2011 Marcé Conference

Perinatal Mental Health Across the Spectrum: Causes, Consequences, Context and Care

Fremantle, W.A.
13 & 14 October, 2011
Optional Workshops: 12 October

Contents:

The Conference Committee would like to acknowledge the Whadjuk people *who are the Traditional Custodians of this Land. The Conference Committee would also like to pay respect to the Elders both past and present of the* Whadjuk people *and extend that respect to other Indigenous Australians present.*

I am delighted to welcome you to the 2011 Marcé Society Conference, to be held in Fremantle, (Perth) W.A., in October.

The Society is dedicated to the understanding of mental health and illness in relation to childbearing, and our membership includes all professional disciplines with an interest in this field while also encouraging a strong consumer involvement. Increasingly, liaison between consumers, carers and health professionals is becoming an important focus for the Society. A prominent feature of the conference program for many years has been the consumer breakfast, which this year is a collaborative effort of three consumer organisations – From the Heart WA, PANDA and the Gidget Foundation. The Perth meeting will offer quality scientific content and lively interaction in a splendid setting at the famous port city of Fremantle.

In acknowledgement of the current international interest in the mental health of women and their families in the perinatal period (conception to one year postpartum), our main Conference clinical and research themes will be: Policy and Planning in Perinatal Mental Health, and Effective Delivery of Perinatal Mental Health Care. Internationally renowned guest speakers will address a range of issues from early life beginnings to the effects of maternal mental health, neuroplasticity, national initiatives, consumer experiences and attachment needs. The program offers delegates a broad selection of concurrent presentations such as Aboriginal and Torres Strait Islander Peoples' social and emotional wellbeing, gender issues in anxiety and depression; the context of maternal mental health within maternity and neonatology settings; paternal perinatal mental health; gestational health and importance for later life; management of depression, and many other topics. On behalf of the organising committee I trust you will enjoy the conference and be inspired in the field of Perinatal Mental Health.

Jon Rampono President, Australasian Marcé Society, and Conference Convenor

Organising Committee

- **Associate Professor Jonathan Rampono** *(Conference Convenor; Head of Department of Psychological Medicine, King Edward Memorial Hospital)*
- **Judi Barrett-Lennard** *(Vice-President, From The Heart WA)*
- **Paula Chatfield** *(Director, Women's Health Clinical Care Unit, Women and Newborn Health Service)*
- **Lea Davidson** *(Education and Training Officer, WA Perinatal Mental Health Unit)*
- **James Foley** *(Education and Research Project Officer, WA Perinatal Mental Health Unit)*
- **Renae Gibson** *(Health Promotion Officer, WA Perinatal Mental Health Unit)*
- **Miriam Maclean** *(Acting Senior Research Psychologist, WA Perinatal Mental Health Unit)*
- **Tracey Parker** *(President, From The Heart WA)*
- **Susanne Somerville** *(Consultant Clinical Psychologist and Associate Head, Department of Psychological Medicine, King Edward Memorial Hospital)*
- **Leanda Verrier** *(State Coordinator, WA Perinatal Mental Health Unit)*
- **Ellen Berah** *(The Conference Organiser Pty Ltd)*
- **Margaret Ettridge** *(Executive Officer, Australasian Marcé Society)*

Scientific Committee

- **Dr Janette Brooks** *(WA Perinatal Mental Health Unit)*
- **Professor Jane Fisher** *(Jean Hailes Research Unit)*
- **Dr Megan Galbally** *(Mercy Hospital for Women)*
- **Associate Professor Jonathan Rampono** (*Dept Psychological Medicine, King Edward Memorial Hospital)*
- **Leanda Verrier** (*WA Perinatal Mental Health Unit)*

Virtual Committee

- **Elaine Bennett** (*Ngala Family Resource Centre)*
- **Janice Butt (***Department of Health WA)*
- **Joan Forward** (*Women's Health & Family Services)*
- **Michelle Haling** (*St John of God Health Care)*
- **Miriam Krouzecky** (*Department of Health WA)*
- **Anna Roberts** (*St John of God Health Care)*
- **Gail Wells** (*Ngala Family Resource Centre)*
- **Roslyn West** (*Department of Health WA)*

Pharmaceutical Company Exhibits
The law forbids pharmaceutical companies from giving information about their products to delegates who are not health care professionals. Thus, we request the co-operation of those delegates who are not health care professionals in not approaching the stands of the four pharmaceutical companies who have provided sponsorship for the conference (Astra Zeneca, Lundbeck, Pfizer and Servier).

Name Badges / Tickets
Admission to all sessions and catering is by the official conference name badge please wear it at all times when at the conference. Tickets are necessary for the optional workshops, and the From the Heart WA / Gidget Foundation / PANDA breakfast; if you have booked a place, you will find the ticket behind your name tag.

Program Changes
There have been a number of program changes so please check the program in this book carefully. Any last-minute changes will be shown on the notice board at the Registration Desk.

Presenters and Chairs
Presenters using data projectors are asked to load their presentations onto the computer in the room where they will be presenting in the break prior to the presentation and delete it at the end of the session. If you encounter any problems, please ask for help from the AV technician. Presenters are asked to convene at the front of the appropriate room with the Chair of their session a few minutes before the start of their session.

Poster Presenters
Please attach your poster to its board as early as possible on Thursday and leave your poster up until the end of the conference. Please remain with your poster during breaks whenever possible so that you can discuss the material with interested delegates.

Mobile Phones and Pagers
Please turn these off while in sessions.

Special Dietary Requirements
There will be ample vegetarian and gluten free options for all lunches. If you have requested a gluten free diet, please collect your morning and afternoon teas from the registration desk.

Delegates with Accommodation at the Esplanade
Payments made when delegates registered for the conference should be credited to your hotel account; please check that this has been done when you check out. We recommend that you arrange for your luggage to be held by your hotel, rather than bringing it to the conference venue, where storage space is very limited and security cannot be provided.

Social Program
The **Welcome Reception** on Wednesday 12 October will be held in the Southern Cross Lobby at the Esplanade Hotel from 5.00 - 6.00pm. This function is included in the full registration fee; partners are welcome to purchase tickets to attend @ $40 per person.
A **Magical Marcé Poolside Soirée** on Thursday 13 October will be held on the pooldeck at the Esplanade Hotel from 6.00 -7.30pm. This magical evening will include a number of surprises including music by the fabulous Trio Bel Canto. This function is included in the full registration fee and the Thursday day registration fee; partners are welcome to purchase tickets to attend @ $50 per person.
The conference will conclude with **farewell drinks** on Friday 14 October. This function is included in the full registration fee and the Friday day registration fee.

Art Exhibition
Joanne Duffy: BA (Design)
A local Perth artist, Joanne Duffy overcame post natal depression some years ago. For over six years Jo has been involved in local and interstate consumer representation in perinatal mental health; ex-President of the PNDSA Inc (now known as From the Heart WA), consumer representative on several beyondblue projects including the Perinatal Mental Health Clinical Practice Guidelines. Jo has returned to her creative

side and has been exhibiting successfully locally and interstate for the last five years. Jo continues to be a supporter and advocate in perinatal mental health and is proud to be supporting From the Heart WA again in her chosen career as a visual artist.
Joanne's passionate approach to the medium explores the sensory side of memory through texture and colour play. With an intuitive and expressionist approach, works are developed and advanced through working in a variety of painting media. Joanne draws inspiration from the natural environment, seeking to achieve an abstraction of how we relate to a sense of place, time and emotion. Recent successes have included being shortlisted for the prestigious Broken Hill Outback Open Art Prize, Finalist for the City of South Perth Emerging Artist 2009 & 2010, winner of the Rockingham Ports Authority Acquisitive Prize and an invited artist for the Minnawarra Art Award. Her first solo show will be in November. Represented by Kingfisher Galleries, Barracuda Studio Gallery & Artspace Gallery.

Breakfast Meeting

From the Heart WA, the Gidget Foundation, and PANDA (Post and Antenatal Depression Association) invite conference delegates to join them at the Esplanade Hotel (Orion Room) for an entertaining and informative breakfast at 7.15am on Friday 14 October.
Guest speakers will be Catherine Knox and Vijay Roach. Judi Barrett- Lennard (Vice President of From the Heart WA), Belinda Horton (CEO of PANDA) and artist Joanne Duffy (former President of the PNDSA) will briefly address attendees.
The Gidget Foundation exists to promote awareness of perinatal anxiety and depression amongst women and their families, their health providers and the wider community to ensure that women in need receive timely, appropriate and supportive care. PANDA provides helpline and web based services for women and their families with perinatal depression and anxiety in Australia. From the Heart WA (formerly the PNDSA) is a consumer organisation that provides support and information for those affected by stress, anxiety, and depression related to pregnancy, childbirth, and early parenting, and raises awareness of perinatal mental health in the community.
Tickets are required for the breakfast; if you are not using your ticket, please return it to the Registration Desk. If you do not have a ticket but wish to attend, please check at the Registration Desk in case any tickets are available.

Seats for the breakfast will be released 10 minutes after the scheduled start time; delegates without tickets who still want to attend will then be invited to take any available places.

Parking

Valet car-parking is available to each registered resident guest at a fee of $ 24.50 per vehicle per day. All non-resident delegates may use our valet parking service provided at a fee of $28.00 per vehicle per day, provided a reservation is made with the concierge desk at least 48 hours prior to use. Please note the current rate is subject to change and availability.
Alternative parking is available in the undercover, multi-story Collie Street Car Park situated adjacent to the Esplanade Hotel Fremantle in Collie Street. Parking Discount Tickets are available to delegates allowing them to park for the full day at a flat rate of $15.00, subject to change. You can go ahead and park, and then see the hotel concierge to collect a Parking Discount Voucher to use when you exit.

DISCLAIMER: At the time of printing, all information contained in this brochure is correct; however, the organising committee, its sponsors and its agents cannot be held responsible for any changes to the final structure or content of the programs, or any other general or specific information published in this brochure. In the event of industrial disruption or other unforeseen circumstances that disrupt the running of the conference, the organising committee, its sponsors and its agents accept no responsibility.

The Conference Organiser

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9:00 AM - 12:30 PM Optional Workshops 1 and 2

Optional Workshop 1 (Sirius, Chair: Nicole Highet)

Interventions in PND for Mothers and Babies- Bringing Mother-Infant Therapy into Routine Perinatal Mental Health Care
Anne Buist

This workshop will review current evidence about what works in improving infant outcomes where mothers have PND, and then focuses on:
1. for whom this should be directed; minimising harm and maximising potential
2. when and how this can be done
3. by whom; potential role for child health nurses, protective services and private practitioners (psychologists and psychiatrists).
The workshop will be interactive and include videos of work with mothers and babies.

Optional Workshop 2 (Pleiades, Chair: Miriam Maclean)

Applying the Principles of Neuroplasticity in Clinical Practice
L Sanjay Nandam

Neuroplasticity is now a term that is frequently seen. Rather than remaining a specialised scientific concept it is the subject of popular media and even targeted by products. As health professionals we need to understand this new physiological paradigm, how our treatments affect it and what we can say to our patients with confidence about its role in clinical practice.

10:30 AM – 11:00 AM Morning tea

1:30 PM - 5:00 PM Optional Workshops 3 and 4

Optional Workshop 3 (Pleiades, Chair: Lyndall White)

Maternal Anxiety, Depression, Stress and Cortisol during Pregnancy. Why Does This Matter, What Should We Measure, and What Should We Do About It?
Vivette Glover

There will be interactive sessions on all these aspects of the maternal mental state during pregnancy, with plenty of time for the members of the workshop to also contribute.

Optional Workshop 4 (Sirius, Chair: Janette Brooks)

Master Class in Adult Attachment
Michelle Haling and Bryanne Barnett

This workshop is for both clinicians and researchers who already have some knowledge and training in Attachment. Together we will actively explore adaptive and maladaptive adult attachment patterns and their relevance to our clinical work.

3:00 PM – 3:30 PM Afternoon tea

5:00 PM - 6:00 PM Conference Welcome Reception Southern Cross Lobby

Welcome: Amanda Frazer, Acting CE, North Metropolitan Area Health Service

8:15 AM - 8:45 AM	Australasian Marcé Society AGM	King Sound

8:45 AM - 10:45 AM	Opening Plenary Session	Pleiades/Sirius

Chair: Jonathan Rampono

8:45am **Welcome to Conference**
Jonathan Rampono

8:55am **Welcome to Country**
Marie Taylor

9:05am **Conference Opening**
The Hon. Helen Morton MLC

9:20am **Keynote Address**
Early Life Origins of Health and Disease (p 32)
John Newnham

9:50am **Keynote Address**
Maternal Anxiety, Depression and Stress during Pregnancy: Effects on the Fetus and the Child (p 22)
Vivette Glover

10:35am **Housekeeping**
Jonathan Rampono

10:45 AM - 11:15 AM Morning tea

11:15 AM - 12:45 PM Parallel Sessions 1A, 1B, 1C and 1D

	Session 1A: Anxiety Disorders	Session 1B: Innovations 1	Session 1C: Mental Health in Maternity and Neonatology 1	Session 1D: Workshop
	Sirius **Chair:** **Paula Chatfield**	**Pleiades** **Chair:** **Marie-Paule Austin**	**Orion** **Chair:** **Caroline Zanetti**	**King Sound** **Chair:** **Ros West**
11:15	Prenatal Stress and Risk of Behavioural Morbidity From Age Two to 14 Years: The Influence of the Number, Type and Timing of Stressful Life Events (p 34) *M. Robinson, E. Mattes, W.H. Oddy, C.E. Pennell, A. van Eekelen, N.J. McLean, P. Jacoby J. Li , N.H. de Klerk, S.R. Zubrick, F. J. Stanley & J.P. Newnham*	Development and Evaluation of the "EPDS Wheel" (p 21) *Renae Gibson*	Establishing a Mental Health Consultation Liaison Service within a Maternity Department in a General Hospital Setting (p 11) *Kimberly Adey and Robyn Rigby*	
11:35	Development of a Resource for Assessing Risk for Disrupted Mother Infant Relationship in Mothers with Serious Mental Illness (p 39) *Johana Stefan, Yvonne Hauck, Deb Faulkner, Daniel Rock*	Perinatal Support Groups for African Women in Perth WA: Evaluation Findings (p 15) *Janette Brooks & Miriam Maclean*	Identification of Parental Stressors in an Australian Neonatal Intensive Care Unit (p 29) *Trudi Mannix and Linda Sweet*	Caring for Your body and Mind in Pregnancy- A Mindfulness Based Intervention for Pregnant Women at risk of Perinatal Depression and Related Disorders (p 54) *Rosalind Powrie, Helen Duffy, Helen O'Grady*
11:55	Speaking From the Heart (p 26) *Adele James*	Web-based Cognitive Behavioural Therapy for Postnatal Depression (p 18) *Brian Danaher, Jeannette Milgrom, Charlene Schembri, John Seeley, Jennifer Ericksen, Milagra Tyler, Alan Gemmill, Peter Lewinsohn, Scott Stuart*	Lost Babies - A Singapore's Perspective on Pregnancy Loss Associated Psychopathology (p 32) *Kah Wee Ng, Jintan, Tang and Helen Chen*	
12:15	Panel Discussion	Healthy Parents Healthy Minds: Building a Perinatal Mental Health Service With a Western Australian Aboriginal Community – 3 Years In (p 15) *Janette Brooks, Miriam Maclean & James Foley*	Antenatal Mental Health Problems, Mode of Conception, Maternal Age and Exclusive Breastfeeding: Evidence from the Parental Age and Transition to Parenthood Australia Study (p 19) *Jane Fisher, Karen Wynter, Karin Hammarberg, Frances Gibson, Jacky Boivin, Catherine McMahon*	

12:45 PM - 1:45 PM Lunch Atrium Garden Restaurant, Ground floor

1:45 PM - 3:00 PM Plenary Session Pleiades/Sirius

Chair: Jane Fisher

1:45pm **Keynote Address**
Neuroplasticity and Current Therapeutics: Original Research from the Queensland Brain Institute (p 31)
L Sanjay Nandam

2:30pm Perinatal Mental Health –The Journey from Research to Policy and Practice (p 24)
Nicole Highet, Carol Purtell and Marie-Paule Austin

3:00 PM - 3:30 PM Afternoon tea

3:30 PM - 5:00 PM Parallel Sessions 2A, 2B, 2C and 2D

	Session 2A: National Perinatal Depression Initiative	Session 2B: Early Detection	Session 2C: Partners	Session 2D: Symposium on Antenatal Care and Mental Illness
	King Sound **Chair: Leanda Verrier**	**Orion** **Chair: Deb Creedy**	**Pleiades** **Chair: Bryanne Barnett**	**Sirius** **Chair: Jon Rampono**
3:30	Implementing the National Perinatal Depression Initiative Recommendations: A Survey of Australian Women's Hospitals (p 19) *Jane Fisher, Liz Chatham, Sally Haseler, Beth McGaw, Jane Thompson*	Enduring or Transient Antenatal Distress? Re-administering the Edinburgh Scale Two Weeks Later (p 30) *Stephen Matthey and Clodagh Ross-Hamid*	Psychosocial Characteristics of Men Accompanying their Partners to a Specialist Antenatal Clinic for Women with Serious Mental Illness (SMI) (p 20) *Jacqueline Frayne, Janette Brooks, Thinh Nguyen, Suzanna Allen, Miriam Maclean and Jane Fisher*	Borderline Personality Disorder and the Perinatal Period: Models of Care (p 43) *Gaynor Blankley, Megan Galbally, Martien Snellen*
3:50	Integrating Perinatal Mental Health Services in the Community (p 28) *Miriam Krouzecky and Libby Oliver*	Validation of the Postnatal Risk Questionnaire as a psychosocial assessment tool: a pilot study (p 37) *Michelle Smith, Marie-Paule Austin, Nicole Reilly, Fran Chavasse*	Sustained Postnatal Depression in Women: The Need to Consider the Partner in Interventions (p 31) *Sonia McCallum, Heather Rowe, Lyle Gurrin, Julie Quinlivan, Jane Fisher*	Child Developmental Outcomes and Antidepressant Exposure In Utero: Implications for Clinical Practice (p 43) *Megan Galbally, Andrew Lewis, Anne Buist, Salvatore Gentile*
4:10	Successful Implementation of NPDI Key Objectives: SA State-wide Experience (p 36) *Tracy Semmler-Booth & Pauline Hall*	Screening for Perinatal Anxiety Disorders (p 38) *Susanne Somerville, Elizabeth Oxnam, Michelle Wettinger, Kellie Dedman, Rosie Hagan, Dorota Doherty*	Depressive Symptoms and Intimate Partner Violence in the 12 months after Childbirth: A Prospective Pregnancy Cohort Study (p 40) *Hannah Woolhouse, Deirdre Gartland, Kelsey Hegarty, Susan Donath, Stephanie J Brown*	Management of Schizophrenia and Bipolar Disorder in Pregnancy: Pilot Data and Recommendations for Care (p 44) *Martien Snellen, Megan Galbally, Gaynor Blankley, Susan Walker, Michael Permezel*
4:30	Queensland Centre for Perinatal and Infant Mental Health: Working to Improve Outcomes for Indigenous Women, Infants and Their Families Across the Spectrum of Care (p 25) *Elisabeth Hoehn, Sarah Davies-Roe and Liz de Plater*	Longitudinal Follow Up of Postpartum Blues and Depression: Long Term Morbidity in Women and Children? (p 24) *CA Henshaw, DM Foreman, JL Cox*	Panel Discussion	Panel Discussion

5:00 PM - 6:00 PM	Poster Session	Southern Cross Lobby

- Co-morbidity in the Perinatal Period: Treatment Resistant Depression with Psychotic Features with Co-existing Thyrotoxicosis (p 45)
  Jacquie Coates-Harris
- Mother Nurture Group: Holding the Mother so She Can Hold the Baby (p 45)
  Sue Coleson, Adele James
- Factors Influencing Maternal Separation Anxiety in First-Time Mothers of Preterm Infants (p 46)
  Anne Diamond
- Promoting Parent-Infant Mental Health in Western Australia (p 46)
  Renae Gibson
- Queensland Centre for Perinatal and Infant Mental Health: Working to Improve Outcomes for Indigenous Women, Infants and their Families across the Spectrum of Care (p 47)
  Elisabeth Hoehn, Sarah Davies-Roe and Liz de Plater
- PANDA Home-Start Program (p 48)
  Belinda Horton and Betti Gabriel
- Ch.A.T Childbirth After Thoughts Service (p 48)
  Jan Klausen
- Practical Family Support Programs (p 49)
  Kristine McConnell
- Utopian Programs: Action Research Workshop (p 50)
  Kristine McConnell
- Preliminary Data on a Prevention Based Intervention for Children at Risk for Anxiety Disorders; Results of Phase One, Working with a Mothers Anxiety During Gestation (p 50)
  Anita Nepean-Hutchison and Kevin R. Ronan
- 'Just Listening' Still Has It's Place – Summary Results of the Universal Post Natal Depression Screening Program, Hornsby Ku-Ring-Gai Child and Family Health Service (p 51)
  Julie Rogers and Susan Colville
- Anticipated Needs and Preferred Sources of Information about Emotional Health of First-Time Expectant Parents: A Qualitative Study (p 51)
  Heather Rowe, Sara Holton, Jane Fisher
- The Development and Piloting of an Early Mother-Infant Play Assessment: Optimizing Occupational Therapy Practice in a Mother Baby Unit (MBU) (p 52)
  Amy Rushton and Anne Passmore
- Working Collaboratively to Build an Effective Service System for Children and Families (p 53)
  Virginia Schmied and Kim Psaila

6:00 PM - 7:30 PM	Magical Marcé Poolside Soiree	Pooldeck

7:00 AM - 8:45 AM Breakfast Meeting (tickets required) Orion

9:00 AM - 10:30 AM Plenary Session Pleiades/Sirius

Chair: Megan Galbally

9:00am **Opening**
Jonathan Rampono

9:15am **Marcé Lecture 2011**
Why Do Women with Bipolar Disorder Relapse after Childbirth? (p 13)
Philip Boyce

9:50am **Keynote Address**
Love Just Ain't Enough: A Father's Introduction to Parenthood (p 12)
Craig Allatt

10:30 AM - 11:00 AM Morning tea

11:00 AM - 12:30 PM Parallel Sessions 3A, 3B, 3C and 3D

	Session 3A: Serious Mental Illness	**Session 3B: Service Development**	**Session 3C: Mental Health in Maternity and Neonatology 2**	**Session 3D: Workshop**
	Sirius **Chair: Anne Sved Williams**	**Pleiades** **Chair: Renae Gibson**	**Orion** **Chair: Lea Davidson**	**King Sound** **Chair: Heather Rowe**
11:00	Pre-Birth Early Intervention: Improving Social Outcomes and Child Safety for Women with Serious Mental Illness (p 11) *Grady Addy, Celine Harrison and Thinh Nguyen*	Perinatal Pathways: Psychosocial Risk, Help Seeking Behavior and Service Utilisation (p 36) *Virginia Schmied,Maree Johnson, Annie Mills, Stephen Matthey, Marie-Paule Austin, Lynn Kemp, Tanya Covic*	The Mental Health of Fathers Attending an Early Parenting Centre in the Postnatal and Early Childhood Years (p 21) *Rebecca Giallo, Nikki Zerman, Amanda Cooklin, and Renzo Vittorino*	
11:20	Borderline Personality Disorder and Severe Mental Illness in a Mother-baby Unit – How Common and What Difference Does It Make to the Admissions? (p 39) *Anne Sved Williams, Charlotte Tottman, Chris Yelland*	Perinatal Depression in Ellenbrook: A Localised Response Using Contemporary Health Promotion Practices (p 27) *Miriam Krouzecky, Nigel Carrington, Jacinta Ellis*	Antenatal Mental Health Screening within a Private Hospital Context. An Australian First (p 26) *Catherine Knox*	Strength to Strength Perinatal Support Program for Cald Women (p 55) *Ruth Sims and Jan Ryan*
11:40	The Mother in Me; The Childs Eye View of Growing up with Maternal Mental Illness in the Family (p 35) *Louise Salmon*	"GROWN FROM COUNTRY": Effective Delivery of Perinatal Mental Health Care in the Context it is Being Delivered (p 38) *Carol-Ann Stanborough*	Using Dyadic Analysis to Determine Common and Sex-Specific Risk Factors for Postnatal Depression Symptoms in Women and Men at 6 Months Postpartum (p 41) *Karen Wynter, Jane Fisher, Heather Rowe*	
12:00	12:10 Panel Discussion	Perinatal Emotional Health Program – A Rural and Regional Early Intervention Service Model (p 34) *Maya Rivis, Cate Teague, Fiona Gladstone, Fiona Judd*	The Effect of a Midwife-led Counselling on Mental Health Outcomes for Women Experiencing a Traumatic Childbirth (p 17) *Debra Creedy and Jenny Gamble*	

12:30 PM - 1:30 PM Lunch Atrium Garden Restaurant, Ground floor

1:30 PM - 3:00 PM Parallel Sessions 4A, 4B and 4C

	Session 4A: Innovations 2	**Session 4B: Reflections on Practice**	**Session 4C: Infant Mental Health**
	King Sound **Chair: James Foley**	**Orion** **Chair: Yvonne Hauck**	**Pleiades/Sirius** **Chair: Sue Somerville**
1:30	Translating the Edinburgh Postnatal Depression Scale into Language: Improving Perinatal Mental Health Literacy in Remote Aboriginal Communities in the NT (p 16) *Cathy Chapple*	Sexual and Reproductive Health Needs of Women with chronic mental illness: A Survey of North Metropolitan Community Mental Health Services in Western Australia (p 23) *Yvonne Hauck, Thinh Nguyen, Daniel Rock, Jacquie Frayne, Suzanna Allen, Deb Faulkner, Maria Garefalakis*	The Coming Together Project: Supporting the Mother-Baby Relationship during the Early Weeks of the Transition to Motherhood to Promote a Strong Healthy Community (p 42) *Caroline Zanetti, Janette Brooks, Anne Clifford & Jonathan Rampono*
1:50	Developing a Kimberley version of the Edinburgh Depression Scale for Aboriginal women of the Kimberley (p 27) *Jayne Kotz, Anne Pratt and Melissa Williams*	Down the Track: A Longitudinal Study Looking at Women's Experiences of Postnatal Depression and its Treatment (p 40) *Roslyn West*	AMPLE (Adolescent Mothers' Project: Let's meet your baby as a person) (p 33) *Susan Nicolson, Fiona Judd, Frances Thomson-Salo*
2:10	A Research Mentoring Program for Perinatal Mental Health Professionals (p 14) *Janette Brooks, Jane Fisher, Leanda Verrier, & Jonathan Rampono*	Therapeutic Groups – What works in the "New Beginnings Program" (p 29) *Sally Langsford*	Working with Families to Improve and Enhance Parent Child Attachment (p 12) *Beverley Allen*
2:30	Playgroups as a Form of Support for Women Experiencing Perinatal Depression (p 23) *Chris Hawkes and Deirdre Davies*	Maternal Severe Mental Illness, Co-occurring Physical Illness and Social Disadvantage: Have These Changed Since the Campaign to Reduce the Risk of Sudden Infant Death Syndrome? (p 17) *Maxine Croft, Vera Morgan, Patsy di Prinzio, Giulietta Valuri, Thomas McNeil, Assen Jablensky*	Tummies-to-Toddlers (p 13) *Debbie Brewis, Judy Wookey and Margaret Kerr*

3:00 PM - 3:30 PM Afternoon tea

3:30 PM - 5:15 PM Closing Plenary Sessions Sirius

Chair: Leanda Verrier

3:30pm **Keynote Address**
Babies Can't Wait - Remembering Attachment Needs When Managing Perinatal Mental Illness (p 16)
Anne Buist

4:15pm **Grand Finale Panel Discussion - Mentally Healthy, Wealthy and Wise**
If Adrian 'Twitchy Fortescue' – one of Australia's richest businessmen – gave us a bucket of money for perinatal mental health, what would we do with it?

MC: Jon Doust
Panel: Anne Buist, Malcolm Dix, Jane Fisher, Nicole Highet, Vijay Roach

5:00pm **Closing Comments and Evaluations**
Paula Chatfield

5:15 PM - 5:45 PM Farewell Drinks Southern Cross Lobby

Pre-Birth Early Intervention: Improving Social Outcomes and Child Safety for Women with Serious Mental Illness

- **Grady Addy[1], Celine Harrison[1] and Thinh Nguyen[2]**

[1]Social Work Department, King Edward Memorial Hospital, Subiaco, WA
[2]Department of Psychological Medicine, King Edward Memorial Hospital, Subiaco, WA

Email: grady.addy@health.wa.gov.au

In Western Australia, the numbers of children subject to a notification of child abuse or neglect has been rising. In all jurisdictions children aged less than 1 year were most likely to be the subject of a substantiation.

A number of independent reviews and inquiries have focused attention on the role of maternity hospitals and their responsibility to identify those pregnant women whose life-styles, behaviours and mental health issues may pose a risk to their unborn child. We would like to report on the role of the social worker in our specialist CAMI (Childbirth and Mental Illness) antenatal clinic, a clinic which aims to provide a small consistent multidisciplinary team antenatal care for pregnant women with serious mental illness. Preliminary data shows that these women who also have other co-morbidities are at significantly increased risk of having their baby placed under a statutory child protection order, than women attending the general obstetric clinic.

The objectives of the paper are to:

- Present preliminary data on the social outcomes of these at risk women
- Describe the process of early social work involvement within a sensitive, individualised needs based framework.
- Describe the process of referral, liaison with and facilitation of Child Protection actions in at risk cases
- Describe the considerable amount work done on preventative strategies and services coordination that is undertaken to ensure that appropriate supports are in place for the mother, the baby and the family and to safeguard the integrity of the family.

Establishing a Mental Health Consultation Liaison Service within a Maternity Department in a General Hospital Setting

- **Kimberly Adey[1] and Robyn Rigby[2]**

[1] Armadale Mental Health Service, Armadale Health Service
[2] Maternity Department, Armadale Health Service

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In 2010 Armadale Kelmscott Memorial Hospital an outer metropolitan hospital in Perth Western Australia, proposed the concept of initiating a Mental Health Consultation Liaison Service within its Maternity Department.

With the expansion of new services within the antenatal clinics and maternity wards it was recognised that there was an increased need to access mental health services for review of identified patients, and to provide specialist mental health support and education for Midwives. A trial pilot position was launched in October 2010 based primarily in the midwives antenatal clinic. The aim of the trial was to demonstrate the need for a Mental Health Consultation Liaison Service within Maternity Services and to identify and address the unmet need.

The Mental Health Consultation Liaison Nurse – Maternity position coordinates services for women and their families who were experiencing symptoms of mental illness in the antenatal and postnatal period. The women referred range in age groups, from varying socio economic and cultural backgrounds and lived in both the local and rural areas. The service was provided to many diverse

populations in the areas, many of whom had complex psychosocial situations and were socially isolated.

This paper will outline the provision of service delivery, assessment protocols and service evaluation. It will explore the challenges and benefits of this position, recommendations and implications for future practice.

Love Just Ain't Enough: A Father's Introduction to Parenthood

- **Craig Allatt**

ACT

When new mothers experience major mental health issues, fathers are important members of the treating team. Just like any other member of the team, fathers need appropriate direction, support, supervision and training. However, their needs can be more complex than other members of the team. They are caring for a person they love or with whom they share an intimate relationship. They are providing care 24 hours a day, 7 days a week. Also, this may be their first experience of caring for a person with a mental health issue. Consequently they may have little understanding of the illness, treatments or how to negotiate the health system. Finally, the father is required to take on an unexpected role at a time of major adjustment in his own life, particularly if his is a first time father. This is addition to running a household and maintaining employment and maintaining social networks - and their own mental health.

Shortly after the birth of Craig's son, his partner was diagnosed with puerperal psychosis. Craig will explore his experience of living with and caring for his partner. He will also describe the impact the illness has had on the family. Craig will use his experience to describe how carers can be supported to provide care to the woman and child. This will include an examination of the different aspects of a carer's role: co-worker with health professionals, care coordinator, consumer advocate, and keeping everyday life running. In doing this he will encourage the audience to reflect on their own clinical practice.

Working with Families to Improve and Enhance Parent Child Attachment

- **Beverley Allen**

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PlaySteps is an 8 week play program for parents/caregivers who are experiencing challenges attaching to their children. The majority of the parents are experiencing depression and mental health issues. The program offers a safe place for parents to come and have fun with their children, whilst learning about their child's emotional and physical development. The parents have the opportunity to participate in group learning and share their parent/child experiences. Video & photos of play interactions between parent and child are shared and discussed within a strength based framework. QEC staff work therapeutically with parents to offer individual listening time, feedback of fun moments and support parents to develop and reach their goals. Families have access to family counsellors whilst attending the program. There are group activities which encourage the building of relationships with other participants. families are linked into their community & professional networks.

The PlaySteps program was researched over a three year period. The results of the research will be presented with a description of the content of the program. The research demonstrated a reduction in depression & anxiety and an improvement in parenting confidence. This was sustained over the time of the research project.

Why Do Women with Bipolar Disorder Relapse after Childbirth?

- **Philip Boyce**

Discipline of Psychiatry, Sydney Medical School – Westmead , University of Sydney; Department of Psychiatry, Westmead Hospital.

It is a well-established fact that childbirth can precipitate a psychotic illness within the first month postpartum in 1-2 women per 1000 deliveries. This may be a first onset of a psychotic illness (puerperal psychosis) or recurrence of pre-existing bipolar disorder.

Women with bipolar disorder have a 20 – 40% risk of having a relapse of their illness within the first month after childbirth.

While it has been clearly established that there is a high risk of recurrence for bipolar disorder and the onset of puerperal psychosis the mechanisms for this still remain unclear. Clinical characteristics of women who relapse has identified that those with a more severe illness (earlier age of onset and more frequent episodes), lack support or have chaotic lifestyles are more likely to relapse. What remains unclear is why such women relapse.

In this paper three potential mechanisms contributing to the psychotic relapse are discussed. First, women prone to relapse are sensitive to changes in oestrogen. Second, it has been observed that sleep disruption often heralds the onset of the psychosis, suggesting the acute disruption to circadian rhythms triggers the psychosis. Finally, the trigger for the psychosis may be the result of oxidative stress (known to be associated with bipolar relapse).

Potential management strategies will be suggested that may aid in reducing bipolar relapse based on these putative mechanisms.

Tummies-to-Toddlers

- **Debbie Brewis, Judy Wookey and Margaret Kerr**

The Queen Elizabeth Centre, Early Parenting, Noble Park, Victoria

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In 2008, QEC secured pilot program funding for TUMMIES-TO-TODDLERS®. The program is a key placement prevention initiative, as it is designed to commence in the antenatal period and sustain engagement for eighteen months after birth. With outreach and group components, the intervention is focused on relationship building and supporting secure attachment.

QEC had already developed an eight week PLAYSTEPS® program, thus the organisation knew first hand the benefits of regular, intensive, non-intrusive and non-judgemental intervention. The Tummies-to-Toddlers program was viewed as a natural progression for QEC's professional staff. They already had overseas evidence to rely on that signified the earlier the intervention, the greater the chance of better life-long outcomes for the child. This meant reaching vulnerable and at risk mothers *before* the child was born.

Through QEC's excellent community links and stakeholder participation, QEC's target group of engaging between 12-16 women at their 26-weeks gestation period was achieved and most of the original cohort have continued to attend group sessions and meet one-on-one with the QEC nursing and specialist staff.

Trust in the program and in the professionals was helped along through regular participation by the families. Despite the lack of permanent accommodation for most of the participants, staff introduced a regular contact mechanism. Phone calls and text messaging via mobile phone became the life line

to keep in touch with vulnerable individuals. Staff utilised exceptional skills gained over many years of dealing with Department of Human Services (Child Protection Unit) referrals to gain their trust and their interest. Some of the referred mothers did not know if they wanted to have (and keep) their baby. Their attitude turned from reluctance into amazing, caring parents who display a strong and secure attachment to the infant. The project period will end when most of the toddlers have attained the age of 18 months.

The pilot program's positive benefits have begun to show up in the case study evaluations undertaken by the independent consultant engaged by QEC to observe and record the progress of the family units.

Most who have been undergoing Tummies-to-Toddlers do not have an extended support base or worse still, have never had a positive role model in their own life when they were growing up, so even small changes have been clearly evident through the official case study observations, as well as the recorded entries by QEC staff.

A Research Mentoring Program for Perinatal Mental Health Professionals

- **Janette Brooks[1,4], Jane Fisher[2], Leanda Verrier[1], & Jonathan Rampono[3,4]**

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In order to build research capacity in a comprehensive clinical service the WA Perinatal Mental Health Services Research Mentoring Program model was developed, piloted and evaluated over the course of 14-months (November 2008 to December 2009). Its goal is to provide interested WA Perinatal Mental Health Service (WAPMHS) clinical staff with a professional development opportunity to extend research skills and experience, and conduct a research project of clinical and academic merit.

The Research Mentoring Program model is unique in nature, a hybrid of the common one-on-one mentoring model and a group mentoring model, developed to meet the requirements of the mentorees within the constraints of the organisation and availability of resources. Regular one-on-one and group supervision is provided by the WA Perinatal Mental Health Unit, Senior Research Psychologist, with intensive 2-day sessions of one-on-one and group mentorship provided by an internationally renowned researcher/clinician several times during the year. Projects are informed by mentorees' clinical experiences.

It was expected that through this Program, perinatal mental health professionals understanding, knowledge and skills in the research process would be improved, thereby increasing the individuals confidence and ability to continue conducting research post-Program. It was also expected that research findings of projects conducted through this Program would be disseminated through national/international conference presentation/s and submitted for publication in a peer-reviewed journal, increasing the profile of local services and informing clinical service provision.

A detailed description of the Mentoring Program model, including results of the initial evaluation, subsequent changes, developments and outcomes of the first 3 years of the Program will be presented. Mentorees' have reported that their research skills improved and their overall confidence to conduct new research projects in the future has increased. This approach has considerable promise as a professional development model in which research capacity and service enhancement are integrated.

Perinatal Support Groups for African Women in Perth WA: Evaluation Findings

- **Janette Brooks[1,2] and Miriam Maclean[1]**

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Women entering Australia under the Refugee and Humanitarian Program are particularly at risk for mental health problems during the perinatal period. Social risk factors that increase their vulnerability include social isolation, separation from family, financial difficulties, experiences of discrimination, lack of familiarity with health care practices in the host country, and prior exposure to violence or trauma.

As part of a State Perinatal Mental Health Reference Group initiative, a qualitative study was conducted in 2007 exploring the social and emotional experience of the perinatal period for women from several groups, including Sudanese and Ethiopian communities in Perth. From this study, a number of strategies were implemented to address the many issues faced by culturally and linguistically diverse communities.

Two support groups for African women were established through collaboration between the WA Perinatal Mental Health Unit and two women's health services, namely: a Sudanese psycho-educational support group and an Ethiopian therapeutic supported playgroup. Expected outcomes included: decreased depression symptomatology as measured by the Edinburgh Postnatal Depression Scale, and increased levels of perceived support, awareness of perinatal mental health, and levels of engagement and 'comfort' with obstetric, postnatal, mental health and community services. Quantitative and qualitative evaluation measures were used to determine the overall success of the support groups.

Evaluation findings will be presented, outlining successes, challenges and lessons learnt.

Healthy Parents Healthy Minds: Building a Perinatal Mental Health Service With a Western Australian Aboriginal Community – 3 Years In

- **Janette Brooks[1,2], Miriam Maclean[1], and James Foley[1]**

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Perinatal mental health in Indigenous communities has received limited attention; however, there is sufficient evidence to support the development of culturally appropriate services for Aboriginal mothers and their families. This has prompted funding, through the WA Perinatal Mental Health Unit, to develop and trial a perinatal mental health service framework, in collaboration with the State Indigenous Mental Health Service.

This unique service extends and supports the existing services in the Carnarvon region with the aims of raising awareness of perinatal mental health among Aboriginal communities, strengthening support networks for women, providing education and information to service providers, and working with women and their families in innovative and culturally appropriate ways. Over time, the service has developed in response to the changing context and needs of the local community.

Prior to implementation, questionnaires, focus groups and service mapping were used to gather qualitative and quantitative data from the community, stakeholders and local service providers. These methods of information collection were then utilised again 12-months and 32-months after service

commencement. The, somewhat unconventional, evaluation model aimed to highlight strengths - so they can be maintained and built upon, and identify weaknesses or gaps - so strategies can be formulated to address them. A number of challenges and important issues for consideration in establishing an Indigenous perinatal mental health service in a regional area were also identified. Findings from the baseline, progress and final evaluations will be presented, demonstrating the ways in which the service is being shaped by ongoing consultation and collaboration with the local community.

Babies Can't Wait - Remembering Attachment Needs When Managing Perinatal Mental Illness

- **Anne Buist**

Women's Mental Health, The University of Melbourne, and Austin Health

This talk will cover risks to the fetus and infant from maternal perinatal mental illness, focusing on attachment as a mechanism for transmission of intergenerational patterns of maternal depression and parenting problems. It will review research on interactional patterns, maternal sensitivity and attachment and look at recent intervention programs designed to improve outcomes for young children and how they might be adapted for different Australian settings.

Translating the Edinburgh Postnatal Depression Scale into Language: Improving Perinatal Mental Health Literacy in Remote Aboriginal Communities in the NT

- **Cathy Chapple**

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Provision of quality perinatal MH services can only occur if identification of a perinatal mental illness (MI) in an individual is made correctly. For people in remote Indigenous communities, MH problems and illnesses are often not recognised or remain undetected and therefore untreated for long periods. Males are regularly referred to MH services, but female presentations in particular around the perinatal period, are often 'explained' as being due to the 'Aboriginal way', 'tradition', 'custom', 'family problem', or as arising from domestic/relationship circumstances and consequently no MH referral is made.

Barriers to understanding and awareness of perinatal mental illness in the NT remote environment are many - these include the absence of lack of understanding of perinatal mental health issues in the community, use of culturally inappropriate screening tools, lack of MH workers, inadequate organisational support and training for resident staff, cultural issues, language, beliefs and attitudes.

The Northern Territory Mental Health Service (NTMHS) is currently undertaking a number of initiatives to improve MH literacy amongst Indigenous people. This includes the Perinatal Mental Health Project (as part of the National Perinatal Depression Initiative) which aims to ensure women in the perinatal period suffering from depression or anxiety are correctly identified and treated.

OneTalk technology is being used to provide 'tools' such as 'talking' albums and posters in Indigenous language to aid understanding and awareness. The Edinburgh Postnatal Depression Scale is being translated into two aboriginal languages, Yolgnu Matha and Walpiri for use in East Arnhem Land and Central Australia. This paper will describe the pilot scheme, the opportunities and the difficulties in creating a 'middle ground' between two culturally and racially diverse indigenous communities in order that clear communication can occur.

The complexity and challenges inherent in implementing a mainstream Perinatal Mental Health Initiative into remote indigenous communities will also be discussed.

The Effect of a Midwife-led Counselling on Mental Health Outcomes for Women Experiencing a Traumatic Childbirth

- **Debra Creedy and Jenny Gamble**

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Background: The perinatal period is arguably one of the most important life stages in which the accurate detection and treatment of psychological distress is required. Perinatal depression, anxiety and trauma affect approximately one-third of women in Australia. Our past research has shown that one-third of women experience traumatic events associated with childbearing. Furthermore, few women attend referrals to mental health practitioners.

Objectives: To determine the effect of midwife-led trauma focused counselling with postnatal women to prevent and treat emotional distress.

Method: Women reporting a traumatic birth experience were randomised to receive trauma focused counselling (intervention) or parenting advice (active control). The intervention group and active control group were contacted by midwives during the first and sixth week postpartum. Midwives received specific training and supervision.

Findings: Women experiencing perinatal distress associated with traumatic birth and receiving trauma counselling by midwives reported improved mental health outcomes.

Conclusions: Perinatal mental health initiatives have focused on the psychosocial assessment and treatment has primarily targeted depression. Training midwives with advanced skills in counselling to address perinatal distress more broadly including trauma holds promise for integrating mental health care into maternity services, and improving the accessibility of professional support to childbearing women.

Maternal Severe Mental Illness, Co-occurring Physical Illness and Social Disadvantage: Have These Changed Since the Campaign to Reduce the Risk of Sudden Infant Death Syndrome?

- **Maxine Croft[1,2], Vera Morgan[1], Patsy di Prinzio[1], Giulietta Valuri[1], Thomas McNeil[3,4], Assen Jablensky[3,5]**

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Background: Sudden Infant Death Syndrome (SIDS) rates have declined in Western Australia (WA) since the 1991 Reducing the Risks (RTR) campaign but less so for infants of mothers with severe mental illness. A unique WA population based e-cohort of infants born in WA 1980-2001, created by record linkage, includes measures of maternal health and socio-economic disadvantage.

Aims: To examine relationships between social disadvantage; prior maternal morbidity; and risk of SIDS; for infants born to women with psychosis, compared with infants born to unaffected women: before and after the WA RTR campaign.

Methods: Cases (n=14,828) were live born, singleton infants of mothers with psychosis; comparisons (n=435,473) were infants (alive at one year) of mothers with no history of mental illness. Characteristics of mothers of infants born before and after the RTR campaign were compared.

Results: SIDS cases after the RTR were significantly more likely to be infants of women with psychosis (OR 2.9 95% CI 2.1-3.9) than of comparison women. After the RTR campaign, infants of women with psychosis were more likely to be born in disadvantaged areas compared with others (OR 1.8 95% CI 1.7 – 1.8). After the RTR, all women were significantly more likely to have multiple current or prior illnesses at the index pregnancy (OR 4.4 95% CI 4.1 – 4.8) relative to before the RTR; as were women with psychosis (OR 2.5 95% CI 2.3 – 2.9). Co-occurrence of disadvantage and poor maternal health increased for all women after the RTR (OR 2.5 95% CI 2.4 – 2.7), especially for women with psychosis (OR 2.7 95% CI 2.5 – 2.9).

Conclusions: After the RTR, live-born infants of women with psychosis were at greater risk of SIDS than infants of comparison women. Improved health care and living conditions for women with psychosis may reduce the risk of SIDS for their infants.

Web-based Cognitive Behavioural Therapy for Postnatal Depression

- **Brian Danaher[1], Jeannette Milgrom[2&3], Charlene Schembri[3], John Seeley[1], Jennifer Ericksen[3], 'Milagra Tyler[1], Alan Gemmill[3], Peter Lewinsohn[1], Scott Stuart[4]**

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Although symptoms of depression have been shown to be reduced through internet interventions, no research has examined the efficacy of internet-based treatment of postnatal depression (PND). This is despite the potential of internet-based therapy to increase treatment uptake and accessibility, and the necessity of addressing the unique needs of depressed perinatal women, including infant and partner difficulties. We report on the development and testing of an internet intervention for PND (***MumMoodBooster***). The significance of this for women who are reluctant or unable to seek face to face help will be examined in this project.

Development of the intervention was achieved through an iterative process (culminating in systematic usability testing) in both Australia and the USA. We began by surveying women on the acceptability/desirability of internet intervention for PND, preferred content, and perceived benefits and barriers to use. Next, we conducted formative research using focus groups with postpartum women to adapt the content, structure, and design of the successful *Getting Ahead of Postnatal Depression* intervention. The resulting ***MumMoodBooster*** intervention embodies the key Cognitive Behavioural Therapy elements that have been found to be effective in our PND face-to-face intervention as well as animations, videos, recording and monitoring tools, a library of partner and infant modules, a web forum and telephone support. The final phase of development was systematic usability testing. Once functioning program components were created, 22 participants in Australia and the USA were recruited to a "think-aloud" procedure to test user-system interactions. Measures included the System Usability Scale, the Computer Self-Efficacy Scale and items adapted from the Technology Acceptance Model.

The ***MumMoodBooster*** intervention is being evaluated in a feasibility trial scheduled to be complete by the end of 2011. Progress on the evaluation with 25 Australian and 25 American women will be discussed.

Implementing the National Perinatal Depression Initiative Recommendations: A Survey of Australian Women's Hospitals

- **Jane Fisher [1], Liz Chatham[2], Sally Haseler[2], Beth McGaw[2], Jane Thompson[2]**

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Aim: In November 2009, the Australian Government Department of Health and Ageing launched the National Perinatal Depression Initiative. It recommended screening and follow up care for women identified with current symptoms of antenatal or postnatal depression or regarded as at risk of these conditions, as well as training for health professionals. The aim of our study was to describe how these policy recommendations are being implemented in Australian hospitals.

Method: Women's Hospitals Australasia (WHA) a national not-for profit peak body to promote excellence in healthcare in hospitals providing health services to women in Australia and New Zealand surveys member hospitals regularly. A structured electronic survey to assess current practices and policies about screening for perinatal depression, referral protocols, human resources and staff training was distributed to member hospitals, with follow up prompts for two months.

Results: In total 14 / 30 (46%) WHA Australian member hospitals completed the survey. Of these 12/14 (86%) provide routine screening for antenatal depression, most (10/14, 71%) at < 20 weeks gestation and most (11/14, 78%) using the EPDS. In all hospitals midwives undertake this screening and in most (78%) women are informed of their EPDS score during the consultation. In most hospitals this aspect of care adds up to 15 minutes to the consultation. In two hospitals staff training for perinatal depression is mandatory and in others it is elective. We can only speculate about practice in the hospitals which did not respond, but it is possible that perinatal depression screening programs are less well established in them.

Conclusions: Implementation of the National Perinatal Depression Initiative's recommendations in Australian hospitals appears to be inconsistent. In some hospitals routine screening, referral protocols and related staff training seem well established, but in others there are either limited or no programs in place. Implementation assistance might be required to ensure consistency of healthcare for Australian women.

Antenatal Mental Health Problems, Mode of Conception, Maternal Age and Exclusive Breastfeeding: Evidence from the Parental Age and Transition to Parenthood Australia Study

- **Jane Fisher [1], Karen Wynter[1], Karin Hammarberg[2], Frances Gibson[3], Jacky Boivin[4] , Catherine McMahon[5]**

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Aim: Parental Age and the Transition to Parenthood in Australia (PATPA) is a multicentre controlled prospective investigation of the separate and combined effects of maternal age and mode of conception on early adjustment to parenthood in Australian women. One aim was to investigate the relationship between these factors and established psychosocial determinants of the establishment of breastfeeding.

Method: Consecutive cohorts of women aged ≤30, 31–36 and ≥37 conceiving spontaneously (SC) or with assisted reproductive technologies (ARTC) were recruited through public and private hospitals in Melbourne and Sydney. In late pregnancy, participants completed a structured interview and self report questionnaire which included the Edinburgh Depression Scale (EDS). Four months postpartum, follow-up telephone interview and questionnaire assessments included aspects of childbirth and breastfeeding and the First Contact Index (FCI), an evaluation of mothers' first encounters with their newborns. A logistic regression model included factors significantly associated with the outcome variable: exclusive breastfeeding on discharge from maternity hospital.

Results: Participants were 548 primiparous women aged 20 to 51 years, with singleton births; 272 (50%) ARTC. Age was not significantly associated with exclusive breastfeeding. Having conceived spontaneously, vaginal birth, lower antenatal EDS scores and more optimal first contact with the infant were associated significantly with the outcome. In multivariate analyses controlling for other relevant factors, higher EDS scores in pregnancy (AOR 0.944, p=0.008) ARTC (AOR 0.542, p=0.003) and having a Caesarean birth (AOR 0.642, p=0.039) were associated with reduced odds of exclusive breastfeeding on discharge from maternity hospital.

Conclusion: Symptoms of emotional distress in advanced pregnancy, assisted conception and caesarean birth are risk factors for the early introduction of infant formula. These can be identified readily by health professionals and suggest that additional breastfeeding support could be focused on women with these risk factors.

Psychosocial Characteristics of Men Accompanying their Partners to a Specialist Antenatal Clinic for Women with Serious Mental Illness (SMI)

- **Jacqueline Frayne[1], Janette Brooks[2], Thinh Nguyen[3], Suzanna Allen[1], Miriam Maclean[2] and Jane Fisher[4]**

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Background: Partners are often enlisted in the management of pregnant women with serious mental illness (SMI) and can be their major support. However, partners' needs and their capacity to provide support are not yet well understood. The aim of this project was to describe the psychosocial characteristics of men accompanying their partners to a specialist Childbirth and Mental Illness (CAMI) Antenatal clinic.

Methods: This was a cross sectional survey of men whose partners were receiving care at the King Edward Memorial Hospital in Perth at the CAMI Antenatal Clinic from May 2010 to April 2011 (i.e., over a period of 12-months). The study specific survey had a total of 36 questions and gathered information on demographics, relationship factors, health and lifestyle, availability of supports and his thoughts on fatherhood in the context of his partner's mental illness.

Results: Of 55 women eligible to participate, 41 (75%) were accompanied by their male partner. Of these men, 40 (98%) completed the survey. Overall 22/40 (55%) of participants reported high-risk drug behaviour, 7/39 (18%) had a forensic history, but only 9/40 (23%) had a documented history of mental health problems. Despite these risk factors they reported high satisfaction with their relationship with their partner and all anticipated the birth of the baby and impending fatherhood positively.

Conclusions: These data indicate that there are high rates of psychosocial risk factors for compromised family functioning in this population. Interventions in the partners of these women with SMI should address substance abuse, anger management and realistic planning for parenthood in order to provide a more comprehensive level of service in the antenatal period.

The Mental Health of Fathers Attending an Early Parenting Centre in the Postnatal and Early Childhood Years

- **Rebecca Giallo[1], Nikki Zerman[2],Amanda Cooklin[1], and Renzo Vittorino[2]**

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Background: Estimates of mental health difficulties among fathers in the postnatal and early childhood period vary ranging between 1.2% and 25% (Goodman, 2004; Paulson et al., 2006., Ramchandani et al., 2005). The vast majority of fathers experiencing mental health difficulties remain unidentified and untreated as they rarely access professional support for wellbeing concerns. Given that over 200,000 families of young children attend Early Parenting Centres (EPCs) across Australia each year, they are in an ideal and unique position to identify fathers at risk of, or experiencing, mental health difficulties. In recognition of the critical role they can take in identifying and linking fathers into appropriate mental health support, Tweddle Child and Family Health Service, has introduced the routine mental health screening of fathers attending their programs. This paper reports on (a) the extent to which fathers attending Tweddle experience symptoms of depression, anxiety, stress and fatigue, and (b) socio-demographic and contextual factors associated with these wellbeing difficulties.

Method: The mental health of approximately 120 fathers over a 6-month period was assessed using the Depression Anxiety Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995). Demographic and contextual information pertaining fatigue, lifestyle, and sleep quality was also collected.

Results: Approximately 10, 7 and 17 percent of fathers reported moderate to extremely severe levels of depression, anxiety and stress, respectively. Eighty percent of fathers reported that they were moderately to extremely exhausted. Regression analyses revealed that severity of the child's sleep problem, high levels of exhaustion, poor sleep quality, and low parental self-efficacy were associated with fathers' mental health difficulties.

Conclusions: These findings highlight that fathers attending EPCs may be at risk of mental health difficulties. EPCs can play a critical role in identifying these fathers and establishing referral pathways to link fathers into appropriate mental health support in their local communities.

Development and Evaluation of the "EPDS Wheel"

- **Renae Gibson**

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The Edinburgh Postnatal Depression Scale (EPDS) is a recommended tool for use by health professionals both during pregnancy and in the post-partum. In Western Australia (WA), routine screening using the EPDS has been standard practice for child health nurses for many years, and free training opportunities in the uses and misuses of the scale have been available since 2005 to all health professionals who have contact with women during the perinatal period. Despite these efforts, however, routine screening is not yet standard practice across all health sectors or professions in the state.

To promote more widespread use of the EPDS, the WA Perinatal Mental Health Unit developed a pin-wheel tool to assist health professionals to use and interpret the EPDS. The primary aims of the "EPDS Wheel" were to:

1. Provide a colourful, visual reminder to promote regular use of the EPDS

2. Make screening easier for those less familiar with the EPDS by providing a quick reference to key points

Since 2009, five thousand copies of the Wheel have been produced and distributed in WA, and after 18 months of circulation, an online survey was conducted to examine if and how the EPDS Wheel was being used and whether it was achieving its aims.

Following the release of the *beyondblue* NHMRC endorsed 'Clinical Practice Guidelines for Depression and Related Disorders – Anxiety, Bipolar Disorder and Puerperal Psychosis – in the Perinatal Period'*, beyondblue* is adapting the Wheel to further assist with use of the EPDS.

This paper will discuss the development and review of the EPDS Wheel in WA and the recommended uses of the tool in clinical practice and training. In addition *beyondblue*'s proposed adaption of the wheel will be presented which includes information about assessing for psychosocial risk factors and how to respond to various scores using the EPDS..

Maternal Anxiety, Depression and Stress during Pregnancy: Effects on the Fetus and the Child

- **Vivette Glover**

Imperial College London

There is evidence from several prospective studies that prenatal maternal stress, anxiety or depression are associated with long term adverse neurodevelopmental outcomes for the child. However some doubts remain about whether these associations are really causal, and the role of postnatal maternal mood. There are also questions about underlying mechanisms.

We have used the ALSPAC population cohort to study the effects of both pre and postnatal anxiety and depression on the emotional and behavioural outcome for the child up to age 13 years, assessed with the Strengths and Difficulties Questionnaire (SDQ). If the mother was in the top 15% for anxiety at 32 weeks gestation her child had double the risk for emotional /behavioural problems at age 13 years, after allowing for a range of covariates including postnatal anxiety, and some parenting measures. The pattern obtained with prenatal depression was similar but a little less marked. The risk due to postnatal anxiety at 33 months, without prenatal anxiety was similar, and that due to combined pre and postnatal anxiety was greater still. This provides new evidence that maternal mood in both the pre and postnatal period have independent clinically significant effects on child development which last at least until early adolescence.

In separate studies we have started to examine the biological mechanisms which may underlie the effect of maternal prenatal mood on fetal programming. We have shown in placenta, collected from elective caesareans, that there was an inverse correlation between maternal trait anxiety and the expression of the enzyme which metabolises cortisol. Thus the more anxious the mother, the more cortisol passes from mother to fetus. A similar association was found with state anxiety and a trend with depression. There was also a reduction in placental MAO A, the enzyme that metabolises serotonin, in more depressed mothers. Thus anxious or depressed maternal mood in pregnancy alters the function of the placenta in ways that may alter the neurodevelopment of her child.

It may be that evolutionary pressures have resulted in prenatal stress or anxiety, altering the development of the fetus and later child, to enable them to cope better with a stressful environment.

The clinical implications of this research are that it is important to detect, and treat appropriately, emotional problems in pregnant women. This matters both for the woman herself but also for her future child.

Sexual and Reproductive Health Needs of Women with chronic mental illness: A Survey of North Metropolitan Community Mental Health Services in Western Australia

- **Yvonne Hauck[1,2,3], Thinh Nguyen[4], Daniel Rock[1], Jacquie Frayne[5], Suzanna Allen[5], Deb Faulkner[1], Maria Garefalakis[6]**

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Women with long term chronic mental illness appear to be a highly vulnerable group. In addition to their psychosocial challenges, these women may be at increased risks of experiencing coerced sex and sexual violence, unplanned pregnancies, complications during pregnancy and birth, sexually transmitted illnesses (STI), and higher death rates for cervical cancer. Women with long term chronic mental illness may need greater support to avoid unplanned pregnancy while at the same time be supported to plan pregnancies within a holistic needs-led framework. The objective of the Women's Health Survey was to obtain baseline health data on Western Australian women of childbearing age (18 to 50 years) attending community mental health clinics, regarding pregnancies, contraception use, relationships, sexually transmissible infections, participation in Pap smear screening and general health information. Fostering consumer engagement and voice has been a focus of the project and ten consumer representatives contributed in developing the project proposal. The Women's Health Survey commenced in February 2011 across community mental health services in the Perth North Metropolitan area which includes seven community clinics and four non-government organisations. Preliminary results will be presented.

Playgroups as a Form of Support for Women Experiencing Perinatal Depression

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At Playgroup WA it has long been recognised that playgroups are more than a place for children to play. They are as much about creating hubs for families to build long term social networks and importantly social support. Given the value of social interaction to an individual's health and sense of well-being we believe that playgroups can be an effective part of a service mix for women experiencing perinatal depression. Playgroup also offers the opportunity to focus on positive parent/child interactions that are critical to healthy child development. However, as the peak body for playgroups in Western Australia our experience has also shown that the organisational tasks and social expectations involved in traditional community playgroups present challenges to many women with Peri-natal mental health issues.

On this basis Playgroup WA developed a Supported Playgroup model for women experiencing perinatal depression which operates with a Playgroup Support Worker whose role is to facilitate the running of the playgroup and to create a safe, inclusive and supportive environment for all the participants. The advantage of a Supported Playgroup Model is that it offers a pathway between the social isolation felt by many women experiencing perinatal depression and participation in local community playgroups. Further it is a 'soft entry' point for the delivery of information and advice on a range of subjects including parenting, health and wellbeing, early child development, and perinatal depression.

In this presentation we present the evaluation findings and discuss the insights gained from this small pilot program. Based on interviews and focus groups with the Supported Playgroup participants, it explores what being part of the playgroup has meant from the participants' perspectives. It will also cover some of the broader program learnings and challenges we have gained thought this program.

Longitudinal Follow Up of Postpartum Blues qnd Depression: Long Term Morbidity in Women and Children?

- **CA Henshaw[1], DM Foreman[2], JL Cox[3]**

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Objective: Participants will appreciate that severe postpartum blues are a risk factor for PPD in the first 6 months after delivery and whether this vulnerability increases over time, is specific to postpartum depression, to depression unrelated to childbearing and whether it confers long term morbidity on the child.

Method: 103 women with severe blues and controls (with no blues) who participated in the original study were contacted. Those who consented were interviewed using the Structured Clinical Interview for DSM IV (SCID) and completed the Premenstrual Assessment Form, the Work, Leisure & Family Life Questionnaire (WLFQ), Short Form 36 Health Survey Questionnaire (SF36) and the Strengths and Difficulties Questionnaire (SDQ relating to their first-born child). We present an analysis of the relationship between postpartum blues, subsequent caseness, child psychopathology measured by the SDQ, and maternal impairment as measured by the WLFLQ. These variables were modelled as a directed acyclic graph (DAG): blues was considered prior to SCID caseness, and caseness considered prior to both SDQ and WLFLQ totals. Modelling was by the specialist graphical modelling package MIM version 3.2.0.7

Results: 146 (71%) of the original sample were interviewed (mean 13.9 years after birth of their first child). 84% of those interviewed met SCID caseness criteria at follow-up interview. A single best model was found: blues predicted caseness (p=.0003); caseness predicted SDQ scores only (p=.017); SDQ and WLFLQ were associated (p=.001); no other edges were significant.

Conclusion: The high level of caseness suggests that childbirth itself increases vulnerability to long-term mental health problems, with blues an early marker of high vulnerability. However, impairment resulting from caseness appears to be mediated by the mental health of the child.

Perinatal Mental Health –The Journey from Research to Policy and Practice

- **Nicole Highet[1], Carol Purtell[1] and Marie-Paule Austin[2]**

[1]*beyondblue*
[2]St John of God Perinatal & Women's Mental Health, *beyondblue* Perinatal Depression Clinical Practice Guidelines

During pregnancy and in the first year after the birth of a baby, women and their partners are at a significantly greater risk of experiencing depression and related disorders which affects the well being of the woman, her infant, other children and family.

Outcomes from *beyondblue* national research (2001-2005) indicated that around 9% of women in Australia experience depression antenatally and this increases to approximately 16% postnatally. The rates of anxiety disorders may be as common. Outcomes from the *beyondblue* research prompted the development of the *beyondblue N*ational Action Plan (2008) and the establishment of

the National Perinatal Depression Initiative (NPDI, 2008-2013) funded by all Australian Governments for its nationwide implementation.

Nicole Highet will report on the *beyondblue* progress on the NPDI which has a focus on health promotion, early intervention, prevention and detection of depression and anxiety during the perinatal period. The NPDI aims to provide better care, support and treatment for expectant/new mothers and their families during the perinatal period. Implementation of the NPDI has practice implications for primary health care and mental health professionals.

Marie-Paule Austin will present an overview of the *beyondblue C*linical Practice Guidelines for Depression and Related Disorders of anxiety, bipolar disorder and puerperal psychosis in the perinatal period endorsed by the National Health and Medical Research Council.

Information will be provided on *beyondblue's* free accredited online perinatal mental health training for all primary maternity and mental health professionals. Results of qualitative interviews conducted with consumers/carers regarding their experiences of depression and anxiety in the perinatal period and health professionals' knowledge and understanding of perinatal mental health will be discussed. This qualitative research informed the development of the *beyondblue* "Just Speak Up" campaign and outcomes of the campaign will be presented.

These papers highlight how research led to the development of a national Initiative and a change in early intervention to provide women and their families care, support and treatment in the perinatal period.

Queensland Centre for Perinatal and Infant Mental Health: Working to Improve Outcomes for Indigenous Women, Infants and their Families across the Spectrum of Care

- **Elisabeth Hoehn, Sarah Davies-Roe and Liz de Plater**

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In Queensland, perinatal and infant mental health is an emerging specialist area in the state-wide system of mental health care. The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH), established as a state-wide hub of expertise in perinatal and infant mental health, provides consultation, liaison and support to public mental health services and the broader community sector, utilising whole-of-government and cross-sectoral clinical and community partnerships and networks.

Using collaboration and consultation processes in line with Indigenous protocols, QCPIMH coordinated the production of a suite of culturally sensitive digital and print mental health promotion resources. These resources aim to increase the understanding and awareness of Indigenous women, men and their families, of the importance of good social and emotional wellbeing in pregnancy and beyond, as well as to encourage access to services that enable early identification of social and emotional difficulties, early intervention, and prevention of future mental health problems.

The Stay connected, stay strong…before and after baby DVD was created through a collaborative partnership between QCPIMH and Centre for Rural and Remote Mental Health Queensland. This DVD, produced for Aboriginal and Torres Strait Islander communities by Tropic Productions, has been nominated as a finalist for "Best Indigenous Resource" at the Australian Teachers of Media Awards.

With information gathered from on-site interviews and stories provided by women with young babies, older women, fathers and health staff, a script was written and developed by Indigenous Health Workers at Wuchopperen Aboriginal Medical Centre. A significant part of the development process for the DVD was the use of a consultation group to support the cultural and technical aspects. This ensured information included was well researched, balanced and accurate, and that the final cut of the DVD was an accurate representation of the issues relevant to Indigenous perinatal and infant mental health.

Speaking From the Heart

- **Adele James**

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FTH consumer representative and public speaker Adele experienced PND and childbirth related stress and trauma during and after the birth of her first son in 2001. Slowly she adjusted and healed. Following a traumatic event during her next pregnancy in 2004 she experienced antenatal anxiety, but sought treatment immediately and recovered quickly. In 2007 she happily went through a third pregnancy and birth without any perinatal mental illness. During this pregnancy she was empowered by being part of a research team that changed WA public hospitals caesarean birth section guidelines, making surgical birth less traumatic. She speaks openly and honestly from the heart, telling a story of how she overcame childbirth related stress and trauma, isolation, anxiety and depression- a journey that took her and her newborn son on a real life nightmare followed by recovery with a happy ending. Every story is different, and whilst health professional hear many stories, the volunteers at FromThe Heart believe that each story is valid and each treatment pathway and recovery journey is unique. For some women such as Adele, this journey to wellness and the lessons learned will lead to a desire to give something back and reach out to other mothers who are still struggling with perinatal mental health issues. The power of peer support lies with the sharing of knowledge and experiences.

FTH public speakers present at a variety of events around WA. Ranging from community awareness raising events, mental health training courses, workplaces, conferences, parenting and early childhood projects and anywhere that support, understanding and information is needed by women, partners and families who may be affected by depression , anxiety and stress related to pregnancy, childbirth or the addition of a child into the family.

Antenatal Mental Health Screening within a Private Hospital Context. An Australian First

- **Catherine Knox**

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The National clinical practice guidelines for depression and related disorders in the perinatal period recommend routine universal antenatal and postnatal screening. Currently antenatal mental health screening is occurring in many public hospital settings.

In late 2010 the Gidget Foundation was successful in obtaining a grant from the nib foundation to provide universal routine mental health assessment to all pregnant women attending North Shore Private Hospital, Sydney. Known as the ‘Emotional Wellbeing Program’, the model developed is closely based on the recommended antenatal mental health screening program.

Perinatal mental health professionals have been engaged to provide ongoing program and clinical advice. Trained midwives are administering two screening tools, the EDS and a psychosocial assessment questionnaire. An early career obstetrician is evaluating the program.

The program is currently underway. Preliminary qualitative and quantitative data will be presented. The program and the early findings have raised some interesting questions and exposed some challenging problems.

Developing a Kimberley Version of the Edinburgh Depression Scale for Aboriginal women of the Kimberley

- **Jayne Kotz[1], Anne Pratt[2] and Melissa Williams[3]**

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Pregnancy and post birth is a deeply personal experience and can be a challenging time for all women, regardless of culture or ethnicity. For some of the Aboriginal women of the Kimberley in Western Australia, this is amplified due to the cultural disruption which is a legacy of colonization, and the enormous social inequities which impact significantly on their lifestyles. Linked to this, there is a higher proportion of Post-Traumatic Stress Disorder, depression and anxiety in the Aboriginal population and evidence that perinatal depression and anxiety has an increased prevalence. Whilst antenatal and postnatal screening for depression is routine throughout Western Australia, the Aboriginal women of the Kimberley continue to fall below the radar and can be difficult to engage for the purposes of screening, identification and management.

This paper will describe a project to develop a validated Kimberley version of the Edinburgh Depression Scale. The project is a collaboration involving women from a number of community language groups across the Kimberley; Kimberley Aboriginal Medical Service Council; BOABS Health Services (the Kimberley Division of General Practice); Kimberley Population Health Unit; Aboriginal Medical Services; Mental Health Services and Kununurra Hospital.

The presentation will outline the:

- background and relevant literature that underpin the project,
- barriers and enablers that have impacted on the development of a truly collaborative, inclusive and culturally relevant project
- methodology used to develop a culturally sensitive version of the Edinburgh Depression Scale and the validation of this version
- processes for the development of pathways for managing pre and post natal depression for women across the Kimberley.
- outcomes of the project

Perinatal Depression in Ellenbrook: A Localised Response Using Contemporary Health Promotion Practices

- **Miriam Krouzecky[1], Nigel Carrington[1], Jacinta Ellis[2]**

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In 2009, a new position funded by the National Perinatal Depression Initiative (NPDI) was created within Child and Adolescent Community Health to address treatment, care and support of women at risk of or experiencing perinatal depression and their families. A key activity of this role is building and sustaining relationships within communities to ensure better integration of services related to perinatal mental health and wellbeing.

Ellenbrook is a rapidly expanding new residential development in eastern metropolitan Perth. Significant psycho-social risks have been identified within in this community and in 2010 the NPDI position was approached by the local Early Years Group to help determine the best use of a small amount of funding earmarked for a postnatal depression group. Engagement with local government

and non-government agencies resulted in the creation of a group program. This led to the establishment of a working party with the intention of working towards a community driven local response.

To move the initiative forward, Health Promotion staff were brought in to facilitate a community planning process. The immediate outcome of this process has been the consolidation of partnerships and the development of an action plan which was a catalyst for gaining commitment from various funding bodies to the project.

A broad contemporary Health Promotion approach which involves engaging a range of sectors, mediating solutions and advocating for action based on the five areas of the Ottawa Charter was seen as a valuable way to attain the goal of ensuring sustainable integrated perinatal mental health services embedded the community,

This presentation will provide an overview of the successes and challenges of developing a broad partnership response to the community's needs and will share our proposed next steps towards developing integrated primary, secondary and tertiary treatment, care and support services for families with psycho-social vulnerability in the perinatal period.

Integrating Perinatal Mental Health Services in the Community

- **Miriam Krouzecky[1] and Libby Oliver[2]**

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In 2008, Commonwealth and state and territory governments committed to the development and implementation of a National Perinatal Depression Initiative (NPDI). This National Agreement directs key activity areas for care of women at risk of or experiencing perinatal depression. Funding was distributed to states and territories to implement the following – enhance community awareness, workforce development and training, universal and routine screening, treatment, care and support.

With the implementation of the NPDI funding in WA in 2009, positions were created to provide for primary, secondary and tertiary treatment, care and support. In the northern suburbs the community based primary and secondary positions work closely to meet tasks identified by the WA Perinatal Mental Health Unit - building and sustaining community relationships, clinical services and collegial relationships.

This presentation will travel the journey from position creation to service provision. Initial scoping identified needs and gaps in service delivery and knowledge about perinatal mental health. Activities have focussed on changing community and professional perceptions through community liaison and education and professional development. In addition, the complexities of developing and maintaining productive relationships between two organisations with differing operational priorities towards perinatal mental health will be explored.

Current plans for the future include integration of clinical service delivery to reduce the risk of women falling through service gaps. Another important objective is to improve awareness within mental health services of the impact of perinatal depression on the community, the family, the individual and the child and to encourage active engagement with these clients.

Therapeutic Groups – What works in the "New Beginnings Program"

- **Sally Langsford**

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The Postnatal Depression, Anxiety and Distress Program based in Joondalup is called "New Beginning" and is part of Joondalup Community Mental Health. The program services a large portion of the Northern suburbs in Perth. It is a well established program that has evolved over the last 12 years.

One of the focal points of the program is the running of Therapeutic Groups.

In this paper, we will present some of what we do in our Therapeutic groups and hopefully have some consumer there to say why it worked for them.

We run 8 groups a year, in two locations, corresponding to the school terms. These groups run for 9 consecutive weeks, with one couples evening and one follow-up morning tea.

It is a very eclectic program. With the base being the very well researched Cognitive Behavioural Therapy (CBT). However, it is what we mix with this that seems to be equally effective in moving the women along their journey to wellness.

Some of the different flavour we add involves Transactional Analysis concepts as I am a psychotherapist trained as a Clinical Transactional Analyst. Others are 'The Circles of Security' concepts, Myths of motherhood discussions and empowerment around the feeling of anger, and much more, always using the group wisdom to heal and normalise.

The group theme of personal responsibility is central to our program – 'We cannot change anyone else, only ourselves' and 'We are only in control of today.'

Our aim is that the women are more self aware by the end of our program and therefore more empowered in their lives and as Mothers, and proud in their role as 'Mother' doing the only job that will make a difference - raising the next generation!

We have a very successful program with a high retention rate. In the first term of 2011 we had 21 women commence our 2 groups, of these 19 finished the program and we had 12 couples at our night group.

Identification of Parental Stressors in an Australian Neonatal Intensive Care Unit

- **Trudi Mannix[1] and Linda Sweet[2]**

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This study aimed to determine the psychometric properties of the Parental Stressor Scale: Neonatal Intensive Care Unit (PSS:NICU) and the Critical Care Maternal Needs Inventory (CCMNI), in an Australian NICU setting. This study was undertaken as a part of a larger study conducted in tertiary NICUs in Melbourne, Adelaide and Perth. The PSS:NICU identifies sources of parental stress while the CCMNI asks mothers to state their needs and priorities while their baby is in NICU. Neither tool had been validated in an Australian context. In order to measure the severity of infant illness as a variable, the Neonatal Therapeutic Intervention Scoring System (NTISS) was used for each baby.

A total of 40 parents participated in the study. Quantitative statistical analysis using the Metric 2 was performed on the PSS:NICU data. The Metric 2 results were then analysed against the collected variables including gender, gestational age and NTISS score. The multiple-choice responses of the CCMNI were analysed using descriptive statistics. The last question on both the PSS:NICU and the CCNMI are open-ended response questions, and this qualitative data was analysed descriptively using a thematic analysis approach.

Results showed that the PSS:NICU and the CCMNI appear to be valid and reliable instruments in an Australian NICU setting. However due to the small sample size, caution should be used with this interpretation. Once data is combined with the other two settings, these results may be strengthened. Qualitative results provided rich feedback from parents under the main themes of separation from the baby, communication needs, parental need to understand, impact of staff, and the need for empathy.

Recommendations are made to provide guidance for staff developing support programs for parents of premature and sick infants. It is hypothesised that these two tools can now serve as research or clinical measures in Australian NICUs.

Enduring or Transient Antenatal Distress? Re-administering the Edinburgh Scale Two Weeks Later

- **Stephen Matthey[1] and Clodagh Ross-Hamid[2]**

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Background: Many services use the Edinburgh Postnatal Depression Scale (EPDS; or EDS antenatally: Cox et al., 1987) to screen for probable depression. A single 'high' score on this scale is often a criterion for referral to a clinical service to conduct further assessment. The scale's authors, however, recommended that a single high score may just reflect a temporary (or transient) level of distress, and thus recommended repeating the EDS two weeks later if a woman initially scores 'high'. This will help ascertain if she is experiencing ongoing (or 'enduring') distress.

Method: 174 English-speaking women were recruited antenatally at their booking-in history visit at a public hospital. Gestational age ranged from 9-26 weeks. At this visit they completed the EDS as part of usual clinical practice. Two weeks later (range 1-5 weeks) the women were contacted by phone, and as part of the interview completed the EDS and were asked reasons for any mood change.

Results: Approximately 50% of women who initially scored 'high' on the EDS no longer scored high two weeks later (thus had 'transient' distress). Common reasons given by the women for this improvement consisted of 1) nausea subsiding; 2) results of routine tests (eg., ultrasounds) showing the baby was healthy; 3) anxiety subsiding because of the care received at the history visit; 4) external stressors no longer being an issue.

Implications: 1) When women initially score 'high' on the EDS, questioning them to determine if predictable stressors (eg, nausea; unsure of baby's health) are likely to be transient may result in better screening practice. We would recommend repeating the EDS some two weeks later for such women (with some exceptions). 2) Reporting rates of probable depression, or telling a woman she is "probably depressed" (as does happen), based upon a single high EDS score is, inaccurate.

Sustained Postnatal Depression in Women: The Need to Consider the Partner in Interventions

- **Sonia McCallum[1,2], Heather Rowe[1,2], Lyle Gurrin[3], Julie Quinlivan[4], Jane Fisher[1,2]**

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Introduction: Symptoms of postnatal depression affect approximately 10 – 15% of women, with a subset experiencing sustained depressive symptoms. The aims of this study were to investigate factors associated with sustained symptoms of postnatal depression in an Australian community setting, and to identify potentially modifiable factors.

Method: Women attending immunisation clinics in metropolitan Melbourne with a 4 month old infant voluntarily completed a questionnaire during May 2007 to December 2009. Women scoring >9 on the Edinburgh Postnatal Depression Scale (EPDS) at screening, completed follow-up interviews at 6 and 12 months. Outcome measures were depression symptoms at follow-up.

Results: 893 participants were recruited with 143 (16%) scoring >9 on EPDS. At 6 months, 38 women (30%) still scored >9, revealing sustained symptoms of depression. Associated factors were a high score on EPDS at enrolment, poorer quality in partner relationship, an unexpected pregnancy and more difficult infant temperament ($p<0.05$). Adjusting for other risk factors, experiencing the intimate partner as coercive, critical or exerting power is associated with sustained symptoms of postnatal depression. Of the 38 women scoring >9 at 6 months, 46% revealed symptoms of depression at 12 months.

Conclusion: Potentially modifiable risk factors associated with sustained symptoms of depression were identified. The relationship with the intimate partner was shown to be important, with an adverse relationship being associated with symptoms of sustained postnatal depression. Interventions to improve maternal mental health should address the intimate partner relationship directly.

Neuroplasticity and Current Therapeutics: Original Research from the Queensland Brain Institute

- **L. Sanjay Nandam**

The Prince Charles Hospital and The Queensland Brain Institute, Brisbane

'In this address Dr Nandam will outline some neurophysiological mechanisms of neuroplasticity, and then contrast what has been studied in the laboratory with what has been observed in the clinic. Emphasis will be given to understanding the place, potential and misinformation about neuroplasticity in clinical practice. Finally, original neuroplasticity research from the Queensland Brain Institute on antidepressants and ADHD will be presented. These studies may provide a glimpse into how today's research might change tomorrow's therapies.'

Early Life Origins of Health and Disease

- **John P Newnham**

School of Women's and Infants' Health, The University of Western Australia, Perth

We are now experiencing the greatest epidemic in human history. The number of people with obesity and adult-onset diabetes is increasing daily and the consequences for individuals, health care systems and nations are considerable.

There is an increasing understanding that many of these chronic diseases of adulthood have their origins in early life.

This new field is known as Developmental Origins of Health and Disease (DOHaD). Most of the current research in the field is centred on metabolic syndrome and its many components including obesity, adult-onset diabetes, coronary heart disease and hypertension. The propensity of an individual to develop these conditions relates to the speed at which a person and his or her ancestors have made the transition from traditional to Westernised lifestyles.

Much less is known about the developmental consequences for mental health, as research in this area is not as straightforward and is less amenable to experimentation with animal models. We do know however that anxiety and depression can have major impacts on the developing child and there must be close links between prenatal metabolic programming and postnatal behaviour.

Perth has several major studies in progress that are addressing the linkages between early life development and later metabolic and mental health. These include the Western Australian Pregnancy Cohort (Raine) Study which studies the lifelong consequences for nearly 3000 children who are now 20-22 years of age, and The Cycle Study which is a randomised controlled trial of home-based exercise to prevent gestational diabetes.

In the years to come, our understanding of how pregnancy and perinatal events can impact on the life-long health of people will continue to expand, and is likely to be accompanied by the discovery of interventions enabling us to improve health at the earliest times in life.

***Lost Babies* - A Singapore's Perspective on Pregnancy Loss Associated Psychopathology**

- **Kah Wee Ng[1], Jintana Tang[2] and Helen Chen[3]**

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Introduction: A microcosm of Asia, Singapore is populated with Chinese, Malays, Indians as well as immigrants from all over the globe. In the milieu of multi-cultural influence, the psychological impact of pregnancy loss on a woman can be very complex. Psychological sequelae of pregnancy loss is well recognised. But there has been little local research in this area. This is a descriptive study on patients who had either suffered a recent pregnancy loss or had history of pregnancy loss.

Method: An audit was conducted of cases related to pregnancy loss i.e. miscarriage, induced abortion, stillbirth, early neonatal loss and failed in vitro fertilisation at KK Women's and Children's Hospital – the largest medical facility in Singapore that provides specialist care in obstetrics and gynaecology. From May 2006 till November 2010, approximately 50 patients were seen at the hospital's Mental Wellness Service with relation to pregnancy loss issues and who gave informed consent to participate in the study.

Results: Demographical information, the context in which pregnancy loss occurred, surgical method carried out after the pregnancy loss/for induced abortion (e.g. Vacuum Aspiration, Mid Trimester Pregnancy Termination), presence of a psychiatric diagnosis and whether medication and/or therapy was required after the first psychiatric evaluation were some of the variables studied.

Conclusion: Psychological sequelae of pregnancy loss exist and can manifest acutely in the form of a grief reaction or even resurface during the woman's subsequent pregnancy. Select cases will be discussed in depth to exemplify some of these psychological issues and how medication and therapy had been beneficial.

AMPLE (Adolescent Mothers' Project: Let's meet your baby as a person)

- **Susan Nicolson[1 2], Fiona Judd[1 2], Frances Thomson-Salo[1 2 3]**

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This presentation will describe the methodology and preliminary findings of a project underway at the Royal Women's Hospital in Melbourne.

The AMPLE project (Adolescent Mothers' Project: Let's meet your baby as a person) tests whether a brief, peri-natal attachment intervention offered to a group of pregnant adolescents in the Young Women's Program in addition to routine maternity care, is associated with a better quality mother-infant relationship at infant age 4 months, compared with the mother-infant relationship observed in a control group in the Young Women's Program who do not receive the intervention.

The rationale for the project is that adolescent motherhood has long been associated with risks for both mother and child. Although adolescent mothers are a broad group, they overall face more psychosocial challenges in the transition to motherhood than older mothers and early in motherhood, adolescent mothers show more intrusive and neglectful behaviours and vocalise less with their infants than older mothers. In turn, their infants are more likely to have an insecure attachment relationship with them by the time they are a year old, compared with infants of older mothers. This insecure attachment relationship exerts an adverse effect on child development. Fortunately, even brief interventions grounded in attachment theory have been shown to positively influence the mother-infant relationship. The aim of the AMPLE project is to see whether a sustainable two-session attachment intervention that fits with routine maternity care in the Young Women's Program(one antenatal and one neonatal session) is visibly associated with a better mother- infant relationship at age 4 months in this vulnerable population.

Perinatal Emotional Health Program – A Rural and Regional Early Intervention Service Model

- **Maya Rivis[1], Cate Teague[2], Fiona Gladstone[3], Fiona Judd[4]**

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The Perinatal Emotional Health Program (PEHP) is State Government funded early intervention program providing family centred psychological care during pregnancy and up to one year post birth for women who are experiencing mild to moderate mental health symptoms. The model is specifically designed for delivery in rural and regional areas and is based on the Early Motherhood Service (EMS) which was developed by Northeast Health Wangaratta (NHW). The EMS commenced in 1997 and evolved from a project conducted in 1996 by Goulburn North Eastern Women's Health Services to identify service deficiencies.

In 2009, the Victorian State Government sought to identify a service model to improve treatment options to women in rural and regional Victoria to meet its obligations under the National Perinatal Depression Initiative, To identify an appropriate service model, the State Government commissioned a retrospective evaluation of the EMS and two other similar services. Based on the evaluation recommendations, the State Government committed recurrent funding to deliver additional treatment services in rural and regional Victoria based on the EMS service model. The program was to be called the PEHP.

Funding for the PEHP began on 1 July 2010 and the program is now operational across rural and regional Victoria. A total of 24 (15.7 FTE) clinicians are now employed through nine Area Mental Health Services to deliver the program.

This presentation is a joint presentation between the Victorian Department of Health (as program funder), Northeast Health (as program founder), and Barwon Health (as one of the deliverers of the program). The presentation will give a unique perspective of a rural and regional perinatal mental health service model from conceptualisation to implementation. The presentation will outline the program service model, State and local level implementation issues, solutions and early state-wide results.

Prenatal Stress and Risk of Behavioural Morbidity From Age Two to 14 Years: The Influence of the Number, Type and Timing of Stressful Life Events

- **M. Robinson[1, 2], E. Mattes[1], W.H. Oddy[1], C.E. Pennell[3], A. van Eekelen[1], N.J. McLean[2], P. Jacoby[1], J. Li[1], N.H. de Klerk[1], S.R. Zubrick[1], F. J. Stanley[1] & J.P. Newnham[3]**

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Background: The maternal experience of stressful events during pregnancy has been associated with a number of adverse consequences for behavioural development in offspring, but the measurement and interpretation of prenatal stress varies among reported studies. Further, little was understood about whether and how the number; type; and timing of stress events might influence subsequent child behavioural development between two- and 14-years of age.

Method: The Raine Study recruited 2900 pregnancies and recorded life stress events experienced by 18 and 34 weeks gestation along with numerous sociodemographic data. The mother's exposure to life stress events was further documented when the children were followed-up in conjunction with behavioural assessments at ages two, five, eight, ten and 14 years using the Child Behaviour Checklist (CBCL). Logistic regression models with generalized estimating equations were used to assess the relationships between the maternal experience of life stress events and child behaviour between age 2- and 14-years.

Results: The maternal experience of multiple stressful events during pregnancy was associated with subsequent behavioural problems for offspring. Both independent (e.g. death of a relative, job loss) and dependent stress events (e.g. financial problems, marital problems), were significantly associated with a greater incidence of mental health morbidity between age two- and 14-years. Exposure to stressful events in the first 18 weeks of pregnancy showed similar associations with subsequent total and externalizing morbidity to events reported at 34 weeks gestation. These results were independent of postnatal stress exposure.

Conclusions: The maternal exposure to life stress events during pregnancy has long-lasting consequences for mental health of offspring during childhood and adolescence, independent of later stress exposure. Improved support for women with chronic stress exposure during pregnancy may improve the mental health of their offspring in later life.

The Mother in Me; The Childs Eye View of Growing up with Maternal Mental Illness in the Family

- **Louise Salmon**

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Approximately twenty-three percent of Australian children live in families where at least one parent has or has had a mental illness; and 40 to 60 percent of children whose parent has a mental illness are at risk to their mental well-being, equating to approximately 500,000 Australian children. This presentation is dedicated to raising awareness of the needs and experiences of children of parents with a mental illness towards a strong sense of themselves, good mental health and future parenting.

As a child of the 1960s and 1970s, I grew up in a world where mental illness was seldom discussed and stigmatised more than today. This presentation explores the reality of the impact and implications of lifelong maternal depression and anxiety through the child's mind's eye view, across life stages, into parenthood and the raising of children thereafter.

Key messages include: the value to children and their parents of the many levels of dialogue around maternal anxiety and depression; raising awareness and understanding of the dimensions of the issues; and the significance of fathers and other carers.

The presentation will highlight that;

- The risk of maternal anxiety and depression for children's future mental health is not destiny.
- The risk is to not recognise these children and their parents.

Tricky concepts and elusive feelings will be conveyed with the help of Shaun Tan's artwork (by permission).

Perinatal Pathways: Psychosocial Risk, Help Seeking Behavior and Service Utilisation

- **Virginia Schmied[1], Maree Johnson[2], Annie Mills[3], Stephen Matthey[4], Marie-Paule Austin[5], Lynn Kemp[6], Tanya Covic[7]**

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Mental health problems such as depression, anxiety, drug and/or alcohol misuse and social problems such as domestic violence during the perinatal period are recognised as a major public health issue and are associated with poor outcomes for women and their children. Intervention studies indicate that mental health problems during the perinatal period can be minimised if women and families engage in appropriate services. In Australia, universal health services for pregnant women, children and families are generally well used with almost all women accessing antenatal care and most using child and family health nursing and general practitioner services (GPs). Research suggests however, many women with probable perinatal depression and anxiety do not seek help from professionals, preferring to use their own resources to deal with their difficulties, suggesting that social support (both partner and others) may be more important than formal health services.

The purpose of this paper is to report on the relationship between psychosocial risk factors (identified in pregnancy), women's general help seeking behavior and their subsequent utilisation and engagement in health services particularly services for perinatal mental health. We will also describe women's perceived need for services and their perception of the usefulness of services received.

Data for this study have been collected from 107 women using a structured survey at four points in time (4 weeks after the antenatal booking visit, at 36 weeks pregnant, and 6 weeks, and 6 months postnatal). Qualitative data were collected through semi-structured interviews at 6 weeks after birth.

Successful Implementation of NPDI Key Objectives: SA State-wide Experience

- **Tracy Semmler-Booth and Pauline Hall**

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The National Perinatal Depression Initiative (NPDI) is a 5 year project (2008 – 2013), which aims to improve prevention and early detection of perinatal depression and provide better support and treatment for expectant and new mothers experiencing depression. This is an exciting project that is being achieved through collaboration across maternal, adult, child and mental health services.

The projects key objectives are to introduce routine and universal screening for depression, provide workforce training on perinatal mental health and screening, provide support, care and treatment for women screening at risk, to develop clear and agreed pathways for follow up support and care, and to raise community awareness of perinatal depression.

This presentation will outline the successful implementation of a routine screening program in several metropolitan and country areas across South Australia. Reflections will be offered on the critical

components toward achievements thus far, as well as the processes involved and strategic directions taken. As the NPDI is a national initiative, conclusions may be generalised to other jurisdictions.

Staff training in relation to country and rural and remote communities using face to face, videoconferencing and an innovative multi-media e-learning program will be discussed.

Reflections will be offered on the critical components toward achievements thus far, as well as the processes involved and strategic directions taken. The challenges of implementation of the project objectives within rural and remote communities will be discussed as well as strategies for successful implementation.

The SA NPDI Team is well on the way towards meeting activity targets for 2010-2011 and the key objectives of the initiative. Evaluation data, including uptake of the e-learning program will be presented. Reference to national objectives, progress and applicability will be made.

Future challenges will also be outlined together with potential solutions for overcoming barriers.

Validation of the Postnatal Risk Questionnaire as a Psychosocial Assessment Tool: A Pilot Study

- **Michelle Smith[1,2], Marie-Paule Austin[1], Nicole Reilly[1], Fran Chavasse[3]**

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Background: The Postnatal Risk Questionnaire (PNRQ 2010) is a structured 12 item psychosocial assessment tool. Although intuitively appealing, we lack evidence that such tools are effective in identifying women with past or current mental health morbidity.

Objectives: 1) to validate the capacity of the PNRQ to identify women with *current or past* psychiatric diagnosis; 2) assess its acceptability to users.

Methods: All women admitted to Tresillian parenting centres complete the EPDS and PNRQ. Of those eligible, 27% were administered the M.I.N.I. (DSM-IV diagnosis) within 8 weeks of the PNRQ. A Likert scale was used to assess the acceptability of the PNRQ.

Results: Of 144 participants with a mean EPDS of 10.6 (SD 5.0; range1-24), 35.2% scored ≥13. Mean PNRQ score was 34.0, with 82.5% of women scoring ≥ 23 (suggestive of ≥ 4 risk factors). In those scoring ≥ 23 on the PNRQ, 31.4% endorsed a *current* MINI diagnosis (anxiety disorder 24.6%, major depression 7.6%, adjustment disorder 3.4%). Any *past* M.I.N.I diagnosis was endorsed by 61.0% of women of which 60.2% were major depression. Binary logistic regression showed that with every additional point increase on the PNRQ scale, the odds for having *a past or current* MINI diagnosis increased by 6% ($p<0.001$). In women scoring 13 or higher on the EPDS, a *current* MINI diagnosis was identified in 51.1%: about half of which were major depression

PNRQ Acceptability: 77% of women were 'comfortable or very comfortable' completing the PNRQ; 21% were 'somewhat comfortable' and 2% were not comfortable at all. 89% staff felt 'comfortable or very comfortable' administering the PNRQ.

Conclusions: These preliminary results indicate that the PNRQ is highly acceptable and that in women with PNRQ scores ≥ 23, ~ 60% endorse a past (predominantly depression) and ~30% a current (predominantly anxiety) MINI diagnosis. The use of the EPDS clearly complements the PNRQ in detection of *current* major depression.

Screening for Perinatal Anxiety Disorders

- **Susanne Somerville[1], Elizabeth Oxnam[1], Michelle Wettinger[1], Kellie Dedman[1], Rosie Hagan[1], Dorota Doherty[2]**

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Anxiety disorders are as common as depression in the perinatal period, indicating a need to identify and treat people with anxiety disorders. Anxiety disorders are listed as the most common mental health disorder in Australia with a 1 in 4 life time prevalence (ABS: National Survey of Mental Health & Well-being, 2007). High anxiety levels in the perinatal period have been found to affect the psychological wellbeing of the mother, development of the foetus and obstetric outcomes. Antenatal anxiety has been found to be a significant predictor of postnatal depression. Research suggests problematic associations between prolonged elevated anxiety in pregnancy and accessing antenatal care, delivery complications, and gestational age and birth weight and developmental outcomes for the child.

The EPDS is used widely to screen for depression in the perinatal period. It has not been designed to screen for anxiety symptoms. While there is some evidence that an anxiety subscale on the EPDS is useful, there is no elaboration on the type of anxiety being experienced from use of the EPDS for this purpose. Current general psychological measures of anxiety rely on somatic symptoms which are confounded by common pregnancy related symptoms. A screening tool specifically designed to detect anxiety disorders in the perinatal period is required.

Anxiety disorders are not as unitary in concept or presentation as depression. Treatment approaches differ depending on the type of anxiety disorder. A screening scale which not only accurately detects the risk of problematic anxiety in the perinatal period but also offers information on the type of anxiety disorder experienced would facilitate appropriate referral for treatment.

This paper previews the background and process for developing a Perinatal Anxiety Screening Scale (PASS) designed to detect problematic anxiety and provide information on the type of anxiety being experienced. It is about to be tested on a community hospital sample of Perinatal women.

"GROWN FROM COUNTRY": Effective Delivery of Perinatal Mental Health Care in the Context it is Being Delivered

- **Carol-Ann Stanborough**

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The National Perinatal Depression Initiative (NPDI) is a model for early intervention in mental health involving one of Australia's most vulnerable populations. The presenter is a practitioner at the 'coal face' of perinatal practice in country South Australia. Conference participants will hear about a way of working for and engaging with local communities to understand and respond to their needs and wants, so that services can be developed and articulated that are responsive and effective. The term "Grown from Country" reflects this ideal: It is a deliberate step forward in moving from rhetoric to reality using processes and systems that are both part of and familiar to the lives of country people. It is also about ensuring goodwill and acting in good faith. Effective community engagement is about taking the 'long view', building relationship capital and articulating a vision for now and into the future. The presentation will unpack how this happens in practice. This means how, across a vast geographical 'country' area, women and families are provided with perinatal mental health services and support at a local level; and service providers are able to come on board to contribute to the growing success of the initiative.

Development of a Resource for Assessing Risk for Disrupted Mother Infant Relationship in Mothers with Serious Mental Illness

- **Johana Stefan[1,2], Yvonne Hauck[2,3,4], Deb Faulkner[2], Daniel Rock[2,5]**

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The importance of mother-child interaction for the emotional development of the child is well recognised. There is evidence that attachment security is protective against poor developmental outcomes. Disorganised patterns of attachment occur in 15% of the general population; however this can increase to 80% in high risk populations. The aim of the mother-infant relationship project was to develop a risk assessment resource for adult community mental health clinicians working with new mothers. The key elements of this framework are:

- Recognition of the vital role of the case manager in the identification of disrupted mother-baby relationship and incorporation into care management;
- Creating a professional support network between the mental health clinician, general practitioner and community child health nurse for more effective use of existing resources;
- Early risk assessment and appropriate referral within existing services.

The resource provides an outline of risk factors for disrupted mother-infant relationship across the following domains: psychosocial factors; maternal behaviour towards infant; infant factors; mother-infant interaction; and protective factors. It is designed to raise the awareness of all health professionals working with women with serious mental illness and their babies on the importance of the mother-baby interaction and to facilitate early intervention. The resource is available online, as a clinician's handbook and an easy-to-use, fold out brochure. The mother-infant relationship framework emphasises that a variety of health professionals have the opportunity to identify risk and intervene to improve developmental outcomes for infants.

Borderline Personality Disorder and Severe Mental Illness in a Mother-baby Unit – How Common and What Difference Does It Make to the Admissions?

- **Anne Sved Williams[1,2], Charlotte Tottman[1,3] and Chris Yelland[1]**

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Background: Women admitted to Helen Mayo House, a 6 bed mother-baby unit in Adelaide, often present with a severe mental illness and sufficient other characteristics soon after admission for a tentative diagnosis of borderline personality disorder (BPD) to be offered as a dual diagnosis. Staff are often challenged by management difficulties in these situations, and infants may show significant compromise. In order to ensure best practice, a research project will first document frequency of such co-morbidities, changes during admission and document management with a view to reviewing practice.

Aims: 1. To document the frequency of co-morbidities in a mother-baby unit
2. To document the changes in diagnostic categorization during admission to the unit
3. To document management plans which help contain "personality-related behaviours"
4. To document effects for infants and therapies which show promise in helping in situations with dual diagnoses.

Method: At admission, discharge and 3 months following discharge, women entering HMH will complete the following self-report questionnaires: Edinburgh Depression Scale; Beck Anxiety Inventory; Standardised Assessment of Personality – Abbreviated Scale; and McLean BPD Screening Instrument. In addition, there will be a clinical interview of the mother, weekly observation of mother-infant relationship using Louis Macro, and routine developmental and paediatric assessments of the infant. Videos of mother-infant interviews may supplement other assessments.

Results: Results will be presented.

Discussions: Preliminary findings are hypothesized to show:

- that SMI combined with BPD will produce management issues for the women, staff stress and more compromised outcomes for infants
- that diagnosis of BPD at admission will not always be sustained throughout admission ie that a mother's behaviour will "unravel" with the joint pressures of SMI and parenting – and that with treatment of the illness and comprehensive management, the BPD diagnosis may not be sustained.

Work at Helen Mayo House will be discussed.

Down the Track: A Longitudinal Study Looking at Women's Experiences of Postnatal Depression and its Treatment

- **Roslyn West**

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Child and adolescent community health services and Bentley adult mental health service joined forces to provide a community based perinatal mental health service in 1998. The first CBT based therapeutic group was in February 1999 and the children of those first mothers are now approaching the end of primary school. This longitudinal research project, using qualitative and quantitative research methods, aims to explore and reflect on the effect and treatment of postnatal mood disorders. Videotaped focus groups are aimed at providing the participating women with an opportunity to identify strategies that they found useful and with the aid of hindsight develop a wish list of treatment and support options, and to reflect upon the long term effects of PND on themselves and those closest to them.

Depressive Symptoms and Intimate Partner Violence in the 12 months after Childbirth: A Prospective Pregnancy Cohort Study

- **Hannah Woolhouse[1], Deirdre Gartland[1], Kelsey Hegarty[2], Susan Donath[1], Stephanie J Brown[1,2]**

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Objective: To examine maternal depressive symptoms during and after pregnancy, and explore the relationship between depressive symptoms and intimate partner violence in the 12 months after a first birth.

Design: Prospective pregnancy cohort study of nulliparous women.

Setting: Melbourne, Australia.

Population: 1507 eligible women completed baseline data (mean gestation 15 weeks).

Methods: Women were recruited from six public hospitals in early pregnancy. Written questionnaires were completed at recruitment and at 3, 6 and 12 months postpartum.

Main Outcome Measures: Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale. Intimate partner violence was assessed using the short version of the Composite Abuse Scale.

Results: Sixteen percent of women reported depressive symptoms (EPDS≥ 13) in the 12 months postpartum, with most women first reporting depressive symptoms in the *second* 6 months after birth. Seventeen percent of women reported intimate partner violence in the 12 months after birth. Around 40% of women reporting depressive symptoms at each follow-up also reported intimate partner violence in the 12 months postpartum. Factors associated with postpartum depressive symptoms in multivariable models were: emotional abuse alone (adjusted OR 2.72, 95% CI 1.72-4.13), physical abuse (adjusted OR 3.94, 95% CI 2.44-6.36), depression in pregnancy (adjusted OR 2.89, 95% CI 1.75-4.77) and unemployment in early pregnancy (adjusted OR 1.60, 95% CI 1.03-2.48).

Conclusions: Screening for postnatal depression at three months postpartum or earlier may miss over half the cases of depression in the first 12 months after birth. Intimate partner violence is common among women reporting postnatal depressive symptoms and may be an important factor for health professionals to consider in managing postnatal distress.

Using Dyadic Analysis to Determine Common and Sex-Specific Risk Factors for Postnatal Depression Symptoms in Women and Men at 6 Months Postpartum

- **Karen Wynter, Jane Fisher, Heather Rowe**

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Background: Studies of risk factors for postnatal depression symptoms tend to focus on either women or men, or report separate analyses for women and men. This study used the Actor-Partner Interdependence Model (APIM) to determine risk factors (individual, partner, infant and social) for postnatal depression symptoms at 6 months postpartum, and to identify which of these factors are common to both women and men, and which are sex-specific.

Methods: Data were collected from a systematically recruited community cohort of primiparous couples at approximately 6 months postpartum. Computer assisted telephone interviews included questions about demographic factors, and standardised instruments assessing personality, intimate partner relationship, baby behaviour and postnatal depression symptoms. The outcome variable was Edinburgh Postnatal Depression Scale (EPDS) score.
Multilevel modelling was used to analyse the data; the couple was the unit of analysis; individuals (women and men) were nested within couples. Individual and partner effects were estimated simultaneously using the APIM.

Results: Data were available for 323 couples. Controlling for other relevant factors in the model, being a woman was associated with significantly higher EPDS scores than being a man. For both women and men, significantly higher EPDS scores were associated with past mental health problems, vulnerable personality, poorer intimate partner relationship, less leisure time, other adverse life events and more infant crying. For men only, higher scores were associated with not being married; for women only, with having a partner with a vulnerable personality and an infant

experienced as difficult to manage. Partner's early postpartum EPDS scores were not significantly associated with symptoms at 6 months.

Conclusions: Existing assumptions about the direction of the relationship between women's mental health and family functioning may be oversimplified and inaccurate. Interventions to prevent postnatal depression symptoms should include the whole family.

The Coming Together Project: Supporting the Mother-Baby Relationship during the Early Weeks of the Transition to Motherhood to Promote a Strong Healthy Community

- **Caroline Zanetti[1], Janette Brooks[2], Anne Clifford[1] & Jonathan Rampono[3]**

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Many women believe that the 'transition to motherhood' is an important cause of postnatal depression (Highet et al., 2011). This non-specific term describes a process made up of a range of separate experiences, some in the form of single events (such as childbirth) and others created from repeated tasks involving new ways of being with others – the baby, partner and other people in the mother's life.

Cox et al (1993) found that symptoms of PND were often present in the first few weeks postpartum. It can be argued that when the events of the transition to motherhood mostly go well, the mother's resilience to depression and anxiety will be enhanced, just as it will be diminished when she mostly experiences struggle. Given the ambivalence and uncertainty that many mothers feel about seeking help for perinatal mental health problems, it may be easier to engage vulnerable women very early when the focus of the intervention is to support the transition to motherhood, rather than to provide treatment.

Coming Together, a unique 6-week relationship-based mother-infant group program was developed by SJOG Raphael Centre to support vulnerable postnatal women identified 'at risk' of depression/anxiety and/or struggling with emotional and psychological issues with the mother-baby relationship within 2-6 weeks postpartum.

In partnership with the WA Perinatal Mental Health Unit, the program has been adapted to the needs of child health nurses delivering the universal Early Parenting Group (EPG) Program. Selected child health nurses will receive intensive training, and then weekly supervision as they facilitate the EPG in high-risk communities. Evaluation will be conducted over 14 months. Measurement tools will include the EPDS, Being a Mother Scale v:R2, and a patient satisfaction instrument.

It is hypothesized that women considered 'at risk' of postnatal mood disorder or struggling with the transition to motherhood will feel supported in the mother-baby relationship, report increased confidence and self-efficacy, increased support network and early referral to appropriate early treatment services.

ANTENATAL CARE AND MENTAL ILLNESS

Convenor: Megan Galbally

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PAPER 1: Borderline Personality Disorder and the Perinatal Period: Models of Care

- **Gaynor Blankley, Megan Galbally, Martien Snellen**

Perinatal Mental Health, Mercy Hospital for Women, Victoria

Borderline Personality Disorder (BPD) is a serious psychiatric condition of which the aetiology is thought to be a combination of underlying hereditable vulnerability, together with a history of childhood trauma and neurobiological dysfunction. It is associated with considerable psychosocial impairment and significant risk of psychiatric and physical comorbidity especially in the perinatal period. Infants of women with BPD are at increased risk of developing disorganized attachment styles, the sequelae of which are an increased risk of adult psychopathology. Pregnancy is a time of transition and vulnerability for all women as they face changes physically, emotionally, interpersonally and socially. It is a time when some level of ambivalence and anxiety are normal and a woman needs a secure base internally and externally to draw upon . Women with BPD are particularly vulnerable at this time of their lives and personal development. This paper will present both a review of the literature on perinatal management of women with borderline personality disorder and a proposed model of care developed at Mercy Hospital for Women. The model of care developed draws on attachment theory, the principles of mentalization based treatment and has been a collaboration with the departments of obstetrics and paediatrics. Recognizing the importance of providing both a secure base and individual care, the guidelines are aimed at early detection, ensuring clear accessible pathways to care, assessment of the mother, her rapidly developing infant and the mother infant dyad , in the context of her bio psycho social environment of the perinatal period. An overview of the place of pharmacotherapy and psychological models of treatment in the antenatal setting will be presented. The model of care developed at the Mercy recognizes the importance of routine supervision individually and for the team when managing this group of women

PAPER 2: Child Developmental Outcomes and Antidepressant Exposure In Utero: Implications for Clinical Practice

- **Megan Galbally[1], Andrew Lewis[2], Anne Buist[3], Salvatore Gentile[4]**

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Untreated maternal depression may have an adverse impact on child developmental outcomes. Recognition of this has resulted in an increase in prescription rates of antidepressant medication in pregnancy across many developed nations. However the investigation of longer term neurodevelopmental outcomes for children following exposure to antidepressants is limited and results have been conflicting. This paper will present both a systematic review of neurodevelopmental outcomes from antidepressant exposure in pregnancy and some of the findings of a prospective, longitudinal study which has followed children from pregnancy to 4 years of age exposed to antidepressants in utero and a matched control group. The Victorian Psychotropic Registry was established in 2004 and has followed 27 women treated with an SSRI, an SNRI or a NaSSA in pregnancy, and 27 individually matched controls and their children. The objective of the study was to investigate the effects of maternal use of antidepressants during pregnancy on birth outcomes, neurobehaviour in the newborn, growth in infancy, neurodevelopment at 18 months of age assessed using the Bayley Scales of Infant Development and then development at 4 years of age. These findings will be discussed in terms of their clinical relevance to debates concerning the risks and benefits of pharmacological treatment in pregnancy.

PAPER 3: Management of Schizophrenia and Bipolar Disorder in Pregnancy: Pilot Data and Recommendations for Care

- **Martien Snellen[1], Megan Galbally[1], Gaynor Blankley[1], Susan Walker[2], Michael Permezel[2]**

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[2]Perinatal Medicine, Mercy Hospital for Women and the Department of Obstetrics and Gynaecology, University of Melbourne

Women with bipolar disorder and schizophrenia have an increased risk of complications in pregnancy from their illness and from the medications they are prescribed. A literature search and review of original research, published reviews and guidelines was undertaken. This information was summarized, condensed and then reviewed by representatives of psychiatry, pharmacy, paediatrics and obstetrics to develop a model of antenatal care for women with Schizophrenia and Bipolar Disorder which is now in practice at Mercy Hospital for Women. There has also been produced an information booklet and monitoring recommendations and tables the later of which have recently been published in the Australian and New Zealand Journal of Psychiatry. The aim of the present study was to develop recommendations for antenatal care and monitoring for women with bipolar disorder and schizophrenia and to examine outcomes following the implementation. The recommendations include multi-disciplinary models of antenatal care, assessment and monitoring perinatal care plans and for women who are on lithium carbonate, antipsychotic or anti-epileptic medication during pregnancy specific monitoring and investigation recommendations. There has also been developed joint guidelines for ECT in pregnancy which will also be briefly presented. Pilot outcome data over the first 2 years for the clinic will be presented. The potential recommendations and implications for clinical practice in a range of settings will be discussed.

Co-morbidity in the Perinatal Period: Treatment Resistant Depression with Psychotic Features with Co-existing Thyrotoxicosis

- **Jacqui Coates-Harris**

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The perinatal period and transition to motherhood impose many challenges for women and their families alongside dedicated clinicians and health professionals who are interested in improving the quality of these women's lives. For women the perinatal period is marked with various biopsychosocial influences, changes and vulnerabilities. This is further complicated by social, occupational and environmental stressors such as; higher costs of living, career management or enhancement, social or familial isolation, and societal perceptions and expectations. All of which greatly influence the quantity, quality and access to 'good' healthcare during this time. Women often receive fragmented and uncoordinated services which leave potential problem areas undisclosed and undiagnosed complicating clinical assessment and treatment and leaving women more vulnerable.

Using a narrative case study approach this presentation will highlight; the need for greater awareness, importance and attention to undertaking a 'comprehensive', bio, medical, psychosocial assessment upon first presentation to healthcare services, consideration of how and where the needs of the 'baby' fit and the importance of collaborative interdisciplinary treatment planning that uses gold standard practices and treatments.

Mother Nurture Group: Holding the Mother so She Can Hold the Baby

- **Sue Coleson, Adele James**

Community Midwifery WA,

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An initiative of CMWA in collaboration with Communicare

Rationale: Many new mothers suffering mild to moderate PND/Anxiety are reluctant to present to GP because of perceived stigma and/or wish to avoid medication.
Early intervention for mother and baby in supportive/therapeutic group can set dyad off on more confident track, preventing more serious adjustment problems developing later.

Objectives:
- To promote Parent-Infant Mental Health and secure attachment through early intervention
- To provide a safe confidential space for mothers and babies to get to know each other in a supportive, reflective environment
- To allow expression of ambivalent feelings and acknowledge this as normal part of adjustment in post-natal period
- To give babies and mothers, opportunity to socialise in a safe, non-competitive environment
- To increase mothers' confidence, so mother and baby enjoy each other more
- To promote the message that every mother-baby dyad is unique; mothers and babies need time and thoughtfulness to learn to 'dance together'

Key Features:

Referrals from CHN's, Midwives, self referral (CMWA newsletter, advertising, word of mouth)
Small,10 week closed group, 6 mother baby dyads.
Two facilitators with specialised training in group work and Infant-Parent Mental Health
Flexible, non-didactic approach models sensitive attunement, builds confidence
Nurturing environment, breakfast, morning tea provided

Results:

11 groups, 63 mothers, 65 babies

- Very positive feedback e.g 'highlight of my week' 'I feel more in tune with my daughter now'
- Mothers most appreciate confidentiality, non-competitive, flexible, non-didactic emphasis of group
- Mothers benefit, gain confidence from opportunity to observe and reflect on their own and other babies and watch development over 10 week period
- Pre and Post-EPDS scores show marked reduction by end of group.
- Follow-up individual session with therapist available

Factors Influencing Maternal Separation Anxiety in First-Time Mothers of Preterm Infants

➢ **Anne Diamond**

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Maternal separation anxiety refers to the mother's response to being separated from her infant and is often expressed through worry, sadness or guilt. Some degree of maternal separation anxiety is healthy, but excessive levels have been associated with negative effects on the mother and the mother-baby relationship. Drawing on attachment theory, the aim of this study was to investigate the relative contribution of several maternal and infant variables to maternal separation anxiety in first-time mothers of preterm and fullterm infants in the first month postpartum. The variables of interest included mothers' predisposition to anxiety, maternal attachment history, gestation age and length of time before the mother could hold her baby after birth, infants' medical risk status, and mothers' ratings of different forms of social support in the postpartum period.

This study included qualitative and quantitative measures. Forty-six mothers, comprising 18 mothers of preterm infants, born between 30 and 36 weeks, with potential medical risk, and separated from their mothers after birth for longer than 12 hours, and 28 mothers of healthy, term infants, with less than one hour separation after birth, participated in the study. Participants were interviewed at home at one month postpartum (babies' age corrected for prematurity) and completed four questionnaires. Results of this study did not support the prediction that mothers of preterm infants would show higher levels of separation anxiety. However, the results did indicate that gestation age contributed significantly to the variance in maternal separation anxiety in the mothers of preterm infants, with mothers of late, rather than early, preterm infants reporting more anxiety.

This paper describes the study and examines the possible reasons for the non-significant findings overall. The paper develops themes drawn from mothers' responses to the experience of having a first baby prematurely to help inform the study's results.

Promoting Parent-Infant Mental Health in Western Australia

➢ **Renae Gibson**

WA Perinatal Mental Health Unit, Women and Newborn Health Service

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Health promotion is a key activity area of the WA Perinatal Mental Health Unit. As such, considerable attention is given to promoting emotional wellbeing to all Western Australian families with a new baby in order to reinforce healthy behaviours and prevent mental illness.

The objectives of the current strategy were to:

1. Create a positive, health-promoting message which is relevant to and beneficial for mothers and fathers, as well as their infant.
2. Deliver this message across WA in a format which is acceptable to both parents.

The message "Care for your baby by caring for yourself" was chosen as it reinforces the importance of self-care for parental wellbeing and highlights the infant's need for a happy and healthy parent. In addition, the message does not specifically promote "mental health", a term which still carries a degree of stigma; however, there are clear mental health benefits for any parent who adopts the advice.

Promotional materials were developed including pens, key rings, lip balms, magnets and bags. These were then distributed to agencies across WA in support of locally-run community events to raise awareness of perinatal and infant mental health.

Evaluation indicates that the pens, lip balms and bags were particularly welcome by parents, with reports of parents using these materials post-event to remind themselves of the message. Anecdotal feedback also revealed that use of promotional pens by health professionals has sparked comments from patients, which has opened the door for discussions about self-care and mental health.

The "Care for your baby by caring for yourself" message has proven to be relevant, acceptable and beneficial for parents with a new baby. As a result, other Australian states and territories have expressed an interest in taking up the message as part of their community awareness strategies under the National Perinatal Depression Initiative.

Queensland Centre for Perinatal and Infant Mental Health: Working to Improve Outcomes for Indigenous Women, Infants and Their Families across the Spectrum of Care

- **Elisabeth Hoehn, Sarah Davies-Roe and Liz de Plater**

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Stay connected, stay strong…before and after baby was created as a culturally sensitive perinatal and infant mental health (PIMH) mental health promotion DVD to raise community awareness and support Indigenous women, men and families to understand the importance of good social and emotional wellbeing during pregnancy and beyond.

The DVD was developed through a collaborative partnership between Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) and Centre for Rural and Remote Mental Health Queensland (CRRMHQ) and produced by Tropic Productions for Aboriginal and Torres Strait Islander communities across Queensland.

Collaboration and consultation was a significant part of the development process. The main consultation group for the project provided support in the cultural and technical aspects to ensure information provided was well researched, balanced and accurate. This group provided input throughout the development of the DVD with one last consultation ensuring the final cut of the DVD was an accurate representation of the issues relevant to perinatal and infant mental health.

On-site visits with meetings/story gathering get-togethers, and individual sessions were held and material recorded for inclusion in the DVD and for the development of the voice-over script. These 1-3 day visits to communities were planned for a period of a half-day with the opportunity for follow up video recording. Non-threatening locations/events (the beach, the bush, a social outing) were used. Location specific footage was filmed with permission as required from some communities.

With information gathered from interviews and stories provided by women with young babies, older women, fathers and health staff, a script was written and developed by Indigenous Health Workers at Wuchopperen Aboriginal Medical Centre. A worker also agreed to have her voice recorded for use in this DVD as the main character Jemma. “Jemma’s Story” is a small dramatisation that tells the story of one woman’s struggle with perinatal depression.

PANDA Home-Start Program

- **Belinda Horton, Betti Gabriel**

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PANDA has been providing counselling, referral and support helpline services for Australian women, men and their families living with perinatal depression for over 25 years. Much knowledge and wisdom has been gained about what is important for recovery from perinatal depression but also the building of strong, healthy families.

Perinatal depression occurs at the time of pregnancy and in the early years after the birth of a baby. These are significant mental illnesses that cause significant disruption to the journey into parenthood for both the new mother and father, placing stress on developing family relationships and a threat to the healthy beginnings for children. Women and their partners need early access to high quality interventions and services. Equally as important for recovery is access to support and mentoring for the new parents to build their confidence and resilience as parents, the key to sustainable recovery.

In line with PANDA’s peer support model on the National Perinatal Depression Helpline, PANDA has established a volunteer home visiting program based on the Home-Start Program (UK). Working with parents with mild to moderate perinatal depression, the trained Home-Start volunteer is matched with a family for weekly visits to assist them to overcome the impact of their transitional difficulties or depression and anxiety. This includes befriending, helping with practical tasks, supporting the parent’s relationship with their child(ren) and linking families into community services. The volunteer, who is usually a parent and may have experienced perinatal depression, acts as a mentor and friend to the family and strong, lasting relationships are often formed.

This poster reports on the progress of PANDA’s Home-Start Program as well as preliminary findings of the ongoing evaluation of the benefits of the program for parents living with perinatal depression. A number of case examples will be used to highlight the benefits of the program.

Ch.A.T Childbirth After Thoughts Service

- **Jan Klausen**

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Ch.A.T (Childbirth After Thoughts) is a midwifery initiative for women experiencing perceived trauma after childbirth. The service accepts self-referrals from pregnant women and mothers wishing to explore unanswered questions, physical symptoms and “childbirth induced” anxiety. Midwives, Nurses and Neo-Natal Staff also refer vulnerable women who agree to explore their emotions and behaviour after a stressful perinatal experience.

An enquiry by text or e-mail is followed by a phone call at a time suitable to the mother. Ch.A.T.’s aim is to empower her to continue finding her own answers by reflective listening and sensitive validating

of her responses to the birth. The Ch.A.T Midwife suggests reading material, websites and offers ongoing support by phone or e-mail. Information may be required about making a formal complaint but this is rare. In many cases an initial phone discussion is all that most women need to download, process and learn how to unravel the mystery behind their stress symptoms.

About 30% of women who contact the service choose the home visit option. The Ch.A.T Midwife and woman meet to read through her birth notes collaboratively. Relaxation and focussed breathing techniques are taught prior to the procedure and the woman is counselled to inform the Midwife if she needs to stop and breath if anxiety levels rise. There is anecdotal evidence of memories being "healed" by recognising the reality of reasons for procedures and perinatal experiences from the notes. Women have claimed that their feelings of powerlessness around their births are negated when they revisit the birth with different eyes. The Ch.A.T midwife may refer her to their GP or Community Mental Health for further care if indicated. For most, a simple action plan is agreed upon during the home visit or phone call. Each step, technique or action is carefully discussed to ensure goals are realistic and achievable for the woman. A copy of the proposed plan, a letter outlining what has been covered plus an evaluation form are posted. The returned forms are collated by an independent DHB clinician. The woman knows she can contact the service again if needed by text or e-mail printed on the Ch.A.T bookmark.

Practical Family Support Programs

- **Kristine McConnell**

Australian Red Cross WA Perth Metro

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Australian Red Cross is committed to caring for those most vulnerable in our community. Lots of new mothers are struggling with the changes a baby brings. The disruption to sleep and family routines and the emotions that come with this momentous event. Some parents are coming to terms with the bonus of a multiple birth and others are trying to care for children, toddlers and babies all with competing needs. Many of these parents are also experiencing mental health issues, feel isolated, overwhelmed and vulnerable.

The Practical and Family Support Programs (PFSP) delivered by the Red Cross assists and supports these families through this challenging time with staff and volunteer visitors encouraging the building of positive relationships between the parent and their children by promoting the development practical skills relating to the care of the children and role modelling parenting skills.

From helping them to establish basic family routines and budgeting to good nutrition and eating habits, the PFSP helps families develop practical skills. The PFSP also links the family to other support services and social networks in the local area such as playgroups and community centres.

Referrals are welcome from anyone who identifies a new parent who is experiencing post natal depression or associated mental health issues. Volunteers are recruited and matched to the individual needs of the family and considers attributes such as age, ethnicity and language to find appropriate matches. The chosen visitor then visits on a weekly basis for 4 hours with regular reviews as the parent increases their coping abilities and skills.

Red Cross delivers the PFSP across the Perth metropolitan area and South West of the state with the support and commitment of hundreds of volunteers.

Utopian Programs: Action Research Workshop

- **Kristine McConnell**

Australian Red Cross WA Perth Metro

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What if you had no boundaries when developing a program to support families with perinatal mental health issues? No funding restrictions, no staffing issues, no geographical challenges and no preordained mindset? Sound like Utopia?

Conference delegates are invited to participate in developing Utopian programs by contributing to this action research to develop innovative models of service using your experience and knowledge.

There are three target groups: Aboriginal peoples, CaLD communities and teenage parents. The context of each group is diverse and all require care and support programs to promote positive outcomes for the whole family. You are invited to add your thoughts and suggestions for one or more groups.

What the perfect program would include to meet the needs of the individual families?
What kinds of programs are required? What service models have proven records? For what length and intensity should agencies be employed? How do we ensure cultural security? What are the current gaps? How do we promote empowerment rather than reliance on services?

This is an opportunity to let your creative dreams run riot and generate a synergy without boundaries. Welcome to Utopia!

Preliminary Data on a Prevention Based Intervention for Children at Risk for Anxiety Disorders; Results of Phase One, Working with a Mothers Anxiety During Gestation

- **Anita Nepean-Hutchison[1] and Kevin R. Ronan[2]**

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Generalised Anxiety Disorder (GAD) is described as the second most frequent disorder in primary care (Halbreich, 2003). In children, anxiety is one of the most prevalent forms of mental health disorders. Recent research indicates known risk factors appear to influence the development of anxiety disorders in children include parenting anxiety (Wood, McLeod, Sigman, Hwang, & Chu, 2003) and genetic influence (Brennan, Pargas, Walker, Green, Newport, & Stowe, 2008; Sarkar, Bergman, O'Connor, & Glover, 2008). Maternal antenatal psychological states are associated with fetal neurobehavioural functioning, the development of difficult infant temperament, developmental delays, and other emotional behavioural disturbances throughout childhood (Grant et. al, 2008; Van den Bergh, Mulder, Mennes, & Glover, 2005). The feotal programming hypothesis suggests that the feotus adapts to the physiological characteristics of the interauterine environment during development rendering the offspring vulnerable to the development of mental health problems in later life (Bronfenbrenner & Ceci, 1994; Talge, Neal, & Glover, 2007). In light of the potential importance of perinatal anxiety for the mother and her infant, it is apparent that an understanding of the early course and antecedents are developed so targeted screening and preventive measures can be implemented. Thus, I am presenting the preliminary results of a two phase intervention project that focuses on treating anxious mothers by addressing the known risk and protective factors during the perinatal period. Phase one pilot study results being presented were obtained following an 8-week

group based intervention delivered during the antenatal period, which was aimed at reducing the level of anxiety for the mother. The second phase (currently underway) is aimed at addressing psychosocial factors, including “care and control” parenting constructs.

‘Just Listening’ Still Has Its Place – Summary Results of the Universal Post Natal Depression Screening Program, Hornsby Ku-Ring-Gai Child and Family Health Service

- **Julie Rogers and Susan Colville**

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Since 2005 screening for post natal depression using the Edinburgh Depression Scale has been offered to all women attending the Hornsby Ku-ring-gai Child and Family Health Service for their infants’ eight week and six month assessment. Over 11 000 screens have been conducted to date and three periodic reviews to determine the success or otherwise of the program have been completed.

The screening program has been offered at least once to the majority of first time mothers residing in the local community and just under half the mothers with a second or subsequent child. The incidence of a score greater 12 on the scale has varied from 4% to 6% across all women screened. In the first two years of the program the incidence of greater than 12 scores was slightly higher for women with their second or subsequent child.

Over time the screening protocols have been updated to reflect new resources, government policy changes and incorporate new tools to assist women and their families make informed choices about their treatment options.

A survey of a small group of women screened in the latter half of 2010 has just been completed. The results reaffirm the value of a simple screening tool to allow women the opportunity to talk about themselves and their feelings “It was a relief - a way to express how you’re feeling. I think it is a really useful tool and a way to discuss what may not normally come up in conversation at a baby check.”

The survey results highlighted the importance of active listening, social network supports and choices around therapy. ..The overall program results have cemented the value and appropriateness of a universal post natal depression screening program which is based on sound evidence, skilled practitioners and a philosophy of empowerment.

Anticipated Needs and Preferred Sources of Information about Emotional Health of First-Time Expectant Parents: A Qualitative Study

- **Heather Rowe, Sara Holton, Jane Fisher**

Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University

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Background: Australian national, state and territory policy emphasises measures to prevent, intervene early and improve pathways to treatment for perinatal mental disorders. Vital to achieving these aims are initiatives to increase the perinatal mental health capacity of primary health services and enhance public awareness of the emotional health needs of parents of infants. The aim of this

study was to understand the perceived needs and preferred sources of information and support for emotional health of men and women expecting their first child.

Methods: Nulliparous English speaking expectant parents attending Childbirth Education programs in public and private hospitals in metropolitan Melbourne and regional Victoria participated in single sex focus groups in late pregnancy. Group discussions were audio-recorded, transcribed and subjected to thematic analysis.

Results: 38 participants (22 women and 16 men) from diverse socioeconomic backgrounds attended one of 8 focus group discussions. Men and women identified a range of anticipated adjustments in the postnatal period including to tiredness, isolation, loss of leisure, independence and autonomy, and changes to the partner relationship. The internet, family, friends, printed materials and health professionals were regarded as important sources of information, but concerns were raised about the fragmented and inconsistent quality of available resources. There was diversity in views about whether primary health care providers are appropriate sources of information and support for mental health, and in participants' willingness to complete written questionnaires in health care settings about their emotional needs. Differences in priorities amongst men and women were noted and will be discussed.

Discussion and conclusion: Expectant parents readily identify their anticipated postnatal needs for information, skills and practical and emotional support. Comprehensive, consistent, reliable resources for mothers and fathers of first newborns are required.

The Development and Piloting of an Early Mother-Infant Play Assessment: Optimizing Occupational Therapy Practice in a Mother Baby Unit (MBU)

- **Amy Rushton[1] and Anne Passmore[2]**

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Background: Currently there are limited mechanisms available to evaluate early mother–infant play. This is of great concern, given the high prevalence of maternal mental health conditions in the first postnatal year, and their reported impact on the development and quality of mother–infant play. Without a systematic means to assess play, limitations cannot be identified and remediated through the provision of specific play-based interventions. The aim of this study was to develop, validate and pilot test an early mother–infant play assessment.

Methods: The Mother–Infant Observational Play Assessment (MIOPA) items were developed from the literature, and evaluated by expert panel evidence. It comprised three sections ('mother–infant play interactions', 'general questions regarding mothers' play' and 'toy selection and use') of 30 play items, measuring outcomes of frequency, quality, infant response and reciprocity. The MIOPA was pilot tested on a community sample of mothers and their infants, and administered to infants and mothers admitted to a MBU.

Results: The MIOPA demonstrated good content validity and excellent inter-rater reliability (89%). Significant differences between the play behaviours of mothers with and without mental health illness were found on items relating to facial expression ($p=0.019$), positive verbal encouragement ($p=0.002$) and responsiveness ($p=0.030$).

Conclusions: The MIOPA is one of few, specifically designed occupational therapy assessments, to systematically evaluate early mother–infant play interactions. Results from the MIOPA can guide provision of play-based interventions and can be used to monitor changes in play behaviour over time; ensuring timely and appropriate provision of evidence based intervention.

Working Collaboratively to Build an Effective Service System for Children and Families

- **Virginia Schmied[1] and Kim Psaila[2]**

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The purpose of this workshop is to seek the perspectives of perinatal mental health professionals about the implementation of a national approach to universal child and family health services in Australia. Universal child and family health services are ideally available to all children and families in Australia and are in the main provided by child and family health nurses and in general practice.

Current health policy in Australia is responding to international research on the importance of the early years in influencing child behaviour, learning and health. Australia has established services for pregnant women, children and families however the literature indicates that these universal services are often inconsistent across jurisdictions, fragmented across disciplines and sectors and do not adequately meet the needs of the population.

In 2008 under the auspices of the Australian Health Ministers' Advisory Council, extensive consultations were undertaken across Australia to develop a draft national framework for C&FHS. The purpose of the Framework is to establish a consistent, evidence-based and sustainable approach to providing C&FHS across Australia.

The workshop facilitator and colleagues are currently undertaking a national study investigating the feasibility of implementing a national approach and seek the perspectives of service providers who provide targeted, secondary and tertiary services to families in need and who support the universal service sector.

Workshop participants will work together to:

- the role of perinatal mental health service professionals in working with universal services to meet the needs of children and families;
- consider the factors that facilitate or currently hinder an effective service system for children and families
- identify the changes in organisational systems, service delivery and professional practice required to implement a national approach

Registrants will be provided with a discussion paper and questions prior to the workshop as well as information about this study.

The CHoRUS study is funded by the Australian Research Council and has five state government and five professional organisations as partners. Ethics approval has been obtained for the study and participants would be provided with consent forms at the start of the workshop.

Caring for Your body and Mind in Pregnancy-A Mindfulness Based Intervention for Pregnant Women at risk of Perinatal Depression and Related Disorders

- **Rosalind Powrie[1], Helen Duffy[2], Helen O'Grady[2]**

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There is a growing evidence base for mindfulness-based interventions for depression and related disorders. (Baer 2003) Mindfulness is defined as a paying attention on purpose in the present moment with non-judgement (Kabat-Zinn 2003) It has its roots in Buddhist philosophy and other contemplative traditions. Aspects of these traditional teachings have been incorporated into a number of mental health interventions (DBT, ACT, MBCBT). Mindfulness-based Cognitive Behaviour Therapy (MBCBT) in particular has a growing evidence base for reducing depression relapse (Segal et al 2002). Considering the high prevalence rates of depression in perinatal women with up to 40% of cases already present in the antenatal period, and the associated risks of taking anti-depressant medication during pregnancy, the presenters have recently trialled 3 eight-week MBCBT Classes in the antenatal period for women at risk of depression. A previous published pilot study in this population (Vieten and Astin 2008) has been encouraging. We also thought that any intervention which had the potential to reduce stress and anxiety in pregnancy, particularly when this is of an enduring nature, would also be beneficial for these women and their unborn infants. In addition, many women are naturally reluctant to take anti-depressant medication during pregnancy and are often very motivated to try other means to stay well and prevent PND, making MBCBT delivered in an 8 week class format a worthwhile pursuit. The results of the 3 groups of women (27) who have completed MBCBT classes will be presented including pre- and post- measures using the EDS, Dass21, Maas and a Self Compassion Scale. Qualitative information will also be presented from evaluation questionnaires, as well as discussion about the specific modifications to the standard MBCBT format in working with pregnant women.

Participants of this workshop will also have the opportunity to undertake some mindfulness exercises in order to gain an appreciation of the experiential learning process in the classes.

Strength to Strength Perinatal Support Program for Cald Women

- **Ruth Sims and Jan Ryan**

Ishar Multicultural Women's Health Centre

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The aim of the workshop is to share the good practice, community capacity building skills and leadership principles used in the Perinatal support program undertaken by Ishar Multicultural Women's Health Centre . The importance of engaging , upholding and enabling CaLD women through their transition into motherhood and beyond is integral to their mental, emotional, psychological and physical well being.

Ishar commenced working with Perinatal CaLD women in response to identified needs such as lack of social support and social isolation back in 2006 through a 10 week pilot program funded by the WA Perinatal Mental Health Unit . Since then funding has been secured from 2008 – 2010 and then again from 2010 – 2014 from the Unit.

Since its inception a strength based approach and community integrative practice have laid the foundation for the dynamic , creative and culturally appropriate development and implementation of the perinatal programs at Ishar . Due to the nature of the client group and a recognised gap in service an outreach arm was developed in the form of a home visiting program for the perinatal women which also has been funded by the perinatal unit through to the end 2011.

The workshop will give an overview of the implementation and sustainability of this unique grass roots program and its expansion into a home visiting program as well as providing an experiential component which participants will be invited to engage in.

Grady Addy

Grady Addy graduated from Social Work at the University of Western Australia in 2002. She spent two years working in child protection in the Kimberley region of Western Australia before returning to Perth where she has since worked in various roles in the Health Department. Grady has worked at King Edward Memorial Hospital since 2004 and currently works with the Childbirth and Mental Illness Clinic.

Kimberly Adey

Kimberly Adey Senior Registered Nurse – Mental Health, has 20 years of experience in the area of mental health nursing she has specific training and experience in the areas of Suicide Intervention ,Community and, Child and Adolescent Mental Health and Perinatal Mental Health. Kim recently established a Mental Health Consultation Liaison Position in the Maternity department at Armadale Kelmscott Memorial Hospital in collaboration with Senior colleagues. Originally Mental health Hospital based trained at the Western Australian School of Nursing and holds a Bachelor of Science degree in Nursing. Kim is a guest lecturer and tutor at Edith Cowan University W.A.

Craig Allatt

In 2008 Craig's partner developed puerperal psychosis after the birth of their son. She had no history of mental illness and he no experience of caring. The illness has had severe and ongoing consequences for the whole family. Craig is currently writing a booklet to help other fathers in a similar situation.

Beverley Allen

Beverley Allen Coordinator Education &Research. Beverley has a professional background in Maternal & Child Health and Family Therapy. She has participated in numerous research studies on implementing effective interventions to help families to make positive changes. She has a keen interest in walking alongside struggling families to provide encouragement, education and support.

Marie-Paule Austin

MD, FRANZCP, MBBS

Professor Marie-Paule Austin is the St John of God Chair of Perinatal and Women's Mental Health at the University of New South Wales and a Perinatal Psychiatrist at the Royal Hospital for Women, Sydney, Australia. In 2007 she led the development of the Australian beyondblue Perinatal Mental Health National Action Plan for the implementation of universal psychosocial assessment, training and pathways to care in the perinatal period. She chaired the development of the Australian Perinatal Mental Health Clinical Practice Guidelines (released March 2011).

Over the last 12 years Prof Austin has established a model of perinatal psychosocial screening and early intervention which has informed practice both across NSW and Australia. Prof Austin leads a number of research projects in the field of Perinatal mood disorders and stress in pregnancy and infant outcomes and has published over 100 peer reviewed articles. She is also undertaking data linkage studies to evaluate service perinatal MH provision at a population level. Austin is Past President of the Australasian Marce Society.

Bryanne Barnett AM

MBChB, FRANZCP, MD

Bryanne currently holds a conjoint professorial appointment at UNSW, where she previously held the first Chair of Perinatal and Infant Psychiatry. She works at St John of God Health Care's Raphael Centre in NSW, and also at Karitane, Fairfield.

Her interests include: early intervention, prevention and health promotion; and the application of attachment theory. Her doctoral thesis concerned maternal anxiety and included the first attachment study conducted in Australia. Subsequent clinical and research work has focused on supporting women and their families during pregnancy and the early years postpartum.

She is a Past President of the Australian Association for Infant Mental Health, the Australian Society for Psychosocial Obstetrics and Gynaecology, and both the International and the Australasian Marce Societies. In 2007 Bryanne was awarded Membership in the Order of Australia in recognition of service to families and the profession.

Gaynor Blankley

Dr Gaynor Blankley is a Consultant Psychiatrist at Mercy Hospital for Women in Victoria. Gaynor has recently developed a model of care for women with Borderline Personality Disorder in the perinatal period. As part of this she has undertaken in London training in Fonagy and Bateman's Mentalization Based Treatment and has been accepted to further develop research in this area at the 17th Annual IPA Research Training Programme in London. Gaynor has extensive experience in working and developing perinatal services across a number of settings including inpatient, outpatient and C-L.

Philip Boyce

Philip Boyce is Professor of Psychiatry at Westmead Hospital and Head of the Perinatal Psychiatry Clinical Research Unit at Westmead Hospital.

He went to medical school at Guy's Hospital in London. He started training in Psychiatry in London and then moved to Australia where he completed his psychiatry training. He trained in psychotherapy in Adelaide and then returned to Sydney to work at Mood Disorders Unit at Prince Henry. He completed his MD on the

association between personality and non-melancholic depression. He then was appointed as the foundation chair in Psychiatry at the Nepean Hospital, where his work focused on perinatal psychiatry before moving to his current position at Westmead Hospital where he is head of the Perinatal Psychiatry service.
He has had a long involvement with the Marcé Society. He was a member of the international executive committee and was one of the founders of the Australasian branch.
He served as president of the Marcé Society from 2000 to 2002.
He was President of the Royal Australian and New Zealand College of Psychiatrists from 2003 to 2005.
He has had a long standing clinical and research interest in perinatal mental health. He has conducted research into psychosocial aspects of postnatal depression, examining risk factors for the disorder, particularly the role of personality and obstetric risk factors. His current research focus is into the impact of psychotic disorders on women in pregnancy and postpartum and predictors of bipolar relapse following childbirth.

Debbie Brewis

Position Held: Coordinator, Education Services
Debbie has extensive experience working with parents and their infants and young children, to support and enhance their parenting skills. Debbie has worked across the range of early parenting programs provided at QEC for the past 10 years. She has a special interest in guiding and promoting positive parent/caregiver child interactions and supporting parents to provide enhanced nurturing care environments and build secure attachments with their children. Debbie's work has involved the sharing of practical parenting strategies, information and support to parents based on current best practice.
Debbie is a trained Family Partnership facilitator. She is currently a member of QEC's Education team and is involved in delivering training programs to the Early Childhood Sector and in supporting the development of QEC's staff and standards of professional practice.

Janette Brooks

Dr Brooks is the Senior Research Psychologist for the WA Perinatal Mental Health Unit and Clinical Senior Lecturer in the School of Women's and Infants' Health, University of Western Australia. Janette was the Project Manager in WA for the beyondblue National Postnatal Depression Program (2002 - 2006). Upon completion of her Masters Degree in Clinical Psychology Janette became recipient of the beyondblue Sherryl Pope Memorial PhD Scholarship. Janette's research interests include early intervention and prevention strategies for perinatal mental illness, mindfulness based strategies for perinatal mental health, culturally and linguistically diverse perinatal mental health needs and Indigenous perinatal mental health.

Anne Buist

Anne Buist is the Professor/Director of Women's Mental Health at the University of Melbourne. She runs two motherbaby units at Austin Health and Northpark and has over 20 years clinical and research experience in perinatal mental health. Following the success of the beyondblue postnatal depression program which she directed, her interests have focused on attachment and interventions to improve child outcomes. She has recently had a six month sabbatical at Yale University.

Nigel Carrington

Nigel Carrington is a Health Promotion Coordinator with Child and Adolescent Community Health. He has a background in parent education and a passion for community development approaches in the Early Years. Nigel was a Parent Link Coordinator with Centrecare and facilitated community development and engagement with The Smith Family in the Midland and Gosnells areas of Perth. He is an active member of a number of community-based Early Years Groups in metropolitan Perth and an AEDI Champion for the Midland areas. Nigel has a Graduate Certificate in Adult Education and a Master of Education.

Cathy Chapple

Cathy Chapple is a Mental Health Clinician, with 25 years experience across a range of areas of mental health. She has worked on and off for around 15 years in the Northern Territory of Australia.
Having worked for many years clinically, with a special interest in perinatal mental health, she decided to jump into the area of policy, taking on the Perinatal Mental Health Project Officer role. She has been working in this role since 2009 and responsible for implementing the National Perinatal Depression Initiative in the NT.

Anne Clifford

Anne Clifford is a perinatal and infant Clinical Nurse Specialist and has been working at the Raphael Centre Subiaco for seven years. Anne is a Credentialed Mental Health Nurse and has a Masters of Infant Mental Health from the NSW Institute of Psychiatry.

Jacquie Coates-Harris

Jacqui Coates-Harris, Clinical Nurse Manager of the Perinatal Mental Health Service, Waikato District Health Board. The service provides specialist assessment and treatment services for women and their families in the perinatal period for urban and rural areas of the WDHB.
I am a hospital trained psychiatric nurse for the last 27 years, during that time I have worked in a psychiatric institution (Tokanui hospital) and in various community roles and settings. I have an Advanced Diploma of Nursing, PG Diploma of Management and have just finished my Masters of Nursing (clinical pathway). I am

currently a Nurse Practitioner candidate and am looking at developing a role as a Nurse Practitioner with prescribing rights in the Perinatal Mental Health field in the near future.
My current interest areas area: Bipolar disorder, puerperal psychosis, infant mental health and working with fathers.

Sue Coleson

Sue Coleson is a psychodynamic psychotherapist with over 27 years experience in London and WA. She has specialised training in Infant and Parent Mental Health and has been passionately involved in this field for the past 8 years. She is also a mother of 3 grown up sons.

Susan Colville

Susan Colville is a Child and Family Health Nurse and is a member of the Hornsby Ku-ring-gai Child and Family Health Nursing Service. Susan has worked in the field for 22 years. Susan has been conducting the post natal depression screening review and client surveys

Debra Creedy

Professor Creedy, registered psychologist and nurse, has worked in several distinguished academic and research roles including Professor at National University Singapore, Professor of Griffith University Nursing and Health Gold Coast, and is currently the Director of the Queensland Centre for Mothers and Babies. She has been a recipient of several grants and a chief investigator on two NHMRC projects studying perinatal mental health. Professor Creedy has published extensively and her research focus has been on improving women's health within the maternity sector.

Maxine Croft

Dr Maxine Croft is a Research Assistant Professor with the University of Western Australia, a consultant (on National standards for record linkage) to the Centre for Data Linkage within the Public Health Research Network at Curtin University and an Honorary Research Fellow at the Telethon Institute for Child Health Research. She has advised on computing systems and software for record linkage for more than twenty years. Her doctoral thesis resulted in creation of the WA Twin Child Health (WATCH) Study, the only population based twin register in Australia. Internationally, she has participated in working groups on the epidemiology of SIDS.

Deirdre Davies

Deirdre is Programs Manager at Playgroup WA. She worked as an independent consultant for 12 years and has experience in community consultation; strategic and community planning; organisational development; research and evaluation. She was a Research Associate to Murdoch University Social and Community Research Centre where she worked on a range of projects. She has a particular interest in the social issues surrounding health and wellbeing.

Liz de Plater

Liz de Plater is a Social Worker with twenty years experience in the areas of mental health, child protection, family therapy and population health. Her current role supports service development and implementation of perinatal and infant mental health services across Queensland, across sectors and across disciplines. She shares this role with Sarah Davies-Roe who sits in North Queensland, who is also a very experienced Social Worker, and who project managed the development of the suite of indigenous resources. The QCPIMH team is lead by Dr Elisabeth Hoehn, child psychiatrist, who also leads Future Families, an infant mental health program.

Anne Diamond

Anne Diamond is a psychologist currently working with mothers with postnatal depression in the western suburbs in Melbourne. She also works part-time in a policy and project management role in perinatal depression and general practice. This research was conducted as part of her Masters of Psychology (Clinical) degree.

Malcolm Dix

Malcolm enjoys bringing humour, energy and great learning wherever he goes.
He is a Corporate Comedian, Speaker and MC, who for the last 16 years he has been engaging audiences and making them laugh their way to good health.
He is the recent author of Ninja Dad - a pregnancy and baby survival guide for men and also worked as a Youth and Community Housing Worker for many years but has recovered from that traumatic experience!
Malcolm has worked with people from across the board and looks forward to seeing you all at the Marce Conference in Fremantle.

John Doust

Jon Doust is a big name in Western Australia. Well, his name isn't that big, with only eight letters to it, but as soon as he hits a presentation floor, things around him diminish. That, and his overactive sense of humour and the ridiculous, is why he is in demand.
His first adult novel, Boy on a Wire (Fremantle Press), published in April 2009, required a re-print before

December and was then long-listed for the 2010 Miles Franklin, Australia's most prestigious literary award. Since then Jon has been popular at literary festivals, schools, book clubs, libraries, bus stops and coffee shops.
He is a regular on the conference circuit, speaking on a wide range of subjects, from Jungian personality models, the value of humour as a stress reliever, to leadership and community development.

Helen Duffy

Helen Duffy is a Nurse/Psychotherapist with extensive experience in the areas of drug and alcohol and depression, anxiety and complex trauma. Helen is currently part of the counselling team at Women's Health Statewide in Adelaide. As a part of this work, she is involved in running Mindfulness-based Cognitive Therapy Classes for pregnant women and providing one to one therapeutic services to women throughout the peri-natal period.

Jacinta Ellis

Jacinta Ellis works in local government for the City of Swan, situated east of Perth and is the largest LGA in land size. Her role of Community Planning and Policy Officer is specific to the Early Years allowing her to work with communities to provide opportunities for children to have the best possible start to life. Jacinta coordinates the City's Early Years Groups, where the Ellenbrook group first highlighted the urgent need for Perinatal Mental Health services for their community. Jacinta is an active member of the Ellenbrook Perinatal Mental Health Working Group and has contributed local knowledge to the development of localised strategies in a bid to tackle Perinatal Mental Health issues.

Jennifer Ericksen

Jennifer Ericksen clinical psychologist and Manager of Perinatal Mental Health Services and Training, Parent-Infant Research Institute, Austin Health. The institue is a large treatment centre for perinatal depression and anxiety. specialising in developing and evaluating interventions. She provides training to Maternal and Child Health Nurses, Psychologists, General Practitioners and Midwives.
She has contributed to Treating Postnatal Depression. A Psychological Approach for Health Care Practitioners by Milgrom, J., Martin, P.R. & Negri, L. Chichester: Wiley, 1999. Towards parenthood. Preparing for the changes and challenges of a new baby. ACER 2009. Overcoming Depression Ericksen J. Milgrom J.M. PIRI 2011

Jane Fisher

Jane Fisher is Jean Hailes Professor of Women's Mental Health in the School of Public Health and Preventive Medicine at Monash University. She has longstanding interests in the links between reproductive health and mental health in women, in particular during pregnancy and after childbirth. She has been Consultant Clinical Psychologist to Masada Private Hospital's Mother Baby Unit since it opened in 1996. She is immediate Past President of the Australasian Chapter of the Marcé Society.

James Foley

James Foley graduated from Notre Dame University in 2006, earning a Bachelor of Behavioural Science with Distinction. In 2007 he was selected for WA Health's Graduate Development Program, and completed placements with the Child and Adolescent Community Health Service and the State Child Development Centre. James' stayed on at his third placement with the WA Perinatal Mental Health Unit, overseeing the development of the perinatal anxiety module. He has been involved in a range of research and training projects. He is also responsible for developing and maintaining WAMPHU's numerous websites.

Jacqueline Frayne

Jacqueline Frayne MBBS DRANZCOG FRACGP MMed (Women's Health) GCIM, completed her medical degree at the University of Western Australia in 1989. She is currently a GP in Mosman Park, Perth, a clinical tutor for the School of Primary, Aboriginal and Rural Health Care at the University of Western Australia and GP Obstetrician at King Edward Memorial Hospital for Women working in the Childbirth and Mental Illness Antenatal Clinic.

Betti Gabriel

BA (Soc Sc), Grad. Dip (Human Services- Counselling)
Betti commenced volunteering at PANDA as a Telephone Support Worker in 2005. She has experienced PND and knows first-hand the value of peer support. She was supported by PANDA after having her first child and found this support to be invaluable and a turning point in her recovery.
After two years as a volunteer Betti was employed by PANDA as a Telephone Counsellor, and has played an integral role in supporting parents and grandparents affected by Post and Antenatal depression.
Over the last two years Betti has extended her responsibility in the Volunteer Coordinator role training and mentoring volunteers.
A recurring theme which Betti identified whilst working on the helpline was the lack of in-home support available to families with limited support networks. This motivated Betti to extend and develop PANDA's services. Betti has established a peer-to-peer home visiting program and is now in the role of Home-Start Co-ordinator. In this role Betti is responsible for recruiting, training and mentoring the Home-Start volunteers.

Megan Galbally

Dr Megan Galbally is a Consultant Psychiatrist and Head of Unit at Mercy Hospital for Women in Victoria. Megan is the Chief Investigator for the Victorian Pregnancy Register for Women on Psychotropic Medication, which is a longitudinal study of the neurodevelopmental effects of psychotropic medications taken in pregnancy on infant and child outcomes. This study has been the recipient of the Neuroscience Research Grant and the Pat and Toni Kinsman Postnatal Depression Award. The study has resulted in several scientific publications. Megan has been a member of the executive committee of the Australasian Marce Society since 2004.

Rebecca Giallo

Rebecca Giallo is a Research Fellow and psychologist at the Parenting Research Centre. She is currently coordinating a range of projects exploring relationships between mother and father wellbeing, fatigue and parenting. She also has over 10 years experience working with parents and children in a range of educational, clinical, and health settings.

Renae Gibson

Since completing a Bachelor of Health Science at the University of Western Australia, Renae Gibson has had a keen interest in the field of health promotion, with a particular desire to improve the well-being of families with young children. Renae has been working as Health Promotion Officer at the WA Perinatal Mental Health Unit since 2007, where her projects to date have included a pilot Aboriginal Maternal Mental Health training package, the “EPDS wheel”, the Perinatal Mental Health News and Events newsletter, and a range of promotional items with the theme “Care for your baby by caring for yourself”.

Vivette Glover

Vivette Glover is Professor of Perinatal Psychobiology at Imperial College London. Her first degree was in biochemistry at Oxford University, and she did her PhD in neurochemistry at University College London. She then moved to Queen Charlotte’s Maternity Hospital, London. More recently she has applied her expertise in biological psychiatry to the problems of mothers and babies. In 1997 she set up the Fetal and Neonatal Stress Research Group which studies fetal and neonatal stress responses, methods to reduce them, and long term effects. The effects of the emotional state of the mother, both on the developing fetus and longer term on the child are being studied. This is a new field for study, and one which links obstetrics, paediatrics, psychology and psychiatry. She has published over 400 papers.

Recent projects include studies showing that maternal prenatal stress or anxiety increases the probability for a range of adverse neurodevelopmental outcomes for the child. These include ADHD, conduct disorder, and cognitive impairment. Her group are also studying the biological mechanisms that may underlie such fetal programming.

Fiona Gladstone

Fiona Gladstone is mental health nurse working in the area perinatal health for the early motherhood service which the PEHP program is modeled on.

Michelle Haling

Michelle is a qualified midwife, child and family health nurse, infant mental health specialist, credentialed mental health nurse and Marte Meo therapist/supervisor in training. Last year she undertook training in the Adult Attachment Interview.

Michelle currently works at the St John of God Raphael Centre, NSW. This community based service provides prevention and early intervention for anxiety and depression to women, their partners and families from conception until 4 years.

Her career has also involved establishing perinatal and infant mental health services across Australia and training health professionals. Studies in attachment theory and “secure base” interventions have underpinned this work.

Yvonne Hauck

Dr Yvonne Hauck was appointed as Western Australia’s inaugural Professor of Midwifery in February 2011 which involves a joint partnership between Curtin University and King Edward Memorial Hospital. She also holds a research consultancy in the Mental Health Early Life Program with the Clinical Applications Unit in North Metropolitan Area Health Service Mental Health.

Chris Hawkes

Chris Hawkes has worked with Playgroup WA in a variety of roles since 2001. She has been coordinating Playgroup WA’s Supported Playgroup Program since 2006 and is currently the Team Leader, Supported Playgroups Program.

Carol Henshaw

Carol Henshaw is Consultant in Perinatal Mental Health at Liverpool Women’s Hospital & Honorary Visiting Fellow at Staffordshire University. She is a former President of the International Marcé Society and her work centres on perinatal mental illness, menstrual mood disorders and women’s mental health. She sits on the

Royal College of Psychiatrist's Perinatal Section and has published books, chapters and papers on perinatal psychiatry, and chaired the Royal College of Psychiatrist's revision of their Report CR164 'Parents as Patients' She has extensive experience of teaching psychiatrists, nurses, midwives, health visitors and general practitioners about perinatal mental health.

Nicole Highet

Dr Nicole Highet is the Deputy CEO of beyondblue; the national depression initiative and as part of her role, is the Director of the perinatal portfolio at beyondblue.
In this capacity Nicole has lead the translation of research into policy, contributing to the Government's $85million investment into routine screening program, and workforce training and development. Nicole was also co-chair of the Perinatal Guidelines Evaluation Advisory Council which informed the development of the current perinatal guidelines.
As director of communications at beyondblue, Nicole leads the evaluation of research into community knowledge and understanding of perinatal mental health – which has informed the development of highly successful national campaigns.

Belinda Horton

B.App.Sc.(OT), M.Hlth.Sci.(OT), Grad. Dip. F.T.
As an Occupational Therapist Belinda completed studies in a Master of Health Science in Occupational Therapy, which provided an opportunity for her to explore maternal and family health and perinatal depression from the perspective of occupational therapy.
Belinda qualified as an International Board Certified Lactation Consultant (IBCLC) in July 1999 which she practiced privately until 2004. Belinda went on to complete the Graduate Diploma in Family Therapy in 2001 and practiced family therapy counselling for 6 years in a Postnatal Depression program. In 2004 Belinda joined PANDA as CEO. Belinda co-authored the Postnatal Depression and Breastfeeding booklet with ABA in 2007 and PANDA's Guide to Postnatal Depression Support Groups with Playgroup Victoria at the end of 2007.
Belinda is currently working towards consolidation of PANDA's National Perinatal Depression Helpline following expansion to Australia wide coverage in 2010.

Adele James

Adele James joined the From the Heart WA (previously known as the PNDSA) in 2006. She is an active volunteer and a committee member. Adele's passion is to help raise awareness and remove the stigma associated with perinatal mental illness. She speaks publically on the consumer issues surrounding perinatal mental health, runs educational workshops and is a consumer representative on the WA State Perinatal Mental Health Reference Group. She is part of the team that developed and deliver the CMWA Mother Nurture programs.

Fiona Judd

Fiona Judd is Professorial Fellow in the University of Melbourne Department of Psychiatry and Director, Centre for Women's Mental Health at the Royal Women's Hospital.

Margaret Kerr

Margaret Kerr is an experienced Early Parenting Practitioner, qualified in Early Childhood.
Over the last eleven years she has been involved in a variety of programs at Queen Elizabeth Centre, including the Residential Unit and Day stay programs, development and implementation of the PlaySteps program and development and implementation of the Tummies to Toddlers program.
She works in partnership with families, respecting their ability to generate their own solutions while providing support to enable this to occur.

Jan Klausen

Jan Klausen is a Midwife who works part-time in Hastings Hospital, Hawkes Bay, New Zealand. She has a special interest in Maternal Mental Health issues especially Post Traumatic stress symptoms after childbirth. She was awarded the Bio-Oil Post-Natal care Grant 2010 to raise awareness and education about PTSD in childbirth. The grant has also funded the promotional material for Ch.A.T (Childbirth After Thoughts). Next year she plans to lead a pilot scheme in Hawkes Bay New Zealand mirroring the work in Leicester and Sheffield UK around use of CBT trained Midwives and Health visitors to address perinatal stress and compare PND outcomes to a control group being cared for by Maternity carers not trained in CBT.

Catherine Knox

Catherine Knox is CEO of the Gidget Foundation, a role that includes advocacy and collaboration with various organisations. Her work also includes medical student and midwifery education along with frequent representation to professional, industry and community groups. She has a background in marketing, adult education and corporate training. Following her distressing encounter with perinatal anxiety and depression Catherine has pursued a passionate interest in the area of mental health and women's life experiences. Catherine has a Masters in Gender and Cultural Studies and co-authored Beyond the Baby Blues. Her husband and five children keep her grounded.

Jayne Kotz

RNP, MNSc, PGDipNSc., PGDipMid..
Jayne has strong working history of working with women and their families in their own communities. She has worked in remote villages in Tanzania, Zimbabwe, and Vanuatu, and in Aboriginal communities in Lajamanu in the NT and in Nullagine and the Kimberley in WA. She has also worked in remote, rural, metropolitan and correctional services settings.
Her working alongside women of all ages and stages: women who are well supported and women who are disconnected, women who are disabled, homeless, older, younger, survivors of sexual assault and family violence and mothers to be, has all added a depth and understanding of the complex issues impacting on women's health.

Miriam Krouzecky

Miriam Krouzecky is a Clinical Nurse Specialist employed by Child and Adolescent Community Health. She belongs to a team of nurse specialists contracted under the National Perinatal Depression Initiative to implement the West Australian Perinatal Mental Health Unit's plan for WA, 2009-2013. Miriam's paediatric nursing training, her subsequent work in community child health nursing and her involvement in an intensive home visiting program for high risk families fostered her enthusiasm for community initiatives which scaffold maternal mental health and wellbeing, thereby stimulating secure family relationships which positively impact children's life trajectories. Miriam has a Graduate Diploma in Infant Mental Health.

Sally Langsford

Sally Langsford has been in the New Beginnings Program for 8 years. Her most important qualification is MOTHER. After that she is a registered Nurse and Midwife with a Bachelor of Nursing and is a trained Psychotherapist in Transactional Analysis. Her interest in Perinatal Mental Health developed during 8 years of providing antenatal and postnatal education
Sally's aim is to share the knowledge she has gained over 20 years as a midwife, with 8 years spent in antenatal and postnatal education and 8 years as one of the co-ordinators of the 'New Beginnings' Postnatal Distress, Depression and Anxiety Program at Joondalup Community Mental Health.

Miriam Maclean

Miriam Maclean joined the WA Perinatal Mental Health Unit in 2010 as Research Officer and acting Senior Research Psychologist. Her projects have included evaluations of several service models aimed at improving the support available to women with or at risk of postnatal depression in general, CALD and Indigenous populations. In 2005, she completed a B.A. Honours degree in psychology, winning the APS prize for her research on stepfamilies. Prior to joining WAPMHU Miriam worked in research consulting, conducting a range of research and evaluation projects for clients including FAHCSIA, the Department of Education and ECU's Child Health Promotion Research Centre.

Trudi Mannix

RN/RM, NICC, DEd
Current Appointment: Lecturer of Nursing and Midwifery
School of Nursing and Midwifery
Flinders University, Adelaide, Australia

Stephen Matthey

Stephen Matthey: I'm a Senior Clinical Psychologist, and Research Director for the Infant, Child & Adolescent Mental Health Service. I hold adjunct Associate Professor positions at the University of Sydney (Psychology) and UNSW (Psychiatry). I have published around 80 papers on a variety of topics, and work clinically part-time. I'm also fanatical about football (aka soccer), my motorbike, and to a certain extent playing the violin !

Sonia McCallum

Dr Sonia McCallum is a Research Fellow within the Women's Mental Health Group at the Jean Hailes Research Unit, located in the School of Public Health and Preventive Medicine, Monash University. Her background is in medical science research, where she completed her post-graduate studies. She is currently working on several research projects focusing on the health of women and their infants in the postpartum period, including maternal mental health, infant behaviour, health service use, and the evaluation of services supporting families. Her research interests include women's mental health including fatigue, health service use, cancer prevention and treatment, and program evaluation.

Kristine McConnell

Kristine originally trained as a Mothercraft nurse before completing a BA Social Science and a Post Graduate Diploma of Business Management. She has extensive experience in community services throughout Western Australia specialising in Carers, mental health, CaLD communities and Aboriginal peoples. Kristine is the manager of Australian Red Cross WA Visitor Support Services and is currently a member of the WA Carers Advisory Council.

L Sanjay Nandam

Dr L. Sanjay Nandam graduated from the University of Queensland with a Bachelor of Medicine and Bachelor of Surgery in 1999. He became a Fellow of the Royal Australia and New Zealand College of Psychiatry in 2008. He currently works as a clinical psychiatrist in both public and private adult practice. In addition, Dr Nandam holds an appointment as a Conjoint Research Fellow in neuroscience at the prestigious Queensland Brain Institute (QBI). His research on neural stem cells and the neurochemistry of cognition has been presented at international conferences, published in leading scientific journals and attracted both national and international grants.

Anita Nepean-Hutchison

B. Psych (Hons), M.Ed.
Anita Nepean-Hutchison, in addition to completing her PhD with
CQ University, is working with QLD Health as an Early Intervention Parenting Specialist, and has worked in Family and Early Childhood Services teams since completing her undergraduate degree. Anita completed her Master's in Education focusing on early childhood development and has research interests in the area of the intergenerational transfer of anxiety, perinatal anxiety, infant-parent relationships, attachment, and early intervention programs. She is passionate about working with children and families.

John Newnham

John Newnham is Professor of Obstetrics and Gynaecology at The University of Western Australia (UWA) and is a sub-specialist in Maternal Fetal Medicine. He is Head of the UWA School of Women's and Infants' Health based at King Edward Memorial Hospital; Deputy Dean of the UWA Faculty of Medicine, Dentistry and Health Sciences; and Executive Director of the Women and Infants Research Foundation.
Born in Western Australia, he graduated from The University of Western Australia in 1976 and pursued postgraduate medical training in Australia, South Africa, UK, and USA. Over the last 25 years he has published more than 200 original papers in international science journals.
He heads a research group which involves extensive collaborations with centres in USA, Canada, China and Australia. His research interests are based on the prevention of pre-term birth and the developmental origins of health and adult disease.

Kah Wee Ng

Dr Ng Kah Wee is currently a Registrar with the Mental Wellness Service, KK Women's and Children's Hospital, Singapore. She has graduated from the National University of Singapore with Bachelor of Medicine and Surgery (MBBS) and Masters of Medicine in Psychiatry (MMed Psychiatry). Her interest is in eating disorders and women's mental health.

Susan Nicolson

Dr Susan Nicolson is a General Practitioner and staff member at Royal Women's Hospital. She is a PhD Candidate at the University Of Melbourne Department Of Psychiatry.

Helen O'Grady

Helen O'Grady is part of the counselling team at Women's Health Statewide in Adelaide. This team offers a service to women experiencing depression, anxiety, complex trauma and related concerns. As part of the affiliation with the Women's and Children's Hospital, Helen currently co-runs Mindfulness-based Cognitive Therapy Classes for pregnant women.

Libby Oliver

Libby studied nursing at Curtin University and has worked as a Community Mental Health Nurse for over 10 years in both rural and metropolitan settings in WA. Her interest in perinatal mental health began while working in rural Western Australia where she became aware of the significant impact of perinatal mental health on the individual, child, family and the community. She has been involved in co facilitating therapeutic groups for women with depression and/or anxiety following childbirth and is now a nurse specialist working under the National Perinatal Depression Initiative implementing the West Australian Perinatal Mental Health Unit's plan for perinatal mental health.

Rosalind Powrie

Rosalind Powrie is a perinatal and infant psychiatrist and Head of the Perinatal and Infant Mental Health Team (PIMHS) at Womens and Childrens Hospital CYWHS Adelaide. She has contributed to the NPDI Plan.She has extensive teaching experience in perinatal and infant mental health, refugee psychiatry, and is currently a supervisor and teacher in Certificate in Infant Mental Health in SA. She is a consultant in perinatal and infant mental health for Maari Ma Aboriginal Health Corporation based in Broken Hill.She co-runs the MBCBT classes with the presenters above.

Kim Psails

Kim Psails is a registered nurse with a keen interest in perinatal infant mental health. She has many years experience in neonatal intensive care and is currently undertaking a PhD examining the professional roles and collaboration in forming an effective service system for children and families.

Carol Purtell

Carol Purtell is the beyondblue National Program Manager for the Perinatal Depression Initiative. Carol is a Registered Nurse - Masters in Social Science (Counseling) with extensive experience in the provision and development of mental health services. Carol was a member of the Expert Advisory Committee that developed the NHMRC endorsed Clinical Practice Guidelines for Depression and Related Disorders in the Perinatal Period, and managed the development of the beyondblue online accredited training program: 'Beyond babyblues: detecting and managing perinatal mental health disorders in primary health'.

Jonathan Rampono

Associate Professor Jon Rampono has been the Head of Department of Psychological Medicine at the Woman and Newborn Health Service in Western Australia for the last 15 years.
He was a member of the committee responsible for the National Action Plan for Perinatal Mental Health and was on the Guidelines Expert Advisory Committee for the NHMRC guidelines for Perinatal Mental Health disorders.
He is actively engaged in the management of patients from pre-conception counseling, through Pregnancy and into the Postnatal period.
He has undertaken research into exposure of the foetus and Breastfed infant to Antidepressants, Mood Stabilisers and Antipsychotics and is the author of a number of peer reviewed journal articles and book chapters.

Robyn Rigby

Robyn Rigby originally trained as a Registered Nurse at Sir Charles Gairdner Hospital in Perth, WA in 1985. From there she trained in Midwifery at King Edward Memorial Hospital, qualifying in 1989, then completed her Bachelor of Nursing at Edith Cowan University. Robyn has worked in a variety of maternity settings, and has been the Clinical Midwifery Consultant at Armadale Health Service for the last 3 years.

Maya Rivis

Maya Rivis is a senior policy advisor with the Victorian Department of Health and has around 10 years public sector experience in developing and implementing Government policy and projects.

Vijay Roach

Dr Vijay Roach is an obstetrician and gynaecologist in private practice at North Shore Private Hospital and the Mater Hospital and public practice at Royal North Shore Hospital in Sydney. He is a Councillor with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and a lecturer in Obstetrics and Gynaecology at the University of Sydney. Vijay is the Chairman of the Gidget Foundation, a not for profit organisation committed to raising awareness of perinatal anxiety and depression. He is married to Catherine Knox and together they have 5 children.

Monique Robinson

Dr Monique Robinson is the Australian Rotary Health Colin Dodds Postdoctoral Research Fellow for 2011-2013. She completed the degrees of MPsych (Clinical) and PhD at UWA in 2010. Monique is also a registered psychologist working in the field of perinatal and child and adolescent mental health. Based at the Telethon Institute for Child Health Research, Monique's primary research focus has been on the antenatal determinants of behavioural development throughout childhood and adolescence, including stress, hypertension, alcohol and cigarette smoking. Within the last two years Monique has published 17 journal articles, in addition to reports, letters and an invited book chapter.

Julie Rogers

Julie Rogers is the Nurse Unit Manager of the Hornsby Ku-ring-gai Child and Family health Service. The service is located in the metropolitan area of Sydney and supports a local community with approximately 2600 births a year. Julie has worked in community child health field for 20 years and has been the manager in this area for 12 years.

Kevin R Ronan

PhD
Professor of Psychology (Clinical)
Kevin Ronan in currently in the position of Foundation Professor in Psychology in the Institute of Health and Social Sciences Research at CQUniversity. Professor Ronan has previously held the positions of Director of Clinical Psychology Training at Massey University in New Zealand, Facility Director of the Butner Adolescent Treatment Centre in North Carolina (USA), and Staff Clinical Psychologist at the Napa State Hospital, Napa, CA. Currently, he is an advisor to Queensland's Department of Child Safety and sits on a number of national panels having to do with children's welfare. He has helped develop a CBT intervention for anxiety disorders in youth and families and, more recently, developed a Trauma-focused CBT intervention for children with PTSD.

Clodagh Ross-Hamid:

I'm a Psychologist and Clinical Psychology Registrar from Sydney, Australia. I graduated from The University of Western Sydney (UWS) in 2008 with a Bachelor of Psychology (Honours) and in 2010 with a Master of

Psychology (Clinical). I received the UWS Honours Scholarship and was awarded the Dean's Medal for Outstanding Scholarship in 2010. I currently work in private practice in Sydney and co-facilitate the Dialectical Behaviour Therapy program at Wesley Hospital Kogarah, and plan to commence a Clinical Psychology Doctorate in 2012. My research interests include perinatal mental health with a particular focus on the experience of antenatal mood disorders.

Heather Rowe

Dr Rowe has a background in the biological sciences, psychology and health promotion. She is Senior Research Fellow at the Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University in Victoria.

Her program of research is in women's mental health promotion. It positions women's mental health in its social, economic, cultural and political contexts and recognises gender disadvantage as a key determinant. Outcomes of her work include development, evaluation and knowledge exchange of evidence-based interventions. These address modifiable social factors with the aim of improving mental health in diverse groups of women during the childbearing year.

Amy Rushton

Amy Rushton graduated from the School of Occupational Therapy and Social Work at Curtin University in 2010 with first class Honours in the degree of Bachelor of Science (Occupational therapy). Amy's Honours project involved developing and piloting an early mother-infant play assessment for use with infants and mothers with mental health problems. This project was completed in conjunction with the KEMH MBU and Curtin University, and was supervised by Professor Anne Passmore and Dr Philippa Brown. Amy is passionate about her work, and dedicated to continuing her research; she has drafted a journal article for publication and has submitted an abstract to present at the Asia Pacific Occupational Therapy Conference held in Thailand later this year.

Jan Ryan

Manager of Health Services

Jan's background is in community nursing and for the past 11 years at Ishar her focus has been on CaLD women's health. She worked collaboratively with the W.A Perinatal Mental Health Unit and the Sudanese community to pilot the first perinatal program back in 2006 and since then has advocated on behalf of CaLD women experiencing motherhood often for the first time in a new country which has led to ongoing perinatal support programs since 2008 at the Centre.

Louise Salmon

Louise is a member of the National Consumer Family Forum, COPMI Australia and the Consumer and Carers National Register, Mental Health Council of Australia. These positions entail roles in advocacy and raising awareness from the consumer and carer perspective.

With a professional background in social work and the law, Louise has worked for more than twenty years in the fields of community child and family health, ante natal and parent education and family law. She is currently employed at the Family Court of Australia.

Her husband and three teenage daughters ensure that Louise is otherwise never without adventure.

Virginia Schmied

Virginia Schmied is Professor in maternal, infant and family health in the School of Nursing and Midwifery and the Family and Community Health research group at the University of Western Sydney. She has extensive experience in clinical practice, education, research and consultancy. Virginia is currently supervising 12 higher degree students in the areas of perinatal mental health, traumatic birth, breastfeeding, mothering experiences of women on a methadone program, family centered care in NICU. She is currently an investigator on four ARC linkage projects and an ARC discovery grant.

Tracy Semmler-Booth

Tracy Semmler-Booth is a Mental Health Nurse Practitioner and Midwife who has been working in the field of perinatal and infant mental health for the past 12 years. Tracy has a master of nursing degree, a post graduate diploma of infant mental health and a graduate certificate of loss, grief and trauma counselling. Tracy has been running a perinatal support group for 10 years working closely with perinatal women with significant depression. Tracy is currently working as Principal Project Officer under the National Perinatal Depression Initiative in South Australia.

Ruth Sims

Project Coordinator Perinatal Support Program and Home Visiting Program

Ruth came to Australia as a Humanitarian entrant from Liberia in 2001 . When arriving in Western Australia she became involved in working voluntarily for her community and still today is President of the West African Women's group and Vice President of the African Community W.A. Ruth has also pursued her education and completed her social work degree at Curtin University and proceeded to gain her Masters Degree in Social Work (Counselling) . Ruth has a unique understanding of the issues CALD women face when coming to Australia because she is walking the same path and is currently employed at Ishar Multicultural Women's Health Centre as a project coordinator .

Michelle Smith

Dr Michelle Smith is a perinatal psychiatrist at St John of God Hospital, Burwood. She also works as consultant liaison psychiatrist at Prince of Wales Hospital, Sydney. She was awarded a fellowship in research from the New South Wales Institute of Psychiatry. She is an active participant in the RANZCP Perinatal Interest Group and the Faculty of Consultation-Liaison psychiatry.

Martien Snellen

Dr Martien Snellen is a Consultant Psychiatrist at Mercy Hospital for Women. Martien has been involved in establishing a specialist antenatal clinic for women with Bipolar and Schizophrenia at Mercy Hospital. This clinic is multi-disciplinary and includes obstetrics, paediatrics and psychiatry. Martien's publications in this area include a study of mother-infant interaction in mothers with schizophrenia and more recently a publication on recommendations for antenatal care for women with schizophrenia and bipolar disorder. Martien also has an interest in changes to relationships in the postpartum and published the well-regarded "Sex and Intimacy After Childbirth" now in its second edition.

Sue Somerville

Sue Somerville is the chief investigator for the PASS project and is a Consultant Clinical Psychologist for Perinatal Mental Health Services and Program Manager for the Department of Psychological Medicine at King Edward Memorial Hospital for Women in Western Australia.
She has worked as a clinical psychologist in the government, tertiary education and private sectors for 25 years and developed special interests in the interface between medical and psychological health specific to perinatal mental health. Sue has developed training programs for hospital and university staff and group treatment programs for students and patients. She has been closely involved in the conceptualisation, development, and delivery of Perinatal Anxiety training for healthcare professionals in WA.
Sue is a committee member of the Australasian Marce Society, the WA Perinatal Mental Health Reference Group and the Health Networks WA Executive Advisory Group on Maternity Services.
The co-investigators on this project, Liz Oxnam, Michelle Wettinger, Kellie Dedman and Rosie Hagan are a team of highly experienced clinicians in the field of Perinatal Mental Health working in the Department of Psychological Medicine. Dorota Doherty is Senior Biostatistician and Head of Biostatistics and Research Design Unit, WIRF.

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She has lived and worked in Country SA for over 17 years. with roles spanning clinical, leadership, education and project work.
She is currently the Clinical Services Coordinator / Team Leader for the new Perinatal Mental Health Service for Country Health SA.and was integral in the development of the Service Model. She is a committed advocate for MH services for women and families in country SA and believes that effective service delivery is always underpinned by relationship capital.

Johana Stefan

Dr Johana Stefan has dual training in paediatrics and psychiatry and currently works in community child and adolescent mental health services. She is also a clinical consultant in the Mental Health Early Life Program with the Clinical Applications Unit in North Metropolitan Area Health Service Mental Health and a clinical senior lecturer for School of Paediatrics and Child Health, University of Western Australia.

Anne Sved Williams

Anne Sved Williams has been the medical unit head of Helen Mayo House for 24 years, and has had a long-standing interest in both perinatal and infant mental health, as well as in primary care psychiatry. As well as clinical work, she has been particularly interested in teaching, and has been responsible for the development of teaching packages for wide dissemination of perinatal and infant mental health to a wide range of practitioners. Publication includes a book, Infants of Parents with Mental Illness. She is a clinical senior lecturer at the University of Adelaide.

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Marie Taylor

Marie Taylor is a proud descendant of the Whadjuck/Balardong Nyungar people, the most ancient peoples of the world and also of Dutch heritage.
Marie is the eldest of ten children, mother of three children, proud grandmother of sixteen grandchildren and one great grandaughter. Marie was a foster parent and these children are still part of her life today.
My career includes the following areas of work cleaning, childcare, retail, liaison, administration, housing, management, education and committees.

Her Nyungar association ensures that the sustainability of Nyungar culture, traditions, language, spirituality and heritage continues for and within our society whilst embedding her Christian faith and work into this ancient heritage.

Cate Teague

Cate Teague is a trained Midwife, Maternal & Child Health Nurse, and Mental Health Nurse. For the last 21 years she has worked with families as a Nurse both in UK and Melbourne. Cate has been involved in the development of a postnatal depression program and support unit in Melbourne's north and later moved on to a Clinical Nurse Consultancy role in a Melbourne Early Parenting Centre. Cate is presently working as Perinatal Emotional Health Nurse for Barwon Health, Geelong, Victoria.

Charlotte Tottman

Charlotte Tottman is a PhD (Clinical) candidate in the School of Psychology at Flinders University, SA. She is particularly interested in research pertaining to mental health difficulties in the postpartum period, and mental health difficulties in relation to being a parent. She works part-time as a Research Assistant at Helen Mayo House.

Roslyn West

Ros West is Community child health nurse and midwife who holds one of three clinical nurse specialist positions in perinatal mental health in the Perth metropolitan area. Thirteen years ago Ros identified gaps in service, and was instrumental in the development of a partnership between child health services, adult mental health and maternity services that continues to provide services for women experiencing perinatal mood disorders.

Judy Wookey

Judy Wookey has worked for the last two and a half years as an independent consultant and has led the Tummies to Toddlers action learning project.
Prior to this, she worked for over thirty years in both the statutory and not-for-profit child and family services sector. She spent ten hectic years as a CEO and during this time led the development of a range of early years programs for children and their families.
Throughout her working life she has seen the power of early intervention and intensive support and the importance of quality early years experiences in the lives of vulnerable children and their families.

Hannah Woolhouse

Hannah Woolhouse began her research career at Mother and Child Health Research at Latrobe University over 10 years ago, and now works in the Healthy Mothers Healthy Families Research Group at the Murdoch Childrens Research Institute. Her research and clinical interests focus on women's health issues including depression and anxiety in the postnatal period, intimate partner abuse, sexual health and intimacy after childbirth, and eating disorders. She is in the final year of a Professional Doctorate in Counselling Psychology at Swinburne University where she is completing her thesis on the use of mindfulness meditation to treat binge eating problems.

Karen Wynter

Dr Karen Wynter is a research fellow at the Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University. She has a background in psychology and applied statistics, and an interest in women's and men's mental health and wellbeing in pregnancy and after childbirth.

Chris Yelland

Chris Yelland has been a senior psychologist at Helen Mayo House for four years, providing individual and group therapy to mothers and their infants. Previously she has worked in a range of Child and Adolescent Mental Health Service settings, and has published several research articles, including the effects of bushfires on children.

Caroline Zanetti

Caroline Zanetti is Director of Psychiatry to the Raphael Centre at St John of God Hospital, Subiaco in Western Australia, and an Adjunct Associate Professor at Notre Dame University, Perth. She has considerable experience in working with the Circle of Security Protocol, and is an accredited COS supervisor. Her clinical work focuses on treatment of perinatal mental health disorders and parent-child relationship problems. Her research interests include theoretical understanding of the psychodynamic aetiology of perinatal mood disorders, and comprehensive treatment program development.

Nikki Zerman

Nikki Zerman is the Co-ordinator Tweddle Psychology Service. She is a clinical and counselling psychologist with over 8 years experience specialising in men and women's perinatal mental health.

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