25 May 2016

Karen Rain
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MH-CYP
NSW Health
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Dear Ms Rain

Re: Consultation for the draft NSW Perinatal Mental Health Mother-Baby Unit Model of Care

Thank you for providing the Australian College of Mental Health Nurses (ACMHN) with the opportunity to comment on the draft specialist perinatal mental health mother-baby unit (MBU) model of care.

The ACMHN is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of efforts to improve service and care delivery to those affected by mental illness and disorder. The ACMHN also sets standards of practice for the profession and promotes best practice of mental health nursing.

Overall, the MBU model of care document is very comprehensive and articulates an approach to delivering care that is multidisciplinary and coordinated. The ACMHN has comments on specific sections of the document which are outlined below.

Principles of the NSW model of perinatal health

The ACMHN agrees with the overall basis of the principles. The only comment we would make is in relation to principle number 6 in that where it states ‘Planned development should be based on evidence of cost-effectiveness and improved treatment outcomes’, it is equally important to recognise that services should be evidence-based. This should not be just about the cost element, but about evidence of their overall effectiveness in delivering treatment outcomes for mothers, babies and their families, as cost-effectiveness and outcomes are not always related. It is also vital that planning involves consumers and carers and this needs to be articulated in the principles.

Current NSW Perinatal Mental Health Service System

The ACMHN makes the following comments:

- Across all the levels outlined in this section – from mild to complex mental health problems – it is important to ensure that there is appropriate post-discharge follow-up. It is not currently specifically highlighted in the document.
- Early detection and intervention are important issue to recognise, noting that NSW is a lead state in terms of screening.
- It is very positive to see a strong recognition of nurse-led programs of care in the document, and is something the ACMHN is very supportive of.
The document notes the main option for inpatient care in NSW is St John of God Private where non-private health insurance holders require access to brokerage funds. There will need to be a much greater consideration of socio-economic factors in the actual delivery of the MBU model of care, as the focus on a private facility will impact people from a low socio-economic status. The lack of affordable public beds in NSW is a critical issue, which may result in women being discharged early and impact on follow-up for the mother, partner and family – this is not just for mental health services but other related services.

With regards to the Safe Start program, there is limited screening occurring in the private sector and while these women are likely to be privately insured for the delivery of their baby, they are often not covered for admission to private psychiatric facilities. These women fall through the gaps, which can lead to them requiring public mental health services to manage their mental illness in the postpartum period. If private health’s role is to be a part of the Model of Care considerations, then these factors also need to be considered.

With regards to the NSW Health Sustaining Families Program, the greater Western Sydney area currently has the highest birth rate in NSW with low socioeconomic status and a high population of Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander families. Therefore the Blacktown and Nepean-Blue Mountains areas would also benefit from this specialised service.

Specialist Perinatal and Infant Mental Health (PIMH) services will need to be expanded on what is currently available in NSW for the MBU Model of Care to be successful, as there is a lack of funding for these services and access is not consistent across the state. For example the Outreach Perinatal Service is helpful but needs to be consistently funded for it to build support networks.

**Current Service Planning**

The ACMHN generally agrees with the approach to service planning, however there will need to be considerable funding for developing the specialist workforce for both inpatient care and intensive community follow-up post discharge. There also needs to be consistent recurrent funding for such programs, which hasn’t always been the case in this field of specialty.

**MBU Model of Care**

An important issue to note in the MBU model of care is that while an inclusive, interdisciplinary approach is stated, the need for integration must also be emphasised in the model of care. Emphasising integrated care is about ensuring there is integration across different levels – community, primary and acute – and across different services that would be a part of the MBU Model of Care. There may be a potential role for Primary Health Networks (PHNs) in the overall planning of services, particularly around service mapping and pathway identification with services following screening. The PHNs are also being encouraged to engage in integrated planning with state health services and have undertaken needs assessments in their areas.
With regards to the ‘Principles to inform facility design’, the ACMHN supports the rooming in plans for partners. The increased awareness of father and partner focused practice has developed considerably over the past 5-10 years and partners/fathers need to be recognised as an important part of the solution to supporting women experiencing mental ill health. With regards to the discussion about the size of units, the ACMHN agrees that having a few beds is not cost effective and does not deliver the specialist care required during this difficult stage for a families when an acute hospital admission is required.

It is important to note that in the points under ‘Functional relationships’ that nurses or mental health nurses should actually be listed, given the central role of nurse led models, which are recognised in the document. While the ACMHN recognises it is not possible to list all mental health practitioners, too often nurses are overlooked and recognising their central role in delivering the MBU Model of Care in the document is central to achieving this recognition. Likewise where ‘Staffing’ is discussed, the specialist perinatal mental health professionals also need to include a skilled mental health nursing workforce.

If you require any further information regarding these comments please contact the ACMHN. I look forward to continuing to work with NSW Health on the implementation of the MBU Model of Care.

Yours sincerely

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