Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Perinatal and Infant Mental Health Promotion and Prevention Plan 2023-2027

Practical strategies to promote mental wellbeing
and prevent mental health conditions

Statewide Perinatal and Infant Mental Health Program (SPIMHP)

Acknowledgement of Country

We acknowledge the Aboriginal people of the many traditional lands and language groups of *Western Australia* and pay respect to their elders past and present. North Metropolitan Health Service recognises, respects and values Aboriginal cultures as we walk a new path together.

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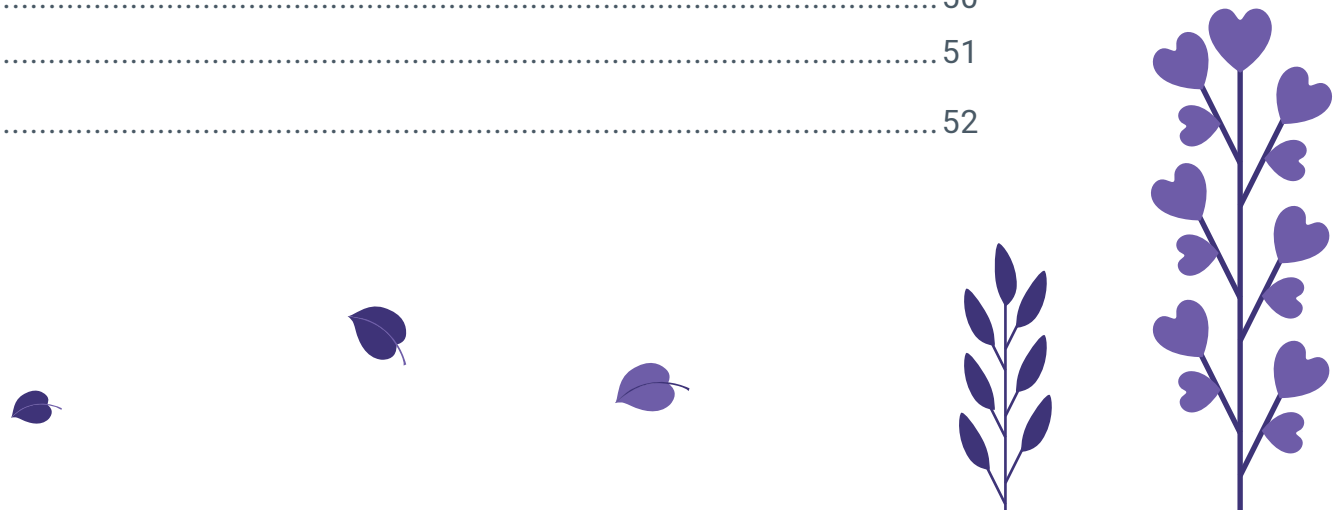


Executive summary

Aim

The Perinatal and Infant Mental Health Promotion and Prevention Plan 2023 - 2027 (the Plan) aims to support services and organisations to implement practical strategies to promote mental wellbeing and prevent mental health conditions during the perinatal and infancy period across Western Australia.

Who is this document for?

The Plan was developed primarily for use by those working in services and organisations providing care and support for women, parents and families during the perinatal and infancy period. For many services and organisations, this Plan will confirm that the work they do in the perinatal and infant mental health space is important and relevant, while for others, the Plan will help identify areas to focus their efforts.

What is perinatal, infant and early childhood mental health?

Perinatal mental health is the emotional and psychological health and wellbeing of a parent during the period from conception to 12 months after the birth of the baby.[2]

Infant and early childhood mental health refers to the ability of the infant or young child (0-4) to experience, express and control their emotions, in addition to having the ability to form secure and close relationships whereby they can learn and discover in the environment around them.[3] Throughout the document infant mental health refers to the age group 0-4 yrs.

What is mental health promotion and prevention?

The terms promotion and prevention are interrelated and overlap. Mental health **promotion** is optimal mental health (what can be done to keep people healthy or to become even healthier), rather than **prevention** (what can be done to avoid mental health conditions or issues)[4]. Mental health promotion can also be referred to as promoting mental wellbeing.

Consistent with the *National Mental Health Commission's wellbeing continuum*, it is important to note the dual continuum of mental wellbeing and mental illness that provides a contemporary view of mental health, demonstrating that mental health and mental illness are separate and distinct concepts. In this model, and for the purposes of this document, mental health is conceptualised as positive feelings and functioning that can occur in individuals with or without a mental health condition.

Prevention aims to reduce the incidence, prevalence and severity of targeted mental health conditions and consists of three key components – primary, secondary and tertiary prevention[5]. Primary prevention aims to prevent illness by maintaining and/or enhancing the wellbeing of the general population. Secondary prevention seeks to lower the number of cases of diagnosed mental health conditions in the population through early detection and treatment, while tertiary prevention aims to reduce disability, enhance recovery and rehabilitation, and prevent reoccurrences of the illness[6].

Consistent with the *Aboriginal Health and Wellbeing Framework 2015 – 2030* and National Aboriginal Health Strategy 1989, the Plan recognises the broader Aboriginal definition of health encompassing not only physical but psychological, social, emotional, spiritual health and wellbeing as well as cultural integrity.

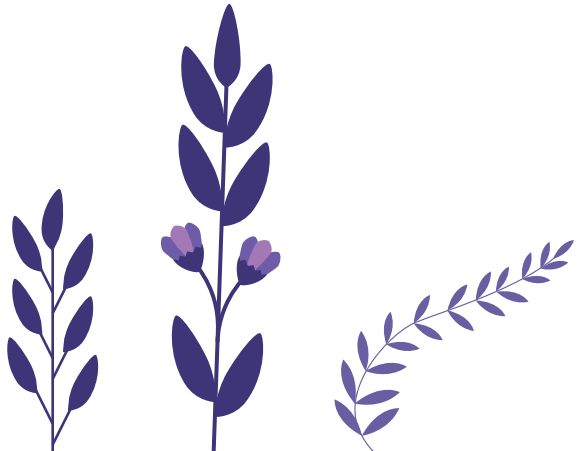
Strategies, resources and services

This component of the document is structured into two sections with four action areas.

Section 1: Primary and secondary prevention action areas. There are three action areas located within this section:

1. Action area one: Promoting perinatal and infant mental health across the whole community.
2. Action area two: Supporting perinatal mental health during:
   - Preconception
   - Pregnancy
   - The postnatal period.
3. Action area three: Supporting infant and child mental health (birth to four years of age).

Section 2: Tertiary prevention action area. There is one action area located in this section that looks at strategies that aim to lower the ongoing impact of mental ill-health in those recovering from a diagnosed mental health condition and to support the wellbeing of infants who have a parent with a mental health condition.



Plan overview

Perinatal and Infant Mental Health Promotion and Prevention Plan 2023-2027

Aim

Enhance mental health and wellbeing in the perinatal, infant and early childhood period and increase early identification of those at risk.

Target population

This plan takes a whole of-population approach, targeting WA families and families-to-be from preconception to a child's fourth birthday.

Priority groups

Within the population there are groups that are at an increased risk of developing poor mental health over the perinatal period. While services should be designed to be appropriate, accessible and equitable to all, targeted interventions may be needed. Priority groups include but are not limited to: Aboriginal families; Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual (LGBTQIA+) families; culturally and linguistically diverse (CALD) families; those experiencing and/or at risk of family and domestic violence (FDV); rural and remote families; teenage parents; and parents who have settled in Australia under a refugee program.

Guiding principles

Primary prevention is a key focus.

Partnerships are imperative.

Programs across the life stages are needed.

A whole-of-population approach is needed.

Evidence-based/informed practice is essential.

Innovative approaches are supported.

Equity and cultural responsiveness are core values.

Life-stage focus areas

Preconception

Pregnancy

Postnatal

0-4 years

Key action areas 2023-2027

1. Promoting perinatal and infant mental health across the whole community
2. Supporting perinatal mental health during:
   - Preconception
   - Pregnancy
   - The postnatal period.
3. Supporting infant and early years mental health (birth to four years of age).
4. Tertiary prevention

1 Introduction

The Perinatal and Infant Mental Health Promotion and Prevention Plan 2023 – 2027 (the Plan) aims to support services and organisations who work with people across the perinatal and infancy period in Western Australia. This document provides an overview of current perinatal and infant mental health evidence, along with examples of practical mental health promotion (wellbeing) and prevention strategies and resources to support women, parents, infants and families during the perinatal period. The Plan recognises the importance of the social, cultural and physical environments on health behaviours, as well as the effect of individual circumstances on shaping personal priorities and decision-making about health and other behaviours.

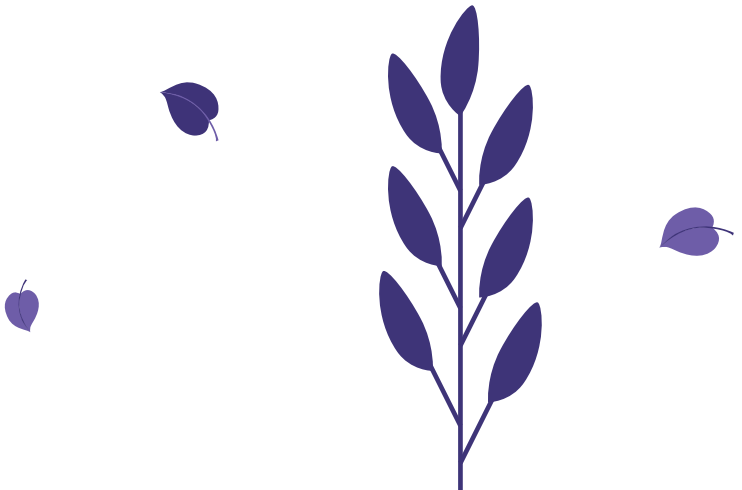
This plan sits alongside two key documents:

- The **Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025** (Prevention Plan)[7] developed by the Mental Health Commission (MHC) and released in October 2018. The document provides guidance for the promotion of mental health, and prevention of mental health, alcohol and other drug-related issues in WA.
- The **Perinatal and Infant Mental Health Model of Care – A Framework** document released by the Department of Health in 2016[8]. (Recommendation 3)

This Plan is consistent with the principles outlined in both guiding documents and applies these more broadly to strategies to promote positive perinatal and infant mental health. With respect to the different life stages and corresponding opportunities to intervene to improve health, this plan provides strategies as well as practical examples for the whole population, as well as four different life stages over the perinatal and early childhood period.

This plan has also been informed by the following documents:

- *Western Australian Mental Health, Alcohol and Other Drug Services Plan* 2015–2025[9]
- *Western Australian Health Promotion Strategic Framework 2022-2026*[10]
- *Promoting Perinatal Mental Health Wellness in Aboriginal and Torres Strait Islander Communities*[11]
- *Sustainable Health Review Final Report to the Western Australian Government*[12]
- *Aboriginal Health and Wellbeing Framework 2015 – 2030*
- *National Children's Health and Wellbeing Strategy*

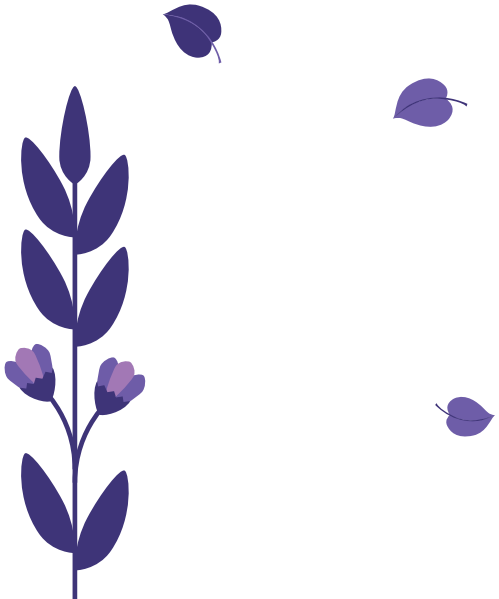


2 Goal and scope

The goal of the Plan is to promote optimal mental health and wellbeing in the perinatal, infant and early childhood period and increase early identification of those at risk. This document takes a best practice approach to describing evidence-informed strategies that have been localised for relevance to the Western Australian setting.

In line with the Prevention Plan[7], the core focus of the Plan is not only on primary prevention, but also includes secondary preventative strategies for early identification.

Primary prevention includes initiatives that focus on a population level and aim to keep well people well. These can include awareness raising, promotion of community cohesion and social capital, creation of supportive physical and social environments, and strategies that foster and support secure parent-child relationships.



Secondary prevention includes initiatives that allow for early identification of those at risk and includes education and screening programs with appropriate referral pathways. For people living with a mental health condition, such as psychotic disorders and bipolar disorders, health promotion strategies can aim to support recovery and encourage people to keep living well with their condition over the perinatal period and beyond. This is a particularly important consideration as tertiary preventive strategies for people with a mental health condition (for example, interventions that aim to lower the impact of mental health issues and conditions or that encourage recovery) are primary preventative strategies for infants.

Table 1 highlights the three prevention levels for health promotion - primary, secondary and tertiary prevention. Health promotion should occur across the prevention spectrum, and depending on the prevention stage, different strategies will be implemented to meet the different target groups.[13] Investing in mental health promotion and the prevention of mental health conditions has positive impacts on other societal services such as healthcare (including drug and alcohol services), child and family services, education, and the justice system.[14] The most cost-effective approach to address mental health is primary prevention.[14]

Table 1: Promotion and prevention model

Source: Adapted from Mental Health Commission, 2018

		Prevention	Target group/s	Examples
Health Promotion	Health promotion occurs across the prevention spectrum from primary through to tertiary	Primary prevention: Aims at preventing illness by maintaining and/or enhancing the wellbeing of the general population	The whole community or groups in the community Sub-groups of the population at increased risk	Public awareness campaigns Programs that prevent alcohol use during pregnancy School-based education about the harms of alcohol use
		Secondary prevention: Seeks to lower the number of cases of a disorder or illness in the population through early detection and treatment	Groups or individuals with signs of mental health conditions Individuals experiencing symptoms of a mental health condition	Brief intervention in primary care settings Harm minimisation strategies
		Tertiary prevention: Aims to reduce disability, enhance rehabilitation and prevent reoccurrences of the illness	Individuals with existing mental health conditions Individuals recovering from a diagnosed mental health condition	Peer support groups Self-help programs

Health promotion and prevention

Promoting mental health and wellbeing, along with the prevention of poor mental health, has been recognised as a priority in national and state policies since the early 1990s.[14] The terms promotion and prevention are interrelated and overlap. "Mental health **promotion** is optimal mental health (what can be done to keep people healthy or to become even healthier) rather than **prevention** (what can be done to avoid mental health conditions)".[4]

The **promotion** of mental health and wellbeing is centred around building the strengths, capacity and resources of people and communities alike, to empower them to gain more control over their own mental health and its determinants.[5]

Prevention aims to reduce the incidence, prevalence and severity of targeted mental health conditions.[5]

The Ottawa Charter is considered the guiding framework for all health promotion activities. The Plan acknowledges the five key domains for action as outlined in the Ottawa Charter.[15] These are:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorientating health services

Target groups

As outlined in Table 1 (target groups), the Plan takes a whole-of-population approach, targeting WA families and families-to-be from preconception to a child's fourth birthday who are well and those who are at risk of developing poor mental health.

The life stages expanded on in the Plan include:

- Preconception
- Pregnancy
- Postnatal
- 0-4 years

Using this document

The Plan has been developed primarily for use by those working in services and organisations providing care and support for women/parents and families during the perinatal period. This may include, but is not limited to, the following fields and settings:

- Health promotion and community development
- Community child health
- Obstetrics and midwifery
- Mental health (community mental health, psychology and psychiatry)
- General practice
- Allied health
- Hospitals

- Women's health services
- Non-government organisations
- Community and/or consumer-led groups (eg: playgroups, new parent groups)
- Early education and childcare centres
- Local government and local government services (eg: libraries, toy libraries)
- Workplaces

For many services and organisations, the Plan will confirm that the work they are doing in the perinatal and infant mental health area is important and relevant, while for other services and organisations, the Plan will help them identify areas where they can focus their efforts to improve perinatal and infant mental health in WA. The document provides some brief background information for users on specific issues related to the perinatal and infancy period for each of the action areas. Supportive strategies are provided for each action area together with useful resources and case studies.

Of note and at time of print, Western Australia has experienced three years of unprecedented restrictions as part of the COVID-19 pandemic. A number of excellent health promotion resources have been produced over this time to support parents and families. As the State has reverted to universal infection prevention measures, care providers are advised to continue to stay abreast of Department of Health directions.

Please report any broken links to *SPIMHP@health.wa.gov.au*

3 Background information

3.1 Perinatal mental health

The perinatal period is the time from conception to 12 months after a baby is born and is usually a time of great adjustment and upheaval for women and their partners. Perinatal mental health relates to the psychological and emotional wellbeing of parents and parents to be, which can also have an impact on their infant. Although many parents face mental health challenges that can be overcome, some will develop a significant perinatal mental health condition.[16] For health and community workers who provide care to women/parents and their families during the perinatal period, it is important to consider the following domains:

- Maternal mental health
- Mental health of other primary carers
- Parenting and the mother-infant relationship
- Infant/young child health and wellbeing.[16]

About 15% of childbearing women experience poor mental health[1]

Some key perinatal mental health statistics for Australia:

- Depression, anxiety disorders and self-injury are the leading causes of morbidity for women during the childbearing years, with suicide being the leading cause of maternal mortality in the first 12 months after birthing.[2]
- Up to 10 per cent of women experience antenatal anxiety and/or depression and 16 per cent of women experience postnatal anxiety and/or depression.[16]
- Two to three per cent of women report post-traumatic stress disorder after childbirth.[16]
- Diagnosed mental health conditions such as schizophrenia, postpartum psychosis and bipolar disorder are less common than depression and anxiety disorders during the perinatal period.[17]
- Those with bipolar disorder are at particularly high risk of suicide in the first postnatal year.[16]
- Postpartum psychosis affects around 1 in 1000 women postnatally and is considered a psychiatric emergency requiring hospitalisation.[18]

- Perinatal mental health conditions are associated with poor birth outcomes, such as premature birth and low birth weight, and may also impact parenting practices, attachment between mother and child and attention to physical care.[19] [20]
- A 2019 report commissioned by the Gidget Foundation Australia, *The cost of perinatal depression and anxiety (PNDA) in Australia,* estimated the impacts of PNDA in 2019 was $877 million.[21] This comprised of:
  - » $277 million in health costs attributable to PNDA (eg: primary and community health services and hospital health care services)
  - » $643 million in economic costs (eg: attributable to productivity losses due to workforce exit, absenteeism, presenteeism and carer requirements)
  - » $7 million from social and wellbeing impacts (eg: developmental issues, depression, anxiety and child Attention Deficit Hyperactivity Disorder diagnoses)
  - » In addition, there are lifetime impacts estimated to be $5.2 billion.[21]

3.2 Infant mental health; the first 1000 days

Infant mental health refers to the ability of the infant to experience, express and control their emotions, in addition to having the ability to form secure and close relationships whereby they can learn and discover in the environment around them.[3]

The first 1000 days (from conception through to the child's second birthday) represent the earliest stages of child development.

Many challenges in adult society have their roots in the early years of life, including major public health problems such as obesity, heart disease, and mental health issues.[23]

There is a growing body of evidence showing that the biological processes and environmental characteristics during these first 1000 days can have a significant impact over the life span of the infant.[22] This has been extended to consider the first 2000 days (from conception to five years) and its impact on health and wellbeing outcomes.

Developmental programming occurs through factors in the infant's environment including attachment, parenting, nutrition, illness, and psycho-social determinants.[22] As noted in the report of the World Health Organisation's Commission on Social Determinants of Health (2008), many challenges such as mental health conditions that present themselves in adulthood have their origins in the early years of life.[23] These experiences can therefore lead to future health impacts which can be addressed through promotion and prevention strategies.

3.3 Factors that impact perinatal and infant mental health

Maintaining good health is contingent on the impact of protective and risk factors on the individual, family and community.

Protective factors act to support and protect mental health and in turn, reduce the occurrence of poor mental health.[14] This may include access to healthy relationships and social support; good physical and mental health; financial stability; and access to early intervention services. In the perinatal period, access to antenatal care and education, successful breastfeeding and parenting support, as well as development of positive parent-infant relationships, contribute to family health and wellbeing.

Risk factors increase the likelihood of a person developing poor mental health outcomes, or the worsening or prolonging of any existing mental health conditions.[14] Although all parents can potentially develop mental health conditions during the perinatal period, external factors are more likely to place a parent at a higher risk.[24] As listed in Table 2, there are groups in the population that tend to experience poorer health outcomes compared to the general population.[25-28]

People within these groups can be impacted by negative social determinants of health. Social determinants of health are factors that impact health outcomes either positively or negatively.[29] Social determinants of health that can negatively influence the perinatal mental health journey include poverty, racism, gender disadvantage/inequalities, gender-based violence, food insecurity, poor housing, limited education and reduced social networks.[30]

With reference to the social determinants of health, support for perinatal mental health requires a coordinated health and community service response and significant investment for women, infants, children and other family members during and after pregnancy.[31]

It is important to note that the presence of risk factors does not necessarily mean a person will experience mental health conditions. In addition, a person may go on to develop mental health conditions despite having numerous protective factors in place. [13]

Table 2 provides an overview of factors that may impact maternal and infant mental health during the perinatal period (not an exhaustive list).

Table 2: Factors impacting maternal and infant mental health

Source: Adapted from the Perinatal and Infant Mental Health Model of Care - a framework. [32]

	MATERNAL		INFANT/CHILD	
	Protective factors	Risk factors	Protective factors	Risk factors
INDIVIDUAL	Access to early intervention services Capacity to navigate stressful events, relationships and experiences Physical and mental health No alcohol or drug use during pregnancy or while breastfeeding Healthy diet; regular physical activity Coping style	Depression and/or anxiety during pregnancy Pre-existing or comorbid disability Neurodiversity High levels of stress/stressful life events History of insecure or disorganised attachment to own caregivers History of trauma, abuse and/or FDV History of existing mental health conditions; genetic predisposition to mental health issues or conditions Propensity to worry Low self esteem Perinatal loss Poor reflective functioning Pregnancy related and/or infant health complications Premature cessation of psychotropic medications Social isolation Substance use Traumatic birth experience or unexpected birth outcomes Unhealthy diet; lack of physical activity	Physical health Breastfed Secure attachment with primary caregiver Accessible health services Consistent availability of other attachment figures including childcare staff and/or nursing staff (during times of hospitalisation)	Developmental issues (eg: malnutrition, disability) Neglect Quality of infant and caregiver attachment Separation from primary caregiver Traumatic childhood experiences (eg: war, fires) Family and domestic violence

Table 2: Factors impacting maternal and infant mental health

Source: Adapted from the Perinatal and Infant Mental Health Model of Care - a framework. [32]

	MATERNAL		INFANT/CHILD	
	Protective factors	Risk factors	Protective factors	Risk factors
FAMILY / PAREINTING / SOCIAL DETERMINANTS	Healthy relationships Nurturing and/or reflective parenting style Parents having a history of secure attachment with own caregivers Financial stability; access to employment/ income Secure accommodation Social support/s	Family and domestic violence Family history of problematic drug and alcohol use Family history of mental health conditions, particularly in the perinatal period Diverse families Insecure/disorganised attachment in childhood Lack of emotional, social and/or practical family support Relationship conflict/breakdown Transgenerational trauma background (eg: parents with history of abuse) Childhood trauma Disadvantage/discrimination or marginalisation Financial difficulties; poverty Geographical isolation/lack of access to services and transport Inadequate housing or homelessness Lack of accessible healthcare Lack of community support Lack of income Limited education	Nurturing and loving caregiver/s Parental reflective capacity Parents with history of secure attachment to own caregivers in childhood Provision of consistent long-term caregivers (especially for children in care) Access to childcare facilities Safe community Social supports for new parents	Family breakdown Harsh/rigid discipline practices High levels of parental stress with low levels of support Inadequate supervision and physical neglect Low level of parental reflective function Parental depression, anxiety or other mental health conditions or issues Problematic parental substance use Parents with history of insecure or disorganised attachment to own caregivers Separation/loss of primary caregivers. Unresolved parental trauma, including domestic violence, childhood abuse, bereavement, or other trauma Disadvantage/discrimination or marginalisation Inadequate housing Lack of available, accessible and appropriate services Lack of social supports Poor social determinants of health (eg: poverty, poor housing, parental limited education)

4 Key action areas

The Plan is consistent with key action areas outlined in both guiding documents and applies these more broadly to enhance perinatal and infant mental health.

Key action areas

The Prevention Plan[7] highlights five key areas in terms of mental health promotion over the perinatal, infant and early years. These are:

1. Achieve good health and wellbeing during pregnancy and postnatally
2. Promote secure bonding and attachment between the caregiver/s and child
3. Support effective parenting
4. Reduce social isolation
5. Increase protective factors such as education, employment, safe and secure housing and help-seeking behaviour.

The model of care document[2] identifies seven recommendations for implementation:

1. Consideration of the whole family
2. Meeting the needs of vulnerable and high-risk groups
3. Health promotion, prevention and early intervention
4. Treatment and management
5. Planning, integration and coordination of services
6. Supporting the workforce
7. Supporting research and the development of a local evidence base.

The Plan

The Plan builds on these identified areas by addressing perinatal and infant mental health promotion strategies across the whole population, and four life stages (preconception, pregnancy, postnatal, 0-4 years). Specifically, four action areas have been identified that promote mental health and prevent perinatal and infant mental health conditions. These action areas are:

1. Promoting perinatal and infant mental health across the whole community.
2. Supporting perinatal mental health during:
   - Preconception
   - Pregnancy
   - The postnatal period.
3. Supporting infant mental health (birth to four years of age)
4. Tertiary prevention

The Plan provides strategies as well as practical examples for the whole population, as well as four different life stages over the perinatal and early childhood period, to improve mental health and wellbeing.

5 Mental wellbeing and prevention strategies, resources and services

The Plan takes a whole of population approach, targeting WA families and families-to-be from preconception to a child's fourth birthday who are well and those who are at risk of developing poor mental health. The life stage action areas include strategies and resources across the continuum of health from primary to secondary prevention. Tertiary prevention strategies are discussed in a separate section to enable more detailed examination of perinatal mental health issues and conditions and recovery. The programs and strategies that have been included are from evidence-informed organisations and programs. It is, however, important to consider the efficacy of these resources for use within your own context.

5.1 Action area one: Promoting perinatal and infant mental health across the whole community

Community awareness and perceptions about perinatal mental health can significantly influence help-seeking behaviours and timely access to treatment for many new parents.[33] Additionally, increased community mental health literacy is associated with positive help-seeking behaviours and reduced stigma. [34]

A cross-sectional online survey, conducted by Smith, Gemmill and Milgrom (2019), to identify awareness and knowledge regarding mental health of women and men in Australia during the perinatal period found:

- While awareness of postnatal depression was high, areas including anxiety, antenatal mental health and men's mental health were less well-understood
- There was a lack of understanding about mental health difficulties during the antenatal period compared to postnatal period
- There were discrepancies between male and female perinatal mental health literacy. [33]

While parents and infants themselves are the obvious targets of perinatal and infant mental health promotion, it is important to consider strategies that target the whole community, too. Teenagers and youth, for example, are potential future parents and may be targeted with school-based programs.[32]

The experience of parenthood is influenced by relationships and social networks. Grandparents, relatives, friends, neighbours and even work colleagues are all important connections, potentially playing a role in providing practical, emotional and social support to families with or expecting an infant.[17]

Workplaces are also important settings for perinatal mental health promotion as paid parental leave has been shown to affect breastfeeding duration and the development of optimal maternal infant attachment.[35] Early education and child-care workers, as well as local librarians, are uniquely positioned to influence the critical early years of life, building resilience and providing support for young children with identified early difficulties.[13]

What the whole community understands, believes and prioritises about perinatal and infant mental health has the potential to shape the landscape in which parents and their infants attempt to grow and thrive. [33, 34] Refer to the following table for strategies to consider that promote perinatal and infant mental health across the whole community.

5.1.1 Table 3 Action area one: Strategies to consider that promote perinatal and infant mental health across the whole community

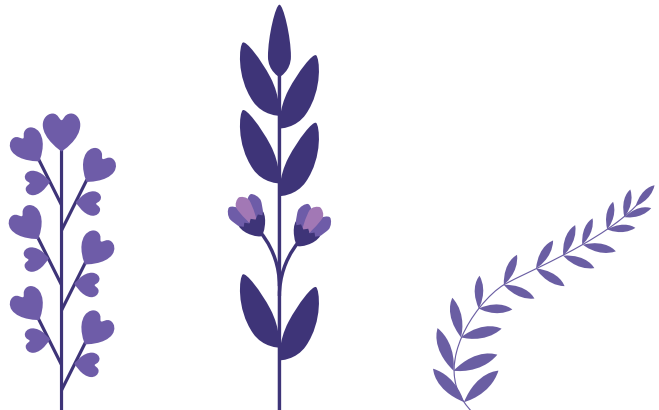
Primary and secondary prevention	Strategies to consider
Embed the promotion of mental health and wellbeing into health promotion programs[12]	• Promote the *Bright Tomorrows Start Today* website and app to support children's health, development and learning • Promote the *Perinatal Anxiety and Depression Australia (PANDA) Learning Hub*
Create awareness campaigns to decrease stigma and increase awareness of perinatal and infant mental health[12] Community level events and activities highlighting perinatal and infant mental health[2]	• Promote and participate in *World Maternal Mental Health Day* in May each year • Promote and participate in *Perinatal Mental Health Week* in November each year • Promote and participate in *Infant Mental Health Awareness Week* in June each year • Visit the *SPIMHP* webpage for information and resources or contact *SPIMHP@health.wa.gov.au*
Promote primary health providers to support mental health[36]	• Promote seeing a general practitioner (GP), midwife and/or community child health nurse to talk to about physical and mental health • Promote *Healthy WA* website pages
Work with Act Belong Commit to promote their campaign to keep people mentally healthy[37]	• Promote *Act Belong Commit* and their information for new parents • Become an *Act Belong Commit partner* to raise awareness and encourage participation in activities promoting good mental health, strengthen individual resilience, reduce stigma associated with mental illness, and build more mentally healthy communities
Support programs that involve those with lived experience[38]	• Involve *PANDA Community Champions* in events and/or projects – *contact PANDA* for more information • Promote lived experience *videos* on Centre of Perinatal Excellence (COPE) website • Read *recovery stories* from PANDA website

5.1.1 Table 3 Action area one: Strategies to consider that promote perinatal and infant mental health across the whole community

Primary and secondary prevention	Strategies to consider
Promote health and wellbeing in general (nutrition, physical activity, smoking cessation, no alcohol intake during pregnancy [38, 39])	• Organise a *Food Bank Healthy Eating and Cooking Program* for your local area • Promote the *Eat for Health* website, in particular '*Healthy eating during pregnancy*' brochure • Promote the Headspace resource '*Eating well for a healthy headspace*' • Promote a discussion with a GP/health professional about quitting smoking • Promotion of the Quitline (phone 137 848) and *Make smoking history* website and information • Promote the Cancer Council's '*Smoking and your mental health*' resource • Provide information about *pregnancy and alcohol* • Provide information about *exercise and mental health* • Promote Beyond Blue's '*Drugs, alcohol and mental health*' resource
Strengthen social inclusion and social capital across communities[40]	• Promote *Playgroup WA* and how to find a *playgroup* • Promote early parenting groups at local child health centres • *Start a playgroup* in your area if one does not exist (eg: multi-generational playgroup) • Promote *Act Belong Commit* messages, *Activity Finder* and webpage for *new parents*
Advocate for flexible work hours, child and breastfeeding friendly spaces and policies[41]	• Visit the Public Health Advocacy Institute *website*. • Advocate for flexible work hours and breastfeeding policies at your workplace using the *PHAIWA Advocacy in Action toolkit*
Provide education about infant social and emotional development and parenting[2]	• Promote the information on *Raising Children Network website* • Promote the *Bright Tomorrows Start Today* website and app to support children's health, development and learning • Promote the *Baby Makes 3* parenting education sessions

5.1.1 Table 3 Action area one: Strategies to consider that promote perinatal and infant mental health across the whole community

Primary and secondary prevention	Strategies to consider
Support respectful relationships programs in schools and in the community[40]	• Promote and advocate for *Respectful Relationships Education* for schools in Australia • Promote the *WA Respectful Relationships Teaching Support Program*
Work with project partners to address social determinants of health[12]	• Work across government and non-government to address local community issues that may affect people's mental health, such as gender inequality, finances, housing, family and domestic violence, and education
Disseminate positive mental health messages to challenge stigmatising attitudes[42]	• Promote and participate in *WA Mental Health Week* • Promote and participate in *RUOK? Day* • Visit the *SPIMHP* webpage for information and resources or contact *SPIMHP@health.wa.gov.au*
Ensure the workforce is adequately trained and supported to work with all families across the perinatal period by providing, where possible and available, appropriate training and development opportunities	• The Brighton and Sussex University Hospitals' *Gender Inclusive Language in Perinatal Services* provides useful context, rationale and examples of gender inclusive language for health professionals and policy makers • Seek out Aboriginal cultural learning opportunities



Case study 1: Local grants support increased community awareness

In 2021, the Statewide Perinatal and Infant Mental Health Program (SPIMHP) provided small grants to encourage local organisations to host events/ activities for World Maternal Mental Health Day. Held throughout WA, they aimed to raise awareness of perinatal mental health, including available support for women, men and families. Events included pram walks, yoga, self-care and mindfulness workshops, wellbeing exercises and parent information.

Pass the popcorn for perinatal mental health

The Pilbara town of Tom Price received funding to host an outdoor movie night. On arrival guests were greeted with fruit punch and a box of popcorn. A resource board was set up with a perinatal mental health display, which allowed guests to browse and take resources as needed. Guests were given a gift bag with resources and a raffle ticket to enter a door prize, with the prize focusing on supporting mental wellbeing and local women's business in town.

Guests watched *When the Bough Breaks*, a documentary highlighting and raising awareness for perinatal mood disorders, featuring real life women and situations. It was well received with positive feedback and a few tears.

Evaluation showed the event achieved its goal of increasing awareness of perinatal mental health.

5.2 Action area two: Supporting perinatal mental health during preconception, pregnancy and the postnatal period:

5.2.1 Preconception

The period before pregnancy presents a unique time within which to support perinatal mental health. Interventions may be implemented as early as adolescence, using school-based programs to educate young people. [32] They can also be implemented during adulthood, either before a woman intends to become pregnant or while she is actively trying to become pregnant. [13, 43]

Supporting healthy lifestyles and access to services and information put the woman and her family in the best position to maintain mental wellbeing during pregnancy and beyond. [8] See below for a list of strategies to consider that support perinatal mental health during the preconception period.

5.2.1 Table 4 Action area two: Primary prevention strategies to consider that support perinatal mental health during preconception

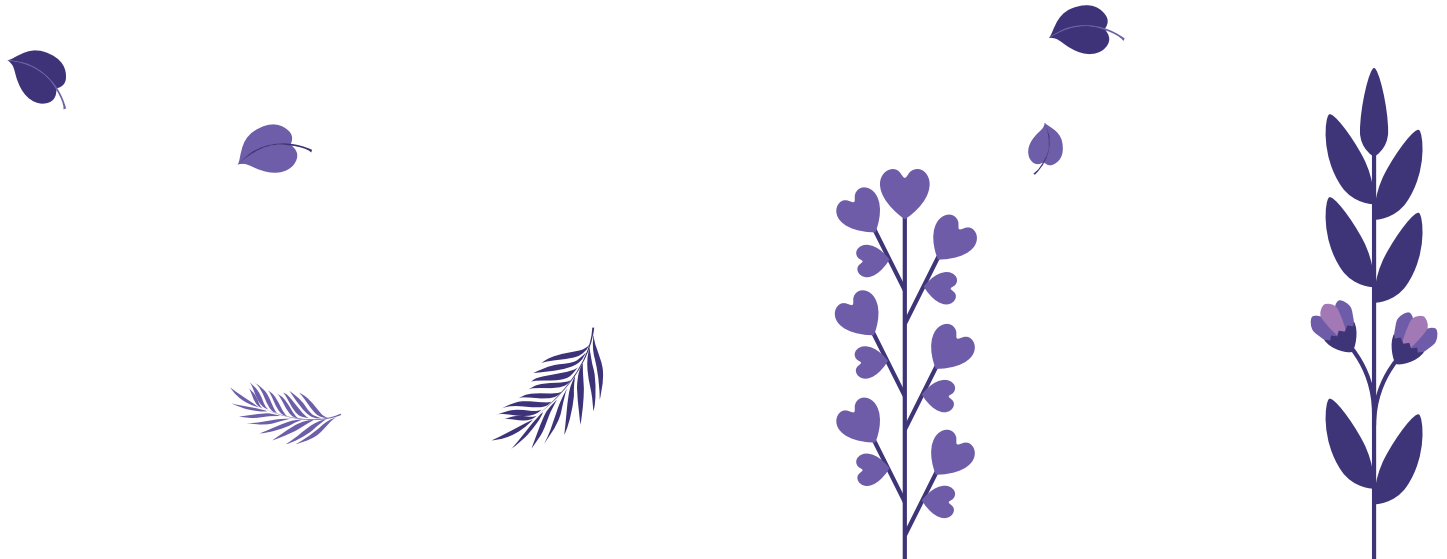
Preconception primary prevention	Strategies to consider
Support equitable access to reproductive and maternal health services[42, 44]	• Promote Healthy WA website - *Your maternity care options* for information about options for pregnancy care and delivery in WA • Women who have a diagnosed mental health condition and plan to birth at KEMH should be encouraged to consider a GP referral to the *Childbirth and Mental Illness Service (CAMI)* or *KEMH Department of Psychological Medicine* for a preconception consultation • For women with fertility concerns, encourage them to consider a GP referral to *KEMH fertility clinic* or other fertility specialist. • Promote culturally responsive services, such as Derbarl Yerrigan Health Service's *Maternal and Child Health Program*, South Coastal Health and Community Services' *Babbingur Mia* support service, St John of God Midland Public Hospital's *Moort Boodjari Mia* community-based perinatal service and regional Aboriginal Medical Services • Promote and use PANDA's range of *translated mental health resources*, including videos in 14 languages and brochures in 40 languages • Promote and use *Ishar Multicultural Women's Health Services*' range of psychological, pregnancy and perinatal support services

5.2.1 Table 4 Action area two: Primary prevention strategies to consider that support perinatal mental health during preconception

Preconception primary prevention	Strategies to consider
Promote healthy lifestyles for those planning a pregnancy[42, 44, 45]	• Promote COPE's *Preparing for Pregnancy* webpage • Promote the *Eat for Health* website, in particular '*Healthy Eating during pregnancy'* brochure • Promote the Headspace resource '*Eating well for a healthy headspace'* • Promote a discussion with a GP/health professional about quitting smoking • Promote the Quitline (phone 137 848) and *Make smoking history* website and information • Promote the Cancer Council's '*Smoking and your mental health*' resource • Provide information about *pregnancy and alcohol* • Promote Beyond Blue's '*Drugs, alcohol and mental health*' resource
Promote counselling for women who have experienced miscarriage, stillbirth, sub-fertility or fertility issues[44]	• Promote the *SANDS phone support helpline*, *online support*, *face-to-face group support* and *fact sheets* for families who have experienced miscarriage, stillbirth or neonatal death • Promote the *Red Nose grief and loss helpline* for families who have experienced miscarriage, termination, stillbirth, neonatal death, SIDS and sleeping accidents, and any other sudden death of a child up to 18 years • Promote women's health counselling (see the list of women's health centres on this *webpage*) or a *visit to a GP* for families experiencing sub-fertility or fertility issues • Promote the Australasian Birth Trauma Association *website* • Promote the Pregnancy Loss Australia *website* • Promote the Pink Elephants Support Network *website* for information on miscarriage and early pregnancy loss • Promote the Bears of Hope Pregnancy and Infant Loss Support *website*, including a grief support line • Promote the Miracle Babies *website* and family support helpline for the families of premature and sick newborns • Promote the Life's Little Treasures *website* for the families of premature and sick newborns • Promote the Still Aware *website* for families who have experienced a stillbirth • Promote the Still Birth Foundation *website* • Promote the Raising Children's *Becoming Parents with IVF* webpage

5.2.2 Table 5 Action area two: Secondary prevention strategies to consider that support perinatal mental health during preconception

Preconception secondary prevention / early intervention	Strategies to consider
Provide preconception consultation for women with a diagnosed mental health condition [42, 44, 46, 47] Increase awareness of importance of pregnancy planning for people with a history of mental health issues or conditions (particularly if taking medication or other drugs)[47, 48]	• Encourage women with a diagnosed mental health condition and of child-bearing age to seek preconception consultation with their mental health professional or via KEMH's Department of Psychological Medicine
Promote programs targeting alcohol and other drug (AOD) dependence and problematic use[42]	• Promote the *Women and Newborn Drug and Alcohol Service* (WANDAS) clinic at KEMH and resources for pregnant women with drug and alcohol dependence (GP referral required)



Case study 2: The anxieties of trying to have a baby

When Monica turned 30, she and her fiancé decided to try for a baby. She shared this news with her sister Sophie, who had recently had a baby. Sophie mentioned she had seen information on planning a family on the Centre of Perinatal Excellence (COPE) website while looking for advice on postnatal anxiety.

Monica looked at the COPE information, along with reading numerous other websites, books and brochures about trying to conceive. As months went by, she found herself increasingly anxious. Although she had read everything she could get her hands on, and taken steps to eat healthier and exercise more, she was still worried that she should be doing more to help herself fall pregnant.

Just after a year had passed, Monica had a positive pregnancy test but miscarried a few weeks later. The GP she saw at this time was very supportive, creating a Mental Health Care Plan with Monica and giving her both a referral to a psychologist and the number for the Stillbirth and Neonatal Death Support (SANDS) helpline. Monica saw her psychologist regularly and called the helpline several times over the coming months to process her grief and escalating anxiety that she might never become pregnant.

Eventually, Monica returned to her GP for a referral to a fertility specialist and to review her Mental Health Care Plan to ensure she was well supported through her journey to becoming a mother.

5.2.3 Supporting perinatal mental health during pregnancy

During pregnancy, up to one in 10 women will experience depression[49] and even more are estimated to experience anxiety disorders. Many women are also likely to experience depression and anxiety disorders concurrently.

Women with antenatal depression are at increased risk of preterm birth, low birth weight, gestational hypertension and perinatal death. [50, 51] Fortunately, there are many known strategies and available resources and programs that help to prevent these mental health conditions from occurring or worsening.[32] Below is a list of strategies to consider that support perinatal mental health during pregnancy.

5.2.4 Table 6 Action area two: Primary prevention strategies to consider that support perinatal mental health during pregnancy

Pregnancy primary prevention	Strategies to consider
Create healthy pregnancy awareness messages to promote healthy lifestyle behaviours[42]	• Promote the *Eat for Health* website, in particular '*Healthy Eating during pregnancy*' brochure • Promote the Headspace resource '*Eating well for a healthy headspace*' • Promote discussion with a GP/midwife about quitting smoking • Promote the Quitline (phone 137 848) and *Make smoking history* website and information • Promote the Cancer Council's '*Smoking and your mental health*' resource • Promote Beyond Blue's '*Drugs, alcohol and mental health*' resource • Provide information about *pregnancy and alcohol* • Provide information about *exercise and pregnancy* • Promote immunisation against influenza and universal infection prevention measures • Encourage attendance at antenatal education classes

5.2.4 Table 6 Action area two: Primary prevention strategies to consider that support perinatal mental health during pregnancy

Pregnancy primary prevention	Strategies to consider
Provide culturally responsive antenatal education[46] that includes emotional health and social support components	• Ensure any care needs to consider cultural expectations • Consider the communities you are working with and get advice from the local community before proceeding with any strategies to raise awareness of perinatal mental health • Engage Aboriginal liaison officers (ALOs) and Aboriginal health promotion professionals (AHPPs) when working with Aboriginal groups • Use an interpreting service if required • Promote *Ishar Multicultural Women's Health Services*' range of psychological, pregnancy and perinatal support services • Promote culturally appropriate Aboriginal services, such as Derbarl Yerrigan Health Service's *Maternal and Child Health Program*, South Coastal Health and Community Services' *Babbingur Mia* support service, St John of God Midland Public Hospital's *Moort Boodjari Mia* community-based perinatal service and regional Aboriginal Medical Services • If available, promote *Baby Coming You Ready?* (BCYR), a culturally responsive perinatal mental health assessment and intervention that supports trust and engagement between professionals and Aboriginal and Torres Strait Islander mothers and fathers • Refer to the *Kimberley Mum's Mood Scale (KMMS)* website/screening • Promote *Aboriginal Fathers Stayin' on Track* online resources developed by Aboriginal men for Aboriginal dads • Promote *SMS4dads* mobile phone texting program

5.2.4 Table 6 Action area two: Primary prevention strategies to consider that support perinatal mental health during pregnancy

Pregnancy primary prevention	Strategies to consider
Provide education about bonding, attachment, breastfeeding and partner's role [42, 46, 52]	• Promote *Raising Children Network* website and available resources • Promote resources and support for fathers, families with diverse family structures and LGBTQIA+ parents: • *SMS4dads* mobile phone texting program • PANDA *Support for Dads* website • Raising Children's *Grown-ups: Fathers* webpage • Ngala's *Dads WA* program • The *Dads Group* website • Beyond Blue's *Dadvice* four-part video web series • The *MensLine Australia* helpline • *The Fathering Project* website • Raising Children's *Grown-ups: family diversity* webpage, which features information on blended families and step-families, co-parenting, distance parenting, and raising foster children • The *Milk Man* app - an app encouraging men to talk about breastfeeding • Raising Children's *Grandparents: family relationships* webpage, which features information on grandparents looking after grandchildren, grandparent and kinship carers • PANDA's *LGBTQIA+ Families and Perinatal Anxiety and Depression* fact sheet • COPE's *Pregnancy and LGBTQIA+ parents* webpage • Raising Children's *Rainbow and same-sex families* webpage • The *Gay Dads Australia* website • The *Rainbow Families* website

5.2.4 Table 6 Action area two: Primary prevention strategies to consider that support perinatal mental health during pregnancy

Pregnancy primary prevention	Strategies to consider
Educate the workforce about the importance of screening and appropriate referrals [42, 53]	• Encourage workforce training, including Perinatal Anxiety and Depression, Edinburgh Postnatal Depression Scale (EPDS) and Antenatal Risk Questionnaire (ANRQ) *training* if appropriate • Encourage workforce training in *mental health conditions* during the perinatal period • Access *PANDA Learning Hub* for health professionals • Access COPE health professional training hub – *Basic skills in perinatal mental health* • Access Kimberley Mum's Mood Scale (KMMS) screening tool on-line learning • If available, promote *Baby Coming You Ready?* (BCYR) a culturally safe and responsive, perinatal mental health assessment and intervention that supports trust and engagement between professionals and Aboriginal mothers and fathers

5.2.4 Table 7 Action area two: Secondary prevention strategies to consider that support perinatal mental health during pregnancy

Pregnancy secondary prevention/ early intervention	Strategies to consider
Promote programs targeting alcohol and other drugs dependence and problematic use.[42]	• Refer to the *Women and Newborn Drug and Alcohol Service (WANDAS)* clinic at KEMH for pregnant women with drug and alcohol dependence (GP referral required). • Refer to The Western Australian Network of Alcohol and other Drug Agencies (WANADA) - *The Green Book* of alcohol and other drugs service providers
Provide pregnancy information to women with diagnosed mental health conditions [47, 54]	• GP referral to the *Childbirth and Mental Illness (CAMI) antenatal clinic* at KEMH. • Referral to the *Mother Baby Unit (MBU) at KEMH* or the *MBU at Fiona Stanley Hospital* if inpatient care is required.
Promote mental health services for perinatal women[42]	• Refer to the Multicultural Services Centre's *mental health services* for adults, children and families • Refer to *PANDA National Helpline* • Refer to Women's Health Centres (find a list on this *webpage*) • For women birthing at KEMH, refer to *Department of Psychological Medicine*. • Refer to GP • Refer to Gidget's *Start Talking* telehealth program • Refer to *St John of God Raphael Services* • Refer to *Pregnancy 2 Parenthood Services* (Pregnancy to two years) • Refer to *Mum2BMoodBooster* • Access to *ForWhen* care navigation services at Ngala • For more information, refer to the *Edinburgh Postnatal Depression Scale. (EPDS) referral pathway - WA*
Support enhanced health workforce training to facilitate better management of the complexities of mental health issues or conditions during the perinatal period[12]	• Consider promoting Perinatal Anxiety and Depression, EPDS and ANRQ, Serious Mental Illness in the Perinatal Period *training* if appropriate

Case study 3: Getting connected in regional WA

Samara and her boyfriend Jay were very surprised to learn they were pregnant. They had just moved to a small mining town for Jay's work and the only person they knew there was Jay's boss.

It was a long drive to the nearest major town for Samara's first antenatal appointment, which Jay was unable to attend because he was working. The midwife at the appointment screened Samara using the EPDS and found she had a moderately high score.

While talking through the results, the midwife learned that Samara felt very lonely and isolated, and missed her extended family back in Perth. She also worried a lot about the way her pregnancy had already caused changes in her relationship and feared that things might be worse once the baby arrived.

The midwife referred Samara to the local Women's Health Service, which not only offered counselling and relationship support, but was also about to run one of their regular events for people who were new to town.

Samara showed interest in attending the event to meet some new people but indicated she would struggle to come to town regularly for counselling. Her midwife then recommended the Mum2BMoodBooster online program and Gidget's Start Talking telehealth program as possible alternatives.

These online resources were a great support for Samara and demonstrate the importance of finding the support system that works for the individual.

5.2.5 Supporting perinatal mental health postnatally:

Australian research indicates that depression is experienced by up to one in six women in the year following birth.[32] Rates of anxiety disorders are likely to be even higher and many women are likely to experience both depression and anxiety disorders concurrently.

There are many strategies, resources and programs that are available that both help to prevent these mental health conditions from occurring or worsening.[32] Below is a list of strategies to consider that support perinatal mental health during the postnatal period.

5.2.5 Table 8 Action area two: Primary prevention strategies to consider that support perinatal mental health during the postnatal period

Postnatal primary prevention	Strategies to consider
Provide appropriate postnatal support including breastfeeding,[55] as well as information about child health checks and immunisation[12]	• Promote access to breastfeeding support and helpline through *Australian Breastfeeding Association (ABA)* • Provide information, education and support for women with a diagnosed mental health condition around breastfeeding and their current medication • Promote the *Community Child Health Nurse* as a source of information for maternal and infant health and monitoring of infant/young child's social and emotional development • Encourage attendance at local child health centre parenting groups • Promote culturally appropriate services, such as Derbarl Yerrigan Health Service's *Maternal and Child Health Program*, South Coastal Health and Community Services' *Babbingur Mia* support service, St John of God Midland Public Hospital's *Moort Boodjari Mia* community-based perinatal service and regional Aboriginal Medical Services. • Promote Child and Community Health (CACH) Aboriginal Health Team and Refugee Health team, if available • Promote and utlise *Ishar Multicultural Women's Health Services*' range of psychological, pregnancy and perinatal support services • Promote PANDA *Support in different languages* webpage

5.2.5 Table 8 Action area two: Primary prevention strategies to consider that support perinatal mental health during the postnatal period

Postnatal primary prevention	Strategies to consider
Promote appropriate evidence-informed resources to support women/parents and families[42]	• Promote the *Perinatal Anxiety & Depression Australia (PANDA)* website and *Centre for Perinatal Excellence (COPE)* for information and resources • Promote the resources and worksheets provided on the *What Were We Thinking* website and app • Promote the *Baby Makes 3* parenting education sessions **Father-specific programs and resources** • Promote *Aboriginal Fathers Stayin' on Track* online resources developed by Aboriginal men for Aboriginal dads • *SMS4dads* and SMS4 Deadly Dads mobile phone texting program • PANDA's *Support for Dads* website • Raising Children's *Grown-ups: Fathers* webpage • Craig Allat's *Pueperal Psychosis: A carer's survival guide* booklet • Ngala's *Dads WA* program • The *Dads Group* website • Beyond Blue's *Dadvice* four-part video web series • The *MensLine Australia* helpline • *The Fathering Project* website • *Milk Man* app **Resources to support LGBTQIA+ parents** • PANDA's *LGBTQIA+ Families and Perinatal Anxiety and Depression* fact sheet • COPE's *Pregnancy and LGBTIQA+ parents* webpage • Raising Children's *Rainbow and same-sex families* webpage • The *Gay Dads Australia* website • The *Rainbow Families* website

5.2.5 Table 8 Action area two: Primary prevention strategies to consider that support perinatal mental health during the postnatal period

Postnatal primary prevention	Strategies to consider
Promote appropriate evidence-Informed resources to support women/parents and families[42]	**Resources to support families with diverse family structures** • Raising Children's *Grown-ups: family diversity* webpage, which features information on blended families and step-families, co-parenting, distance parenting, and raising foster children • Raising Children's *Grandparents: family relationships* webpage, which features information on grandparents looking after grandchildren, grandparent and kinship carers **Resources to support adolescent parents**: • The *Brave Foundation* website • Raising Children's *Teenage pregnancy* webpage. • Raising Children's *Parenting as a teenager* webpage **Families where one or more parents has a disability:** • The Pregnancy Birth and Baby *Parenting with a Disability* webpage • The Raising Children *Parenting with Intellectual Disability* webpage • The Raising Children *Parenting with Physical Disability* webpage **Families experiencing natural disaster:** • Queensland Centre for Perinatal and Infant Mental Health's *Recovering together after a natural disaster* resource • Emerging Minds' *Community Trauma Toolkit* for parents and caregivers, including a video on the impact of natural disasters on babies and young children and information on trauma responses in children aged 0-24 months and two to four years
Promote the use of social supports to help in the postpartum period[56] and reduce social isolation[13]	• Promote playgroups and parenting groups (eg: via *Playgroup WA* or parenting groups offered by *local Child Health Centres*) as a way to connect with other parents • Link families with *Child and parent centres* or *local neighbourhood houses* • Refer to/promote Women's Health and Family Services' *Aboriginal Family Support Service* • Promote local libraries – Rhyme time

5.2.5 Table 8 Action area two: Primary prevention strategies to consider that support perinatal mental health during the postnatal period

Postnatal primary prevention	Strategies to consider
Promote support services for women and children in the community[2]	• Promote local *Child and Parent Centres* and local women's health centres (listed on this *webpage*) • PANDA's *flyer* for First Nations families **Rural and remote families**: • WA Country Health Service and Health Consumers' Council's *My Baby WA* app • The *Radiance South West* website, including information about the Radiance Support Groups and Mother Baby Nurture group in the south-west • The Kimberley Mum's Mood Scale (KMMS) *services list* • The SPIMHP's *Finding Help* booklet, which includes a list of services and phone numbers for the South West, Goldfields/Esperance, Great Southern, Pilbara, Wheatbelt, Midwest and Kimberley **Online/phone support** • PANDA's *National Perinatal Mental Health Helpline* • MumSpace's *Digital Resources for Perinatal Depression and Anxiety* brochure, including links to What Were We Thinking, Baby Steps, Mum 2B Mood Booster, Mum Mood Booster and the MindMum app • Gidget's *Virtual Village Facebook* groups for new parents, dads and expectant mums

5.2.5 Table 8 Action area two: Primary prevention strategies to consider that support perinatal mental health during the postnatal period

Postnatal primary prevention	Strategies to consider
Promote support services for women and children in the community[2]	**People experiencing intimate partner violence:** • Refer to the Women's Centre for Safety and Wellbeing *website* for information, training and advocacy. • Promote the WA Government's *Women's Domestic Violence Helpline* webpage and helpline. • Refer to the Women's Health Strategy and Programs' *webpages*, providing information on training, policies, guidelines and resources for health professionals, as well as consumer information on *family and domestic violence in pregnancy* • Promote/refer to Desert Blue Connect's *services* for family violence, men's community intervention, sexual assault and crisis accommodation (Geraldton) • Refer people who have experienced recent sexual assault to *Sexual Assault Resource Centre* (SARC) • Promote/refer to Acacia Support Service's *support* for people affected by sexual assault or abuse (Port Hedland) • Promote/refer to Allambee Counselling Centre's *services* for family and domestic violence and sexual assault or abuse (Mandurah) • Promote/refer to Waratah Support Centre's *services* for sexual assault and abuse and family and domestic violence (Bunbury) **Multiple birth families** • The Australian Multiple Birth Association's *Perinatal Mental Health* webpage • The Multiple Birth Association Western Australia *website*, including information on coffee groups, expectant parent meetings, hospital visits by volunteers, support for country members and more

5.2.5 Table 8 Action area two: Primary prevention strategies to consider that support perinatal mental health during the postnatal period

Postnatal primary prevention	Strategies to consider
Promote secure parent and child attachment and encourage positive parenting[13]	• Implement relationship-based parenting programs such as *Mother Baby Nurture,* which targets the mother-infant relationship using a playgroup format • Promote Raising Children's *Newborns: connecting and communicating* information • Promote the *Baby Makes 3* parenting education sessions • Promote *Ngala Parenting Line* for support with parenting skills • Promote the culturally responsive website for mums and dads *Baby Coming You Ready*
Increase community awareness of mental health and wellbeing and early signs of depression and anxiety and promote screening and early detection[42]	• Promote and participate in *World Maternal Mental Health Day* in May each year • Where appropriate, promote the *Act Belong Commit wellbeing questionnaire* for new parents to check in on their mental wellbeing • Promote and participate in *Perinatal Mental Health Week* activities in November each year

5.2.5 Table 9 Action area two: Secondary prevention strategies to consider that support perinatal mental health during the postnatal period

Postnatal secondary prevention / early intervention	Strategies to consider
Screen for perinatal anxiety and depression using the most appropriate tools, EPDS and ANRQ[57] Make appropriate mental health screening available in a range of settings[42] including Child Health Centres	• Maintain existing guidelines that ensure universal postnatal mental health screening for women • Promote attendance at routine child health visits ('Purple Book' appointments) to facilitate screening • Promote *Baby Coming You Ready?* (BCYR), a culturally safe and responsive, perinatal mental health assessment and intervention which supports trust and engagement between professionals and Aboriginal and Torres Strait Islander mothers and fathers, where available • Use the *Kimberley Mum's Mood Scale (KMMS)* website/screening
Promote appropriate mental health services for perinatal women[42]	• Refer to *PANDA National Helpline* • Refer to local women's health centres (listed on this *webpage*). • For women who birthed at KEMH, refer to *Department of Psychological Medicine* • Refer to GP • Refer to '*ForWhen*' national perinatal mental health care navigation • Refer to Gidget's *Start Talking* telehealth program • Refer to programs to support parent-child attachment, such as *Mother Baby Nurture*, or home visiting programs such as *Best Beginnings* • Refer to *St John of God Raphael Services* • Refer to *Pregnancy 2 Parenthood Services* (Pregnancy to two years) • Refer to *MumMoodBooster* • Refer to *MBU at KEMH* or *Fiona Stanley Hospital* if inpatient care is required. • For more information, refer to the *EPDS referral pathway* • Gidget's *National Telehealth Program for Families Experiencing Perinatal Depression and Anxiety*, delivered via video call service for those with limited access to face-to-face psychology services
Support enhanced health workforce training to facilitate better management of the complexities of mental health issues or conditions during the perinatal period[12]	• Consider promoting Perinatal Anxiety and Depression, EPDS and ANRQ, Serious Mental Illness in the Perinatal Period *training* if appropriate • Consider Emerging Minds – *online training courses for health professionals*

5.3 Action area three: Supporting infant mental health (birth to four years of age).

Childhood is a crucial period for healthy development and learning, as well as creating the basis for future wellbeing. Infant mental health refers to the developing capacity of the infant and young child to experience, express and regulate emotions; form close and secure relationships; and explore the environment and learn, all in the context of cultural expectations.[58]

Many West Australian children are safe and healthy; however, it is important to note that childhood can be a vulnerable time where family circumstances and place of residence can greatly influence the outcome of the child.[59] As such, many health promotion and illness prevention interventions involve both infant and caregiver due to the child's early dependence on caregiver and the impact of caregiver stress on the infant.[60]

Children who have parents with diagnosed mental health conditions are themselves at risk within the family unit.[16] According to Royal Australian and New Zealand College of Psychiatrists (RANZCP), these at-risk children have a higher chance of developing mental health conditions themselves, in comparison to other children in the general population.[16] The risk is associated with the reduced emotional availability of the parent, altered perception of the child and the impaired capacity to nourish child development, due to the parent's mental health conditions.[16]

5.3 Table 10 Action area three: Primary prevention strategies to consider that support infant mental health (birth to four years of age)

0-4 years primary prevention	Strategies to consider
Prioritise education and awareness of signs of mental health issues in infancy and toddler years[60]	• Promote and participate in *Infant Mental Health Awareness Week* in June each year • Visit the *SPIMHP* webpage for information and resources or contact *SPIMHP@health.wa.gov.au*
Promote mental wellbeing by preventing risks, supporting parental sensitivity and increasing resilience in infants and caregivers[60]	• Promote the *Bright Tomorrows Start Today* website and app to support children's health, development and learning • Use the professional learning tools and resources on the Beyond Blue *Be You* and *Emerging Minds* websites and promote them to early childhood educators and others working with infants and young children • Promote Emerging Minds' *Community Trauma Toolkit* for parents and caregivers, including a video on the impact of natural disasters on babies and young children and information on trauma responses in children aged 0-24 months and two to four years • Promote Queensland Centre for Perinatal and Infant Mental Health's *Birdie's Tree* resources, designed to support the mental health and emotional wellbeing of babies and young children, their parents and families, in relation to severe weather events and other natural disasters • Promote Children's Health Queensland Centre for Perinatal and Infant Mental Health's *Birdie and the Virus* webpage
Promote routine infant health and development checks[2]	• Promote the local *Child Health Centres* and the importance of making appointments for the Child Health checks at the key times for monitoring of infant/young child's social and emotional development
Promote secure parent and child attachment and encourage positive parenting[13]	• Promote opportunities that encourage the mother-infant relationship, such as *playgroup* and baby sensory sessions • Encourage attendance at relationship-based parenting programs where available • Promote Raising Children's *Newborns: connecting and communicating* information • Promote *Bright Tomorrows* website and app • Promote *Ngala Parenting Line* for support with parenting skills

5.3 Table 10 Action area three: Primary prevention strategies to consider that support infant mental health (birth to four years of age)

0-4 years primary prevention	Strategies to consider
Promote breastfeeding where possible[55]	• Promote access to breastfeeding support and helpline through *Australian Breastfeeding Association (ABA)* • Promote PANDA's information on *Breastfeeding and postnatal anxiety or depression* • Advocate for supportive breastfeeding policies in workplaces using the *PHAIWA Advocacy in Action toolkit* • Promote *Milk Man* app
Support families in transition back to work and advocate for flexible work arrangements[41]	• Use COPE's *Supporting expectant and new parents in the workplace* information • Use PANDA's *PANDA at Work Toolkit* • Use Parents at Work *Family Friendly Workplaces* information • Advocate for flexible work hours in workplaces using the *PHAIWA Advocacy in Action toolkit* • Promote Raising Children's *Breastfeeding: mums returning to work* information
Promote reading aloud with young children to enrich parent-child relationships and brain development[61] Promote infant social and emotional development through activities and groups such as playgroups, rhyme time and Child and Parent Centres. [2, 62, 63]	• Support new parents to access library resources such as rhyme time and children's books (eg: *Better Beginnings* program) • Promote playgroups (eg: via *Playgroup WA*) as a way to connect with other parents • Link families with *Child and Parent Centres*/*local neighbourhood houses* • Promote lullabies • Promote attendance at local Child Health Centre parenting groups

5.3 Table 11 Action area three: Secondary prevention strategies to consider that support infant mental health (birth to four years of age)

Secondary prevention/early intervention	Strategies to consider
Identify children with developmental conditions and provide them with appropriate services[64] Embed early childhood screening in a system that includes screening for family protective and risk factors and maternal depression[3]	• Maintain child development health checks as part of the universal child health check schedule using the *Ages and Stages Questionnaires: Social Emotional (ASQ3 and ASQ:SE)*, as appropriate. • Consider referring mothers to programs to support parent-infant/child relationship and attachment, such as *Mother Baby Nurture* or home visiting programs such as *Best Beginnings*, where available • Promote the *PANDA helpline* to support parents with anxiety and depression • Consider using the COPE tool *Assessing mother-infant interaction and safety of the woman and infant* • Maintain existing policies that ensure universal postnatal mental health screening for women • Refer to *Pregnancy 2 Parenthood Services* (Pregnancy to two years)
Support enhanced health workforce training to facilitate better management of the complexities of mental health conditions during early childhood[12]	• Consider promoting professional development events and training, such as those provided by the *Australian Association for Infant Mental Health* (AAIMH WA Branch) • Support use of the *AAIMH Competency Guidelines and Infant Mental Health Endorsement* • Promote Emerging Minds – *on-line training courses for health professionals*.

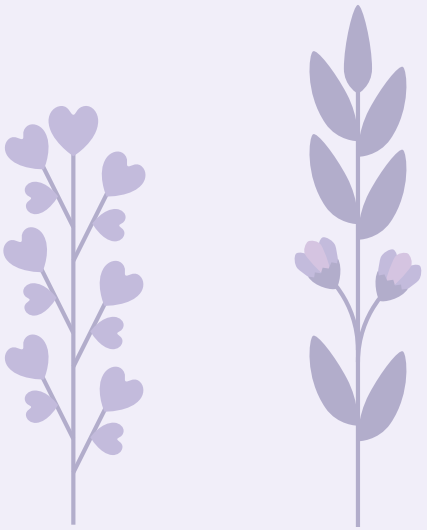
Case study 4: Finding something to smile about

The transition to parenthood was not easy for Benji's mother, Karen. Benji loved sleeping in his mother's arms and hated being put down, leaving his bassinet largely unused and Karen exhausted. After several weeks of getting very little sleep, Karen was finding it increasingly difficult to enjoy her time with her baby. She called Ngala's parenting line several times for advice about sleep and settling but didn't feel comfortable admitting how much the sleep deprivation was impacting her relationship with Benji.

At their first Parents and Bubs group meeting, organised by the child health nurse at the local library, Karen saw a flyer for baby rhyme time. The next session was immediately following the meeting, so Karen and Benji stayed at the library to participate – as did many other parents and babies.

During the session, a librarian led everyone through a series of activities, including nursery rhymes with actions, sensory play and reading aloud. When the librarian handed all the parents a scarf and encouraged them to play peek-a-boo, Karen was reluctant. But when she poked her head out from behind her scarf, Karen was delighted to see Benji's face light up with his first smile.

She subsequently borrowed several books so they could continue enjoying stories and cuddles together at home. Karen also made a playdate for him for the following week with fellow rhyme time enthusiast Ava and her sleep-deprived dad. Karen's wellbeing and connection to her son were positively impacted by seeking support and connection with other parents.



5.4 Action area four: Tertiary prevention

Tertiary prevention strategies aim to reduce disability, enhance rehabilitation or recovery and prevent reoccurrence of illness.[13] In the perinatal period, women will require specialist care if they have a previous diagnosis of a mental health condition, or are living with a mental health condition, and:

- Are wanting to become pregnant
- Are pregnant
- Have recently had a baby.

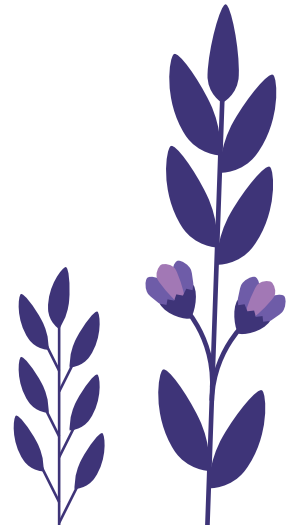
A diagnosed mental health condition in the perinatal period represents a time of increased risk for women. This includes risk of relapse, risk of suicide and risk of a negative impact on parenting skills and disruption to bonding and attachment.[65]

Nguyen et al. (2013) found that relapse of schizophrenia and bipolar disorder during pregnancy was common, with 22.5 per cent of diagnosed women requiring psychiatric hospital admission during pregnancy (38.6 per cent with schizophrenia, 10.7 per cent with bipolar disorder).[19] Schizophrenia and bipolar disorder prevalence rates in the general population are around 1 in 100, with postpartum psychosis (ie: psychosis in the first few months after the birth of a baby, also known as puerperal or postnatal psychosis) at around 1 in 1000.[17]

Women with bipolar disorder are at increased risk of developing postpartum psychosis, a sudden acute onset of a manic or psychotic episode, and they are particularly vulnerable in the first two to four weeks after the baby is born.[66, 67] Sleep deprivation, commonly experienced as a result of childbirth and in the period after the birth of the baby, increases the risk of psychosis postnatally, particularly for those with bipolar disorder.[68]

Postpartum psychosis is a psychiatric emergency and can be life-threatening for both mother and baby. It can cause a loss of contact with reality, and behaviour that seems out of character, though it is temporary and treatable.[68]

Personality disorders have been described as a set of intense personality traits and behaviours that develop from adolescence and persist over time.[69] Emotionally unstable personality disorder (EUPD), also known as borderline personality disorder, is characterised by emotional dysregulation resulting in considerable psycho-social impairment. Women with EUPD in the perinatal period were found to have high co-morbidity with problematic substance use, higher rates of child protection services involvement and more likely to have poor birth outcomes.[70] Estimated prevalence among women aged 25 years is 2.7 per cent, with only one Swedish self-report study indicating a rate of 6 per cent in the perinatal population.[71, 72]



With time and appropriate treatment, recovery from perinatal mental health conditions is possible. A recovery-orientated approach highlights hope, social inclusion, community participation, personal goal setting and self-management.[73] It might also include:

- Education and implementation of social supports
- Therapy with a counsellor, psychologist or psychiatrist
- Medication.[74]

The isolation of parenthood can also put women at risk. Having opportunities to attend parent groups, playgroups and other services to help meet other parents can help reduce feelings of isolation and promote recovery.[75] Therefore, all the available support, resources and strategies that have been provided in the other key action areas are still relevant and important to promote to women and families with a diagnosed mental health conditions.

King Edward Memorial Hospital (KEMH) offer a range of services for women with a diagnosed mental health condition who are pregnant or considering becoming pregnant and are intending to birth at the hospital. These services are provided by the Department of *Psychological Medicine* and the *Childbirth and Mental Illness (CAMI)* antenatal clinic.

Psychological Medicine offers preconception counselling for women with a diagnosed mental health condition to discuss things such as risks and benefits of medications and the risk of relapse. This service is also available to KEMH patients for up to six months after the birth of their baby.

The CAMI service provides individualised comprehensive antenatal care with a small known team of health professionals who can help in managing any obstetric and/or psychosocial complications throughout the pregnancy.

Additionally, there are two Mother and Baby Units (MBU) in Western Australia. These state-wide inpatient units focus on assessment and treatment of mental health conditions and mother-baby attachment. Mothers can be admitted postnatally with their babies (up to 12 months of age or until their baby can walk). Occasionally an admission may be considered in the late stages of pregnancy. The MBUs are located at *KEMH* and *Fiona Stanley Hospital*.

KEMH also has a *Women and Newborn Drug and Alcohol Service (WANDAS)*. This is a specialist service for pregnant women with drug and alcohol dependence and cares for women with complex medical, social and psychiatric conditions.

Mental health services for infants and young children are an emerging field with increasing focus on the development of models of care and service within tertiary settings. This has become more urgent since the release of the '*Final report of the Ministerial Taskforce into Public Mental Health services for Infants, Children and Adolescents aged 0 – 18 years in WA*'. At the time of print, these services were very limited, with work continuing in terms of workforce capacity and service development. Refer to the *Child and Adolescent Mental Health Services* website for further advice.

5.4.1 Table 12 Action area four: Tertiary prevention strategies to consider that support women with a diagnosed mental health condition during the preconception period

Preconception tertiary prevention	Strategies to consider
Preconception counselling and medication review Psychotherapeutic interventions. Management of any problematic alcohol or drug use at a specialist service[2]	• Use KEMH's *Preconception counselling consultation* information sheet • Use KEMH's *CAMI antenatal clinic* information sheet • Use The Children of Parents with a Mental Illness (COPMI) *The Best for Me and My Baby* information booklet • Refer to COPE's *Preparing for pregnancy* and *Recognising you're at risk for mental health problems* webpages • Refer to the Action on Postpartum Psychosis (UK). *Planning pregnancy: a guide for women at high risk of Postpartum Psychosis* information booklet

5.4.2 Table 13 Action area four: Tertiary prevention strategies to consider that support women with a diagnosed mental health condition during pregnancy

Pregnancy tertiary prevention	Strategies to consider
Comprehensive care plan in collaboration with woman's family Continuity of care model used, education about perinatal mental health conditions (ie: post-partum psychosis) Engagement in parent-infant attachment interventions, continued psychotherapeutic interventions at a specialist service[2]	• Use KEMH's *CAMI antenatal clinic* information sheet and *CAMI service* webpage • Refer to COPE's *Antenatal factsheets for women and their families*, including schizophrenia in pregnancy, bipolar disorder in pregnancy and borderline personality (EUPD) disorder in pregnancy and the postpartum period • Refer to/promote the Australian Clinical Psychology Association - *Find a Clinical Psychologist* – choose service by problem areas, therapy type • Refer to the Royal Australian and New Zealand College of Psychiatrists: *Your Health in Mind – Find a Psychiatrist* – select Mother and Baby

5.4.3 Table 14 Action area four: Tertiary prevention strategies to consider that support women with a diagnosed mental health condition during the postnatal period

Postnatal tertiary prevention	Strategies to consider
Comprehensive care and discharge plan, including monitoring for relapse or psychosis Referral and admission to an MBU if required Psychotherapeutic interventions focusing on the parent-infant relationship Liaison with community mental health team for follow-up, advise on peer support and other community support programs[2]	• Use KEMH's *Mother and Baby Unit patient information* factsheet • Refer to KEMH's *Psychological Medicine* webpage • Refer to Fiona Stanley Hospital's *Mother and Baby Mental Health Unit* webpage • Refer to Royal Australian and New Zealand College of Psychiatrists: *Your Health in Mind – Find a Psychiatrist* – select Mother and Baby • Refer to the Australian Clinical Psychology Association - *Find a Clinical Psychologist* – choose service by problem areas, therapy type • Promote COPE's *Postnatal fact sheets for women and their families*, including postpartum psychosis, schizophrenia in the postnatal period, bipolar disorder in the postnatal period, and borderline personality disorder (EUPD) in pregnancy and the postpartum period

Case study 5: Breastfeeding support for a mother with bipolar disorder

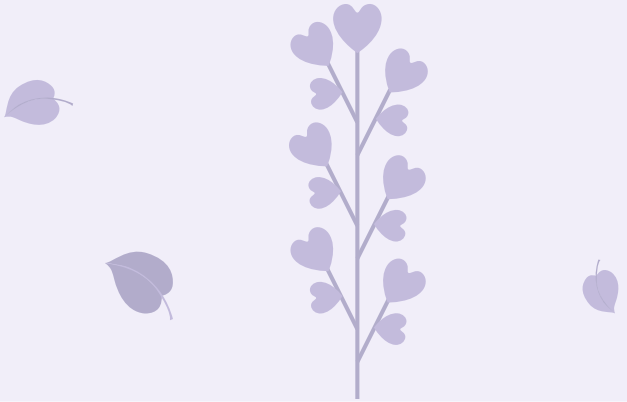
Carly was diagnosed with bipolar disorder after the birth of her first child. During her second pregnancy, she was medicated throughout and closely monitored by her healthcare team. With the support of her psychiatrist, she was able to reduce her medication postnatally so she could safely breastfeed, which was very important for her as she was unable to breastfeed her first child.

At her baby's eight-week child health appointment, Carly learned that her baby had not gained as much weight as expected. This was stressful for her, but Carly's child health nurse gently discussed possible causes and gave her the opportunity to ask questions. The child health nurse also provided some information on breastfeeding from the Raising Children website and the number for the Australian Breastfeeding Association (ABA) helpline.

Carly made several calls to the ABA that week and was offered reassurance and support to address her growing anxiety about her baby's weight gains and to work towards increasing her breastmilk supply.

Though Carly made some progress with breastfeeding, she experienced a relapse in her mental health and was admitted to the Mother and Baby Unit (MBU). There, she expressed her desire to continue to breastfeed her child given the work she had done to try to increase her breastmilk supply.

The healthcare team at the unit supported her decision to continue breastfeeding; however, after some time had passed, she was medically advised to cease breastfeeding. Both her care team at the MBU and volunteers on the ABA's helpline gave Carly opportunities to discuss her disappointment and supported her throughout this process. Carly found this support very helpful.



5.4.4 Table 15 Action area four: Strategies to consider that support infant mental health, when a parent has a diagnosed mental health condition

0-4 years	Strategies to consider
Consider recovery strategies that promote secure parent-child attachment and positive parenting[2]	• Promote *Pregnancy 2 Parenthood Services* (Pregnancy to two years) • Promote Playgroup WA's *Mother Baby Nurture Group* • Promote the Department of Communities *Best Beginnings* program • Refer to the Women's Health and Family Services' *Kids in Focus* program for children affected by parental alcohol and/or other drug use • Refer to the Children of Parents with a Mental Illness (COPMI) *Recovery and parenting* webpage • Refer to the COPMI *Piecing the Puzzle Together* information booklet • Refer to the COPMI *Communicating with babies* webpage • Refer to the COPMI *Talking to toddlers and pre-schoolers* webpage • Refer to the Action on Postpartum Psychosis (UK) *Recovery after Postpartum Psychosis* information booklet • Refer to the COPMI *Keeping the infant in mind in the presence of maternal mental illness* information sheet for professionals • Refer to the COPMI *The role of early childhood services in supporting families where a parent has a mental illness: How can early childhood services help?* information sheet for professionals • Promote Mumspace's *When You Need Extra Help* information, including links to the MindMum App and MumSpace Perinatal Community

6 Monitoring, evaluation and implementation

Monitoring and evaluating the implementation of health promotion activities and strategies are imperative to ensure they are working and of benefit to the community.[76] An organisational or health region approach requires a collaborative effort between a diverse range of government agencies, non-government organisations, charities, community groups and individuals.

Organisations that are using the Plan to inform their practice are encouraged to measure the short and long term outcomes of their programs and strategies. The Prevention Plan provides a program logic model as a useful tool for planning and evaluating prevention activities the Mental Health Commission uses for its prevention activities.[7] An overview of the model can be found on page 44 of *the Prevention Plan*. For a more consistent approach in reporting and evaluation of the Plan, the SPIMHP will adopt this model for its own activities, and can be utilised and adapted by other agencies, organisations and key stakeholders implementing the Plan.

For further information and support about how to conduct evaluation, the Department of Health WA's Chronic Disease Prevention Directorate has developed a *Evaluation Framework and Implementation Guide (EFIG)* that provides a step-by-step guide on how to evaluate health promotion activities using the program logic model.

Appendices

Glossary of terms

Antenatal (also known as **prenatal**)**:** Period before childbirth

Health promotion: The World Health Organization (WHO) defines health promotion as "the process of enabling people to increase control over and to improve their health" and also addresses individual, social and environmental actions[77]

Infant mental health: The developing capacity of the infant and young child (from birth to four years of age) to experience, express and regulate emotions; form close and secure relationships; explore the environment and learn, all in the context of cultural expectations[58]

Mental health promotion: Interventions designed to maximise mental health and wellbeing by increasing the coping capacity of communities and individuals and by improving environments that affect mental health[37]

Mental health: A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community[2]

Mental health condition: A disorder diagnosed by a medical professional that interferes with an individual's cognitive, emotional or social abilities[2]

Mental health issue: When cognitive, emotional or social abilities are diminished, but not to the extent that they meet the criteria for a diagnosed mental health condition[2]

Perinatal mental health: The emotional and psychological health and wellbeing of a parent during the period from conception to 12 months after the birth of the baby[2]

Perinatal: The period of time from conception through to 12 months after the baby is born

Postnatal: Defined in this document as the 12-month period following childbirth.

Prevention: Interventions designed to reduce the onset of mental health conditions and issues and the subsequent individual, social and economic costs[78]

Psychotropic medication: All medication used to treat mental health problems

Traumatic birth: Includes births, whether preterm or full term, that are physically traumatic (for example, instrumental or assisted deliveries or emergency caesarean sections, severe perineal tears, postpartum haemorrhage) and births that are experienced as traumatic, even when the delivery is obstetrically straightforward.

Acronyms

ASQ – Ages and Stages Questionnaire

ASQ:SE - Ages and Stages Questionnaire: Social and Emotional

ALPHA - Antenatal Psychosocial Health Assessment

ANRQ - Antenatal Risk Questionnaire

AAIMH - Australian Association for Infant Mental Health:

AIHW - Australian Institute of Health and Welfare

COPE - Centre of Perinatal Excellence

CAHS - Child and Adolescent Health Service

CAMHS - Child and Adolescent Mental Health Service

COPMI - Children of Parents with a Mental Illness

CaLD - Culturally and Linguistically Diverse

DASS - Depression, Anxiety and Stress Scale

EPDS - Edinburgh Postnatal Depression Scale

FDV - Family and Domestic Violence

HPSF - Health Promotion Strategic Framework

KMMS - Kimberley Mum's Mood Scale

KEMH - King Edward Memorial Hospital

LGBTQIA+ - Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning, Asexual

MBU - Mother Baby Unit

NHMRC - National Health and Medical Research Council

NICE - National Institute for Health and Clinical Excellence

PIMH - Perinatal and Infant Mental Health

PANDA - Perinatal Anxiety and Depression Australia

PTSD - Post-traumatic Stress Disorder

PRQ - Pregnancy Risk Questionnaire

RANZCOP - Royal Australian and New Zealand College of Psychiatrists

SMI – Serious Mental Illness

SPIMHP - Statewide Perinatal and Infant Mental Health Program

RACGP - Royal Australian College of General Practitioners

WACHS - Western Australian Country Health Service

WALGA - Western Australia Local Government Authority

WANDAS - Women and Newborn Drug and Alcohol Service

WNHS - Women and Newborn Health Service

WHGMH - Women's Health, Genetics, Mental Health

WHO - World Health Organisation

References

1. Lavender TJ, Ebert L, Jones D. An evaluation of perinatal mental health interventions: An integrative literature review. Women and Birth. 2016;29(5):399-406.
2. Western Australian Department of Health. Perinatal and Infant Mental Health Model of Care- a framework. Western Australia; 2016.
3. ZERO TO THREE. Definition of infant mental health. Washington DC: National Center for Clinical Infant Programs; 2001.
4. Kalra G, Christodoulou G, Jenkins R, Tsipas V, Christodoulou N, Lecic-Tosevski D, et al. Mental health promotion: guidance and strategies. European Psychiatry. 2012;27(2):81-6.
5. Colizzi M, Lasalvia A, Ruggeri M. Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? International Journal of Mental Health Systems. 2020;14(1):1-14.
6. Mental Health Commisson, Western Australian mental health promotion, mental illness, alcohol and other drug prevention plan 2018-2025. Mental Health Commission, Government of Western Australia; 2018.
7. Mental Health Commission. mental health promotion, mental illness and alcohol and other drug prevention plan 2018-2025 (In Draft). Under Review: MHC; 2018.
8. Western Australia Department of Health. Perinatal and Infant Mental Health Model of Care - A Framework. Perth: North Metropolitan Health Service, Western Australia; 2016.
9. Western Australian Mental Health Commission. Better choices. better lives. Western Australian mental health, alcohol and other drug services plan 2015–2025. Perth: Western Australian Mental Health Commission; 2015.
10. Chronic Disease Prevention Directorate. Western Australian Health Promotion Strategic Framework 2017–2021. Perth: Department of Health, Western Australia; 2017.
11. Ferguson-Hill S. Promoting perinatal mental health wellness in Aboriginal and Torres Strait Islander communities Canberra: Department of Health and Ageing; 2010.
12. Australia Department of Health. Sustainable Health Review: Final Report to the Western Australian Government. Western Australia; 2019.
13. Mental Health Commission. Western Australian mental health promotion, mental illness, alcohol and other drug prevention plan 2018-2025.: Mental Health Commission, Government of Western Australia; 2018.
14. Everymind. Prevention first: A prevention and promotion framework for mental health. Newcastle, Australia.; 2017.
15. World Health Organisation. Ottawa Charter for health promotion. Health Promotion. 1986;1(4):iii-v.
16. Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Mental Health Care in the Perinatal Period. Available from: *https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Mental-health-care-in-the-perinatal-period-(C-Obs-48).pdf?ext=.pdf*. 2018.

17. Austin MP, Highet N, and the Expert Working Group. Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence; 2017.
18. Osborne LM. Recognizing and managing postpartum psychosis: a clinical guide for obstetric providers. Obstetrics and Gynecology Clinics. 2018;45(3):455-68.
19. Nguyen TN, Faulkner D, Frayne JS, Allen S, Hauck YL, Rock D, et al. Obstetric and neonatal outcomes of pregnant women with severe mental illness at a specialist antenatal clinic. Medical Journal of Australia. 2013;199:S26-S9.
20. Moss KM, Reilly N, Dobson AJ, Loxton D, Tooth L, Mishra GD. How rates of perinatal mental health screening in Australia have changed over time and which women are missing out. Australian and New Zealand Journal of Public Health. 2020;44(4):301-6.
21. PwC Consulting Australia. The cost of perinatal depression and anxiety in Australia. 2019.
22. Moore T, Arefadib N, Deery A, West S. The first thousand days: An evidence paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute. Available from: *https://www.basw.co.uk/system/files/resources/basw_53200-7_0.pdf*. 2017.
23. Commission on Social Determinants of Health. 2008. Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the WHO Commission on Social Determinants of Health. Geneva, Switzerland: World Health Organization. *http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf*.
24. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health: final report of the commission on social determinants of health: World Health Organization; 2008.
25. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report. Canberra: Australian Health Ministers' Advisory Council; 2014.
26. Australian Institute of Health and Welfare. Health of Australians with disability: health status and risk factors: 2010.
27. Australian Bureau of Statistics. National health survey: First results, 2014–15. ABS Cat No 43640 55001). 2015.
28. Commision on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report: World Health Organization; 2008.
29. World Health Organisation. Social Determinants of Health 2020 [Available from: *https://www.who.int/gender-equity-rights/understanding/sdh-definition/en/*.
30. Howard LM, Khalifeh H. Perinatal mental health: a review of progress and challenges. World Psychiatry. 2020;19(3):313-27.
31. Victoria Department of Health. Framework for Recovery-oriented Practice. In: Health, editor. Melbourne 2011.
32. Western Australian Department of Health. Perinatal and Infant Mental Health Model of Care - A Framework. Western Australia; 2016.

References

33. Smith T, Gemmill AW, Milgrom J. Perinatal anxiety and depression: Awareness and attitudes in Australia. International Journal of Social Psychiatry. 2019;65(5):378-87.
34. Beyondblue. beyondblue perinatal resource evaluation Final Report. Hall and Partners. Open Mind; 2015.
35. Cooklin AR, Rowe HJ, Fisher JR. Paid parental leave supports breastfeeding and mother-infant relationship: a prospective investigation of maternal postpartum employment. Australian and New Zealand Journal of Public Health. 2012;36(3):249-56.
36. The Royal Australian College of General Practitioners. Mental health care in general practice- Position Statement [press release]. Melbourne 2016.
37. Donovan RJ, Anwar-McHenry J. Act-Belong-Commit: Lifestyle medicine for keeping mentally healthy. Am J Lifestyle Med. 2016;10(3):193-9.
38. Department of Health Western Australia. Sustainable health review: Final report to the Western Australian Government. 2019
39. Foundation for Alcohol Research and Education. Information you might not know about pregnancy and alcohol. In: Department of Health, editor. 2018.
40. Department of Social Services. National Plan to reduce violence against women and their children 2010-2022. 2018.
41. Eldridge S, Croker, A. Breastfeeding friendly workplace accreditation: Creating supportive workplaces for brastfeeding women. Breastfeeding Review. 2005;13(5).
42. Western Australian Department of Health. Western Australian Women's Health and Wellbeing Policy. Perth: WA Department of Health; 2019.
43. Hauck Y, Rock D, Jackiewicz T, Jablensky A. Healthy babies for mothers with serious mental illness: A case management framework for mental health clinicians. WA Department of Health: 2008.
44. Australian Government Department of Health. National Women's Health Strategy 2020-2030. Canberra; 2018.
45. National Health and Medical Research Council. Australian Dietary Guidleines. Canberra: National Health and Medical Research Council; 2013.
46. Australian Government Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra; 2019.
47. Frayne J, Nguyen T, Allen S, Rampono J. Motherhood and mental illness Part 1 – toward a general understanding. Australian Family Physician. 2009;38:594-8.
48. Frayne J, Nguyen T, Allen S, Rampono J. Motherhood and mental illness Part 2 – management and medications. Australian Family Physician. 2009;38:688-92.
49. Beyond Blue. Perinatal depression 2019 [Available from: *https://healthyfamilies.beyondblue.org.au/pregnancy-and-new-parents/maternal-mental-health-and-wellbeing/depression*.
50. Grote NK, Bridge JA, Gavin AR, Melville JL, Iyengar S, Katon WJ. A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. Archives of General Psychiatry. 2010;67(10):1012-24.

51. Grigoriadis S, VonderPorten EH, Mamisashvili L, Tomlinson G, Dennis C-L, Koren G, et al. The impact of maternal depression during pregnancy on perinatal outcomes: a systematic review and meta-analysis. The Journal of Clinical Psychiatry. 2013;74(4):8615.

52. Mezzacappa ES. Breastfeeding and maternal stress response and health. Nutrition Reviews. 2004;62(7):261-8.

53. Austin M, Kildea, S., Sullivan E. Maternal mortality and psychiatry morbidity in the perinatal period: Challenges and opportunities for prevention in the Australian Setting. Medical Journal of Australia. 2007;186(7):364-7.

54. Frayne, J., Hauck, Y., Sivakumar, P., Nguyen, T., Liira, H., & Morgan, V. Nutritional status, food choices, barriers and facilitators to healthy nutrition in pregnant women with severe mental illness: a mixed methods approach. Journal of Human Nutrition and Dietetics. 2020.

55. National Health and Medical Research Council. Infant Feeding Guidelines. Canberra: National Health and Medical Research Council; 2012.

56. Fahey JO, Shenassa E. Understanding and meeting the needs of women in the postpartum period: the perinatal maternal health promotion model. J Midwifery Womens Health. 2013;58(6):613-21.

57. Austin, M., & Highet, N., and the Expert Working Group. Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence; 2017.

58. Osofsky JD, Thomas K. Emerging Issues In Infant Mental Health- What is infant mental health? Journal of Zero to Three 2012;33(2):9.

59. Australian Institute of Health and Welfare. Risk factors contributing to chronic disease. Canberra: Australian Institute of Health and Welfare, 2012. Available from: www.aihw.gov.au/publication-detail/?id=10737421466. 2012.

60. Lyons-Ruth K, Todd Manly J, Von Klitzing K, Tamminen T, Emde R, Fitzgerald H, et al. The worldwide burden of infant mental and emotional disorder: report of the task force of the world association for infant mental health. Wiley Online Library; 2017. p. 695-705.

61. Council on Early Childhood, High PC, Klass P, Donoghue E, Glassy D, DelConte B, et al. Literacy promotion: an essential component of primary care pediatric practice. Pediatrics. 2014;134(2):404-9.

62. Murray, L., Tomlinson, M., Vally, Z., Dadomo, H., Machlachlan, B., Woodward, C., & Cooper, P. Randomized controlled trial of a book-sharing intervention in a deprived South African community: Effects on carer-infant interactions, and their relation to infant cognitive and socioemotional outcome. J Child Psychology and Psychiatry. 2016;57(12):1370-9.

63. Mendelsohn AL, Cates CB, Weisleder A, Berkule Johnson S, Seery AM, Canfield CF, et al. Reading aloud, play, and social-emotional development. Pediatrics. 2018;141(5):e20173393.

64. The Commissioner for Children and Young People. Developmental screening Western Australia Commissioner for Children and Young People Western Australia; 2022 [cited 2022. Available from: *https://www.ccyp.wa.gov.au/our-work/indicators-of-wellbeing/age-group-0-to-5-years/developmental-screening/*.

References

65. Nguyen T, Desai G. Severe Mental Illness and Reproductive Health. Mental Health and Illness of Women. 2020:175-201.
66. Lewis KJ, Di Florio A, Forty L, Gordon-Smith K, Perry A, Craddock N, et al. Mania triggered by sleep loss and risk of postpartum psychosis in women with bipolar disorder. Journal of Affective Disorders. 2018;225:624-9.
67. O'Hara MW, Wisner KL. Perinatal mental illness: definition, description and aetiology. Best Practice & Research Clinical Obstetrics & Gynaecology. 2014;28(1):3-12.
68. Jones I, Heron J, Blackmore ER, Craddock N. Incidence of Hospitalization for Postpartum Psychotic and Bipolar Episodes. Archives of General Psychiatry. 2008;65(3):356.
69. Western Australian Association for Mental Health. FINAL REPORT Statewide Model of Care for Personality Disorders. Perth 2020.
70. Blankley G, Galbally M, Snellen M, Power J, Lewis AJ. Borderline personality disorder in the perinatal period: early infant and maternal outcomes. Australasian Psychiatry. 2015;23(6):688-92.
71. Quirk SE, Berk M, Pasco JA, Brennan-Olsen SL, Chanen AM, Koivumaa-Honkanen H, et al. The prevalence, age distribution and comorbidity of personality disorders in Australian women. Australian & New Zealand Journal of Psychiatry. 2017;51(2):141-50.
72. Howard LM, Molyneaux E, Dennis C-L, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. The Lancet. 2014;384(9956):1775-88.
73. Victoria Department of Health. Framework for recovery-oreintated practice. In: Victoria DoH, editor. Melbourne 2011.
74. Buist A. Perinatal mental health: Identifying poblems and managing medications. Australian Family Physician. 2014;43(4).
75. Jones CC, Jomeen, J., Hayter, M. The impact of peer support in the context of perinatal mental illness: A meta-ethnography. Midwifery. 2014;30:491-8.
76. Chronic Disease Prevention Directorate. Research and Evaluation Framework and Implementation Guide (2nd ed). In: Department of Health Western Australia, editor. Perth 2017.
77. World Health Organisation. The Ottawa Charter for Health Promotion. 1986 updated 2019. Available from: *https://www.who.int/healthpromotion/conferences/previous/ottawa/en/*.
78. Campion J, Bhui K, Bhugra D, European Psychiatric Association (EPA) guidance on prevention of mental disorders. European Psychiatric Association. 2012;27(2):68-80.

Acknowledgements

We would like to thank all organisations and individuals who have contributed and provided feedback on this plan.

Produced by the Statewide Perinatal and Infant Mental Health Program (SPIMHP)
Women and Newborn Health Service

Perinatal and Infant Mental Health Promotion and Prevention Plan 2023-2027

Women and Newborn Health Service
King Edward Memorial Hospital
374 Bagot Rd, Subiaco WA 6008
(08) 6458 1786
wnhs.mhs.spimhp@health.wa.gov.au
kemh.health.wa.gov.au

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