Australian Association for Infant Mental Health, Inc.

The Marcé Society

JOINT CONFERENCE

24-26 July, 2003
Adelaide University

Building Better Beginnings: Perinatal and Infant Initiatives in Context

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With thanks to:

Foreword

I am pleased to support this conference on infant mental health, in particular its aim to increase the knowledge and skills of Australian professionals working with families with young children.

Bringing a national approach to early childhood is one of the Coalition Government's key priorities. In February this year I launched the consultation paper, *Towards the Development of a National Agenda for Early Childhood,* to start people talking about what we need to do for our children. A key theme in this document is the need to approach early childhood issues from a broader perspective and to improve cooperation and effectiveness across sectors and different levels of government and the community.

The evidence is undeniable that the early years of a child's life lay the foundation for later development and wellbeing. This is particularly true for promoting positive mental health outcomes for children. We all know that caring relationships and a warm, happy home life enable children to form their own caring relationships and to become good parents themselves. Supporting the mental health needs of parents, and especially mothers, is also important to ensure healthy attachment and bonding.

Not only is early intervention and prevention more effective and less costly in the long run, but giving children the best possible start will also provide long-term benefits for the child, their families and our communities.

I am sure this conference will offer many opportunities to share learnings and explore possibilities.

Larry Anthony
Minister for Children and Youth Affairs

Conference Overview

On behalf of the Australian Association for Infant Mental Health and the Marcé Society we would like to welcome you the conference *"Building Better Beginnings: Combining Perinatal and Infant Initiatives in Context"*. This year we are holding a joint conference; this means that conference participants will have the benefits of the combined understandings of two national organisations involved with infant and perinatal mental health and the opportunity to link these with a day of preconference workshops convened by Helen Mayo House. This has provided a very special opportunity for us to bring to Australia world leaders in attachment, cross cultural issues in working with infants and their families and maternal mental health. In addition we have invited Australian speakers who have special interest and knowledge in the field. The conference and day workshop will focus on making the earliest connections - between parent and infant, between parents, infants and professionals and between different cultural approaches and perceptions. It will be relevant to all people working in the early intervention area including nurses, social workers, psychiatrists, pediatricians, child care workers, general practitioners, psychologists and others with an interest in infants and their parents and what brings about the best chance of positive future outcomes for them. We welcome you to this exciting meeting in one of Australia's most attractive cities.

Elizabeth Puddy (AAIMH)
John Condon (The Marcé Society)
Sue Ellershaw (Helen Mayo House)
Conference Convenors

General Information

Conference Venue
The conference will be held in the Union Building, University of Adelaide, at the Victoria Drive end of the university. Parking is not available on campus; however, there are commercial public parking lots on North Terrace.

Social Program
Drinks and dinner at the Adelaide University Staff Club will follow the day's proceedings on Thursday 24 July.

Registration Fees
Full Registration includes morning and afternoon teas and light luncheons on all three days, and the conference dinner and drinks. Partial Registration includes morning and afternoon teas and luncheon on one or two days.

Name Badges/Dinner Tickets
Admission to all sessions and social functions is by the official conference name badge – please be sure to wear it at all times when at the conference. Tickets will be necessary for the conference dinner.

Conference Bags
The bags we have used for this conference were made by HPA Incorporated in Darwin, a non-government agency that has been providing employment and accommodation services to Territorians with a disability since 1963. The bags were manufactured at Calico Connection and screen printed at Shadow Prints. Calico Connection supports people with an intellectual disability whilst Shadow Prints supports people with a psychiatric disability, the artwork being contracted to inmates at Darwin Correctional Centre.

Disclaimer
At the time of printing, all information contained in this booklet 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 programme, or any other general or specific information published here.

Astrid Berg

Astrid Berg, M.D., was born in Pretoria in 1950 of German immigrant parents. She studied medicine at the University of Pretoria, and Psychiatry and Child Psychiatry at the University of Cape Town. She was part of the first group of trainees in Jungian Analysis in Cape Town and was accepted as an individual member of the IAAP in 1992. Dr. Berg is one of the founding members of SAAJA (Southern African Association of Jungian Analysts) and its current president. She joined the IAAP Executive Committee as the representative of the Southern African Association of Jungian Analysts after SAAJA was elected to the Executive Committee at the 1998 IAAP Congress in Florence/Firenze.

Astrid works as a Child Psychiatrist at the Red Cross Children's Hospital in Cape Town and is a senior consultant in the Department of Psychiatry at the University of Cape Town. She also has a part-time private practice for adult analysands. Her main interest is in Infant Mental Health, and she has established a Parent-Infant Mental Health Service under the auspices of the University of Cape Town. Her work in the community has made her particularly aware of trans-cultural issues in psychotherapy.

Kent Hoffman

Dr. Kent Hoffman is the co-founder of the *Circle of Security Project at Marycliff Institute* in Spokane, Washington. He has, for the past 30 years, sought to synthesize work in family therapy, developmental psychopathology, object relations theory, and attachment theory. For the past 15 years he has mentored with leading psychoanalytic and developmental theorists from the United States and Great Britain. He is, along with his colleagues Glen Cooper and Bert Powell now partnering with Robert Marvin at the University of Virginia in a study of attachment based interventions for at-risk families.

Their work is internationally recognized as an innovative, first-of-its-kind parent education program designed to alter the developmental pathway of at-risk parents and their young children. This project's goal is to integrate university-based attachment research into a video-oriented intervention to strengthen parent's capacity to observe and improve their caregiving skills. Attachment theory, taught in this user-friendly way, gives each parent an individualized parenting "road map," a clear pathway to providing a secure relationship for her/his child.

Kent presents this work to clinicians and researchers and was recently given the 2000 Washington State Governor's Child Abuse Prevention Award for "Innovations in Prevention" by Governor Gary Locke and *The Washington Council for Prevention of Child Abuse and Neglect.* He was also given the Year 2000 – *Child Advocate of the Year Award* – by the Washington Children's Alliance.

Margaret Oates

Dr Oates is Senior Lecturer University of Nottingham, Honorary Consultant in Perinatal Psychiatry Nottinghamshire Healthcare Trust at University Hospital, Nottingham. Leads a Perinatal Mental Health Service, which provides Community Team, Obstetric Liaison & a Regional Mother & Baby inpatient Unit. She is a Past President of the Marcé Society, current Chair of the Royal College of Psychiatrists Perinatal Special Interest Group. She is involved nationally in developing services and management guidelines for serious perinatal mental illness and is a member of the Confidential Enquiries into Maternal Deaths and the Children and Women's National Service Framework.

8.00-9.00 Registration

9.00-10.30: Plenary, Flentje Theatre

9.00 Welcome
Elizabeth Puddy, AM

9.05 Opening
The Hon Larry Anthony, MP

9.20 Winnicott Lecture
Chair: Pam Linke

Holding Environment to Potential Space: Understanding Attachment and the Possibility of Possibility
Kent Hoffman

10.30 Morning Tea

11.00-1.00: Concurrent Sessions A, B and C

Session A Workshop — Flentje Theatre

Chair: Briget Boultwood

The Circle of Security: Hardwired for Relationship
Kent Hoffman

Session B Perinatal Studies (Papers) — Margaret Murray Room

Chair: Carol Morse

11.00 Beyond Baby Blues: The National Post and Antenatal Disorders Family Initiative
Lara Bishop and Ingrid Ozols

11.30 The National Postnatal Depression Program : National Baseline Survey
Buist A, Barnett B, Condon J, Hayes B, Milgrom J, Pope S

12.00 Staying the Distance: Determinants of Continuing in a Longitudinal Study of Pregnancy-Related Depression
Carol Morse and Sarah Durkin

12.30 Re-visiting Ethical Considerations when Researching Childbearing Women: Applying the Principle of Beneficence with Contemporary Applications of the Principles of Autonomy and Non-maleficence
Hayes, BA, Geia, L, McAllister, R

Session C Perinatal Interventions (Papers) — Eclipse Room

Chair: Bryanne Barnett

11.00 Tresillian Home Visiting Early Intervention Program: Work in Progress
Kowalenko, N, Fowler, C, McMahon, C, Spielman

11.30 Perinatal Initiatives in South Western Sydney Area Health Service (SWSAHS)
Patricia Glossop, Jane Phillips, Bryanne Barnett, Moira Hewitt, Stephen Matthey, Ursula Hopper & the IPC implementation team

12.00 Evaluation of a New Program: "Pregnancy and Beyond"- A Group for Pregnant Women who are Feeling Stressed
Jane Phillips, Angela Petridis, Patricia Glossop, Tanya Connell, Bryanne Barnett, Ursula Hopper

12.30 Future Families - A Collaborative Infant and Early Childhood Attachment and Mental Health Program
Elisabeth Hoehn

1.00 Lunch

2.00-3.30: Concurrent Sessions A (ct'd), D and E

Session D Workshop — Margaret Murray Room

Chair: Isla Lonie

Right From the Start
Marilyn Barnes

Session E Contribution of Residential Early Parenting Services to Reduction in Mother and Infant Distress (Papers) — Eclipse Room

Chair: David Lonie

2.00 The Impact of Admission to a Private Structured Residential Early Parenting Program on Maternal Mental Health: Report of a Prospective Longitudinal Study
Jane Fisher, Heather Rowe and Colin Feekery

2.30 Admission to a Public Access Residential Early Parenting Service is Associated with Improvement in Maternal Mood
Heather Rowe, Jane Fisher and Jan O'Connell

Discussant: Jan O'Connell, Tweddle Child and Family Health Services, Melbourne

3.30 Afternoon Tea

3.45-5.00: Concurrent Sessions A (ct'd) and F

Session F Adverse Life Events (Papers) — Eclipse Room

Chair: Louise Newman

3.45 Adverse Childhood Events and Immature Defense Styles Predict Persistence of Postnatal Depression in the Second Postnatal Year
Catherine McMahon, Bryanne Barnett, Nick Kowalenko, and Christopher Tennant

4.15 Acute Trauma Reactions Post Childbirth, Consequences for Emotional Adjustment: A Clinical Perspective
Susanne Somerville and Robin Jones

6.00 Drinks
6.30 Conference Dinner
Adelaide University Staff Club

8.30 Registration

9.00-11.00: Plenary, Rennie Theatre

9.00 Keynote Address
Chair: Anne Sved Williams
To Talk With Infants – A Bridge to Trans-Cultural Intervention
Astrid Berg

10.00 Invited Address
Chair: Marianne Nicholson
Mental Health for Indigenous Australians
Nigel Stewart and Debbie Jackson

11.00 Morning Tea

11.30-1.00 Concurrent Sessions G, H, I and J

Session G Workshop WP Rogers Room
Chair: Elizabeth Webster
Refugee Issues
Sarah Mares and Louise Newman

Session H Workshop Margaret Murray Room
Chair: Janet Rhind
Ethical Dilemmas in Trans-Cultural Work
Astrid Berg

Session I Neonates at Risk (Papers) Eclipse Room
Chair: Anne Buist
11.30 A Longitudinal Study Examining Factors Associated with Withdrawal in Infants
Clara Bookless, Felicity Linke, Jacinta Lowes, and Jane Blake-Mortimer
12.00 Comfort Care for Families at Sunshine Hospital
Tracey Locke
12.30 Family Support and Health – An Integrated Team
A True Government/Non Government Collaboration Targeting Pregnant Substance Using Women
Kerry Moore

Session J Postnatal Interventions (Papers) Rennie Theatre

Chair: Jane Fisher

11.30 Music as a Healing Agent in the Recovery from Post Natal Depression
Peter Ballard

12.00 Reducing Postpartum Emotional Distress: A Randomised Controlled Trial
Debra Creedy and Jenny Gamble

12.30 Who's Holding the Baby?
Cindy Smith

1.00 Lunch and Marcé AGM

2.00-5.00: Plenary, Rennie Theatre

2.00 Invited Address

Chair: Anne Sved Williams

The Influence of Culture on Parenting
Victor Nossar

2:30 Panel

Chair: Anne Sved Williams

Parenting Practices and Beliefs Across Cultures – What Does It Mean for Attachment?
Astrid Berg, Anne Glover, Victor Nossar, Ros Powrie, Nigel Stewart

3.50 Afternoon Tea

4.05 Invited Address

Chair: Debra Sorensen

The Cutting Edge
Graham Vimpani

5.00 AAIMH AGM

8.30 Registration

9.00-11.00: Plenary, Rennie Theatre

9.00 Keynote Address
Chair: John Condon
Why Mother Die. Clinical Implications of the Findings of the Confidential Enquiries into Maternal Deaths 1997/99
Margaret Oates

10.00 Invited Address
Chair: To be confirmed
Impact of Family Violence in Pregnancy on Mother and Child Interaction in the Postnatal Period
Julie Quinlivan

11.00 Morning Tea

11.30-1.00 Concurrent Sessions K, L, M and N

Session K Workshop — Margaret Murray Room
Chair: Jenny Patten
Assessing Adjustment to Parenthood-A Practical Attachment Based Approach for GP's and Primary Health Care Workers
Anne Dean and Ros Powrie

Session L Workshop — Eclipse Room
Chair: Sara Weeks
Hanging on By the Nipple: Psychotic Mums, Injurious Medication, Disappearing Babies
Liam O'Connor, Kerry Judd and Spiri Katsenos

Session M Caring for Families (Papers) — WP Rogers Room
Chair: Barbara Hayes
11.30 Mothers and Infants. ……and Fathers
Ilona DiBella and Anne Sved Williams
12.00 The Role of Infant Psychiatry in the Mother-Baby Unit
M.Galbally, K. Szego, M. Snellen, B. Minto, M. Fontana
12.30 Promoting Happier Sleep-Times for Toddlers
Philippa Spooner and Mary Hood

Session N Attachment (Papers) Rennie Theatre

Chair: Elizabeth Puddy

11.30 Changing Attachment Relationships: An Australian "Circle of Security" Group Program with Mothers and Infants in Their First Year
Mary Hood and Mary Houlahan

12.00 The Social Behaviour of Infants During Routine Physical Check-Ups: Relationship to Mother's Mood Using the ADBB Scale
Stephen Matthey; Bryanne Barnett; Antoine Guedeney; Nafsica Starakis

12.30 Dysfunctional Parent-Infant Relationships following Postnatal Depression (PND): An Intervention Study
Milgrom, J., Neilson, K., Loughlin, E.E. & Mccarthy, R.M.

1.00 Lunch and Posters

- Home-Start - Nuturing families Right from the Start
  Marilyn Barnes
- How Do We Know We Have Built a Better Beginning? - A Population Measure of the Outcome of Influences During the Perinatal and Infant Years
  Sally Blackmore, Sally Brinkman, Bret Hart, Miriam Krouzecky
- Maternal Well-Being & Reporting of an Unsettled Baby: The First Six Months
  Jocelyn Bristol, Jenny Francis, Dorota Doherty, Susan McDonald, Sharon Evans, Jenni Henderson, Ronald Hagan
- Early Intervention Maternal Mental Health Service: 'Are We Making A Difference?'
  Jacqui Coates-Harris
- "Time Off Work" in the First Postpartum Year: Is There Such a Concept?
  Amanda Cooklin, Jane Fisher and Heather Rowe
- A Multimedia Questionnaire, "If I Were Ben", to Assess Male Adolescents' Beliefs and Feelings About the Consequences of "Getting a Girl Pregnant"
  Carolyn Corkindale and John Condon
- The National Postnatal Depression Program-Enhancing The Quality of GP and Perinatal Service Partnerships
  J Ericksen, JLC Bilszta, AE Buist, J Milgrom, B Barnett, J Condon, B Hayes & S Pope
- Difficult infant temperament or infant exhaustion?
  Jane Fisher, Heather Rowe and Colin Feekery
- Drawings of Womens Experiences of Post Natal Distress
  Alison House, Dianne Hurt, and Helen Gadd
- GP initiated community response to withdrawal of a postnatal depression service
  Kathryn Lewis
- A Preliminary Analysis of the First 500 Women in the Western Australian *beyondblue* Cohort
  Sherryl Pope & Janette Brooks

2.00-3.00: Plenary, Rennie Theatre

2.00 Keynote Address
Chair: John Condon
The Management of Seriously Mentally Ill Mothers
Margaret Oates

3.00 Afternoon Tea

3.15-4.15 Concurrent Sessions O, P and Q

Session O Workshop — Eclipse Room

Chair: Sally Watson
Postnatal Depression: Are We in Danger of Medicalising Maternal Distress? A Personal View
Margaret Oates

Session P Prenatal Support (Papers) — Rennie Theatre

Chair: Patricia Smith
3.15 Antenatal Therapeutic Support Groups for Women at Risk of Postpartum Distress
Elke Andrees and Maureen Armitage
3.45 Prenatal Relating
Francine Bartlett

4.15-5.00: Plenary, Rennie Theatre

4.15-5.00 Panel
Chair: Pam Linke
Where To From Here? (What has been the most significant feature in their field in the last 10 years and what is the one thing they think is important for the future?)
Astrid Berg, Kent Hoffman, Victor Nossar, Margaret Oates, Julie Quinlivan

5.00 Close of Conference

Antenatal Therapeutic Support Groups for Women at Risk of Postpartum Distress

Elke Andrees and Maureen Armitage

Early Intervention Program, The Benevolent Society, Sydney

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In conjunction with the Royal Hospital for Women the Benevolent Society's Early Intervention Program is conducting therapeutic antenatal groups for women who report a history of emotional, physical and/or sexual abuse and other risk factors for perinatal stress and depression. The group offers women an opportunity to address their concerns and anxieties in often challenging personal circumstances and aims to prepare women for the emotional aspects of having a baby, focusing on attachment and parent-infant relationship issues.

In this presentation we will describe the antenatal screening process, evaluation research in progress, and the underlying rationale and aims of the group. We will outline issues addressed during the 7-week program and describe benefits and experiences of participants.

Music as a Healing Agent in the Recovery from Post Natal Depression

Peter Ballard

Helen Mayo House, Women's and Children's Hospital, Adelaide

Email: ballard@senet.com.au

The focus of this presentation will be a summary of a preliminary research project 'An exploration of the efficacy of Guided Imagery and Music (GIM) as an adjunct in the treatment of Post Natal Depression'. GIM is a music-centred psychotherapy that uses a selection of classical music programs, carefully calibrated for the type of emotional catharsis intended, to engender various types of imagery. The imagery experienced can then foster significant inner healing.

The project sample comprised a group of women who were in the recovery phase of PND and were participating in the Helen Mayo House Outreach Program . Each subject experienced four individual GIM sessions over a three-month period. A control group attended the Program but did not have GIM sessions. The efficacy of this music centred intervention was evidenced both subjectively and objectively by means of positive responses during sessions, process work, and subject feedback. As the study and control groups were small (n=4), the Beck Depression Inventories were given a light, but positive, interpretation. The encouraging project results suggest that a more rigorous research project would be gainful.

The overall impression was that a refinement of modified GIM could have very beneficial effects for some women who are experiencing depression during the post partum period. With its non verbal emphasis, GIM has the potential to be a very useful addition to the existing treatment regimen.

An outline of GIM will be given including the playing of selections from the music used. A sample of drawings completed during GIM sessions will be displayed. The project dissertation was one prerequisite for obtaining a Fellowship of the Association of Music and Imagery (USA).

In addition, the presentation will feature some of the music-centred activities within the Helen Mayo House Program. There will be an overall emphasis on the capacity of various musical forms to assist with inner strengthening, creativity, and the enhancement of both a sense of self and the mother/infant bond.

Prenatal Relating

Francine Bartlett

Child & Family Therapist in private practice; Coordinator Wingecarribee Family Support Service, Mittagong

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Life begins before birth and the importance of prenatal development in a human life is now well accepted. Less acknowledged is the possibility that relationship also begins before birth. Prenatal development occurs within the context of a pregnant woman. Women respond in a variety of ways to the prenate developing inside. These reactions form the earliest connections and the fluid foundations of the future person.

Connecting with the prenate appears to be a complex dance woven uniquely by each woman from 5 common threads.

This paper will present the detail of an original schema which describes 5 facets of a pregnant woman's growing relationship with her prenate. I will use the words and drawings of women whose journey through pregnancy provided the research data that led to my understanding of these facets of prenatal relating.

Beyond Baby Blues: The National Post and Antenatal Disorders Family Initiative

Lara Bishop* and Ingrid Ozols**

* *Beyond Baby Blues and Blue Voices*
** *Blue Voices and Bright Blue Voices*

Email: lara.bishop@anu.edu.au ; iozols@bigpond.net.au

Postnatal Depression (PND) affects approximately one in seven women after the birth of a child. Despite this prevalence rate, state-based consumer PND support groups receive little financial support from their respective state-governments and virtually no federal funding. The absence of a national framework for PND and poor representation in the 2nd National Mental health Plan prompted *beyondblue: the national depression initiative* to invite representatives from the state-based PND groups to form a national body. The aim of this national body is to promote the wellbeing of women and their families during the antenatal and postnatal period and to determine a National agenda which would raise awareness of PND, reduce discrimination and encourage women affected by the postnatal mood disorders to seek appropriate treatment.

This presentation will consider:

1. How it was established – the coming together of all state-based groups;
2. Why develop a PND framework? What do we hope to achieve? What are our short and long term goals?
3. Where does Beyond Baby Blues fit into the Blue Voices/*beyondblue* structure?
4. How is Beyond Baby Blues funded?
5. Progress to date:
    a. website
    b. info packs
    c. training package
    d. relationship to the national PND program
    e. national phone line

6. Do the state-based support groups still have a role to play?
7. The future direction of Beyond Baby Blues.

A Longitudinal Study Examining Factors Associated with Withdrawal in Infants

Clara Bookless, Felicity Linke, Jacinta Lowes, and Jane Blake-Mortimer

Department of Psychiatry, University of Adelaide, The Queen Elizabeth Hospital, Department of Psychology University of Adelaide

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Aim: This paper will report on maternal and infant variables associated with infant withdrawal at three months of age. In particular, the association between maternal experience of trauma, post trauma symptomatology and infant withdrawal will be examined. Of additional interest is that this study uses the Alarm Distress Baby Scale - a new instrument to measure infant withdrawal (Guedeney & Fermanian, 2001).

Design: The study uses a longitudinal design with prior to birth maternal assessment, and follow-up at two weeks, three months, 13 (just commenced) and 18 months (proposed) after birth. Mothers were interviewed two weeks prior to the birth and assessment made of current life stressors and appraisal of their preparation for birth of their baby. Mothers were reinterviewed two weeks after the birth, completed a number of questionnaires associated with the birth, health of the baby, current life stressors and mental health. At that stage infant irritability was assessed with the aim of examining the relationship between maternal risk factors and infant irritability/consolability. Three months after the birth both mother and infant were revisited in order to assess infant withdrawal and maternal mental health and well being. A detailed history of the mother's experience of life time trauma and adversity was also obtained.

Results: Mother's subjective level of functioning in the weeks just prior to giving birth and two weeks after the birth predicted infant irritability at two weeks. Mothers history of lifetime trauma and symptomatology was not significantly related to infant withdrawal at three months. Data is currently being analysed with regard to early markers of risk associated with infant withdrawal at three months and will be the basis for the proposed presentation.

The National Postnatal Depression Program : National Baseline Survey

Buist A*, Barnett B, Condon J, Hayes B, Milgrom J, Pope S

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In 2001, the National Postnatal Depression Program was launched in five states of Australia. This program, over four years, aims to increase public awareness of PND, provide education for health professionals, and implement and evaluate screening for antenatal and postnatal depression.
At the commencement of this program, a random sample of general practitioners, midwives and maternal child health nurses, as well as postnatal women from across Australia, were surveyed with respect to their knowledge and attitudes towards postnatal depression. Preliminary results from this survey will be presented. The survey will be repeated in 2005 to assess changes in knowledge and attitudes.

Reducing Postpartum Emotional Distress: A Randomised Controlled Trial

Debra Creedy and Jenny Gamble

Faculty of Nursing and Health, Griffith University, Queensland

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Background: Childbirth can be distressing and contribute to the debilitating symptoms of depression, anxiety and trauma. The findings regarding postpartum debriefing have been inconclusive. This study evaluated a postpartum counselling intervention with women who reported a distressing birth according to American Psychiatric Association criterion A for post-traumatic stress disorder (PTSD).

Method: 400 women were recruited antenatally. Of these women, 103 identified childbirth as traumatic and were randomly allocated to standard care (n = 53) or intervention group (n=50). Women participated in a debriefing counselling session within 72 hours of birth and 4-6 weeks postpartum. Standardized outcome measures included the Post-traumatic Stress Scale; Edinburgh Postnatal Depression Scale; Depression Anxiety and Stress Scale (DASS-21); Maternity Social Support Scale; and Satisfaction with Care Questionnaire. Respondents were also asked about feelings of self-blame and plans for a future pregnancy. Data was analysed for differences between groups for treatment effects.

Results: At three months follow-up, there was a significant reduction in PTSD symptoms (p=.036), and a significant treatment effect on depression (p=.002), stress (p=.029), self-blame (p<.001) and confidence about a future pregnancy (p=.001) for women in the postpartum counselling intervention group. There was no difference for measures of anxiety and social support.

Implications for practice and research: The counselling intervention used in this study reflected a holistic view of birth related emotional distress and provided ongoing support to distressed women. It was effective in reducing emotional distress postpartum. There needs to be effective postnatal follow-up in the community for women and an emphasis on educating maternity service providers about counselling skills and theory. Further research is needed to distinguish if the characteristics of childbirth-related PTSD differ from PTSD related to other sources of trauma.

Mothers and Infants. ……and Fathers

Ilona DiBella* and Anne Sved Williams**

* *Helen Mayo House*
** *Helen Mayo House and University of Adelaide*

Email: idibella@hotkey.net.au

The effect of maternal mental illness on mother-infant attachment and child development is undisputed. Helen Mayo House is a public psychiatric unit which admits mother's with psychiatric illness and their infants, up to four years of age to treat the mother's mental illness and assess and manage attachment difficulties. Fathers can also be admitted with their partners, and there is encouragement for involvement as co-parents where appropriate. There is little documented information about the relationship between mother's mental illness, infant attachment and partner/father involvement. As well as summarising relevant literature, this descriptive study will document consecutive admissions to Helen Mayo House over a three month period in 2003; collecting sociodemographic data; psychiatric diagnosis and morbidity of the women; (discharge diagnosis; admission Beck anxiety and depression scores; descriptive data); mother-infant attachment as measured by the Maternal Postnatal Attachment Items, Condon and maternal parental style as measured by the Louis Macro scale. Data on partner/father gathered included demographic data, mental illness, occupational status, domestic violence history and involvement in care. There will be a description of mother-infant and other infant related therapy delivered during admission, the involvement of partners and the need to involve child protection agencies. Some follow-up data will be available of change over time in the parameters studied.

The Impact of Admission to a Private Structured Residential Early Parenting Program on Maternal Mental Health: Report of a Prospective Longitudinal Study

Jane Fisher, Heather Rowe and Colin Feekery

Key Centre for Women's Health in Society, School of Population Health, University of Melbourne

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Objectives: To examine the effects of admission to a private hospital structured five-night residential early parenting program on maternal health and wellbeing one month and six months after discharge.

Methods: Women admitted to Masada Private Hospital Mother Baby Unit's (MPHMBU) five night residential program for treatment of maternal distress, unsettled infant behavior or infant feeding difficulties between February and June 2002 were invited to participate in this study. Participation involved completion of self-report questionnaires during admission and by mail at one and six months post discharge. The questionnaires assessed sociodemographic factors, reproductive health, infant health, development and behavior, past and current maternal psychological functioning, quality of relationships and coincidental life events. Psychometric instruments to assess maternal psychological functioning and infant temperament were incorporated.

Results: Of 99 women who were eligible to participate, 80 (81%) agreed. Of these, 69 (86%) completed the second questionnaire at one month and 67 (84%) the third at six months post discharge. There were no differences in average admission EPDS scores between participants and non-participants at any of the assessment points. At admission the average EPDS score was 12.1 (4.7), 43% of participants had EPDS scores >12 and 78% were clinically exhausted. At one month post-discharge the average EPDS score was 6.5 (4.6), 13% had EPDS scores >12 and 32% reported clinical exhaustion. Six months post discharge the mean EPDS score was 5.8 (3.9), 7% had scores >12, and clinical exhaustion was reported by 40%. There were 2 new cases with EPDS scores >12 in the first month post-discharge and none in the following six months. Improvement in maternal mood was associated with greater partner participation in household work and infant care and in more settled infant behaviour.

Conclusions: Brief admission to a structured residential program is associated with significant improvement in maternal depression which is sustained six months later. Maternal exhaustion was also improved but remained problematic for many.

The Role of Infant Psychiatry in the Mother-Baby Unit

M. Galbally, K. Szego, M. Snellen, B. Minto, M. Fontana

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This paper will be divided into two parts, firstly a discussion of infant psychiatry as a general field and, secondly, aspects of the practical implementation of an infant focus in a Mother-Baby inpatient unit. The paper will describe research conducted under the auspice of the Mercy Hospital's Mother-Baby Unit: a six bed mother-infant inpatient unit which services Western region Melbourne and Victoria for the treatment of mothers with *post-partum* psychiatric illness and their infants.

The emerging field of mother-infant psychiatry brings new challenges to psychiatry which, has tended to focus on either the mother within an adult psychiatry context or the infant within a child psychiatry setting. Consequently, the theoretical frameworks and corresponding interventions require reconsideration and development in order to meet the needs of this new clinical paradigm. Research suggests that significant and complex interactions link maternal psychiatric illness and infant symptomatology (*eg:* Murray, Kumar, Riodan, Stein, Milgrom) which cannot be addressed by treating the mother alone. Therefore, the infant and

the relationship between mother and infant must be included as part of any treatment for *post partum* psychiatric illness.

In response to this new clinical paradigm the Mercy Mother-Baby has developed a standardised assessment and discharge protocol for all infants admitted to the inpatient unit. This is a new instrument based on assessment and diagnostic tools from both published practice parameters for infants and toddlers and the recently developed Diagnostic Classification: *Zero to Three*. These measures were implemented in order to ascertain patterns of assessment and diagnosis as well as to discern the psychiatric needs of infants admitted to the Mother-Baby Unit. The paper will present the development of these assessment and discharge protocols. Furthermore, data collected from these protocols for a period of 6 months on assessment and diagnostic trends will also be presented and discussed. By way of conclusion, these findings will be linked to a previous study (Galbally, 2002) which examined models of mother-infant psychotherapy and surveyed Melbourne based clinician practices and training.

Perinatal Initiatives in South Western Sydney Area Health Service (SWSAHS)

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In SWSAHS, the Infant Child and Adolescent Mental Health Service (ICAMHS), in conjunction with the Division of Child & Family Health, aims to ensure optimum mental health and wellbeing of mothers, infants and families during pregnancy and the first year after birth. Perinatal mental health is increasingly recognised as being of central importance to the present and future health, development and wellbeing of the infant.

Psychosocial assessments at the Liverpool Hospital Antenatal Clinic were introduced as part of routine clinical practice for English speaking women in 2000, and for women speaking a language other than English (LOTE) in early 2003. Current work is focused on the development of improved services for women from non-English speaking (part of the ‘beyondblue’ National Postnatal Depression Project) and Aboriginal and Torres Strait Islander backgrounds and for women with developmental disabilities.

From January to December 2002, 2848 women booked at Liverpool Antenatal Clinic and 2183 were assessed for psychosocial risk factors using Psychosocial Questions and the Edinburgh Depression Scale. 655 (30%) of the women assessed were identified as having psychosocial risk factors and were offered referral for further assessment and management. Of these 655 women, 80% (561) accepted referral.

This initiative received funding for five years (since 1999) from the Centre for Mental Health. Implementation began at Liverpool with the intention that after evaluation, it be implemented in the other four sectors across the area. This initial funding has supported 3 clinical staff, a research officer and a program coordinator all based at Liverpool, and 1.5 clinical staff for a Perinatal Mood Disorder Clinic based at Campbelltown. Introduction of the initiative at Liverpool has demonstrated the need for ongoing funding.

SWSAHS Area Perinatal and Infant Mental Health Services do not have enough resources to sustain client management, so permanent funding is being sought to ensure that all Sectors within SWSAHS receive adequate permanent staffing.

Area wide implementation will be guided by a perinatal mental health model of care, to be discussed in the following presentation. This model includes as its foundation: support and information for women and their families; training, education, support and information for staff; a linked network of services; and quality improvement and evaluation.

Re-Visiting Ethical Considerations When Researching Childbearing Women: Applying the Principle of Beneficence With Contemporary Applications of the Principles of Autonomy and Non-Maleficence

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An increased awareness of the necessity to ensure the application of ethical principles in health care emerged in the middle of the twentieth century, in the aftermath of World War II. In subsequent decades, a careful distinction was often made, in the health care professions, between the ethical principles applicable to practice in health care and those applicable to research conducted in health care settings. The principles usually applicable to practice are Autonomy, Beneficence, Justice and Non-maleficence. Thus, health care professionals strive to ensure that patients, clients and consumers are given the opportunity for informed consent; that the care or treatment will be of benefit; that resources will be distributed fairly; and that no intentional harm will come to the person in health care. Similarly, in research, the principles that apply are, again, Autonomy and Non-maleficence – that is, not only is informed consent essential but also participation is voluntary and the researchers are bound to do no harm and to ensure that protocols for 'duty-of-care' are in place. Apart from a general caveat that the outcomes of a research study will benefit others, there are few direct benefits for women who participate in research and the principle of Justice seems to be rarely involved. The authors will discuss contemporary applications of the principles of Autonomy and Non-Maleficence in three separate settings where childbearing women are involved in research and present the process of negotiation between the researchers and the participants for direct benefits for the group from the researchers, and the application of the principle of Justice.

Future Families - A Collaborative Infant and Early Childhood Attachment and Mental Health Program

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The development of parent-infant attachment is closely linked to early brain development. Infants' earliest encounters with others lay down the foundations for life-long social and emotional functioning and mental health, as childhood experiences determine many of the neuronal connections that are formed and retained in the brain. These biological functions lay down the basis for response to stressful events throughout later life, even to adulthood.

Childhood trauma, abuse, and non-optimal attachment with a significant adult can permanently alter the structure and function of the developing brain, by influencing the structure and type of neuronal connections. Infants who have not been supported by a caregiver to regulate their emotions during the critical periods of brain development throughout infancy are at risk of setting adverse physiological response pathways to stress that can prevail throughout the lifespan.

The Future Families Program recognises the impact of attachment relationships on life-long mental health, and aims to enhance identification of at-risk families, prevent future mental health problems and promote nurturing environments to maximise attachments. The Program is a collaborative infant and early childhood attachment and mental health initiative designed to improve access to mental health and child health services, and to better co-ordinate the support that is available to infants and young children and their families.

The target population includes infants and children (aged conception to 5 years) who may be experiencing, or be at risk of experiencing parent-infant relationship or attachment difficulties which may be due to a number of factors including:

- Parental mental health disorders
- Substance and alcohol abuse
- Inter-generational issues of childhood abuse and neglect
- Domestic violence
- Parental or child intellectual or physical impairment

Support for at-risk families is achieved by using a coordinated approach through the development of individualised COLLABORATIVE CARE PLANS for each family, linking them into appropriate services and resources as required by their individual situation. It is anticipated that an individualised, family and infant focused approach to early intervention may avert future mental health problems as a result of non-optimal attachment relationships between the parent and the infant.

This paper outlines the rationale for a collaborative infant and early childhood attachment and mental health program, and discusses the Future Families model of intervention. Some case studies will also be presented.

Holding Environment to Potential Space: Understanding Attachment and the Possibility of Possibility

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“The child lives within the circle of the parent’s personality . . ." - Donald Winnicott

Exploring the impact of the parent's state of mind upon the state of mind of the infant, this lecture will seek to connect the thinking of Donald Winnicott with the Circle of Security Project from the United States. Focusing upon the dangers of parental "impingement" into the internal world of the infant, the Winnicottian dance of paradox between differentiation and intimacy on the part of both parent and child will be studied. Winnicott asks, "[in what way is the parent capable of] offering herself as an attentive medium for the baby's growth?" Utilizing video tapes of parents within the Circle of Security protocol participants will recognize key themes of difficulty in troubled and at-risk parent-child dyads. Seeking to provide ways for parents to offer shared affective resonance without interference will be the cornerstone of this exploration.

Changing Attachment Relationships: An Australian “Circle of Security” Group Program with Mothers and Infants in Their First Year

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This paper will describe a clinical application in Adelaide, Australia of a Group Program aimed at improving the attachment security of infants. The group program has sought to replicate aspects of the “Circle of Security” Project of Marvin, Cooper, Hoffman and Powell (2002). The differences are that the group is aimed at mothers of infants between 4 and 10 months and is condensed to run for 10 weeks. Referrals of participant mother/baby dyads were made to the program from Child Health and Adult Mental Health Centres. Mothers were identified through; a diagnosis of post-natal depression, their own complaint of a poor relationship with the baby, or a decision to monitor by the local child protection agency.

A description will be given of; pre group evaluation, successes and difficulties of the group process, and as much post-group evaluation as has been completed (strange situation assessments will not have been completed on all babies by July). Comments will also be made on the degree to which different mothers could be engaged in the group and in reflecting on their own attachment relationships.

On this last aspect, comparisons will also be made to an experience of involvement in a research application of the "Circle of Security" ideas at the University of Maryland in 2000/2002, in which volunteer low-income mothers of irritable babies were individually visited at home on three occasions.

Tresillian Home Visiting Early Intervention Program: Work in Progress

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This presentation focuses on the work of a collaborative partnership with Tresillian Family Care Services (a generalist health service for families with young children aged 0-3) to implement an early intervention home-visiting program to enhance perinatal and infant care for high-risk families. A core component of the home visits is an intervention called Seeing is Believing: videotaping parent-infant interaction and focussing on parenting strengths. This work is funded by a Commonwealth Department of Family and Community Services Parenting Grant.

Even after implementing regular screening for maternal depression (since 1995) and appropriate referral in the first few months after giving birth, we found that, for infants whose mothers had persistent post partum depression, early childhood development was adversely affected.

We surveyed mothers' service usage when their infants were 15 months old. They expressed a preference for home visiting and wholistic care to enhance their compliance with any potential interventions for depression. Subsequently, we developed a structured 10 session home visiting intervention for persistent post natal depression that focuses on the needs of parents and infants at risk. The intervention is primarily relationship based and incorporates the principles of Cognitive Behavioural Counselling. It also aims to enhance General Practitioner (GP) and other community links.

This presentation will describe the role of mental health consultation services working in partnership to promote early childhood mental health.

Features of our service delivery context that impact on program implementation will be highlighted.

Examples of videotaping will be shown.

Comfort Care for Families at Sunshine Hospital

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The "Comfort Care for Families Program" is a service offered at Sunshine Hospital for families with babies undergoing treatment for Neonatal Abstinence Syndrome (NAS) in the Special Care Nursery (SCN). NAS is a condition, which may affect infants who have been exposed to opiates in pregnancy, commonly Methadone and Heroin. Babies with NAS require expert nursing and medical care as well as comfort and soothing. The Comfort Care for Families Program recognises that due to busy lifestyles it is often difficult for families to spend as much time with their baby in SCN as they would like. The Comfort Care for Families Program uses volunteers who assist families and staff to provide the close comfort required settling the baby with NAS.

The aim of this service has been to support infants with NAS and their families. During the service development, literature to provide an evidence base for the service was sought, however no literature regarding this aspect of care for NAS babies was found. The Comfort Care for Families Program was developed in consultation with staff and families. All volunteers undergo a thorough assessment process and education session before being admitted to the service. Parents consent to enter into the Comfort Care for Families Program and, to ensure continuity of care, are assigned a team of four volunteers.

Outcomes to date include the establishment of trained volunteers, development of material to introduce the program to the family in the prenatal period and the successful introduction of the program into the SCN environment. Parents have been keen to utilise the service and participation in the Comfort Care for Families Program to date has been 100% of families offered the program. The volunteers are offered professional support and have found the experience very rewarding.

The development of the Comfort Care for Families Program has recognised the specialised comfort required by infants undergoing NAS and their families. The Comfort Care for Families Program is unique in its approach resulting in quality service delivery for babies and their families in Melbourne's west.

The Social Behaviour of Infants During Routine Physical Check-Ups: Relationship to Mother's Mood Using the ADBB Scale

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Considerable research has shown that infants of depressed mothers show sub-optimal social interaction behaviour with their main carer (usually the mother). In addition, some research suggests that this sub-optimal social behaviour generalises to non-familiar adults. The assessment of such behaviour has typically been done using procedures and rating scales that lend themselves more readily to research than routine clinical work. The ADBB scale, devised by Guedeney & Fermanian, attempts to overcome these clinical difficulties by allowing ratings to be made during routine physical check-ups of the infant. This study will report on the findings of a study of 44 infants presenting for routine check-ups. Videotapes of the social behaviour of the infants were made, and assessed using the ADBB scale by three trained raters in Australia and France. The relationship between the score on the ADBB scale, and the mother's current mood (assessed using the EPDS) and mood since birth (assessed via an interview question) will be reported. In addition, the relationship between the clinicians' ratings and ADBB ratings will be discussed. Video clips will be shown to demonstrate the aspects of the infant's behaviour being assessed using the ADBB scale.

Adverse Childhood Events and Immature Defense Styles Predict Persistence of Postnatal Depression in the Second Postnatal Year

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Background. Although the majority of depressive episodes after childbirth resolve spontaneously within 3-6 months, a subset of women remain depressed throughout and beyond the first postnatal year. The relatively high rate of persistence, relapse and recurrence of depressive symptoms is of particular concern given

recent findings that children of postnatally depressed mothers are most likely to experience problems with cognitive and emotional development when the maternal depression is chronic and/or severe. More attention needs to be paid to understanding the course of postnatal depression, to identifying which subgroups of women are likely to suffer from chronic or recurrent depression, and to specifying the co-existing risk factors which may influence their children's development.

Method: The sample was recruited from a mothercraft hospital when infants were 2- 4 months old. Mothers were interviewed in their homes when infants were 4 months and 12 months old and on both occasions completed a range of self-report questionnaires. The level of the mothers' depressive symptomatology was assessed at each time point using the Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977).

Results: Two sets of regression analyses were conducted using backward elimination to determine the most parsimonious model: linear regression to predict depression symptoms and logistic regression to predict clinically significant symptoms (CES-D $\geq$ 16) at 12 months. Symptom severity at 4 months was the strongest predictor of depression symptoms at 12 months accounting for 33% of variance. CES-D at 4 months was controlled for in all subsequent analyses (along with relevant demographics).A childhood history of abuse ($p = .018$), and immature and mature defense styles ($p = .002$; $p = .003$ respectively), were significant predictors of depression symptoms at 12 months and immature defense styles ($p = .027$) and reports of low maternal care in childhood ($p = .028$) predicted clinically significant symptom levels.

Discussion: Implications of findings will be discussed in relation to screening of mothers at risk of persistent depression, appropriate approaches to intervention and the need for more complex models in understanding the relationship between postnatal depression and child outcomes.

Dysfunctional Parent-Infant Relationships following Postnatal Depression (PND): An Intervention Study

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A specialised cognitive-behavioural program for PND developed by us (Milgrom, Martin & Negri, 1999 Wiley) was recently evaluated in a study which screened over 5,000 women for PND and randomised 240 depressed women to treatments. Despite the success of the PND treatment program in reducing rates of depression, a major finding has been that targeting maternal mood is not sufficient to improve the parent-infant relationship. In this pilot uncontrolled study, 50 depressed mothers completed the core PND program followed by a specialized parent-infant intervention (H.U.G.S. [Happiness, Understanding, Giving and Sharing]). At baseline (pre-treatment), 82% of women had scores reflecting a clinically dysfunctional mother-infant relationship on the Total Scale and 85% on the Parent Domain Scale of the Parenting Stress Index (>152). The core PND program reduced the rates of these interactional problems to 60% and 67% respectively after 12 weeks (as well as significantly reducing depression). After only 3 weeks of the H.U.G.S. module, the respective percentages of women still scoring in the dysfunctional range had dropped to 39% (Total Score) and 30% (Parent Domain Score). Thus, the H.U.G.S module recorded a relatively greater rate of change (roughly 2-3 fold) over a much shorter period than the core program alone. Whilst this improvement is encouraging, 30% of mothers remain dysfunctional (compared to 3% in normative and non-depressed samples). Both the Parenting Stress Index findings and results of videotaped interactional sequences suggest some parent-infant interactions appear more difficult to change than others, and these will be described. These results indicate that whilst the intervention is effective it needs to be further developed and tested in a randomised controlled trial. Preliminary results of our 'Intuitive Mothering' program also suggest the need for longer and experientially based parent-infant interventions.

Family Support and Health – An Integrated Team
A True Government/Non Government Collaboration Targeting Pregnant Substance Using Women

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This presentation will highlight the work of an early intervention team containing Health and NGO services who perinatally target chronically addicted substance using pregnant women. This collaborative team is an innovative partnership between Barnardos South Coast Centre's Family Support program, Northern Illawarra Family Support service and Illawarra Health's Substance Use in Pregnancy and Parenting (SUPPS) program. A local Department of Community Services office has also entered the partnership by allocating designated case workers to SUPPS families.

This project is located in the Illawarra region on the mid south coast of NSW comprising the Wollongong and Shellharbour local government areas.
The SUPPS program in itself is an interdisciplinary collaborative program within Illawarra Health. The receipt of National Illicit Drug Strategy funding has enhanced the Family Support component of the partnership, and is funding action research and an independent evaluation of the project.

A high percentage of the women targeted by the project have significant mental health issues as well as being substance dependent. The babies are potentially at risk of a range of physical and developmental conditions as well as mental health concerns both perinatally and in their very early years. They are at considerable risk of abuse and neglect.

In our paper we will present the theoretical background to our partnership approach, what the partnership looks like, how we maintain collaboration, and what client and service outcomes we are working towards. These key outcomes include improvements in parenting capacity and in the health and development of the babies; reductions in the severity of Neonatal Abstinence Syndrome suffered by the babies, improvements in attachment behaviour between infants and their parents, increase in numbers of babies remaining in or restored to their parent's care, and improvements in permanency planning. We will also present the outcomes of our action research to date.

Staying the Distance: Determinants of Continuing in a Longitudinal Study of Pregnancy-Related Depression

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Results from many longitudinal studies frequently suffer from sample bias that arises from a range of sources. These can emanate from researcher influences, context limitations and participant choices and decision-making. A large study was designed to identify dysphoria in pregnancy at a suburban maternity hospital. Training was provided to randomly selected antenatal midwives in the detection and management of psychosocial distress/depression in 647 pregnant women from Booking-In Clinic. After the initial structured interview, women were then invited to continue in the longitudinal phase from mid-pregnancy to the postnatal review at 6 weeks postpartum. Four hundred and nineteen (65%) participants continued through the remainder of the study. This report examines various aspects that predicted whether women discontinued or continued the repeated enquiries and provides information that can be considered *a priori* as risk factors.

The Influence of Culture on Parenting

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The early years of children's development are an important time when infants are establishing many of the patterns of future adult functioning, largely in response to their experience of the world around them.

Parenting is a universal but highly variable behaviour. Differences can be observed in the value and emphasis placed by caregivers on the skills and behaviours of children. Childrearing practices appear to be able to influence the rate and expression of children's development, so that the social and cultural contexts in which children are raised can shape the patterns of expression of their developmental skills.

Given that a significant and growing proportion of the children in Australia are born in families with non-English speaking backgrounds (NESB), it is important that people working to support the development of children in Australia better understand the practices and the values underpinning parenting in NESB families. There are indications in published studies that children raised in families with different childrearing practices from the dominant "Western" patterns may enjoy significant health and developmental advantages, that can be lost as families acculturate and modify their parenting practices.

Why Mother Die. Clinical Implications of the Findings of the Confidential Enquiries into Maternal Deaths 1997/99

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The CEMD finds that suicide was the leading cause of maternal death, accounting for 28% of all maternal deaths. The maternal suicide rate is much higher than previously thought, calling into question "the protective effect of maternity". The suicide rate approximates to that in women in general and may be higher in the first three months postpartum..

These women did not die from overdoses, nor from under-detected postnatal depression, nor were they young, single and socio-economically disadvantaged. The overwhelming majority died violently and compared to other causes of maternal deaths they were relatively socially advantaged. A worrying number were professionals. Overall, half of the women were seriously mentally ill and half had a previous history of hospitalised mental illness. This highlights the risk of recurrence of serious mental illness following childbirth. All of those who died in the early weeks following childbirth were seriously mentally ill and with few exceptions had a previous history of postpartum illness. Their illnesses were very acute onset but in few cases had their risk been identified and in none were adequate plans in place for their management postpartum. Their predictable recurrences and their possibly avoidable deaths appear to have taken all by surprise.

The CEMD was surprised to find that in those few cases when with a previous history had been identified it was described, not as puerperal psychosis treated as an inpatient, but as "PND". Perhaps this diminished the seriousness of the condition and contributed to inadequate proactive management plans.

Despite the high public profile of postnatal depression and the prominence given to promoting psychological wellbeing in new mothers, it is clear that equivalent advances have not been made in the understanding of serous mental illness in relation to childbirth, which is associated with a substantial mortality and morbidity. It is also clear that this is an area, which is still relatively neglected within psychiatry.

The Confidential Enquiry recommends that:

- All women with serious mental illness should be counselled by their psychiatrist about the effects of childbirth on their mental health.
- All women should be asked at Booking Clinic about a past history of psychiatric disorder.
- Those with a history of serious mental illness should be assessed by a psychiatrist and a management plan put in place with regard to their risk of recurrence.
- Those women who require admission to a Psychiatric Unit following childbirth should be admitted to a Mother & Baby Unit.
- There should be a psychiatrist with a special interest in Perinatal Psychiatry supported by a multidisciplinary team available in all localities.

Reference

Why Mothers Die 1997-1999. The Confidential Enquiries into Maternal Death in the United Kingdom. *The RCOG Press.* The Royal College of Obstetricians and Gynaecologists, London published Dec 2001

The Management of Seriously Mentally Ill Mothers

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The CEMD highlights the mortality and morbidity associated with serious mental illness and in particular the risk of recurrence after childbirth in those who have a previous history. The fertility of women with chronic serious mental illness, bipolar disorder and schizophrenia, is not reduced. Modern antipsychotic regimes and care in the community have probably increased the numbers of babies born to women suffering from chronic schizophrenia. The care of these women is therefore not just of concern to Perinatal Psychiatrists but to Psychiatric Services in general. Women with chronic schizophrenia are now as frequently admitted to Mother & Baby Units in the United Kingdom, as are those with affective psychoses. However the outcome of the pregnancy for women suffering from schizophrenia is much poorer (higher rates of stillbirth, infant death, obstetric complications and malformations) and the outcome for parenting is also much poorer. Large numbers of their children are received into the care of Social Services.

However, this is a time of high levels of surveillance by health professionals and unique amongst provokers of mental illness, comes with 9 months warning, ample time to draw up proactive management plans.

In line with the recommendations of the CEMD (enclosed), the care of women at risk should begin before conception. Psychiatric teams need to discuss contraception with their patients and the likely impact of childbirth on their illness and of the long term impact of parenthood on their mental health. For some it will also be necessary to discuss whether or not they can safely meet the developing needs of the child. Psychiatric treatment of women of reproductive age should bear in mind the possibility of pregnancy particularly when using mood stabilizers and newer drugs whose safety is uncertain.

Midwives and obstetricians should routinely ask at booking about past histories (and probably family histories) of mental illness postpartum or otherwise and be informed as to how to distinguish serious mental illness from other mental health problems. All localities should have guidelines for the care of women at risk of serious mental illness following childbirth and for those with serious chronic mental illnesses who become pregnant. These will involve the development of integrated care pathways so that women access the appropriate care smoothly and quickly. Personalised management plans, shared with the patient and all those involved in her care should be drawn up for individual women. These will include not only management in the immediate delivery period but in the early weeks postpartum. Contingency plans need to be put in place for those at very high risk. At the very least there will need to be high levels of surveillance for the period of highest risk following delivery.

Ideally, Maternity Services and Primary Care should relate in each locality to one specialist perinatal team. However in the meantime, general adult psychiatrists will be required to deal with these issues and will need to develop the appropriate knowledge and skills.

Key recommendations

Protocols for the management of women who are at risk of a relapse or recurrence of a serious mental illness following delivery should be in place in every Trust providing maternity services.

Enquiries about previous psychiatric history, its severity, care received and clinical presentation should be routinely made in a systematic and sensitive way at the antenatal booking clinic.

The use of the term Post Natal Depression or PND should not be used as a generic term for all types of psychiatric disorder. Details of previous illness should be sought and recorded in line with the recommendations above.

Women who have a past history of serious psychiatric disorder, postpartum or non-postpartum should be assessed by a psychiatrist in the antenatal period and a management plan instituted with regard to the high risk of recurrence following delivery.

Women who have suffered from serious mental illness either following childbirth or at other times should be counselled about the possible recurrence of that illness following further pregnancies.

A Perinatal Mental Health Team which has the specialist knowledge, skills and experience to provide care for women at risk of, or suffering from serious postpartum mental illness should be available to every woman.

Women who require psychiatric admission following childbirth should ideally be admitted to a specialist Mother and Baby Unit together with their infant. In regions where this service is not available then an out of region transfer should be considered.

Substance Misuse Services, without the need for making an appointment should be provided in antenatal clinics and to improve both the rate of engagement and the compliance with care.

Future Enquiries must require the collection of information from Psychiatric Services in the case of a psychiatric case.

Evaluation of a New Program: “Pregnancy and Beyond”- A Group for Pregnant Women who are Feeling Stressed

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Emotional and psychological distress during pregnancy have been shown to be linked closely with postnatal mood disorders. The demonstrated adverse outcomes (for both mother and baby) associated with perinatal disorders highlight the importance of early prevention and intervention.

For almost two years women who have booked in to deliver their baby at Liverpool Hospital have been routinely assessed for psychosocial risks. Approximately 34% of the women assessed have been identified as being stressed, distressed or depressed or to be showing various psychosocial risk factors. The majority of these women are referred to perinatal mental health services for varying levels of individual support and intervention, but it is believed that many of these women would benefit from attending an antenatal group that focuses on reducing and managing stress and anxiety.

Mainstream parent education groups have traditionally had the important role of providing education, information and support to women in the antenatal period. These groups do not fully address the problems associated with anxiety in pregnancy. For this reason a stress management group targeting pregnant women with symptoms of anxiety, was developed and trialed in 2001. The group focused solely on a Cognitive-Behavioural Treatment approach to anxiety. Feedback from participants suggested that the group could more effective if it included a combination of anxiety management topics and practical information about pregnancy, delivery and parenting.

In response to these deficits, the 'Pregnancy and Beyond' program, which seeks to prepare women for both the physical and the psychological aspects of pregnancy and parenting, was developed. The six session group program addresses the physical, emotional and social changes in pregnancy; expectations of motherhood; labour and delivery; feeding; sleep and settling; psychosocial aspects of parenting; stress and anxiety management (relaxation techniques, improving coping skills); and support networks.

By July 2003, four groups will have been conducted, with an estimate of approximately 25 participants. Evaluation has, so far, indicated positive outcomes. Participants felt supported by the group and felt positive about their pregnancy and parenting experiences. Post group and post-partum follow-ups (6 week and 6 month) indicated decreased levels of depression and anxiety.

Following development and final evaluation, individuals and services will be trained to run the program and will be encouraged to integrate anxiety topics into mainstream parenting education programs.

Impact of Family Violence in Pregnancy on Mother and Child Interaction in the Postnatal Period

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There has been much debate about the usefulness of screening for domestic violence in pregnancy as limited randomised data of effective interventions to deal with the disclosure have been reported. Such trials are urgently indicated as screening has initiated in two Australian States and in several centres worldwide. There is now good evidence that excellence in prenatal care can ameliorate the impact of domestic violence on pregnancy outcome. One of the remaining difficulties in prenatal care is to adjust for the impact of co-existing problems of abuse such as use of cigarettes, alcohol and illicit substances, and the higher rates of infection, that simultaneously complicate pregnancy in abused women.

A large question is how to manage the care of a women and her newborn in the postnatal period. Maternity hospitals are unable to provide ongoing support services and it is more appropriate to have community based resources. The question of what sort of community services may prove to be effective needs to be answered so that the limited resources available to help women are utilised effectively. The major issues identified in the postnatal period appear to relate to increased rates of depressive symptomatology, poor maternal child attachment and increased perception by the mother that her child is 'difficult'. One strategy to address these concerns may be the creation of intensive postnatal community based support services that are initiated in the prenatal period and continue into the postnatal period. We have recently examined whether the prenatal detection of family violence and initiation of a comprehensive prenatal and postnatal support program could ameliorate the impact of family violence on these outcomes at 6 months of age. Because teenage mothers have a higher rate of family violence compared to older women, and because they often lack extended supports, we planned an observational intervention trial in this group of women. 150 women provided consent to the trial. The antenatal and delivery data of the two groups of women were similar. Women exposed to domestic violence (EDV) received a median 6 antenatal and 6 postnatal reviews by a social worker. Despite the intervention, women who had been subjected to domestic violence showed reduced overall attachment scores to their infants. This was mainly due to significantly lower scores in the tolerance and pleasure in proximity subscale scores. They also showed a trend to lower acceptance and competence as a parent. The adolescent mothers EDV reported fewer easy infants and more difficult ones than both the non-abused adolescents. This is shown by the difference in the easy/difficult scale where the

mean of the group with domestic violence is significantly higher. Multivariate analysis of variance was used to identify whether attachment and temperament outcomes were due to some other combination of covariates. Domestic violence showed a significant independent effect on attachment independent of other factors. Domestic violence also showed an increase in the easy-difficult scale of infant temperament. However, the intervention did reduce psychological symptomatology in women EDV. Despite the baseline incidence of positive EPDS being higher in women EDV compared to control, the incidence of positive EPDS scores at 6-months postpartum was similar between the two groups. The findings suggest that support services can reduce adverse psychological symptomatology in women EDV, but may not improve attachment or temperament scores. Similar findings are seen in women with severe depressive illness attending mother-baby units where therapy improves psychological symptomatology but is less effective at improving attachment. At the talk I will outline our next strategy to address these findings.

Admission to a Public Access Residential Early Parenting Service is Associated With Improvement in Maternal Mood

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Objectives: To measure maternal emotional wellbeing during and after admission to a public residential early parenting service.

Methods: A prospective longitudinal design was used to assess women's mood during admission and at one and six months post discharge. All women admitted with a baby under one year of age for treatment of maternal distress and unsettled infant behaviour between April and August 2002 were invited to participate. Participation involved completion of self-report questionnaires during admission and postal questionnaires at one and six months post discharge. Standardised psychometric instruments were incorporated to assess maternal mood.

Results: Of 118 women who were eligible to participate, 79 agreed to do so (67%). During admission 39% of women were in the clinical range for probable depression (EPDS>12), and 69% had clinical levels of fatigue (POMS fatigue-inertia subscale >12). Follow up at one month revealed that 18% of women had EPDS scores of 13 or more which had declined to 12% at six months. Factors associated with sustained improvement in mood, and those predictive of continuing maternal distress will be explored.

Conclusions: Admission to a residential early parenting service in the public health sector is beneficial for some. These results will contribute to on-going program development for early parenting services.

Who's Holding the Baby?

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This presentation explores some of the challenges faced by mental health professionals who adopt a psychotherapeutic approach in their work with high-risk clients, in a healthcare environment which is becoming increasingly risk-averse.

The presenter is a parent-infant psychotherapist working within a publicly funded multi-disciplinary maternal mental health team. The presentation is based on a complex case example which gave rise to significant conflict within the Team around best approach, the capacity to tolerate and justify risks taken in the interest

of longer-term benefits in the therapeutic alliance, and thus mother-infant outcomes, and systemic imperatives around risk management.

A case presentation will be used to exemplify issues such as:
- managing risk in the context of severe dissociation, self-harm behaviour, suicidal and infanticidal gesturing, and maintaining trust between different therapeutic approaches
- re-enactment of power and control dilemmas within the therapeutic and systemic context
- transference and projection, both within the Team and from the community towards public health agencies
- secrecy for safety in violent domestic relationships
- the role of a care and protection agency in therapeutic planning
- the management of medico-legal anxiety
- adjusting therapeutic stance in response to developmental processes of mother and infant
- the impact of unconscious processes in groups, with reference to the work of Wilfred Bion

Acute Trauma Symptoms in Mothers Delivering at a Public, Maternity Hospital – A Clinical Perspective

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Background: Information is becoming more available about the relationship between mother's childbirthing experiences and the emergence of clinically defined, trauma symptomatology. The aims of the present paper are twofold. Firstly, to trace the incidence of posttraumatic stress disorder in a group (n = 60) of first-time mothers diagnosed with depression or adjustment disorder prior to, or following delivery (who formed the participant pool for a study of maternal depression in primiparous women). Secondly, from a clinical perspective, the paper describes patterns in the presentation of childbirth related trauma symptoms and considers possibilities for prevention and ways of approaching treatment that might meet the particular needs of these mothers.

Method: Sixty mothers (30 antenates; 30 postnates) with an ICD-10 diagnosis of depression or adjustment reaction, determined on the basis of a clinical interview with either a psychiatrist or clinical psychologist, formed the participant pool for a study of maternal depression in primiparous women. The incidence of PTSD was assessed in all 60 mothers via the Posttraumatic Stress Disorder subscale of the Mini-International Neuropsychiatric Interview (M.I.N.I.)(Sheehan, Lecrubier, Sheehan, Amorin, Janavs, Weiller, Hergueta, Baker & Dunbar, 1998). A panel of professionals, focus groups of postnatal women and case examples are canvassed to provide further clinical material to elucidate these research findings.

Results: Four mothers (antenate = 1, 3%; postnate = 3, 10%) obtained a M.I.N.I diagnosis of PTSD, a non-significant group (antenate vs postnate) difference (Fisher's exact, two tailed, p = .306) that represents an overall prevalence rate (7%) exceeding that found in other studies (1.5-2%) of childbearing women. The present results are considered in the light of the clinical picture of mothers referred for treatment to the Dept of Psychological Medicine at King Edward Memorial Hospital. Descriptive data on professional views and women's subjective experiences of birth related trauma suggest a number of identifiable recurring themes such as perceived loss of control which may have implications for prevention and treatment.

Conclusions: The research and descriptive data support the claim by recent researchers who suggest that acute trauma symptoms experienced in association with childbirth may result in a range of posttraumatic stress disorder symptoms which continue to impact on postnatal women for some time after delivery. Specific procedural and treatment implications are considered and recommendations are made for assisting mothers who present with a constellation of symptoms that are consistent with childbirth-related PTSD.

Promoting Happier Sleep-Times for Toddlers

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Toddlers have very different sleep patterns to adults, and some have interrupted sleep for a very long time. Parents need support and education to understand the normal development of a toddler, their fears, emotional and physical development. This paper will explore a method of sleep solution that endeavours to minimise the distress to both the care-giver and the child and describe how this is being used in the Toddler Sleep Issue groups that are being held by CYH throughout the Adelaide metropolitan area. The method is based on the attachment theory premise that the child needs to fall asleep knowing that their carer is nearby and they feel safe in their environment. The groups address both the needs of the parent and the child when toddler sleep disturbances are experienced. It offers parents an alternative to the traditional controlled-comforting technique and a choice for the management of sleep.

Firstly the attachment theory that underlies the program will be outlined. Then an overview of the structures and techniques offered to participants in the group will given as well as a summary of their feedback. The program is a more gentle approach to dealing with toddler sleep issues, and offers the parents a choice that promotes the health and wellbeing of the family and child.

The Cutting Edge

Graham Vimpani

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To get to the cutting edge, one has to travel, observe and have insight.

We have travelled far over the past five years in our recognition of the importance of the early years of life for the rest of the life course. Who would have thought five years ago that we would have the cause being championed by an Australian of the Year and a national agenda for early childhood in the making?

That recognition has yet to be matched by widespread community understanding or a level of social investment that reflects its importance. There is still confusion about what children need for their development to prosper. The impact of social gradients on children's life chances is not well understood and social values of individualism and consumerism are shallow substitutes for the strong networks of connectivity within which young children thrive. Across the country, many programs to support children in their earliest years continue to be piecemeal, underfunded and unsustained. This is despite strong overseas evidence of their cost-effectiveness and enviable examples in other countries of government commitment to sustained program implementation. Realistic investment still lags behind the rhetoric.

Is this such a bad thing? Not if has been a delay in order to obtain better evidence of what works. How do we know these programs are needed or will work in our social and service environment? What adaptations are needed of programs that have been shown to work elsewhere for our children? Is it likely that one size fits all? The importance of recognising the special needs of some groups of children and tailoring programs to their unique characteristics is essential. These children include Indigenous children, children in detention, children growing up in families in which there is chronic physical or mental illness or substance misuse, children in rural and remote communities and children in out of home care.

Although we have more to learn, the gap between what we already know and what we currently do would seem to reflect a continuing disbelief in the evidence about the importance of the early years.

"Home-Start - Nuturing families Right from the Start"

Marilyn Barnes

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Home-Start is a voluntary home visiting program for families with young children. Home-Start National Inc. supports Home-Start schemes throughout Australia by providing training, information and guidance on the Home-Start Model. Currently there are 26 Home-Start programs operating in Australia, mainly in NSW funded under the Families First Iniative, and there is one scheme in Victoria. The poster display will showcase Home-Start's early intervention approach and the importance of supporting families in a preventative way before breakdowns occur.

How Do We Know We Have Built a Better Beginning? - A Population Measure of the Outcome of Influences During the Perinatal and Infant Years

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Despite the evidence of the importance of the perinatal and infant phase of the life span in building a better beginning for children, there have been few population measures of the influence of psychosocial factors in these early years.

The Canadian Institute for Advanced Research (CIAR) and McMaster University has developed a measure of early development (Early Development Index). This teacher-completed checklist consists of 104 core questions grouped into five scales: physical health and wellbeing, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

Use of this measure shows that school performance and consequently whole of life outcomes, is related directly to the quality of early child development. Although it began life as a readiness for school instrument, the Early Development Index (EDI) is now recognised not only as a measure of children’s development but is also a sensitive outcome measure that can be used to assess the effectiveness of community programs to improve early child development. The EDI is commonly referred to as a measure of how well the community has raised its children to age five years.

In an interagency approach, the North Metropolitan Health Service Population Health Program of Western Australian, the Joondalup Education District and local community organisations with support from McMaster University undertook a pilot study of the use of the EDI on 200, 5-year-old children across 7 schools. Disseminating research findings to the local community resulted in the establishment of partnerships to seek funding for early intervention programs and to create opportunities for parents, schools and other agencies to work together for the benefit of children and their families.

The findings promote the use of the EDI in Australia as, not only a child health and wellbeing indicator, but also a community mobilisation tool and an evaluation measure of services, be they non government or government, who have a mandate to ensure a better beginning for children.

This poster conceptualises how the EDI can be utilised as a catalyst for community mobilisation and an evaluation tool within an overarching strategy for communities; *Communities for Early Life*.

Maternal Well-Being & Reporting of an Unsettled Baby: The First Six Months

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Aim To investigate the relationship between depressive symptoms, maternal well-being and maternal report of an unsettled baby.

Background The Breastfeeding and Support Intervention Cohort Study (BASICS) was a randomised controlled trial of the effect of midwifery support on the duration of breastfeeding. The commonest concern reported by the mothers was unsettled behaviour by their baby. This was a major reason for stopping breastfeeding.

Methods Eight hundred and forty nine women were enrolled in the study. Treatment and control groups were similar at baseline and during follow up, and so were combined in this analysis. Information collected included demographic and obstetric data, follow-up questionnaires at 2 & 6 months postpartum about breastfeeding, infant wellbeing and maternal wellbeing (EPDS, Maternal Social Support Index (MSSI), SF36-Health Survey, self reporting of depression and antidepressant use). We defined a baby as being unsettled if it had any symptoms of not settling between feeds, crying after feeds, vomiting frequently or having reflux, colic, problems with 'wind' or constipation.

Results Fifty percent of women were first time mothers. Unsettled babies were reported by 624 mothers (74%) at 2 months, by 448 mothers (53%) at 6 months and by 361 mothers (43%) at both times. Mothers who reported their baby being unsettled at 2 months were of younger age, had lower scores on some scales of SF36 (bodily pain, vitality and mental health) and their babies had more health problems. At 6 months, reporting an unsettled baby was associated with increased rate of depressive symptoms, as indicated by self report or diagnosis, use of antidepressants and elevated EPDS scores; higher rate of health problems, decreased scores on all scales of SF36 health survey and lower MSSI.

Conclusion A large proportion of mothers report their babies to be unsettled during the first 6 months. Depressive symptoms, maternal wellbeing and poor maternal support were associated factors. Moreover, these associations were stronger at 6 months postpartum. The maternal perception of an unsettled baby at 6 months may be an indicator of underlying maternal problems including depression, adverse physical wellbeing or lack of social support.

Reference
McDonald SJ, Henderson JJ, Evans SF, Hagan R, 'Effect of an extended midwifery support program on the duration of breastfeeding: a randomised controlled trial', PSANZ 2003.

Early Intervention Maternal Mental Health Service
'Are We Making A Difference?'

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One year on from our establishment in June 2002, the Early Intervention Maternal Mental Health team have accomplished some very real achievements in a relatively short period of time with minimal resources. We have successfully established clinics at various Plunket Rooms around the WDHB region, as well as continuing clinics at Waikato Family Centre. Home visits have proven to be beneficial for many mothers especially for Maori.

The team has continued working with a postnatal focus from the outset but has seen an increasing number of referrals from midwives and GPs during the antenatal period. More often that not a lot of the women we have seen have had either a past history of at least mild depression and or have been depressed during their pregnancy but were left untreated. Early detection and intervention is the key to enabling understanding and empowering change within the family/whanau at often-crucial moments.

Given that there are only three clinical fte's in the team, we have endeavored to spread our services widely, particularly in the rural areas, with over 400 referrals (this number equates to around 10% of the region's total number of births) followed up in the first year. Just about half of these referrals have been from the rural regions including remote towns such as Pio Pio and Mahoenui.

There is still plenty to do, this year the EIMMHS will focus on:

- establishing clinics in Taumaranui and possibly in Coromandel Peninsula area.
- continued networking with our referrers, community agencies and government agencies.
- working towards obtaining specialist medical input to enhance our relationships and services with GPs.
- establishment of more group orientated interventions.
- meeting the needs of men/fathers/partners through developments such as; undertaking a small research project to identify the informational needs of men/fathers/partners in order to increase our understanding of their experiences and needs and to produce a series of educational videos 'for fathers by fathers'.

Word of mouth has played a key part in getting the service known. The stigma around "mental health" has been a significant issue for many mothers but after receiving support and understanding with listening visits this has been minimised.

We believe it's about the type of service you provide, not what the service is called, good mental health is an integral component of overall health and wellbeing and should not be undervalued.

"Time Off Work" in the First Postpartum Year: Is There Such a Concept?

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Background: Maternal workload in the first postpartum year is emerging as a significant factor amongst the psychosocial variables relevant to the aetiology of postpartum depression. This poster presents a brief overview of the ways in which maternal 'work' – both paid employment and unpaid domestic labour – has been conceptualised and investigated. The current study operationalises a more comprehensive definition of work than exists in prior research.

Aim: To characterise the nature and distribution of parents' workload in the first postpartum year in a group of mothers admitted to a residential mother-baby unit for infant sleep, settling and feeding problems and / or maternal distress and exhaustion.

Methods: A prospective longitudinal study was carried out to assess the impact of a brief admission to a private early parenting service on maternal psychological functioning. All women consecutively admitted to the Masada Private hospital Mother Baby Unit between Feb and July 2002 were invited to participate in a three-stage self-report questionnaire survey. Participants completed questionnaires upon admission and at one and six months after discharge. Mothers were asked about paid employment and paid work intentions, the suitability of these arrangements, practical support, the division of domestic labour and actual leisure time. In addition, information about their partners' paid work, leisure time and total hours away from home was specifically elicited.

Results: 80 women participated in the study. There was a statistically significant difference between mothers' and fathers' workloads and leisure time. Partners of these women spent long hours away from home: 55 hours / week (10-84). There were no significant differences in the leisure time of those mothers in paid employment and those working full-time at home.

Conclusion: The workload of new mothers is a key factor amongst those admitted to a mother-baby unit. These findings support the view that a re-definition of maternal work will improve future investigations into the correlates of maternal distress in the first year postpartum.

A Multimedia Questionnaire, "If I were Ben", To Assess Male Adolescents' Beliefs and Feelings About the Consequences of "Getting a Girl Pregnant"

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Aim: We aimed to develop a reliable and valid computerised questionnaire that would assess a young man's feelings and beliefs about unplanned pregnancy and its consequences (abortion or parenthood), track the decision-making required of him and be appealing to adolescent males. Young actors, filmmakers, musicians and software developers were used to further this aim.

Background: In recent years, computerised surveys have been utilised to measure sensitive subjects such as sexuality and drug use. This methodology has been validated against similar data gained through traditional questionnaires.

Methodology: Using focus groups of male adolescents, a script and a series of questions were developed to cover the overarching domains of feelings, attitudes, beliefs and decision-making. The player assumes the role of Ben and must negotiate his way through a number of "consequence" scenarios. The instrument will be evaluated as a school-based intervention using a Solomon 4 design.

Results: Screen shots from the CD-ROM will be presented in the context of the script and associated questionnaire items. Evaluation feedback from pilot groups indicates that participants find this instrument interesting and relevant. Results from the survey and intervention study will be available at the end of 2003.

Conclusions: This computerised instrument will provide an insight into young men's thoughts and feelings and could prove to be a useful educational tool.

Funding: This project was funded by an NH&MRC Project Grant.

The National Postnatal Depression Program
Enhancing The Quality of GP and Perinatal Service Partnerships

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The National Postnatal Depression Program, funded by the national depression initiative beyondblue, aims to develop and evaluate a screening program, within existing primary healthcare settings, to identify women who may be at risk of antenatal and postnatal depression.

The broader objectives of the Program are to improve community awareness of depression, enhance partnerships between women, primary healthcare providers, professional bodies and maternity services and capacity building by encouraging strategies aimed at improving knowledge about depression assessment and treatment.

Improved community awareness is being achieved through the development of educational materials. These include a *GP Management Guideline*, a *Guide to using Edinburgh Postnatal Depression Scale*, an educational booklet entitled *Emotional Health During Pregnancy and Early Parenthood,* which is given to all participants, and a series of promotional posters.

Reviewing current levels of service, highlighting deficiencies in services and encouraging different health care sectors to work cooperatively will enhance partnerships between women and their healthcare providers, as well as between the healthcare providers themselves.

Improving the capacity of the healthcare system to manage women with postnatal depression will be achieved through training programs targeted to Midwives, Maternal and Child Health Nurses and GPs. Highlighting the different referral options available will also be encouraged to utilise a broader base of treatment services.

The National Postnatal Depression Program, which is 18 months into its 3 year life, has been implemented nationally within a variety of maternity and community settings and demonstrates a method of changing practices to improve the detection and management of depression within the Australian population.

Difficult Infant Temperament or Infant Exhaustion?

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Objective: There is a wide range of publicly funded specialist mother infant services in Australia. More recently, private hospital residential parentcraft facilities have been established. Masada Private Hospital opened a residential Mother Baby Unit (MPHMBU) in April 1996. Most women are admitted with infants who have unsettled behaviour and feeding difficulties. This paper presents the findings of two studies of the temperament and behaviour of infants who have been admitted to this unit with their mothers. The MPHMBU provides a 5-night residential structured early intervention treatment program to address both maternal and infant needs.

Method: All the women admitted to the MPHMBU between June 1st and November 31st 1997 (study 1) and between February 1st and May 31st 2002 (study 2) were invited to complete a comprehensive questionnaire anonymously. The questionnaire covered socio-economic factors; past reproductive events; index pregnancy and delivery events; relevant personal and family history and infant health, behaviour and development. Standardised self-report psychometric instruments assessing mood, personality factors, quality of primary relationships and infant temperament were incorporated into the questionnaire. In the second study follow-up questionnaires about infant behaviour, temperament and manageability and maternal health were administered one month and six months after discharge.

Results: In study 1 108 / 146 (75%) and in study 2 81 / 99 (80%) of eligible women agreed to participate. The infants were on average 22 weeks old, with poor daytime sleep and frequent nighttime waking. Many cried for prolonged periods and could not be easily settled. The younger babies (≤ 4 months old) were less

adaptable, less rhythmic and more active than population norms. On all dimensions of infant temperament the older babies (4 – 12 months) were significantly more difficult than population norms. Their mothers who were all of high socio-economic status had a higher than average incidence of difficulties in conceiving; pregnancy illness; delivery and postpartum complications and breastfeeding problems. Their fathers had professional and leisure commitments, which took them away from home for very prolonged periods. Quality of marital relationship and adequacy of practical support from fathers were compromised. A third of the mothers had marked depressive symptomatology, but clinically significant fatigue was universal and elevated anxiety was common. Infant behaviour was significantly associated with maternal distress. Infant manageability and maternal mood were significantly improved a month after discharge and infants were sleeping for longer with less frequent nighttime waking. These improvements were sustained six months later.

Conclusions: Severity of maternal distress was associated with self-rated capacity to settle the baby. Increasing infant sleep through the establishment of structured daily patterns of care and through training in infant sleep and settling strategies leads to improved infant manageability. Difficult infant behaviour may be more accurately understood as infant exhaustion than as a disorder of infant temperament.

Drawings of Womens Experiences of Post Natal Distress

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The Ace Service at John Hunter Hospital supports women at risk of developing Post Natal Distress and women who are experiencing Post Natal Distress. On an average 250 women and their families are supported per year. The central focus of the service is home visiting during the antenatal period and up to 12 months after the baby's birth.

One of the services provided by the ACE Team is a post natal depression support group, run on a weekly basis in conjunction with the First Steps Parenting Centre. Social Workers Alison House and Helen Gadd run this group.

The drawings we wish to display have been done by women who attend the group. The images depict their experiences of their depressive illness, also included are the women's stories of their drawings.

GP Initiated Community Response to Withdrawal of a Postnatal Depression Service

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Background: In 1998, the Division of General Practice, Mid North Coast Area, NSW received commonwealth govt funding for a PND Coordinator. This was withdrawn in Nov,02 and the Division and mental health services provided interim funding up to 30/6/03.

A study titled 'Postnatal depression in a rural and regional population' in the same area is currently being undertaken by this author.

Problem: The Director of Area Mental Health Services has since refused any further funding and has offered to absorb PND patients into mainstream mental health services.

Action Taken: The CEO of the Division issued a press release in protest which resulted in headline local news stories on Prime and NBN TV and in the local newspaper, The Advocate. Also, ABC Radio has interviewed the PND Coordinator several times.

Also, a petition was sent to GP surgeries and playgroups

Outcomes: The dedicated PND service ceased on 30/6/02.

Many protest letters to the Editor of The Advocate have been published and more than 800 signatures collected on the petition.

Further Action: The current study will reveal the incidence of PND in this population and hopefully contribute to further funding for a dedicated service.

The Division of General Practice remains committed to further advocacy in the community and will continue to apply for funding.

A Preliminary Analysis of the First 500 Women in the Western Australian *beyondblue* Cohort

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Aims: 1. To identify the prevalence of antenatal (20 to 38-weeks gestation) depressive symptoms in primiparous and multiparous English speaking women who have enrolled in the WA component of the *beyondblue* National Postnatal Depression Prevention and Early Intervention Program, using the Edinburgh Postnatal Depression Scale (EPDS). 2. Examine the range of potential risk factors associated with antenatal depressive outcomes.

Methods: This poster will present the main findings from the initial analysis of the first 500 women recruited in Western Australia in 2002/3, as part of the *beyondblue* National Postnatal Depression Prevention and Early Intervention Program ($\underline{N} = 500$).

In WA, antenatal screening for depression occurs at 26-34 weeks. Screening consists of using the EPDS and a demographic / psychosocial risk factors questionnaire. Women are accessed through antenatal clinics at major obstetric hospitals. The first 500 participants were recruited from King Edward Memorial Hospital. All women receive an information sheet to provide resources and contact numbers should they require further help. Women whose EPDS scores are above recommended cut-off levels for depression are referred to their general practitioner (GP) by letter and a note made in their hospital records.

Conclusions: Prevalence of antenatal depressed mood measured by the EPDS likely to indicate Major depression was 6% (i.e., $\geq$ 13) and possible Minor depression was 13% (i.e., $\geq$ 10) according to DSM-IV criteria. The demographic/psychosocial risk factors questionnaire indicated that the associations with antenatal depressed mood were: prior depression and anxiety, certain personality characteristics, experience of childhood abuse, having no partner, hyperemesis, difficulty accepting pregnancy, affective disorders in pregnancy (and receiving treatment), and current social problems (finances, substances). Childhood emotional, sexual and physical abuse were all found to be significantly associated with moderate (i.e., $\geq$ 10) and high (i.e., $\geq$ 13) antenatal EPDS scores.

Right From the Start

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This workshop will focus on the importance of working within a strength based approach with staff, volunteers, families and communities. Participants will have the opportunity to hear about Home-Start's approach providing antenatal and postnatal support to families who are expecting a baby and who are identified with high levels of psychosocial distress.

Home-Start National Inc. is an organization that supports new and existing Home-Start schemes throughout Australia. Home-Start is a voluntary home visiting program that began in the UK in 1973 and in Australia in 1989 and has a long proven record of working with volunteers and families with young children. Currently there are 26 Home-Start programs in Australia working with approx. 1000 volunteers, 1200 families and over 2000 children. In 2000 Home-Start was highly commended in the inaugural National Child Abuse Prevention Awards presented by the National Child Protection Council.

Home-Start schemes, through early intervention aim to prevent the risk of family break down, and to enrich the life of all family members. Through the privilege of getting to know a family well, Home-Start volunteers can encourage the family's strengths while also developing their own, to the mutual benefit of both, and certainly to the long term advantage of the children.

Through a 10 week preparation course (1 day per week) volunteers explore and recognise their own strengths which can support them in their role as a Home-Start Visitor.

Home-Start volunteers are the strength and backbone of the program and act as social connectors bringing the family and the wider community together thus creating capacity building not only within the family but the community as a whole.
Eva Cox refers to the work of Putman (1993) in describing the strengths of a community
"One of the major indicators of good social capital is the density of civil society i.e. The involvement of people in voluntary organizations"

Assessing Adjustment to Parenthood-A Practical Attachment Based Approach for GP's and Primary Health Care Workers

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GP's and other primary health care workers are in a prime position to intervene early in the lives of infants and their caregivers as they are the "first port of call" for sleeping, settling and parental adjustment difficulties.

This workshop aims to provide a practical attachment based framework for assessment and intervention of infants and their parents presenting for the first time. In doing so it will also discuss the contemporary issues facing parents today which impact on parenting behaviour, values and help seeking. The role of fathers and infant temperament will be a focus. Case studies will be used to further discussion.

Refugee Issues

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This workshop will explore the clinical and professional issues arising in work with asylum seeker and refugee families with infants and young children both in Immigration Detention and in the Australian community. The impact of these policies on families, infants and children is explored in a series of papers on differing aspects of the policy. Clinical material is presented from families remaining in detention often for years at a time, and from families now living in the community. This material illustrates the impact on family life and parenting capacity and as a consequence, infant and child development. Clinical and ethical dilemmas about the clinician's role are explored in a circumstance where, the authors argue, human rights and equity and access to services are compromised as a direct effect of Australian government policy. Significant issues about the ability of local health and child protection services to respond to the needs of these families and children will be discussed. Dr Sarah Mares will focus on families in Immigration detention and the impact on involved clinicians, A community representative will talk about the impact on the family of detention and the granting of Temporary Protection Visas and Dr Louise Newman will discuss the role of professional bodies and organisations in advocacy in these circumstances.
There will be ample time for discussion.

Postnatal Depression: Are We in Danger of Medicalising Maternal Distress? A Personal View

Margaret Oates

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The WHO declares that there is “an epidemic of depression in the West”. We have been told repeatedly over the last 40 years that at least 50% of depression in the community is undetected and that of those detected 50% are inadequately treated. It is an accepted, evidence based, wisdom that depression is at least twice as common in women and commonest of all in young mothers with children under the age of 5. It is therefore probable that postnatal depression makes a major contribution to this excess of depressive morbidity in women and to depressive morbidity overall. There is no evidence (with the exception of very severe affective illnesses) that depression is any commoner following childbirth than at other times nor is there any evidence that its clinical presentation and course or treatment is different to that at other times. It is therefore reasonable to discuss depression following childbirth within the context of depression in women as a whole.

Despite major changes in the last 40 years in the training of health professionals, public health initiatives, the widespread introduction of screening and the development of guidelines little seems to have changed. The rates of detection and adequate treatment remain much the same. Nor is there any evidence to suggest that either screening or management guidelines improve the rate of diagnosis or clinical outcome.

Should we re-double our efforts and try harder or pause to reflect why this might be?

The language used to describe depression clearly implies a disease or medical model. Use of such terms as morbidity, suffering from, detection, screening, intervention, treatment and clinical outcome clearly supports the use of depression as implying a morbid condition for which treatment is necessary.

National morbidity studies in the UK and the USA reveal that the prevalence of mental illness in the community is in excess of 20%, the majority women. However, the numbers that would meet the criteria for moderate to severe depressive illness are much lower, approximately 3% to 5%. The same is true for depression following childbirth. This begs the question, what is the matter with the rest? Some no doubt will

be suffering from other conditions equally in need of intervention. However it is likely that unknown numbers will be unhappy, struggling with adversity, reacting to fraught situations or perhaps having a bad day.

Perhaps one answer to the question of why the rates of depression are so high in the West, and why they are so infrequently detected, is that some might not be ill at all and perhaps others might be ill but not ill with depression. This might explain why strategies, which appear to be evidence based and rational for the treatment of depressive illness, might not be effective for other conditions and appropriate for those who are not ill.

There is no evidence that the prevalence of bipolar disorder or severe unipolar depression is increasing. There has been an exponential rise in the prescribing of antidepressants in the last 10 years now thought to be in excess of the prevalence of moderate to severe depressive illness, the usual criteria for the prescribing of antidepressants.

Another answer might be defining depression by a cut off score on a screening instrument such as the GHQ or EPDS. The inevitability of large numbers of false positives resulting from their use poses problems for the women themselves, health professionals and services. It remains to be established how many women were offended and undermined by their valid distress or real life problems being misattributed to postnatal depression. It remains to be established how many women are unnecessarily taking antidepressants and how may ill women would not have been detected any how by their midwives, health visitors and general practitioners.

The Confidential Enquiry into Maternal Death recommends that the term postnatal depression should be restricted to a non-psychotic depressive illness of mild to moderate severity which arises within 42 days of childbirth. Restricting the use of the term postnatal depression in this way might improve the management of those who are ill and better address the problems of those who are not.

Hanging on by the Nipple: Psychotic Mums, Injurious Medication, Disappearing Babies

Liam O'Connor, Kerry Judd and Spiri Katsenos

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A significant number of admissions to Mother Baby Units involve women with psychotic illness. What happens when the only contact between baby and mother is via the nipple? This workshop will review best practice in the use of antipsychotic and mood stabilizing medication. Is this different when both mother and baby are kept in mind? Recent years have seen a significant expansion in the range of medications used for psychosis. Current developments will be surveyed. The workshop will also use case studies to explore the infant's experience. What is the impact of weaning for these babies and how can it best be achieved? What is it like to be with a psychotic Mum? How can this interaction best be supported and enhanced?

Elke Andrees

Elke Andrees is a psychologist and psychotherapist and is Manager of The Benevolent Society's Early Intervention Program. During her work with the program for the past nine years she has developed expertise in parent-infant work, especially working with high-risk families in therapeutic and preventative approaches, including antenatal therapeutic intervention, home based parent-infant psychotherapy and group work.

Maureen Armitage

Maureen Armitage has for several years worked as an Infant-Parent Therapist with the Benevolent Society's Early Intervention Program. During the past eighteen months she has been a facilitator in the programme's ante-natal and mother-baby groups. In private practice as a psychotherapist she works with individuals and as a group facilitator.

Peter Ballard

Peter Ballard is a Registered Guided Imagery and Music Therapist and an experienced social worker. For the past five years he has been working as Senior Social Worker at Helen Mayo House, a residential psychiatric unit in Adelaide for mothers with a severe post partum illness and their babies. Peter completed his Guided Imagery and Music raining in Melbourne and Auckland and has a private practice in Adelaide. His pilot study on the efficacy of a music therapy intervention with a group of woman who were in recovery from a major depression post partum will be featured in his presentation.

Marilyn Barnes

Marilyn has extensive experience of working with families in need and in coordinating and developing community based programs. As Home-Start National Director she provides consultation and training to Home-Start programs nationally. Her work with Home-Start and Family Support Services has led to her involvement on committees in state, national, and international member bodies and she has made an important contribution to policy development in areas of voluntary home visiting and child protection. Her special areas of expertise are volunteer training and management, dissemination and development of innovative programs. Marilyn is also part of the Home-Start International Advisory Group and represents Australia at Home-Start international meetings and conferences.

Lara Bishop

Lara Bishop is the Chairperson of BeyondBabyBlues: the National Post and Antenatal Disorders Family Initiative. Lara has written a successful Australian book titled "Postnatal Depression: Families in Turmoil", which was released in 1999 and is used widely in Maternal and Child Health Centres, maternity hospitals and Universities. She has also written articles on PND for the Medical Journal of Australia and is actively involved in ongoing advocacy for women with PND. Lara is currently doing a PhD at the Centre for Mental Health Research at the Australian Nation University, Canberra where she is investigating the mental health literacy of Australian print media journalists. Lara has survived the "lived experience" of PND and subsequent bouts of depression since the birth of her son, Joshua, nine years ago. She also has a three year old daughter, Isabella and was lucky enough not to experience PND after her birth.

Clara Bookless

Dr Bookless was awarded her PhD, entitled Cognitive Appraisal of a Depressive Disorder in 1996. She held an NH&MRC Public Health Training and Development Research Fellowship (1990-1994) and was appointed Senior Research Officer in the Department of Psychiatry, The University of Adelaide in 1995. Dr Bookless has extensive research experience in the mental health area, particularly in the impact of violence across the lifespan. She has developed a number of research studies focussing on factors that facilitate recovery from mental health problems. Her principle research and clinical interest have been the impact of trauma and adversity on the well-being of adults and children. She has extended her research interests to focus on factors that effect attachment between parents and young children and the consequences of violence to the mother on the developing child. She has presented her research at international and national conferences and also presented as an invited speaker at local forums and agencies, including lectures in the School of Medicine and Department of Psychology at The University of Adelaide. She is currently directing a longitudinal study to identify predictors of early signs of psychological distress in young children.

Anne Buist

Anne Buist is an Associate Professor of Psychiatry at the University of Melbourne. She is the director of the Banksia House Mother Baby Unit at the Austin, Director of the Melbourne Clinic Mother Baby day program, and the Director of the beyondblue National Postnatal Depression program. She has researched extensively in the area of postpartum depression, in particular the role of childhood sexual abuse and drugs in breast milk.

Jacqui Coates-Harris

Registered Psychiatric Nurse, ADN, Dip Org Behaviour, DipCounselling. Service Co-ordinator of the Early Intervention Maternal Mental Health Service, WDHB. Current projects: undertaking a small survey research study to uncover the informational needs of men/fathers/partners whose partners have had a maternal mental health problem, developing a series of educational videos 'for fathers by fathers', extending the type of services we currently provide.

John Condon

John Condon is Professor of Psychiatry in the Faculty of Health Science at Flinders University of South Australia.

His doctoral research involved the development of instruments to assess emotional attachment both antenatally and postnatally. Over the past 15 years he has received funding from the National Health & Medical Research Council of Australia for investigations of the determinants of antenatal and postnatal attachment; adolescents' idealised attitudes to pregnancy and parenthood; the impact of the transition to fatherhood on male mental health; and adolescent pregnancy prevention through interventions targeting males.

He is a past President of ASPOG, and the Australasian Marce Society. In his clinical role, he is currently Director of Psychiatry at the Repatriation Hospital, Daw Park, South Australia.

Amanda Cooklin

Amanda Cooklin is currently undertaking her doctoral research at the Key Centre for Women's Health. Her research interest is in the determinants and outcomes of women's paid and unpaid labour, particularly in the transition to first-time motherhood. Amanda completed her Masters Degree at the Key Centre in 2000. She has since been involved as a research assistant in several projects concerned with women's mental health and psychological functioning during pregnancy and the first year postpartum.

Carolyn Corkindale

Carolyn Corkindale has worked as a research officer for Prof John Condon for most of the last 12 years. She has managed a variety of mostly longitudinal projects in the psychosocial field, including: the mental health of both men and women during the transition to parenthood; young people's beliefs and attitudes about pregnancy and parenthood; factors affecting women's recovery from cervical cancer; factors affecting cosmetic dieting in young women; and, most recently, adolescent males feelings and beliefs about a partner becoming pregnant, using an innovative multimedia role-play questionnaire "If I were Ben..."

Anne Dean

Dr Anne Dean is a general practitioner in metropolitan Adelaide SA. She graduated from Flinders University in 1982. She then worked in various hospitals including Queen Victoria Hospital and the Adelaide Children's Hospital (now amalgamated and known as the Adelaide Women's & Children's Hospital.)She has worked in General Practice since 1986.She is married and has 2 teenage children. She has a special interest in Obstetric Shared Care and infant maternal health.

Ilona DiBella

Ilona DiBella is a third year psychiatry registrar currently in a six-month training position at Helen Mayo House, mother-baby unit, Glenside.

Sarah Durkin

Research Assistant; Pgrad Dip (Psych), Current PhD Candidate (Psych), The University of Melbourne. Sarah Durkin's research interests are in health psychology, especially women's health research. She is currently a PhD candidate at The University of Melbourne and a research assistant at La Trobe University and Victoria University. Her research work has focused on transition to parenthood, specifically pregnancy-related depression and post-natal depression. Her doctoral research has focused on socio-cultural influences on body image and disordered eating in adolescent and young women and on developing body dissatisfaction & disordered eating prevention programs for adolescent girls. She has published and presented her work in both research fields nationally and internationally.

Jennifer Ericksen

Jennifer Ericksen is Coordinator of the Infant Clinic, Austin & Repatriation Medical Centre. Together with Professor Jeannette Milgrom she has recently established the Parent-Infant Research Institute and has been involved in research on mother-infant interactions and postnatal depression. She has authored two chapters in the recently published book Treating Postnatal Depression. A Psychological Approach for Health Care Practitioners by Milgrom, J., Martin, P.R. & Negri, L. Chichester: Wiley, 1999. She is also Victorian project manager of the National Postnatal Depression Program, which is setting up depression screening for 10,000 women nationally, and 30,000 in Victoria, over three years. She has been involved in the preparation of the screening and educational materials for women, general practitioners and nurses. Jennifer is a psychologist experienced in early childhood assessment, parent support and skills training, cognitive behaviour therapy, service planning and implementation in the public sector. She has worked in a variety of specialist children's services targeting difficulties in children's development in social, emotional, intellectual and motor areas. Currently, she specializes in the treatment of mothers with postnatal depression, parenting difficulties in the child's first two years of life and support of fathers. She has had wide experience in training with Maternal and Child Health Nurses, General Practitioners and Midwives.

Jane Fisher

Dr Jane Fisher is a Senior Lecturer at the Key Centre for Women's Health In Society at the University of Melbourne. One of her research interest is the psychological aspects of pregnancy, childbirth and the postpartum period. She is also the Consultant Clinical Psychologist to the Masada Private Hospital Mother Baby Unit.

Megan Galbally

Dr Megan Galbally is the Senior Registrar at the Mother-Baby Unit, Mercy Hospital, Melbourne where she has worked for two years. In August 2003 she will become the Consultant Psychiatrist for the Obstetric Consultation and Liaison Service and the Mother-Baby Outpatient Clinic at the Mercy Hospital for Women. This presentation is based on research done as a Quality Improvement Project for the Mother-Baby Unit and as part of her dissertation for the Royal Australian and New Zealand College of Psychiatrists and as part of her Masters of Psychological Medicine through Monash University. She became interested in working psychotherapeutically with mothers and babies during her child psychiatry rotation at the Royal Children's Hospital where she saw a number of mothers and infants. She has also recently completed the Core Program in Psychotherapy through the Section of Psychotherapy in Victoria.

Jenny Gamble

Jenny Gamble has a clinical background as a midwife and has worked in both Scotland and Australia. Her experience includes 10 years as an independent midwife. Her current research interests are women's health, posttraumatic stress, postnatal depression and the implementation of evidenced-based practice. She primarily teaches in the postgraduate midwifery course and quantitative research methods.

Patricia Glossop

Patricia Glossop is a Registered Nurse and Certified Midwife. She has qualifications in Child & Family Health, Lactation Consultant and has a Graduate Diploma in Infant Mental Health (and is currently enrolled in her master year. Her current position is as Perinatal & Early Infancy Program Coordinator with South Western Sydney Area Health Service. She is currently involved in the development of assessment questionnaires to detect psychosocial risks antenatally and postnatally, development of training resources and the teaching of the same to staff who work in the perinatal field, the role out of Integrated Perinatal Care to other areas across the state and the development of other resources and training programs in infant mental health. Patricia is a member of AAIMHI, Marce and Zero to Three.

Barbara Hayes

DipNEd, BA(Hons), MSc, DNSc, RN, RM, RPN,FAAN, FRCNA, FANZCMHN, FACTM; Barbara Hayes is the foundation Professor of Nursing and foundation Head of School at James Cook University -- appointed in 1989 and is a Co-Investigator and the Queensland Director of the National Postnatal Depression Project, funded by beyondblue. Barbara is licensed to practice in general nursing, midwifery and mental health nursing. She gained her first research degree at the University of Melbourne and her masters and doctoral degrees at the University of California, San Francisco as a WK Kellogg Fellow. Barbara has forged her skills in midwifery and mental health nursing with her research training to establish a strong basis for her research into the recognition and management of ante and postnatal anxiety and depression. Working with ease across disciplinary boundaries and within the professions of nursing and midwifery, Barbara Hayes is committed to quality, holistic care to childbearing women. One of her particular concerns is to explore, in full partnership with Indigenous midwives, ways in which culturally sensitive and culturally safe care can be accessible to Indigenous childbearing women.

Elisabeth Hoehn

Dr Elisabeth Hoehn is the Consultant Child Psychiatrist at Enoggera Child and Youth Mental Health Service, Brisbane. Dr Hoehn has been working in the area of Child and Youth Mental Health over the past 12 years. Over this time she has primarily worked in community settings and has developed a special interest in working collaboratively with other service providers and across sectors. A further area of special interest for Dr Hoehn has been the area of infant and perinatal mental health. Dr Hoehn has been intensively involved in the development and implementation of the Future Families Program, which is a collaborative service delivery model in the Brisbane Royal Children's Hospital and Health Services District. The Program has been developed to attempt to address the complexities surrounding infant and perinatal mental health in a community setting.

Mary Hood

Dr Mary Hood has worked for some decades now in the fields of child and family support in a variety of settings in South Australia and North America. This includes working with parent support, alternative care, disability, child protection, as well as forensic assessment and treatment of child abuse and its effect on children and families. She has done some consultancy work for Government agencies as well as taught and researched in tertiary settings in social work and social policy and completed her Ph.D. in 1997. Five years ago while working in North America her focus shifted towards early intervention in parent-child attachment relationships, through work in a research project at the University of Maryland. Since returning to South Australia she has focussed on developing programs to implement early intervention with Child and Youth Health.

Mary Houlahan

Mary Houlahan has worked for Child and Youth Health for the past 7 years as a Community child Health Nurse. Child and Youth Health is a state wide service that provides a range of primary health care services for the age group of 0-25years. Her role involves working with children mainly aged 0 – 4years and their families. Coming from a mental health background she has always used a psycho dynamic approach to her work and has a particular interest in working with new mothers who experience PND For the past few years she has also been working with mothers experiencing difficulties in their relationships with their babies in the Western suburbs of Adelaide.

Robin Jones

Robin Jones is a clinical psychologist in private practice in Perth who has a long standing interest in women's mental health issues and has recently been involved in research within the Dept of Psychological Medicine at King Edward Memorial Hospital with a focus on the association between the development of maternal psychological adjustment disorders, depression and intergenerational mother-infant attachment styles.

Kerry Judd

Kerry Judd is a Clinical Psychologist with a particular interest in Psychoanalytic Psychotherapy. She works in private practice in Clifton Hill Melbourne and runs several Infant-Parent Psychotherapeutic Play Groups at Albert Road Clinic.

Spiri Katsenos

Spiri Katsenos is a Consultant Psychiatrist with a special interest in perinatal psychiatry. She completed her Masters in the treatment of bipolar mania in pregnancy and postpartum period in 2002. Other areas of interest include mood and anxiety disorders, women's mental health and psychotherapy.

Nick Kowalenko

MB BS, FRANZCP, MFCP; Dr Nick Kowalenko is the Director of Child and Adolescent Psychiatry at Royal North Shore Hospital and a Board Member of Tresillian Family Care Centres in Sydney. He is the founding Deputy Chair of the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA), and a board member of the Mental Health Council of Australia (MHCA).He has co-directed (with B. Barnett & C. Fowler) the development of the NSW Statewide Integrated Perinatal and Infant Care Education and Training Package, and was a member of the Centre for Mental Health's Perinatal Psychosocial Screening Working Party (2001).With Cathy Fowler and Cathy McMahon he has co-led Tresillian's Pilot Home Visiting Intervention Program and manages its international collaboration with the University of Minnesota's STEEP program (Dr Martha Erickson).He is participating in the BeyondBlue National Postnatal Depression Program.

Tracey Locke

I have been fortunate to work and study within many different Midwifery and Neonatal settings over the last 16 years. My journey began in NSW where I studied Midwifery at Nepean Hospital, Penrith. From there my path has traversed the Eastern States and has been woven rich with experience through working with women, their babies and families'. During this time I have gained a Bachelor of Nursing at the University of Southern Queensland and I have studied Neonatal Nursing at Queensland University of Technology and most recently at La Trobe University in Melbourne. I now work with a dynamic team of Midwives and Neonatal Nurses at Sunshine Hospital in Victoria where I am the Neonatal Services Facilitator.

Elizabeth Loughlin

MA, B.Litt.BA, Dip Soc Studs, Dip Dance-Movt Therapy (IDTIA)Elizabeth Loughlin is a professional dance therapist who has worked with mothers and infants in dance in the community, studio and clinical settings for many years. In the Infant Clinic, Austin & Repatriation Medical Centre she offers dance and movement with music as a therapeutic intervention for mothers with postnatal depression and their infants. The aim is to build on the mother's intuitive processes that may have been dampened by postnatal depression and to encourage the expressive communication between infant and mother. Movement play is also provided for individual's families where there has been trauma, abuse or medical emergencies that have impinged on the mother's ability to relate to her infant. Elizabeth has published in the area, and also teaches about this work at the International Dance Therapy Institute of Australia, and creative arts therapies in the University of Melbourne School of Social Work.

Sarah Mares

Dr Sarah Mares is a Child and Family Psychiatrist with a particular interest in infancy and the early childhood period. She is currently Director of Training for Child, Adolescent and Family Psychiatrists at the NSW Institute of Psychiatry, and involved in the development and teaching of the Masters of Infant Mental Health offered by the Institute. Over the last 10 years, Dr Mares has been consultant to Tresillian Family Care Services, Central Sydney Early Childhood and Preschool Social Work staff, St George Child and Family and Early Child hood Teams, and the Benevolent Society's Families Together Programme. She was involved in the establishment of the St Benedicts Mother Baby Unit at St John of God Hospital Burwood. Her other interests include trans-generational issues in parenting and attachment, assessment of risk, parenting capacity and child protection, and post graduate medical education. She is actively involved in advocacy for families seeking asylum in Australia.

Stephen Matthey

Dr Stephen Matthey is a Senior Clinical Psychologist, and the Research Director for Park House. He has published in a wide range of areas, including perinatal mental health, fathers, educational psychology, child and adult treatments, cross-cultural psychology, psychometric properties of tests, test development, and statistics. But the love of his life is Chelsea Football Club!

Renée McAllister

B Psych (Hons); Renée McAllister is a registered psychologist with 11 years of both clinical and research experience and is the Project Manager for the Queensland arm of the National Postnatal Depression Project, funded by beyondblue. Renée gained her Bachelor of Psychology with Honours at James Cook University in 1991. Renée has been employed as Leader of Organisational Research with a consulting organisation in Sydney and London. She was responsible for the project management of large organizational research projects covering many countries simultaneously. Renée possesses experience in the areas of psychological interventions for adults and children, program design and delivery, and child therapy. Most recently Renée was employed as Senior Psychologist at a Correctional Centre. She is currently in private practice and is also completing a Master of Psychology (Forensic) at Charles Sturt University.

Rachael McCarthy

B.A., Grad.Dip.Ed.Psych., M.Clin.Psych. Clinical Psychologist, Austin & Repatriation Medical Centre Infant Clinic and Banksia House Parent-Infant Unit. Subsequent to formal clinical training Rachael developed a special interest in postnatal depression through employment at the Austin & Repatriation Medical Centre's Parent-Infant Unit and Infant Clinic. She has been heavily involved with both services since 1997 and worked extensively with depressed mothers and relational disturbances between mother and child and between parents. Rachael is an experienced facilitator of cognitive-behavioural group therapy programs for postnatal depression and specialist parent-infant therapy groups to address dyadic difficulties. She also has considerable experience in community education and training in postnatal depression and mother-infant intervention.

Catherine McMahon

Dr Catherine McMahon is a Lecturer in Developmental Psychology at Macquarie University in Sydney, Australia. She was formerly a developmental physiotherapist and childbirth educator. Her research focuses on risk factors for parent-child relationships, including conception through assisted reproductive technology and the impact of postnatal depression on infant development. She is involved in an ongoing longitudinal study of mothers with postnatal depression and their infants that examines patterns of parent adjustment over time, the quality of the parent-child relationship and child developmental outcomes. Recently, in partnership with Tresillian Family Care Centres, she has become involved in the development, implementation and evaluation of a relationship based parenting program for at risk families funded through the Department of Family and Community Services.

Jeannette Milgrom

Jeannette Milgrom is Professor of Psychology, School of Behavioural Science, University of Melbourne and Director of Clinical and Health Psychology at the Austin & Repatriation Medical Centre, Melbourne, Australia. For over fifteen years she has been centrally involved in training including the development of a number of post-graduate training programs, including a Doctor of Psychology (Health) and courses in infant mental health. She has published widely in the area and held a number of long-term research grants with a focus on developing a model for understanding the development and impact of depression on women following childbirth, the effect on infants and the effectiveness of psychological intervention. Her other major research interest is in the role of behavioural factors in illness, health promotion and the health care system. She now spends a significant proportion of her time in teaching, clinical practice and has recently established the Parent-Infant Research Institute. Jeannette is currently a recipient of a national research grant: The National Postnatal Depression Program - Prevention and Early Intervention' funded by beyondblue. She is managing the Victorian component of the project with a focus on 'Antenatal Support following Depression - Enhancing the Parent-Infant Relationship'.

Kerry Moore

Kerry Moore is a social worker who has been working in non government child and family welfare for 16 years. She has managed short and long term foster care, community placement and residential care, family support and mentoring programs. Kerry has developed a strong interest in the Early Years research and evidence based program development particularly during the perinatal stage of child development.

Carol Morse

Professor of Adult Development Ageing, and Dean, Faculty of Human Development; PhD, MEd Psych, BSc Econ (Hons). Professor Carol Morse's academic background is in educational and health psychology, especially applied to women's health research and teaching and her research activities span 20 years. She undertook her university education at the Universities of Wales and Melbourne. She is a registered cognitive-behavioural psychotherapist and has worked and researched the application and efficacy of therapy applied in particular to women's health problems. Her research expertise has been devoted to psychological, physical and social aspects impacting on women's experiences of their reproductive health. Her present research focuses on studies of adults' life transitions. These include examinations of the experiences of women and men in their transition to becoming parents, women's transition to menopause, issues

of mental health across the life span and positive ageing of older people. She has published and presented over 150 papers to national and international audiences.

Kate Neilson

Kate graduated with a Bachelor of Behavioural Science (Hons) at La Trobe University, Melbourne in 1998. In May 2002, she joined the research team at the Infant Clinic (Austin Health, Melbourne) as a research assistant working with the National Postnatal Depression Program and other research trials in the clinic.

Louise Newman

Dr Louise Newman is the Director of the New South Wales Institute of Psychiatry and a Child and Adolescent Psychiatrist with expertise in the area of infancy and early childhood. She is undertaking research into the prevention of child maltreatment and interventions for parents who have experienced early abuse. Prior to studying medicine, Dr Newman completed undergraduate degrees in Psychology, Philosophy and Gender Studies and she has a longstanding commitment to the promotion of women's mental health. Dr Newman is currently the Chair New South Wales Branch of the College of Psychiatrist and Chair of the College Faculty of Child and Adolescent Psychiatry. She is the college spokesperson on asylum seekers and child mental health issues.

Victor Nossar

Dr Nossar is a specialist community paediatrician, working as the Senior Paediatric Consultant with Child and Youth Health in South Australia. Dr Nossar is also Clinical Associate Professor in the Department of Paediatrics at the University of Adelaide. From 1990 till 2003 Dr Nossar was the Service Director of Community Paediatrics for the South Western Sydney Area Health Service, where he has worked with a number of projects dealing with the health and development of children from NESB families. Dr Nossar has also been closely involved with the development and the implementation of the Families First Initiative in NSW. Dr Nossar has also undertaken consultancy work for state health authorities in Australia, as well as for AusAID, UNFPA, WHO and The World Bank. Dr Nossar's health development work has taken him to the Pacific, China and several Indian Ocean countries.

Liam O'Connor

Liam O'Connor is a consultant psychiatrist currently the Medical Director of the Parent Infant Unit at the Albert Road Clinic. His particular interests are those of child psychiatry and perinatal psychiatry.

Ingrid Ozols

Ingrid Ozols is the mother of a charming five year old and operates a HR consultancy business with a focus on mental health. Ingrid is an advocate for Blue Voices, which is the national consumer/carer network funded by beyondblue. She represents Blue Voices at a variety of local, state and national forums and committees. Ingrid plans to continue using her passion and academic qualifications to enhance community awareness of mental health issues and to dispel the myths and stigma that surrounds mental illness.

Angela Petridis

Angela Petridis is a Psychologist working in South Western Sydney Area Health Service. Her current position involves working on the 'Integrated Perinatal and infant Care' (IPC) initiative, with women, children and families experiencing psychological, social and psychiatric problems in the antenatal and postnatal period. Angela has completed a Masters in Counselling Psychology and is currently enrolled in the Graduate Diploma in Infant Mental Health at The NSW Institute of Psychiatry. Angela also has research experience in Post Traumatic Stress Disorder, and a keen interest in the relationship between defense mechanisms, beliefs, dissociation and post traumatic reactions. Angela is a member of the Australian Psychological Society and AAIMHI.

Jane Phillips

Jane Phillips currently works as a Research Officer at the Infant, Child and Adolescent Mental Health Service, South Western Sydney Area Health, focussing specifically on research and evaluation of the 'Integrated Perinatal and infant Care' (IPC) initiative and on the 'beyondblue' National Postnatal Depression Program. Jane also works as part of the clinical IPC team, providing assessments, interventions and support for women experiencing psychological, social and psychiatric problems during the perinatal period. Jane also has research experience in a variety of areas including personality traits and health, and traumatic brain injury.

Rosalind Powrie

Rosalind Powrie is a child and adolescent psychiatrist and works at the Child and Adolescent Mental Health service and Womens and Childrens Hospital in Adelaide SA. She is a founding member of the S.A Branch AAIMH. She has a long term interest in trauma and refugees and complied the AAIMH submission to the Human Rights Commission on children in immigration detention.

Julie Quinlivan

Dr Julie Quinlivan is a Senior Lecturer in Obstetrics and Gynaecology at the University of Melbourne and is Head of the Maternity Care Program C at the Royal Women's Hospital. She has a PhD in maternal fetal medicine and research interests in the effect of stress and stress hormones on pregnancy outcomes, teenage pregnancy and the psychosocial aspects of obstetrics and gynaecology. She has won two international and several Australian research awards.

Heather Rowe

Dr Heather Rowe's background is in Human Biology and Health Education. She is a Lecturer in the Key Centre for Women's Health in Society at the University of Melbourne. Her research interests include maternal emotional wellbeing during pregnancy and in the postpartum year. She is active in research investigating the psychosocial aspects of prenatal genetic screening, and the impact of parenting services in the management of maternal psychological distress in the postpartum period.

Cindy Smith

I am a trained psychotherapist with 10 years experience in New Zealand in both the private and public sectors. I am currently working for Capital Coast Health Wellington across two teams, the Maternal Mental Health Team and the Child and Adolescent and Family Service. My work in both teams focuses on the intersubjective experience between parents and their infants and/or children. I am interested in the process of emotional and psychological development within the context of relationships and issues regarding the facilitation of a containing therapeutic environment within public mental health.

Susanne Somerville

Sue Somerville has worked as a senior clinical psychologist in the Department of Psychological Medicine, King Edward Memorial Hospital for Women in Perth, Western Australia for the past 7 years and as a clinical psychologist in health related settings for 16 years. Current interest areas include postnatal depression, PTSD, life stage adjustment, critical incident response, loss and grief and prevention of adjustment disorders in the perinatal period. She developed and has run an Antenatal Treatment and Support Group for women identified as emotionally 'at risk' at KEMH for the past 5 years and provides in-service training to hospital staff on areas such as working with patients who have experienced adverse outcomes. She is involved in committee work on hospital responses to perinatal loss and community response to postnatal depression.

Philippa Spooner

Philippa has been a Registered Midwife for 20 years, has a Batchelor of nursing and trained as a Child and Youth Health clinical nurse 7 years ago. She has since worked with Child and Youth Health in many areas of metropolitan Adelaide. Over the last six months her role within the CYH Parenting centre has been to organise the coordination of the "Tips on Toddler" program. The sessions cover different areas of toddler management and include the topic of sleep. The sleep sessions offer parents alternatives for happier sleep times and so far evaluation feedback has been very positive.

Nigel Stewart

Dr Nigel Stewart is a Community Paediatrician based in rural South Australia. He has a special interest in indigenous populations.

Graham Vimpani

Professor Graham Vimpani is head of the Discipline of Paediatrics and Child Health at the University of Newcastle and Clinical Chair of Kaleidoscope: Hunter Children's Health Network. He has a background in community paediatrics and a longstanding interest in promoting child development through child-focused social policy including population-based early intervention strategies that address the support needs of families with young children. His research interests have spanned childhood injury prevention, child protection, the impact of lead on child development, the evaluation of home visiting, health outcomes in adolescent boys and the links between socio-economic inequality and child health. As well as being a member of several national paediatric committees, he is Chairman of the Board of NIFTeY Australia (the National Investment for the Early Years) - a cross-sectoral advocacy body designed to promote greater awareness of the importance of the early years of life and a member of the Ministerial Partnership for the Stronger Families and Communities Strategy and the Australian Council for Children and Parenting. He was a member of the Steering Committee of the Australian Research Alliance for Children and Youth and currently a member of its research committee. He was a recent recipient of Centenary Medal for services to early childhood research and development.

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