WA Perinatal Mental Health Unit
WA Country Health Service South West
From the Heart WA Inc.

present

Supporting Perinatal Mental Health…
Making It Happen
Symposium

The All Seasons Sanctuary Golf Resort, Bunbury
19 November 2010

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Welcome

On behalf of the State Perinatal Mental Health Reference Group Education Subcommittee, we welcome you to our first symposium held in rural WA. The WA Perinatal Mental Health Unit, WA Country Health Service and From the Heart WA have worked together to ensure an exciting and thought-provoking program.

The aim of this regional symposium is to provide delegates with an update on perinatal mental health and to recognise the work currently being done by all services especially those volunteer organisations such as the Red Cross Practical Support Program.

The theme of the day is to promote proactive strategies for supporting all WA parents including those with complex mental health issues.

We hope that you enjoy the day and the chance to network with colleagues.

Lea Davidson
Education and Training Officer
WA Perinatal Mental Health Unit
## Program

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Professor **Bryanne Barnett AM** (MBChB, FRANZCP, MD) currently has a conjoint professorial appointment with the School of Psychiatry at the University of NSW, where she previously held a full academic position as the first Chair of Perinatal and Infant Psychiatry. She works as the Perinatal and Infant Psychiatrist at St John of God Health Care’s first Raphael Centre in NSW (Blacktown), at Karitane (Fairfield), and also with *beyondblue* on their National Perinatal Action Plan and National Perinatal Depression Initiative.

Professor Barnett is a child and family psychiatrist with a particular interest in the field of perinatal and early childhood mental health. Her doctoral thesis (UNSW) concerned anxiety and its effects on mothers and their infants, and she has published extensively on anxiety and depressive disorders and their effects on parenting. Subsequent clinical and research work has focused on supporting women and their families during pregnancy and postpartum and she has set up a number of services to address these early intervention and prevention issues in the general population as well as diverse cultural communities and indigenous peoples.

She has several current research collaborations, including with Sydney Children’s Hospital; Westmead Children’s Hospital; UNSW School of Psychiatry; Sydney University; UWS and others.

Bryanne was Chairman of the Board of Karitane (Early Parenting Services) until November 2008, when she resigned in order to work for that organisation as a clinician. She is a foundation member and Past President of the Australian Association for Infant Mental Health, the Australian Society for Psychosocial Obstetrics and Gynaecology, and both the International and the Australasian Marce Societies.

She was awarded Membership in the Order of Australia in 2007 in recognition of service to families and the profession and has many textbook and journal publications.
Associate Professor Jonathan Rampono is a Consultant Psychiatrist and Head of Department, WA Perinatal Mental Health Services, Women and Newborn Health Service. He is responsible for the Consultation Liaison Department, the Mother and Baby Unit, the Sexual Assault Resource Centre and the WA Perinatal Mental Health Unit. He was a GP for 11 years before entering psychiatry, and now works within the specialty area of perinatal mental health, covering the whole range of psychological and psychiatric issues relating to conception, pregnancy and the postnatal period. Dr Rampono has undertaken research into the exposure of the foetus and breastfed babies to antidepressants, mood stabilisers and antipsychotics.

Donna Kristianopulos is a Clinical Nurse Specialist (Perinatal Mental Health), based at the Mother and Baby Unit and Consultation Liaison, King Edward Memorial Hospital. Over the past 18 years Donna has worked in a number of in-patient and community-based mental health services, in metropolitan and country WA, both government and non-government. She has specialised in perinatal mental health for the past 7 and a half years, having developed her interest in working with women in the postnatal period as a Community Mental Health Nurse in Kalgoorlie.

Pam Macnish has been working with families in both voluntary and paid capacities for over 20 years. In her role as a voluntary counsellor with the Australian Breastfeeding Association, Pam set up and ran a support group for mums in the community. During this time she developed an interest in postnatal depression and the impact it has on families. Pam started working for her local family centre as a co-ordinator and in this role she set up and facilitated an activity group for parents and a support group for women with postnatal depression. Pam has been working for Red Cross as a Family and Practical Support Officer for eight years and was involved in the initial set up of the Practical Support Program in the South West.

Rochelle Pickles has a Bachelor of Psychology and a broad range of hands-on experience working with children with learning difficulties and behavioural issues. Rochelle’s background in one on one tutoring and as a Case Manager at an out-of-home care program has given her a strong appreciation for the impact of family pressures on child development. This has led her to become more involved in working in prevention programs. Rochelle is now employed at Red Cross as a Family and Practical Support Officer, offering support to families and
volunteers. Outside of business hours, she also volunteers with the Red Cross Save-a-Mate drug and alcohol education program, taking health messages of safer partying and harm reduction to young people at a range of festivals and events. Rochelle’s special areas of interest are in child development, behavioural management and women’s mental health.

**Carol Purtell** is the beyondblue National Manager for the Perinatal Depression Initiative. Carol is a Registered Nurse, Masters in Social Science (Counselling) with extensive experience in the provision and development of mental health services. Carol is a member of the Expert Advisory Committee that developed the NHMRC draft Clinical Practice Guidelines for Depression and Related Disorders in the Perinatal Period.

**Subhan Dellar** is a Counsellor and Project Officer of the Thrive Young Mums Program within Women’s Health Services’ Perinatal Mental Health Program. She also facilitates the Thrive Young Mums’ Group with Kim Hamilton.

**Kim Hamilton** is a Social Worker and Coordinator of the Perinatal Mental Health Program at Women’s Health Services. She also facilitates the Thrive Young Mums' Group with Subhan Dellar.

**Kelly Schumacher** has worked in mental health for a number of years across various domains, including both public and private mental health services. Currently employed at King Edward Memorial Hospital by the Department of Psychological Medicine, Kelly works between Consultation Liaison and the Mother and Baby unit as a senior nurse. Kelly’s special areas of interest include the developing role of the Nurse Practitioner; community mental health; family based therapies for eating disorders; and drug and alcohol management.

**Judi Barrett-Lennard** is the Vice President of From the Heart WA. She experienced postnatal anxiety after the birth of her first child while involved in a high-powered and stressful work environment. She chose to have her second child 11 years later and that time, sought support from the Postnatal Depression Support Association. She has since undertaken a Bachelor of Psychology degree and psychotherapeutic certification in order to help other women and families on their journey through perinatal mental health difficulties.

**Vicki Turner** is the Treasurer of From The Heart WA. After suffering PND for 3½ years, Vicki began to share the story of her recovery, and has developed a passion for helping others in similar situations. From 2005 to 2009 she was a part
of the SHE for PND group in Mandurah, which produced two successful editions of a booklet called *Write from the Heart*. Vicki brought her experience and knowledge to the newly formed From the Heart WA, and the organisation published Edition 3 of *Write from the Heart* earlier this year. Vicki presents her “Everyday Toolbox” to Mother Nurture Groups through Community Midwifery WA and also speaks to groups about her experiences.

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

**Chris Hawkes** has been involved with children and families for over 10 years, initially working as a parent volunteer in community playgroup and kindergarten programs. In 2001 she commenced with Playgroup WA as a paid coordinator in a pilot supported playgroup program and in 2004 she joined the team as a Development Officer. Chris has been coordinating Playgroup WA’s Supported Playgroup Program since 2006 and is currently in the role of Team Leader, Supported Playgroup Programs. Chris has a Bachelor of Social Science (Children and Family Studies).

**Dr Thinh Nguyen** is a child & adolescent and perinatal psychiatrist, who is currently jointly appointed at Princess Margaret Hospital and King Edward Memorial Hospital. He is also a Clinical Senior Lecturer with the University of Western Australia. He has been the attending psychiatrist to The Childbirth and Mental Illness clinic since its inception in 2007. Together with Jacqui Frayne and Suzie Allen, and in collaboration with the Clinical Applications Unit at Graylands Hospital, he is working on a number of research projects into pregnant women with serious mental illness.
Enlightening parent-infant relationships, theory and practice

Professor Bryanne Barnett AM

The decade of the brain (1990-2000), the decade of behaviour (2000-2010) and more than half a century of attachment and related research have produced important evidence concerning human relationships and what they mean. We have learned new ways of talking about the relevant issues, but have we changed our thinking and behaviour? Does intellectual discussion of the issues, with training in and application of some of the therapeutic programs, allow us to keep the significance of the evidence comfortably at arms length – i.e. it is about ‘them’ and not about ‘us’? This is certainly less confronting, but then we wonder why so many clients either do not engage with or do not complete our treatment programs; why relevant staff and management are less enthusiastic about implementing initiatives. Translating theory into successful practice is not easy locally, far less globally. Some thoughts on these matters will be offered and “full and frank discussion” will be encouraged during and after the presentation.

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Borderline Personality Disorder – Clinical aspects in the perinatal period

Associate Professor Jonathan Rampono

Patients with features of Borderline Personality Structure (BPS) can present difficulties at any stage - and in particular, during pregnancy and the postnatal period. The various types of Personality Disorders will be discussed, followed by some of the concepts re the underlying psychological mechanisms involved in the various manifestations of BPS including deliberate self harm. Some of the potential clinical problems encountered in working with patients with BPS will be discussed as will ways of best managing these situations.

A model of care has been developed at King Edward Memorial Hospital for assisting pregnant and postnatal women who have BPS related to past sexual abuse. The presentation will finish with opportunities for change and improving the experience of pregnancy and motherhood for patients with BPS.

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“A road less travelled” Supporting rural and remote clinicians in WA

Donna Kristianopulos, Rob Edey, Pam Whittaker & Lea Davidson

In rural and remote areas, access to qualified specialist mental health staff is often very limited. It is essential that staff receive continuing professional development and training in the early identification and management of perinatal mental health problems as well as ongoing consultation and support from specialist mental health services.

The Mother and Baby Unit and WA Country Health Services (WACHS) have, since August, 2009, been in discussion regarding ways in which the MBU can better support WACHS clinicians working with women in the area of perinatal mental health.

National Perinatal Depression Initiative (NPDI) funding provided the additional resources to enable the MBU, in close collaboration with WAPMHU and WACHS to proceed with plans to offer state wide training, consultation and support to WACHS clinicians via video conference technology. A needs analysis via online questionnaire was conducted in December 2009, with the first video conference taking place in February, 2010. Video conferencing has also provided a forum for peer support and state wide networking.

This paper will discuss the development of the initiative, the education and training of WACHS clinicians, the response by clinicians and plans for 2011.

Notes:
Red Cross Practical Support Program – Help when things are getting tough

Pam Macnish, Rochelle Pickles & Janette Brooks

Red Cross and WA Perinatal Mental Health Unit have collaborated over a 2 year period to deliver a trial project offering a practical home support service. Service delivery offered hands-on help within the family home using a holistic family-centred and strength-based approach with the aim of impacting positively on women’s psychological health during the perinatal period. The Practical Support Program’s target group were women with perinatal mental health problems who resided in nominated catchment areas within the metro and southwest region.

The aim of Practical Support is to assist and build the capacity of consumers by providing hands-on assistance with domestic activities, parenting skills, development of routines and improving social participation and networks. The Program utilised the skills and services of trained volunteers who visited consumers in their homes to role model and develop daily routines to empower consumers in their parenting role. Support was tailored to meet the evolving needs of the family.

The primary focus is to support the primary caregiver using a holistic view to include the whole family. By using a strength based approach, where consumer efforts are supported, we saw increased confidence with skills and reduction in depressive symptomatology. Eight-five consumers have been assisted with positive outcomes noted. Supporting statistical data will be available for this presentation.

This presentation will outline the benefits and realities experienced by consumers who accessed the program. We will offer examples of the methodology involved when providing in-home service delivery and the utilisation of volunteers to provide core support.

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Early intervention: A nationwide response to improving emotional health in the perinatal period

Carol Purtell, Nicole Highet & Rachel Komen

A recent national perinatal depression survey conducted by beyondblue revealed high levels of confusion about the link between depression and motherhood. More than half of those Australians surveyed considered depression to be a normal part of pregnancy.

Early beyondblue research into antenatal and postnatal depression indicated that around 9% of women in Australia experience depression antenatally increasing to almost 16% postnatally with the prevalence of anxiety estimated to be even more common. This research prompted the development of the beyondblue National Action Plan for Perinatal Mental Health and the financial commitment from all governments to the development and implementation of the National Perinatal Depression Initiative (NPDI).

This paper will report on the progress of NPDI including the collaboration between all governments on routine screening and psychosocial assessment of women in the perinatal period to improve the early identification of depression and anxiety. The progress on the recently released draft Clinical Practice Guidelines for Depression and Related Disorders in the Perinatal Period will be outlined. Results of a recent national survey on community awareness and attitudes surrounding depression and anxiety in the perinatal period will be discussed, and newly developed training materials and resources for health professionals, women and fathers/partners to promote family and infant emotional health will be presented.

This paper highlights how research led to national action and a change in culture, intervention and treatment for all women, their families and carers in the perinatal period.

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From surviving to thriving: Development of a group based program for young mothers with or at risk of postnatal distress

Subhan Dellar & Kim Hamilton

Research suggests that very young mothers experience the highest rate of postnatal distress, but have the lowest rate of help-seeking of all the age groups of mothers. Lower social support, sudden isolation from peers, unemployment or lower paid work, transport difficulties, and the high responsibilities of parenting conflicting with the developmental tasks of being a young person are just some of the factors contributing to high risk for this age group.

Identifying this gap in perinatal mental health services specifically for this population, Women’s Health Services applied for funding to research, develop and facilitate a pilot therapeutic and educational group specifically tailored for young mothers aged under 25 years. After facilitating focus groups with young mothers, and examining the common barriers to accessing mental health support, Women’s Health Services staff developed a youth friendly, age appropriate fourteen week program aiming to provide therapeutic support, information and education on a range of topics, and provide an opportunity for peer support.

Our research outlines the pitfalls and barriers experienced in delivering service, and highlights the great improvements in mental health experienced by participants of the program.

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“A Family Affair”: Postnatal psychiatric disorders are not exclusively the domain of women

Kelly Schumacher

The emotional adjustment of men to fatherhood has a significant psychological impact on their emotional health. Several studies support the view that this transition begins in their partner’s early pregnancy. Findings from the ‘First time Fathers’ study indicated that the adjustments in lifestyle, relationship and stress levels will have all been made by the third trimester of pregnancy.

Studies in perinatal mental health show time and time again that the partners of women experiencing postnatal depression are affected deeply by their wife’s illness. They report feelings of anger, confusion, isolation and stigma.

Several notable researchers found that where mothers of babies had actually been admitted to a psychiatric unit, approximately 24% to 50% of their partners were classified as belonging to a vulnerable group and could actually be diagnosed as suffering from a clinical level of distress. The main symptoms displayed by these men indicated disorders of Depression and Anxiety.

I would like to present an outline of what happens to the partners and babies of women admitted to Western Australia’s only Mother and Baby Mental Health Unit. This will include what we do currently and what we hope to do in the future as well as some special dreams we would like to see actualised.

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From the Heart WA (FTHWA): Providing a voice for consumers

Judith Barrett-Lennard, Vicki Turner, Tracey Parker & Adele James

From the Heart WA (FTHWA, formerly PNDSA) aims to provide hope for families that recovery is possible and women can thrive after experiencing perinatal emotional health issues. The organisation advocates on behalf of women and families who lack the voice to request accessible and effective services in their community.

FTHWA provides support in family friendly ways: by email and phone; through peer support groups; and through the ‘Write from the Heart’ booklet of personal stories. The organisation is committed to maintaining links between consumers, carers, health professionals and government. Through consumer representation and education activities, FTHWA is involved in ongoing collaborative projects with state-wide services, promoting early intervention and encouraging families to seek help. Through these channels, volunteers are an example of recovery not only to peers but to the wider community.

The organisation’s peer support groups offer unique peer relationships and operate using a recovery model; empowering and educating women and families in a safe environment. The emphasis of the model is that consumers have the ability to make decisions regarding their recovery with the support and expertise of their recovered peers. The sense of belonging, validation of feelings and reduction in isolation felt by group participants and by volunteers are factors indicative of the effectiveness of peer support.

This presentation will discuss the renewal of consumer services in WA; the renaming of the PNDSA; current services; progress made in the past 12 months; and the Committee’s vision for the future.

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More than just families in the room: Creating connection through facilitated playgroups

Deirdre Davies & Chris Hawkes

Playgroup WA provides support to over 500 parent-led community playgroups across the state. In our experience it is clear that the organisational tasks and social expectations involved in traditional community playgroups present challenges to many women with postnatal depression.

During 2009 Playgroup WA established a supported playgroup for women experiencing PND. The supported playgroup model provides a play leader to assist with planning and activities to ensure playgroup is welcoming and stimulating for children and mothers and offers a pathway between social isolation and participation in local community playgroups. Further it is a ‘soft entry’ point for the delivery of information and advice on a range of subjects around parenting, health and wellbeing, early child development, PND etc.

Participant and stakeholder feedback from the 2009 project suggest the model had positive impacts on parent child interaction; participants’ sense of wellbeing; management of PND symptoms; peer support; and social networks. The outcomes also indicated it may have wider application with the potential of becoming part of a local service mix for PND sufferers.

On this basis Playgroup WA was funded through the WA Perinatal Mental Health Unit to establish a pilot program with a strong focus on evaluation to better capture outcomes and learnings to inform the establishment of future groups.

This presentation discusses the insights gained into the processes involved in enhancing parent child relationships and social inclusion for women experiencing PND and presents early findings on what this means from the participants’ perspectives of their playgroup experiences.

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Improving obstetric and child health outcomes in women with serious mental illness – the role of a specialist Childbirth and Mental Illness (CAMI) antenatal clinic

Thinh Nguyen, Jacqui Frayne, Suzanna Allen, Deb Faulkner, Yvonne Hauck, Danny Rock, Donna Kristianopolous, Phoebe Matthews & Jonathan Rampono

Women with serious mental illness (SMI) such as schizophrenia and bipolar affective disorders have increased risks of pregnancy, birth and neonatal complications. While many of these women continue to attend mental health support, many do not access adequate antenatal care. Even in those that do, there is often inadequate liaison between mental health and obstetric services.

Given that obstetric complications are risk factors for schizophrenia in the offspring, optimised antenatal care may be seen also as a preventative strategy.

At King Edward Memorial Hospital, the state’s only tertiary obstetric facility, a specialist multidisciplinary Childbirth and Mental Illness (CAMI) clinic was formed in 2007. The clinic, which appears to be the first of its kind in Australasia, is a collaboration between the Department of Psychological Medicine and the Obstetric Department.

In addition to providing a Small (multidisciplinary) Team Approach and perinatal psychiatric expertise, the clinic focuses on liaison with community mental health services, and provides a spectrum of care from preconception counselling, to assessing risk and monitoring during pregnancy, preparing for birth and the immediate postpartum phase, as well as planning for optimal management in the postnatal period.

The paper will discuss the operation and challenges in the day to day running of the clinic. Some preliminary obstetric and neonatal outcome data will also be presented. It is hoped that the clinic will be a first step in significantly improving outcomes for the mother and her baby.

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Abstracts – Posters

 Partners’ Nights

Madeleine Hicks & Patsy Molloy

How do we make it happen?

- Possible reasons why men do not attend.
- Ways to encourage men to attend evening partner sessions

Our program consists of 1:1 counselling, 9 week therapy group each term, and a fortnightly support group. During the 9 week therapy group, we have 3 partners’ nights. Overall, about 70% of the women who attend our therapy groups come to and bring their partners to our partners’ nights. Why are we getting such a strong response to these evenings and why, in general, do other centres get a much lower percentage?

There are a number of possible reasons why the men attend our groups. The first being the method of presentation of the evening. In terms of learning about postnatal depression, information gathering, sharing experiences (not feelings), improving the relationship etc.

The second major issue I believe is the trust the women have in us. During the groups, we talk about both sides as being important. There is no “man bashing”, men are seen as having an important role and as doing the best they can the same as the women are. The women then trust us to work gently with their partners, but also to be able to see both sides of the issues involved.

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**Mother Nurture Groups: Enhancing the mother-baby bond, empowering the new mother to parent with confidence**

Sue Coleson & Adele James

Making perinatal support happen with Community Partnerships – Mother Nurture Groups; Ten week therapeutic support groups for mothers and their babies.

- Based on sound current research on early intervention, the group offers support, therapeutic input for mums and babies at risk of PND and anxiety but not necessarily diagnosed. Avoids shame, stigmatisation and labelling or pathologising common adjustment issues

- Closed group, provides safety, trust and containment for anxious mums, nurtures mother-baby relationship and encourages sharing between mums. Flexible structure models sensitive attunement and privileges the mother-baby bond above didactic ‘psychoeducation’

- Practical support: breakfast, morning tea and warm nurturing environment provided. Baby massage, Baby Rhyme Time, ‘Coping Toolbox’ and pampering session for mums included

- Fathers do not attend but session devoted to considering their role, difficulties and importance, Info available re other support for fathers.

- Community awareness: sessions held in local libraries, close collaboration with midwives, Child Health Nurses, CMWA, Joondalup Women’s Healthworks, Communicare’s Communities for Children to get message out into the community and reach women in early months of parenting.

- Benefits of this model: an effective mix of therapeutic guidance and peer support empowers women to tune into their own babies and feel confident and supported in their mothering role.

Mother Nurture – a story of getting a flexible, effective model of support to women in one part of the community and then growing it to other areas.

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Postpartum psychosis in W.A.: A review of patients admitted to a specialised Mother and Baby Unit, 2007-2010

Philippa Brown, Caroline Winchester & Janette Brooks

Figures of 1:1000 to 1:500 deliveries have been quoted in the literature to lead on to a diagnosis of Puerperal or Postnatal Psychosis. However, recent discussions have re-emerged around the inaccuracies of the current diagnosis systems of ICD-10 and DSM-IVR.

Studies have indicated that many cases of Postnatal Psychosis are part of the spectrum of Bipolar Affective Disorder; pregnancy and childbirth being the triggers for onset. The figures for relapse of known cases support this theory. Subsequently, efforts have been made internationally to bring research and clinical attention to this vulnerable and high risk clinical population, in an effort to recognise those at risk, allowing prevention and early intervention strategies to be developed. However, study numbers and case numbers remain small, leaving a great unmet need for research with larger sample sizes in order to make scientifically valid conclusions.

In the last 10-15 years novel antipsychotics have been used to treat patients diagnosed with Schizophrenia. These medications do not have the negative impact on fertility of the first generation of neurolepts. This has resulted in high numbers of pregnancies amongst women with these diagnoses.

However, not all postnatal psychoses fit into the diagnostic categories of Bipolar Affective Disorder or Schizophrenia. De novo cases of psychosis occur without affective symptoms (Brockington, 2004). To date, these remain relatively uncommented upon in the literature.

Hypothesis:

Bipolar Affective Disorder (BAD) is a significant cause of Postnatal Psychosis but it is hypothesised that BAD does not make up the only diagnostic group of patients who present with a first psychosis in the postnatal period.

This study aims to provide demographic and detailed symptom description of the women that have been admitted to the state’s mother and baby unit in a 3-year period, June 2007 - June 2010, suffering from psychotic symptoms.

Subsequently, this project aims to answer the following research questions:
1. How many women have been admitted to the WA Mother Baby Unit in a 3-year period suffering from psychotic symptoms?
2. What are the psychosocial characteristics and demographics of this group?
3. When do symptoms start, when are they recognised and by whom?
4. What is the referral pathway?
5. What are the obstacles to referral?
6. What percentage of illness represents first time psychoses?
7. Of those presenting with first time psychosis, what percentage is not due to Bipolar Affective Disorder?

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Other information

Certificate of attendance
If you require a certificate of attendance as evidence of professional development, please collect one from the Registration Desk at the end of the day.

Evaluation forms
Please take the time to complete an evaluation form (enclosed in your symposium bag) and place in the designated box on the Registration Desk at the end of the day.

Any questions?
If you have any further queries about the ‘Supporting Perinatal Emotional Health… Making It Happen’ symposium or about perinatal mental health, please contact the WA Perinatal Mental Health Unit.

Phone: (08) 6458 1786
Email: spimhp@health.wa.gov.au

Thank you for your attendance and participation!