

Reducing inequalities: The role of telepsychiatry in perinatal and infant mental health in Queensland

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Queensland Centre for Perinatal and Infant Mental Health





Acknowledgement of Country

The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) would like to acknowledge the Traditional Owners of all land and sea countries throughout Australia, and pay respects to Elders past, present and emerging.

We acknowledge past and current sorry business, and the losses suffered by Aboriginal and Torres Strait Islander peoples.

We also acknowledge that connection to land, wind and water, and culture and traditions are central to the social emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

Recognition of Lived Experience

The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) honours babies, children, parents and families experiencing challenges to mental health and social emotional wellbeing during pregnancy, infancy and early childhood.



We are deeply grateful to those who share their lived experience, stories and recommendations to help improve services for expectant and new parents, babies, young children, and families.

Acknowledgement and recognition

Naomi Kikkawa (Social Worker) has been the driving force behind the e-PIMH service from its inception and is currently the e-PIMH program coordinator. Unfortunately, Naomi was unable to attend this presentation due to a scheduling conflict, but we would like to acknowledge that e-PIMH's success would not have been possible if not for her hard work and dedication towards making perinatal and infant mental health care more accessible to rural, regional and remote Queenslanders.



Agenda

- Who are we?
- Queensland, Australia: Setting the scene
- Project timeline
- The pilot project: Rural and remote workforce development
- Where to from here?
- The e-PIMH telepsychiatry service and evaluation
- Consumer/Lived Experience video



The Queensland Centre for Perinatal and Infant Mental Health

The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) aims to bring perinatal and infant mental health needs to the attention of policy-makers, decision-takers and the general community, to improve the emotional wellbeing of all Queensland parents, infants and young children, and their families.



Setting the Scene



Queensland is nearly five times the size of Japan, seven times the size of Great Britain, and two and a half times the size of Texas.



More than half of Queensland's population lives outside the greater metropolitan area of Brisbane.

The Health of Rural and Remote Australia



70%

of people in *Outer regional* and *remote areas* and 71% in *Inner regional areas* were overweight or obese compared with 65% in *Major cities*, in 2017–18.

The rate of total burden of disease

was 1.4 times as high in *Remote* and *Very remote areas* compared with *Major cities*, in 2015.



Access barriers to GPs and specialists

were more likely to be reported by people in *Remote areas* compared with *Major cities*, in 2016.

The highest incidence of all cancers

was in *Inner regional* (513 per 100,000) and *Outer regional areas* in (511 per 100,000), between 2010–2014.

Mortality rates in *Very remote areas*

were 1.4 times as high for males and 1.8 times as high for females compared with *Major cities*, in 2017.



Potentially preventable hospitalisations

were 2.5 times as high in *Very remote areas* than *Major cities*, in 2017–18.

[Rural & remote Australians Overview - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

The Path Less Travelled



Rural and Remote Workforce Development Pilot Project

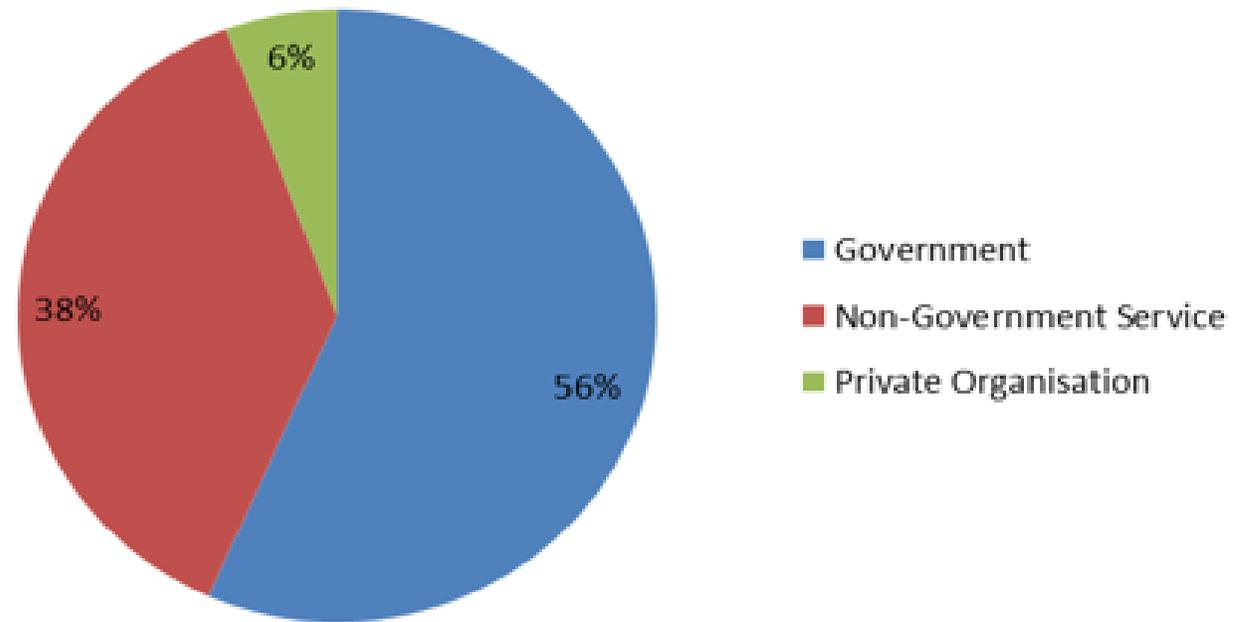
Time was invested in visiting areas and local service providers to:

- **Raise awareness**
- Offer/provide tailored **training and education** (both in person and online)
- Provide opportunities to **develop a common language**
- **Share information and connect champions** interested in Perinatal and Infant Mental Health (PIMH) work
- **Advocate** for services to support families in the PIMH space
- Develop and implement a non-clinical pilot to support the above points

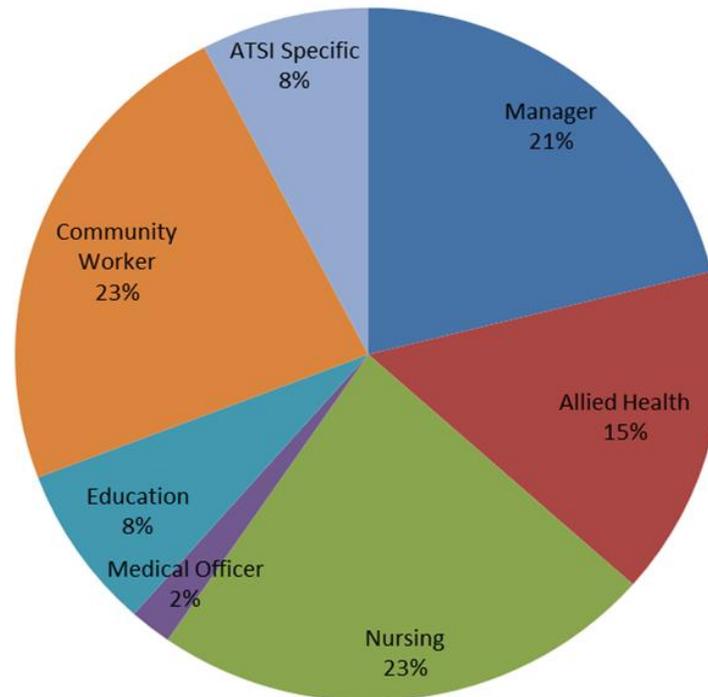


Used an online survey to review the pilot with rural and remote service providers

Survey Respondents by Organisation Type (n=53)



Survey Respondents by Occupation (n=53)



Implementation Results

- 94% (n=36) agreed that there is a **strong need** for a model of support like the non-clinical pilot.
- 87% (n=31) agreed that the pilot model **fit with their current service**.
- 94% (n=32) said their service is **open to accessing and using** the support.
- 66% (n=32) did not find that their **organisation's infrastructure** posed a barrier to engaging with the non-clinical pilot.
- 57% (n= 33) did not identify any **difficulties with accessing** the non-clinical pilot.



Results from Online Survey – Non-clinical pilot

41 respondents:

- 80 to 88% agreed that their engagement with non-clinical pilot **improved their awareness of** infant and perinatal mental health respectively
- 66% agreed that it **improved their skills in detecting problems**
- 85% agreed that it **provided resources which helped them in their work with their clients**
- 66% agreed it **improved local connections and referral pathways**
- 73% agreed their **increased understanding** of perinatal and infant mental health assisted them in their work with clients



Some early learnings...

- Important to offer different modalities of engagement
- Important to engage services at level that is appropriate for them and considers the context within which they are working
- Emailing of specific resources was highly valued – targeted
- “One stop shop”
- Staff experiencing ‘online learning fatigue’
- Value of site visits – makes significant difference to level of engagement and trust and own understanding of local context
- ***Need for clinical mentoring opportunities and clinical support***

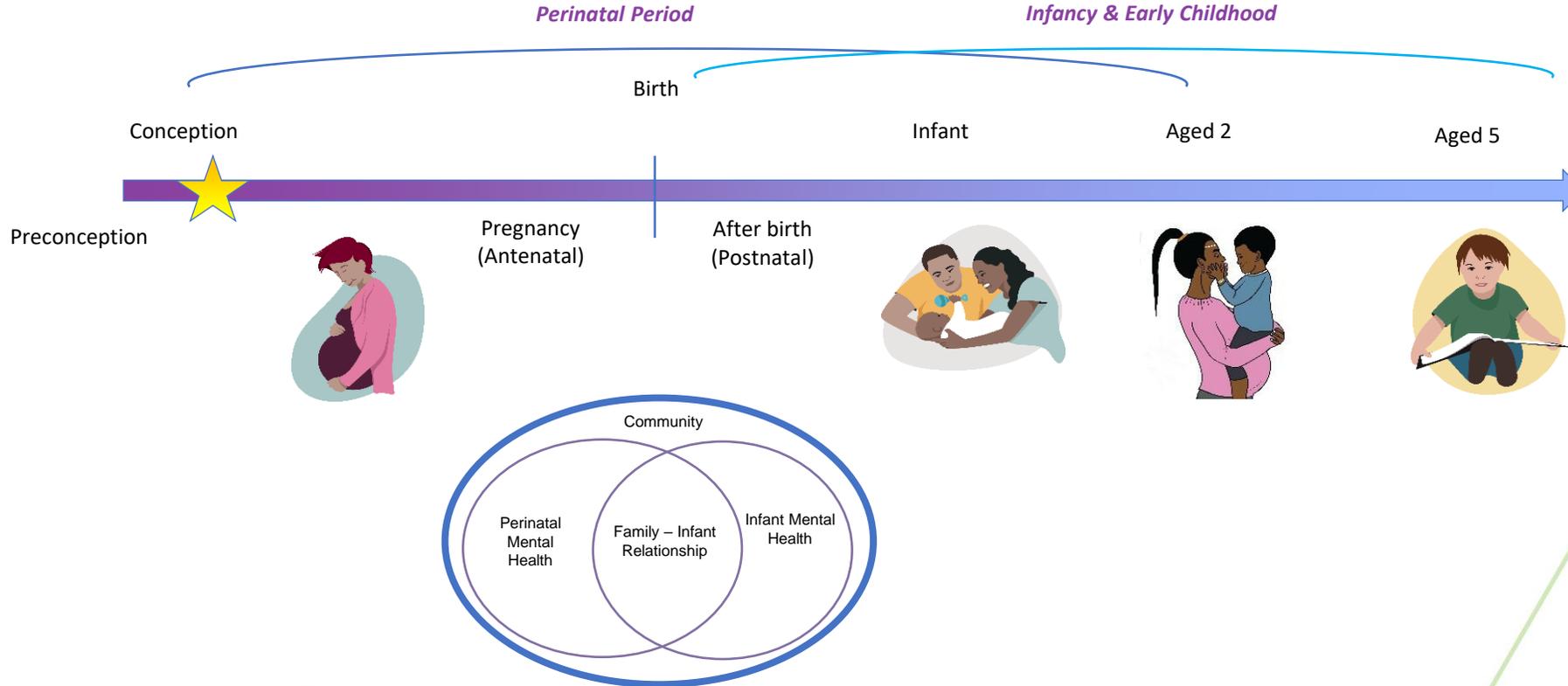


Given the request for more clinical guidance and support, how could we support equitable access to specialist clinical advice from perinatal and infant mental health psychiatrists?



Establishment e-PIMH Telepsychiatry Service

What is the e-PIMH Telepsychiatry Service?



- e-PIMH Telepsychiatry is a secondary consultation service with specialist perinatal and infant psychiatrists.
- The service is aimed at helping parents, carers and educators throughout Queensland build strong, positive and enjoyable relationships with infants or young children, to give them the best possible start in life by supporting **both infant** and **perinatal** mental health
- e-PIMH has a **focus on supporting families in regional, rural and remote** areas of Queensland.

What is the e-PIMH Telepsychiatry Service?

e-PIMH is a statewide secondary consultation service providing specialist advice for pregnant and postnatal women (up to 24 months postpartum) and their infant/child (up to 5 years) who are experiencing mental health issues.

Some Models	e-PIMH
Work directly with consumer	Works with service providers to support their consumers
Hold clinical governance	Clinical governance remains with local service provider
Provide access to advice from either an adult specialist or a child specialist	Provides access to advice from both an adult consultant psychiatrist and an infant/child psychiatrist
Have an identified consumer/case	Can be a de-identified case study/consumer discussion
Referrals come from the mental health clinician or similar	Works across sectors (e.g. child health, GPs and NGOs) and along the continuum of care (primary through to quaternary care)
Are limited to clinical input only	Can provide non-clinical follow up support through provision of resources, linking to local service providers and training and education



Additional Consumer Considerations and Supports

- Aboriginal and Torres Strait Islander clinician supporting consultations.
 - Close connection to culture shows consumer was/is supported/allowed to safely build a connection to cultural heritage.
 - Provide cultural safety in consultations.
 - Provides cultural perspectives and understanding in intake
- Lived Experience peer worker involvement.
 - Provides the perspectives of consumers during intake and consultations.
 - Provide emotional peer support to consumers.
- Multicultural Mental Health clinical support.
- Young parents' considerations (include both infant/child psychiatrist and perinatal psychiatrist).
- ❖ All roles provide advocacy for equal access to quality mental health care.



What a patient journey could look like...

You are pregnant or have a new baby

You have worries or difficult feelings that upset you or make it hard to bond with your baby.



Follow-up appointment with your health professional

You and your health professional discuss the advice given in your e-PIMH appointment.



Your health professional suggests an appointment with e-PIMH



Your health professional organises an e-PIMH appointment through telehealth (videochat).

The people at your end are:

- You
- Your health professional
- Any support people you would like there



The people at the other end are:

- Perinatal psychiatrist
- e-PIMH clinical facilitator
- A support person who may share your lived experience and/or culture

Taking Action

You and your health professional will decide what to do next.

Frequently Referred Presentations

Common themes for parents/caregivers:

- History of childhood trauma, anxiety, depression
- Birth trauma / abnormalities detected antenatally/postnatally
- Psychosocial factors such as family/intimate partner violence, drug and alcohol misuse, forensic history, housing instability, financial issues, lack of supports/social isolation, etc.
- Fearful of child safety involvement
- Quick to anger, unable to self-regulate, overwhelmed, unsure where to get help
- Pre-existing mental illness

Common themes for infants/ young children include:

- Aggressive or dysregulated behaviours which are unpredictable in nature
- Overactive/ inattentive or withdrawn, too compliant or sad
- Struggle with transitions

Common themes in relation to parent/child relationship include:

- Unaware/unable to see child's struggles
- Parent seeing the child as the whole problem and unable to reflect on their role on child's behaviour
- Differences in child's behaviours dependent on who they've spent time with



Challenges

- Different systems not designed to work together – record keeping
- Clarity of referral pathways and how the model fits with existing services
- Clinical governance – who is qualified?
- How do we provide support in a way that is useful? Diverse environments and contexts
- Important to respect/follow local policies and procedures
- Inter-professional collaboration – adapt to target audience
- Importance of cultural sensitivity
- Managing intermittent demand
- High staff turnover/staff shortages in rural and remote areas



Advantages

- Free or very low cost to services (local clinician hours)
- Reduced need to travel to specialists, shorter waiting period
- Clinical Facilitator coordinating consults, building relationships, providing notes
- Training and education (online and in person)
- Reduced clinician sense of professional isolation
- Supporting local referral pathways and building local workforce capacity

ADVANTAGES



Reflections so Far

- For areas new to e-PIMH, easiest to start with de-identified case discussions so we can learn more about how their service works and the different contexts
- More perinatal enquiries than infant – request for infant consults post perinatal consults
- Increasing complexity requiring more consults with referrers before holding consults with patients
- Constantly creatively problem-solving to provide support they need without taking on clinical governance
- Importance of local service provider attending appointment - partnership
- Given diverse contexts, importance of e-PIMH being flexible in how it responds
- Always consider how to build local referral pathways



Evaluation of e-PIMH Telepsychiatry Service

Centre for Online Health, University of Queensland



Centre for Online Health, University of Queensland Evaluation

“I definitely learnt things from the specialists. They pointed out things that I might not have thought of with the woman in terms of her perinatal mental health”

“...because of where we are, to go down for a consult , someone loses three days of work...So, it’s a big financial impact on people to start with, not to mention being away from their family, etc”

“I’m so grateful that we do have people come out and we’re not forgotten out here”



Centre for Online Health, University of Queensland Evaluation

- Straightforward communication and scheduling appreciated – responsive
- Addresses unmet need for specialist PIMH advice – positive outcomes
- Building local workforce capacity by raising awareness and providing education

“When we went through what they were working on and we put in the implementable suggestions, their life changed considerably and they’ve ceased working with me because they’ve gone and implemented all of these strategies and are coping very well, they’re flourishing.”

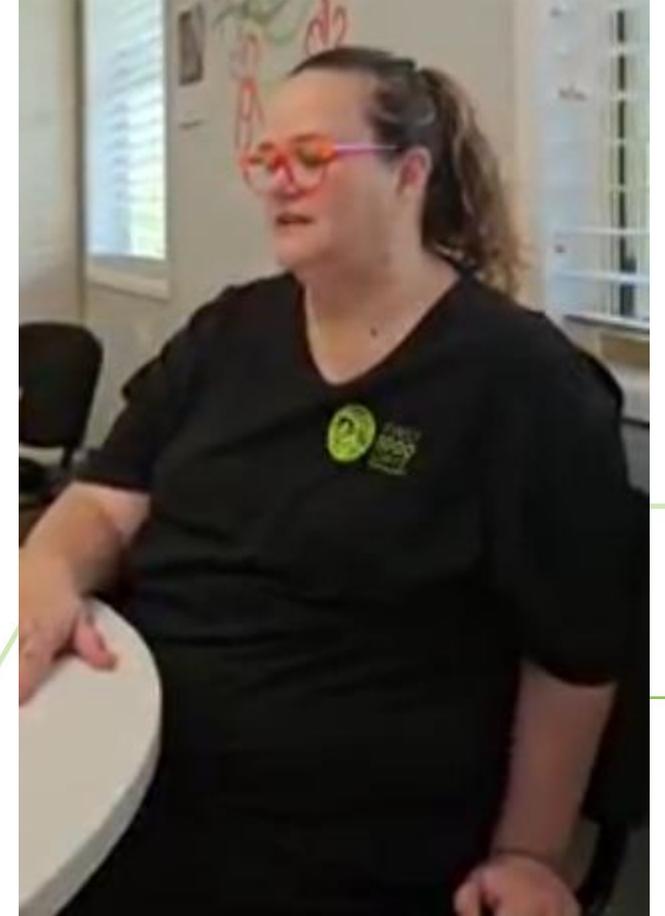


Consumer story

Please enjoy this video of an e-PIMH consumer talking about her experience using the e-PIMH service.

<https://healthqld.sharepoint.com/:v:/t/YoungParentsInQueensland/EUYWA6FK5g9Aj8IjSGpBMqIB40FL4vCWviFEPzriDqorMA?e=308Eh2>

We honour and thank, not only this consumer, but all of the infants, families and consumers who support our work by providing ongoing feedback, collaboration and co-creation of our programs, resources and advocacy efforts.



Thank you

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