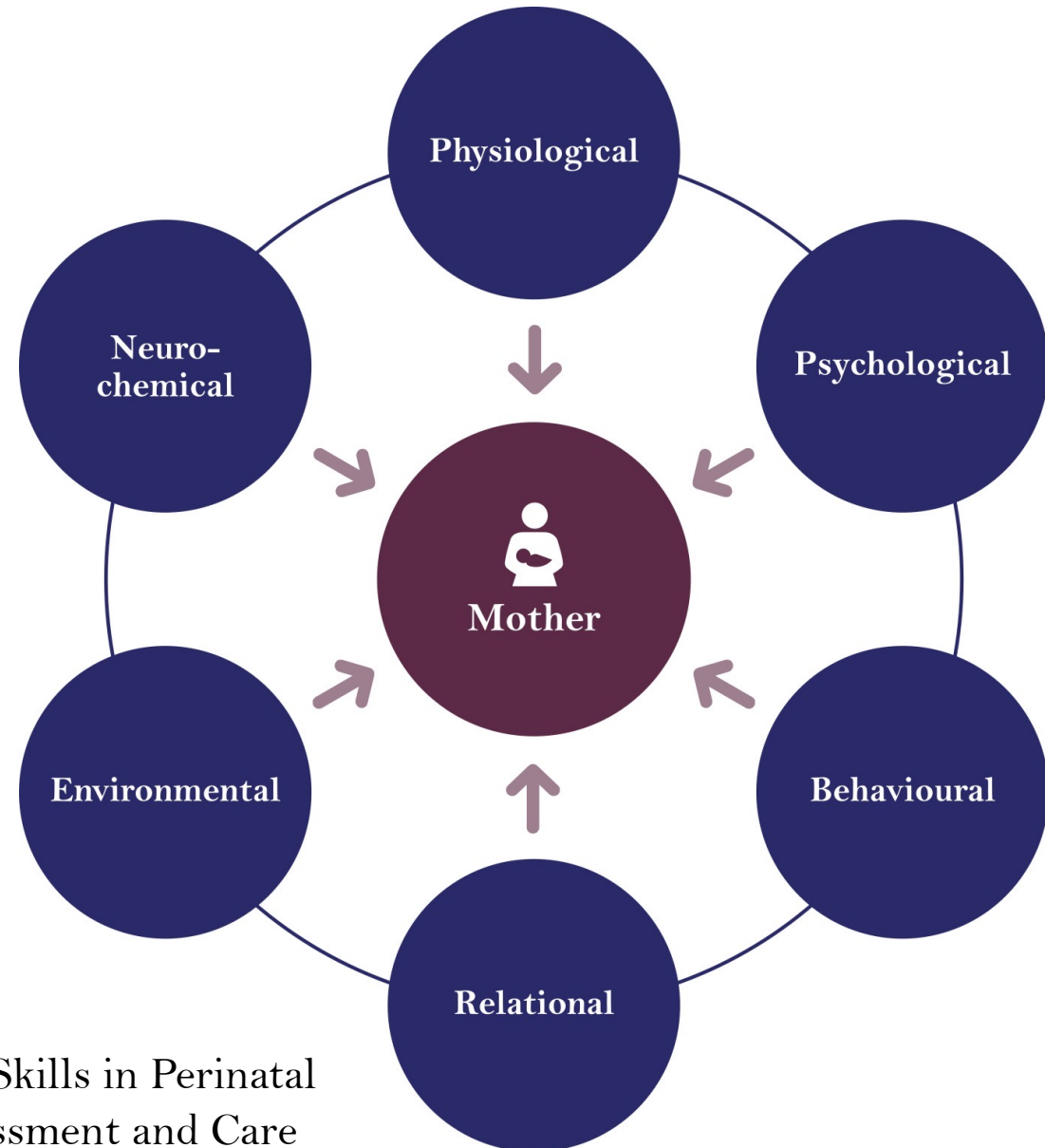
Unique Contextual Factors

Examples:

- Changing priorities
- New responsibilities
- Biology (eg. hormones)
- Identity
- Appearance (eg. body image)
- Relationships
- Finances
- Working status
- Expectations/cognitions

Perinatal Mental Health Context is Unique

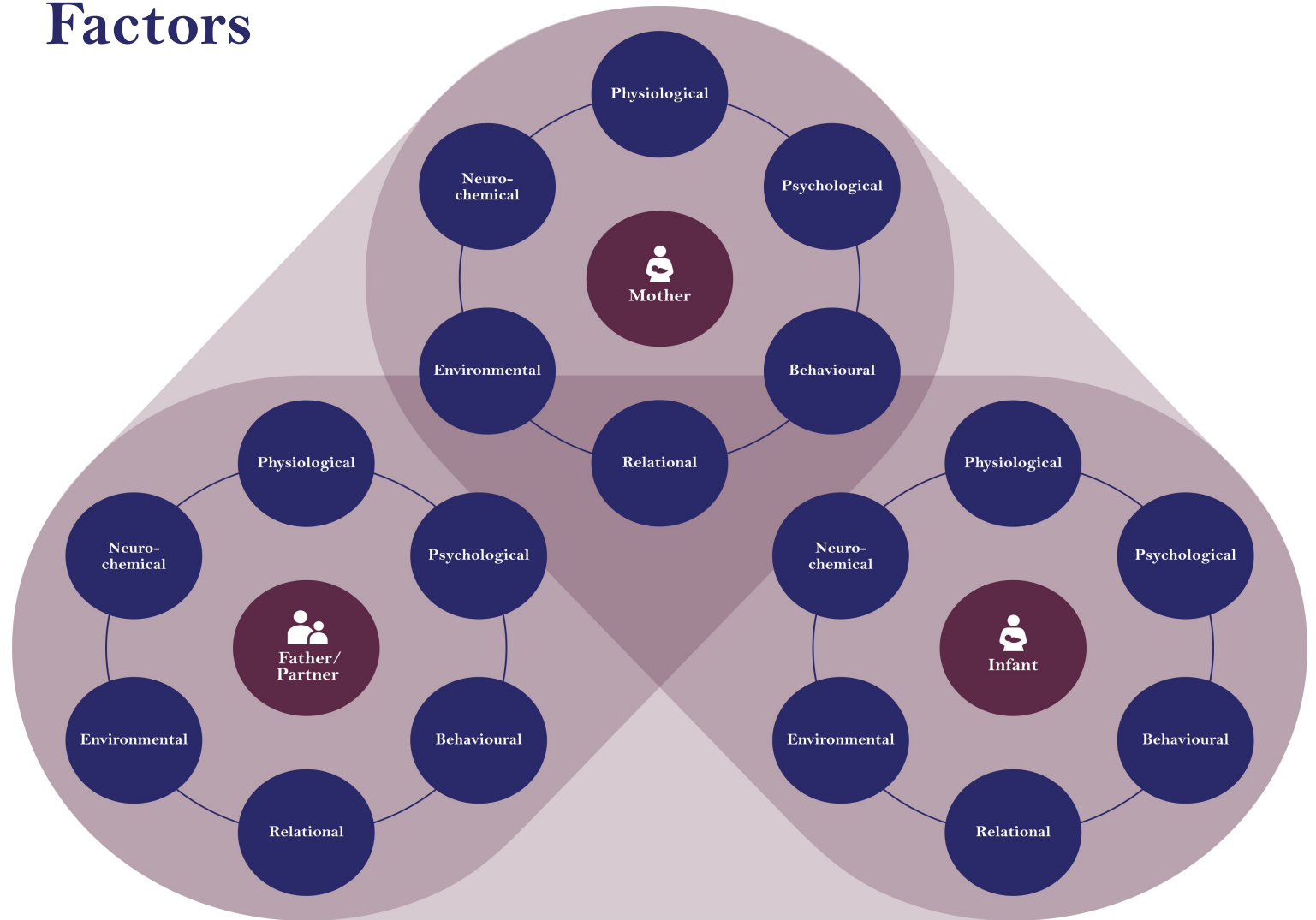
The COPE Perinatal Biopsychosocial Factors



Ref: COPE Applied Skills in Perinatal
Mental Health Assessment and Care

Perinatal Mental Health Context is Unique

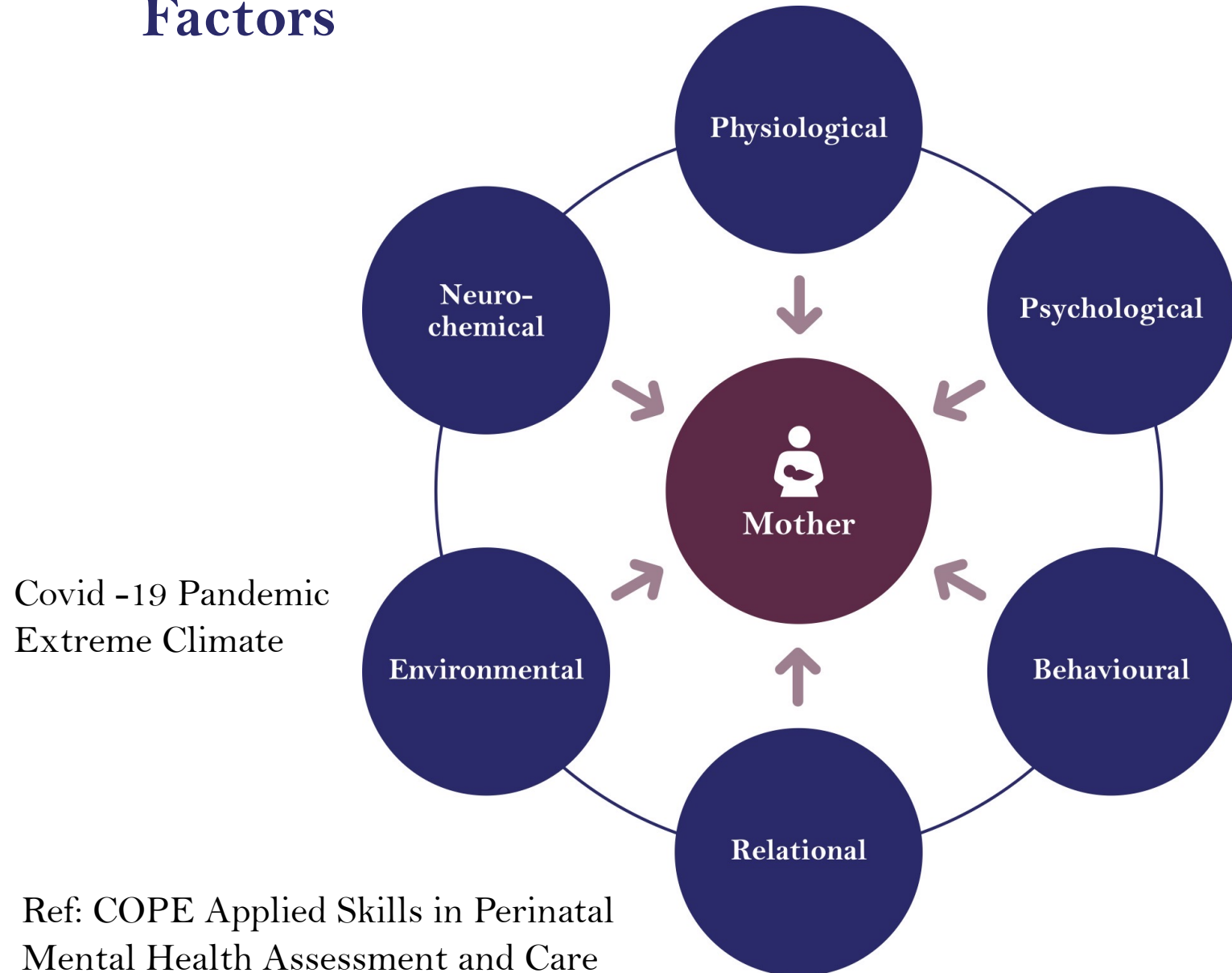
The COPE Perinatal Biopsychosocial Factors



Ref: COPE Applied Skills in Perinatal
Mental Health Assessment and Care

*All
Together
Better*

The COPE Perinatal Biopsychosocial Factors





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About

Planning a family

Expecting a baby

Preparing for birth

New parents

Health professionals

Family & community

Support us

Getting help

Be kept up to date with New Guideline and PMH

Stay Updated with Best Practice

Receive perinatal mental health resources and updates in your inbox



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

Please register below to receive, straight into 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 profession-specific e-packs and [online accredited training courses](#).

If you're a specialist in perinatal mental health, you may also be interested in being listed on our [e-COPE](#) service directory.

cope.org.au/hpsignup

Meet the Moderators

Four breakout rooms



Frances Bilbao



Tamara Cavenett



Natasha Lindros



Elly Taylor



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Part 2: Moderated Vignette Discussion

Four breakout rooms

Moderated by	Go there if your surname start with:
Frances Bilbao	A – D
Tamara Cavenett	E – K
Natasha Lindros	L – Q
Elly Taylor	R - Z

How to get to your breakout room

- Navigate back to Schedule
- Join the appropriate breakout room based on your surname

In the breakout room please have your camera on



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How to get to the breakout room

The screenshot shows the MHPN All Together Better Conference 2023 interface. At the top, a navigation bar includes a 'View Schedule' button, which is highlighted with a yellow box and a yellow arrow pointing to it. Below the navigation bar, the 'Schedule' section is displayed. It features a calendar view for March 2023, with the 30th highlighted. The schedule for Day 3 (30 March 2023) is shown, listing several sessions. The first session is 'COLLAB LAB - Perinatal Mental Health: Overview' by Frances Bilbao and Elly Taylor. Below this, four breakout rooms are listed, each highlighted with a yellow box and a yellow arrow pointing to it:

- A-D Breakout Room, moderated by Frances Bilbao, Perinatal Mental Health COLLAB LAB**
- E-K Breakout Room, moderated by Tamara Cavenett, Perinatal Mental Health COLLAB LAB**
- L-Q Breakout Room, moderated by Natasha Lindros, Perinatal Mental Health COLLAB LAB**
- R-Z Breakout Room, moderated by Elly Taylor, Perinatal Mental Health COLLAB LAB**

Each breakout room session is labeled 'Session as a Video Call'.



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Part 3: Feedback

Please get settled.

We'll start in a few minutes when everyone has arrived.



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Part 3: Breakout Room Feedback

- What did you learn about the value different professions add to the field of perinatal mental health?
- Any ideas generated to improve capacity and/or increase the opportunities to engage in collaborative perinatal mental health care?
- Hurdles or challenges noted in how we currently work together in perinatal mental health.
- How collaborative care contributes to better outcomes for perinatal mental health presentations.
- Any key message/s which resonated with delegates in your room.



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Coming Up . . .

- **Perinatal Networking Hub** in 30 minutes (starts at 5.30 pm AEDT)
 - MHPN supports networks that bring together practitioners with a shared interest in perinatal mental health to engage in interdisciplinary professional development, peer support and networking in their local area.
 - **Drop in** to the Networking Hub to talk with MHPN staff members.
 - **Can't make it**, but want to learn more? Scan the QR code to visit our website to learn more about MHPN networks.
- Guided Mindfulness starts in 15 minutes (starts at 5.15 pm AEDT)
- The Conference concludes with **The Great Debate**, tonight from 6.30 pm AEDT



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Thanks for Participating

Before you log off, please complete the Feedback Survey by clicking on the Survey tab to the right.

Plus, we'll email a survey about the entire Conference next week. Please complete it – it will help inform future Conferences.



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