

Integrated Perinatal and infant Care (IPC)

Pregnancy and the first years of life are significant times in the development of foundations for good mental health into the future.

The mental health of mothers, infants and their families is a priority of the NSW Department of Health. Integrated perinatal and infant Care (IPC) is a collaborative initiative across health and related services in the context of Families First.

IPC provides a framework of promotion, prevention, early intervention and treatment for mothers, infants and their families. It involves universal psychosocial risk assessment as part of a comprehensive assessment in the antenatal and postnatal periods. This is linked to a coordinated network of support and health-related services in the antenatal and postnatal periods for mothers, infants and families at risk of adverse physical and mental health outcomes.

- 10-15% of women experience major postnatal depression¹. Approximately one-half of these women will develop depression antenatally².
- Up to 50% of partners of women with postnatal depression will also develop depression.³
- Up to 30% of preschool-aged children have mild to severe behaviour problems.⁴
- 25% to 50% of children who have a parent with a mental illness will experience some psychological disorder during childhood.

Aims

- In collaboration with partners, establish and facilitate the implementation of universal psychosocial risk assessment as part of a comprehensive health assessment in the antenatal and postnatal periods.
- Facilitate the development and strengthening of a comprehensive care network of services for women, infants and their families across a continuum of psychosocial need, with links to the Health Home Visiting (HHV) initiative.

- Facilitate the development and implementation of training and education to enhance the knowledge and skills of health and related workers in psychosocial assessment and care for mothers, infants and their families.
- Strengthen the role of mental health services in addressing psychosocial risks and mental disorders affecting mothers, infants and their families in collaboration with partners as well as through direct mental health care.
- Collaborate with health and Families First partners to strengthen the IPC network.

Families First is a whole-of-government strategy coordinated by The Cabinet Office, NSW for families with children aged 0-8 years. The broad aims and objectives of Families First are, through a coordinated network of services, to support parents and carers raising their children and help them to solve problems early before those problems become entrenched. One way that NSW Health prevention and early intervention services are linked through Families First is by promoting universal comprehensive assessment of families from the time of conception (IPC) and the provision of appropriate universal and targeted care to families in their own homes (HHV).

Why we are doing this

Parenting is a major life event

- For many people, becoming a parent is one of the most exciting and challenging experiences.
- For some, it may be a stressful and anxious time, triggering emotional problems that can impact on positive parenting.
- Past and present pressures and experiences in a mother's own life such as childhood neglect or abuse, sexual assault, perinatal loss or current perinatal complications can increase the risk of mental health problems.
- Fathers or partners are key supports for women and infants and need to be included in care planning.
- Fathers or partners may also have mental health or drug and alcohol problems that will impact on the family unit.

Attachment between a parent and child promotes healthy infant development

- The early years in a child's life are instrumental for healthy physical emotional and behavioural development.
- Appropriate, positive and consistent parental care in an emotionally secure environment can influence general wellbeing in infants, including brain development.
- The growth of the brain in the first three years is rapid and extensive, including thought processes, language, social and emotional skills.
- Insecure infant-carer attachment can impair the infant's development of interpersonal competency.⁵
- Parenting styles such as harsh, lax or erratic parenting practices can influence the development of emotional and behavioural problems in young children.⁶
- Sleeping, feeding and settling problems can result in excessive stress.
- Abuse or neglect of a child impacts on their physical and psychological development.⁷

Parental mental health problems can impact on an infant's development

- Stress and loss can impact on a parent's emotional capacity to parent positively.
- Parental mental illness does not automatically impair parenting abilities but it does present additional challenges.⁸
- Depression and other mental health problems in parents can impact on the capacity to promote the nurturing environment necessary for young children.

- Infants of depressed mothers may display depressed mood from age three months.⁹
- Parental drug misuse including alcohol and cigarette smoking during pregnancy is associated with a range of negative outcomes for the infant.
- For parents with long-term mental illness, improved identification and collaboration across health and support services can enhance access to treatment, support and parenting education and improve outcomes.

Effective interventions can reduce psychosocial problems and disorders

- Promoting secure parent-infant attachment will enhance the capacity of parents and their children to cope with future stress or difficulties.
- Clinics targeting difficulties for babies, such as sleeping, feeding and settling problems, can improve parenting capacities and satisfaction with parenting.¹⁰
- Anxiety management during the antenatal and the postnatal periods can reduce symptoms and improve parenting coping skills.
- Targeted health home visiting programs for families with significant psychosocial difficulties can improve postnatal depression and parental confidence and reduce child abuse.¹¹
- Targeted health home visiting programs have led to substantial savings in other health and welfare costs – an estimated \$7 saved for every \$1 spent.¹²

NSW Health Home Visiting (HHV)

Home visiting by health professionals is advocated as a means of supporting the development of healthy parenting, as a strategy to promote child health, and as an intervention to protect children from child abuse and neglect.

Health Home Visiting will provide a universal point of entry to the Families First intersectoral service network. Health Home Visiting will commence antenatally for families identified as vulnerable and soon after the birth of the baby for all families. A parent who is expecting or caring for a baby will receive a comprehensive primary care assessment (including IPC psychosocial assessment) at the first point of contact with the NSW Department of Health. Further comprehensive primary care assessment is to be conducted at the postnatal universal home visit.

Assessment during the antenatal and postnatal periods aims to identify and provide care to parents and their infants most at risk for adverse physical, social and mental health outcomes.

What has been achieved

The Centre for Mental Health has allocated \$3.5m to support the development of IPC throughout NSW. South Western Sydney Area Health Service is the lead agency. Families First has allocated \$655,000 towards the development and delivery of a joint IPC/HHV training program for primary care and specialist health service staff.

Antenatal and postnatal psychosocial assessment

- A working party of senior clinicians and experts guided the development of a psychosocial risk assessment questionnaire to be incorporated into the current health assessment questionnaires used by midwives and child and family health nurses.
- The risk assessment questionnaire identifies key psychosocial issues that may impact on the development of emotional and behavioural problems in young children as well as the family. The key psychosocial factors are:
 - social and emotional support
 - recent major stressors
 - self-esteem
 - history of psychological or mental health problems
 - partner's mental health or drug and alcohol issues
 - adverse childhood experiences
 - current depression or other mental health problems
 - domestic violence.
- Other important factors such as very low socioeconomic status, adolescent pregnancy, previous birth complications, maternal substance misuse and physical disabilities can also impact on the health of mothers and their infants.

Models of psychosocial care

- Several Area Health Services have developed IPC models of care. These usually involve collaborative partnerships across services, departments, organisations and agencies in the context of the Families First initiative.
- Models vary from specialist-dedicated teams providing direct care, through to Area-wide positions coordinating the integration of IPC strategies into general antenatal and postnatal services.
- Interventions focus on enhancing family and personal strengths.

Central Coast Area Health Service IPC Team

A specialist team (coordinator, social worker, mental health nurse, discharge midwife and part-time psychiatrist) work collaboratively with services such as Mental Health, Alcohol and Other Drugs, Child Protection and Aboriginal family health workers to provide direct care to families who have been identified as having psychosocial risk factors.

Enhancing knowledge and skills of the workforce

A CD-Rom and training package for general practitioners, to assist in the recognition of postnatal depression and the provision of appropriate response is available.

A statewide training and education strategy is being developed to support the implementation of the IPC and HHV initiatives.

Future directions

IPC/HHV implementation package Supporting Families Early

The IPC and HHV initiatives are closely linked and support each other. Three related *Families First: Supporting Families Early* publications will be produced – An Overview of IPC and HHV, HHV Practice Guidelines and IPC Framework: service implementation and clinical resource documents.

Training, education and supervision

The statewide IPC/HHV education and training program includes training packages for:

- all clinicians involved in universal antenatal and postnatal psychosocial assessment and universal Health Home Visiting
- staff providing front-line assessment and care to vulnerable families and families with complex needs
- specialist health staff, including mental health, drug and alcohol and child protection workers on perinatal mental health.

Supervision is essential to support learning and skill enhancement in the workplace and will be an integral part of the learning process.

Promoting IPC across the spectrum of health services

The Centre for Mental Health will promote sustainability of the IPC initiative through the following activities:

- integrate the psychosocial assessment into existing obstetric and child and family assessment processes in local Areas
- establish local pathways to care, identifying a full range of services across the intervention spectrum for promotion, prevention, early intervention and treatment from antenatal through postnatal periods
- collaborate with other health and related services to develop universal and targeted approaches for parenting support in the antenatal and postnatal periods
- support Area Mental Health Services to expand their capacity to assess, support and treat families with existing mental health problems during the perinatal period
- support the forging of closer links with the private sector including general practitioners, private obstetricians, and psychiatrists through existing forums and professional bodies.

Communities with diverse needs

Aboriginal and Torres Strait Islander, and culturally and linguistically diverse communities have particular risk factors and psychosocial needs. These issues will be addressed in the following ways:

- identify specific psychosocial risks and appropriate interventions for these communities in the antenatal and postnatal periods
- facilitate integration of psychosocial risk assessment as part of a comprehensive assessment by key stakeholders providing antenatal and child and family health services to these communities
- work together with NSW Aboriginal Maternal and Infant Health Strategy¹³ programs across the State to develop appropriate interventions for Aboriginal mothers.

References

- 1 O'Hara, M.W., Swain, A.M. (1996), Rates and risk of postpartum depression: A meta-analysis, *International Review of Psychiatry*, Vol 8, pp. 37-54.
- 2 Gotlib, I., Whiffen, V., Wallace, P., Mount, K., Cordy, N. (1989), Prevalence rates and demographic characteristics associated with depression in pregnancy and postpartum, *Journal of Consulting and Clinical Psychology*, Vol. 57(2), pp. 269-274.
- 3 Areias, M., Kumar, R, Barros, H. (1996), Correlates of postnatal depression in mothers and fathers, *British Journal of Psychiatry*, Vol. 169(1), pp. 36-41.
- 4 Marshall, J., Watt, P. (1999), *Childhood Behaviour Problems: A Literature Review of its Size and Nature and Prevention Interventions*. Interagency Commission on Children's Futures, Perth, WA,
- 5 Erickson, M., Kurz-Riemer, K. (1999), *Infants, Toddlers, and Families A framework for Support and Intervention*. Guildford Press, New York.
- 6 Rutter, M. (1995), Relationships between mental disorders in childhood and adulthood, *Acta Psychiatrica Scandinavia*, Vol. 91, pp. 73-85.
- 7 McCain, M., Mustard, J. (1999), *Reversing the Real Brain Drain: Early Years Study Final Report*. The Canadian Institute of Advanced Research, Toronto, Ontario.
- 8 Johnson, J., Cohen, P., Kasen, S., Smailes, E., Brook, J. (2001), Association of maladaptive parental behaviour with psychiatric disorder among parents and their offspring, *Archives of General Psychiatry*, Vol. 58(5), pp. 453-460.
- 9 Weinberg, M., Tronick, E. (1998), Emotional characteristics of infants associated with maternal depression and anxiety, *Paediatrics*, Vol. 102(5), pp. 1298-1304.
- 10 Naughton, A., Heath, A. (2001), Developing an early intervention program to prevent child maltreatment, *Child Abuse Review*, Vol. 10, pp. 85-96.
- 11 Armstrong, K., Fraser, J., Dadds, M., Morris, J. (1999), A randomised controlled trial of nurse home visiting to vulnerable families with newborns, *Journal of Paediatrics and Child Health*, Vol. 35, pp. 237-244.
- 12 Olds, D., Henderson, C., Phelps, C., Kitzman, H., Hanks, C. (1993), Effect of prenatal and infancy nurse home visitation on government spending, *Journal of Medical Care*, Vol. 31(2), pp.155-174.
- 13 NSW Health Department. (2003), *The NSW Aboriginal Perinatal Health Report (Summary)*. NSW Department of Health, Sydney.

This publication is one of a series of brochures on promotion, prevention and early intervention initiatives in NSW. The other titles in the series are available on the NSW Health website www.nsw.health.gov.au:

- Improving mental health and wellbeing in NSW
- NSW Parenting Program for Mental Health
- NSW School-Link initiative
- Children of parents with mental illness
- NSW Early Psychosis Program
- Suicide prevention in NSW