

SCHEDULE A

Performance Benchmarks

(SA)

Output	Financial Year	Activity	Performance Benchmark
Routine and Universal Screening for perinatal depression	2010-11	<p>Hospital antenatal clinic protocols – updated to include screening for depression risk. (coordinators)</p> <p>Meeting with General Practitioners SA to discuss NPDI to support them to change their Obstetric Shared Care Protocols to include NPDI and screening information. (Principal Project Officer)</p> <p>Screening to commence antenatally at major birthing hospitals</p> <p>Screening to commence postnatally through Child and Family Health Service – November</p> <p>Screening to commence in country areas (mainly General Practitioners & private obstetricians)</p> <p>Screening to commence by Aboriginal Maternal Infant Child workers in country SA</p> <p>Continuation of NPDI coordinator roles (December)</p> <p>Set up of implementation group – meet fortnightly – have timeline and goals (Principal Project Officer)</p> <p>Write a Screening guideline for SA-Perinatal Practice Guidelines (Training Coordinator & Principle Project Officer)</p>	<p>Proportion of services providing screening 3 sites</p> <p>1 meeting, protocol updated</p> <p>3 sites</p> <p>25 sites</p> <p>3 sites</p> <p>1 site (Pt Augusta)</p> <p>4 roles</p> <p>Fortnightly meetings April-December</p> <p>September Perinatal Practice Guideline published</p>
	2011-12	<p>Extension of routine and universal screening to public birthing hospitals, private and country areas (general practitioners, private obstetricians, Aboriginal health centres).</p>	<p>1 further public hospital</p> <p>2 private hospitals and affiliated obstetric practices</p> <p>2 country hospitals</p> <p>2 General Practitioner Country divisions</p>

	2012-13	Extension of routine and universal screening to private and country areas (general practitioners & private obstetricians).	5 private hospitals and affiliated obstetric practices 4 country hospitals 4 country General Practitioner divisions
Follow up support and care for women assessed as being at risk of or experiencing perinatal depression	2010-11	<p>Pathways to care to be developed for all major regions (metropolitan and country). (NPDI implementation group).</p> <p>Generic pathways to be put into SA Perinatal Practice Guidelines.</p> <p>Work with Country division of General Practitioner networks to develop pathways to care. (Country Health SA coordinator & Principal Project Officer)</p> <p>Employment of perinatal mental health clinicians total of 6.2 Full Time Equivalent (decision made by Project Reference Group)</p> <p>Alert adult mental health services about screening and likely referrals. (Principal Project Officer)</p> <p>Talk with Non-Government Organisations and other community services about referral processes. (Principal Project Officer & coordinators)</p> <p>Carry over funds to be used to support Non-Government Organisations to provide services to women screened at high risk of depression. (Principal Project Officer)</p>	<p>Proportion of services providing treatment Child and Family Health Service, Women's and Children's Hospital, Lyell McEwin Hospital, Flinders Medical Centre, Country Health South Australia (main regional areas now in Perinatal Practice Guidelines)</p> <p>Eyre Peninsula Division approached November</p> <p>Regions as above + The Queen Elizabeth Hospital</p> <p>Assessment Crisis Intervention Service & Rural & Remote information session done</p> <p>Services in all regions</p> <p>3 Non-government Organisations grants to be funded</p>
	2011-12	<p>Ongoing employment and funding of the perinatal mental health clinical positions.</p> <p>Funding of Non-Government Organisations to provide services to women screened at high risk of depression. (Principal Project Officer)</p>	<p>6.2 Full Time Equivalent Perinatal Mental Health Clinicians</p> <p>3-5 Non-Government Organisation grants</p>
	2012-13	<p>Re-employment and ongoing funding of the perinatal mental health clinical positions.</p> <p>Check ability to provide further funding to Non-Government Organisations for pathways of care.</p>	<p>6.2 Full Time Equivalent Perinatal Mental Health Clinicians</p> <p>3-5 Non-Government Organisation grants</p>




Workforce training and development for health professionals	2010-11	Development of training resources (Training Coordinator)	No. of training programs delivered developed
		Development and completion of e-learning package. (Training Coordinator)	completed for release January
		Use of Beyondblue resource materials in training (Training Coordinator & Training Team)	Used at all training and community awareness events
		Training and workforce development commenced March 2010 when training coordinator employed. (Training Coordinator & Training Team)	March
		Targeted and voluntary training for major public birthing hospital for staff doing the screening. (Training Coordinator & Training Team)	Targeted 20 attendees Voluntary 110 attendees
		Voluntary and targeted training of private hospital midwives, practice midwives and private obstetricians. (Training Coordinator & Training Team)	Targeted 10 attendees
		Voluntary training of acute adult mental health staff. (Training Coordinator & Training Team)	Counted in overall training numbers – not separated
		Voluntary training of allied health staff professionals. (Training Coordinator & Training Team)	Targeted 40 attendees Voluntary 120 attendees
		Voluntary and targeted training of country staff, and AMIC workers. (Training Coordinator & Training Team)	10 sites September – November
		Targeted training of Child and Family Health Service nurses. (Training Coordinator & Training Team)	8 sites, 400 staff
2011-12	Dissemination of ongoing training, educational and conference materials relating to maternal and infant mental health. (Training Coordinator & Training Team)	Monthly training sessions of 20-80 staff. Country hospitals will have smaller numbers of staff to train	
	Targeted training of country midwives (Training Coordinator & Training Team)	Training sessions given in 3 country areas	
	Targeted training of private sector staff (Training Coordinator & Training Team)	Training sessions given at 3 private hospitals or staff have attended generic training	
	Getting training and e-learning resource accredited by Royal Australian College of General Practitioners & Australian College of Nursing and other disciplines (Training Coordinator & Training Team)	e-learning and face to face training course accredited by Royal Australian College of General Practitioners & Australian College of Nursing	
	Develop links with universities (Training Coordinator)	Links developed with Flinders University and University of SA to offer	

			nursing and midwifery students training
	2012-13	<p>Establish rolling education program for new staff. (Training Coordinator)</p> <p>Continue targeted and intermediate training as needed. (Training Coordinator & Training Team)</p> <p>Dissemination of ongoing training, educational and conference materials relating to maternal and infant mental health. (Training Coordinator)</p> <p>Ensure that all training is embedded in systems as required for ongoing Continuing Professional Development and new staff (Training Coordinator)</p> <p>Work locally and nationally to include PMH training in core professional body training and tertiary institution programs (Training Coordinator)</p>	<p>Monthly education sessions offered to all new staff working in the area of perinatal and infant mental health, midwifery or infant health.</p> <p>Update accreditation as required by the professional colleges</p> <p>Further ongoing relationship building with universities</p>
Research and data collection	2010-11	<p>Mapping of existing data collection being undertaken (Research Team)</p> <p>Meeting about data to be collected by clinicians 16th August (Principal Project Officer)</p> <p>Data base to be developed for Perinatal Mental Health Clinicians by data team in consultation with NPDI implementation group (Research Team)</p> <p>Talking about sharing of information from regional services with data research team. (Principal Project Officer & Research Team)</p> <p>Commence collecting screening data. (Research Team)</p> <p>Commence collecting data from clinicians about number of women referred, assessed, ongoing treatment and referrals. (Perinatal Mental Health Clinicians)</p> <p>First data report due December</p> <p>Completed patient management database (Oacis) briefing note to the Oacis Operations Group (to collect antenatal screening data)</p> <p>Complete patient management database eCHIMS briefing note to the Community Operations Board (to collect postnatal screening data)</p>	<p>July – September</p> <p>August</p> <p>October</p> <p>August</p> <p>December</p> <p>November</p> <p>December</p> <p>November</p> <p>November</p>

	2011-12	<p>Ongoing data collection about number of women screened, number of women referred, assessed, ongoing treatment and referrals. (Perinatal Mental Health Clinicians)</p> <p>Screening data collection on number of women screened both antenatally and postnatally and their scores</p>	<p>6.2 Full Time Equivalent Perinatal Mental Health Clinicians</p> <p>To commence</p>
	2012-13	<p>Ongoing data collection about number of women screened, number of women referred, assessed, ongoing treatment and referrals. (Perinatal Mental Health Clinicians)</p> <p>Screening data collection on number of women screened both antenatally and postnatally and their scores (Research Team)</p> <p>Final evaluation of the project</p>	<p>6.2 P Full Time Equivalent Perinatal Mental Health Clinicians</p> <p>Ongoing, undertake research on these statistics</p>
Community awareness relating to the importance of detection, treatment and management of perinatal depression	2010-11	<p>All women screened to be offered Beyondblue materials (midwives/Child and Family Health Service nurses)</p> <p>All major hospitals/regions to have a display in postnatal depression awareness week, November 15th. (coordinators, Principal Project Officer & Perinatal Mental Health Clinicians)</p> <p>Sessions done at: Parenting groups Young mums groups (Principal Project Officer)</p>	<p>All women attending antenatal appointment</p> <p>105 sites around the state</p> <p>2 sessions</p>
	2011-12	<p>All major hospitals/regions to have a display in postnatal depression awareness week, November (Principal Project Officer & Perinatal Mental Health Clinicians)</p> <p>Funding of Non-Government Organisations to provide some community awareness activities around perinatal mental health. (Principal Project Officer)</p>	<p>105 sites participating</p> <p>5 services</p>
	2012-13	<p>All major hospitals/regions to have a display in postnatal depression awareness week, November (Principal Project Officer & Perinatal Mental Health Clinicians)</p> <p>Funding of Non-Government Organisations to provide some community awareness activities around perinatal mental health. (Principal Project Officer)</p>	<p>105 sites</p> <p>5 services</p>

Performance Report for the period (FINANCIAL YEAR)

To qualify for continued funding, States must demonstrate that they have undertaken the activities outlined in the Detailed Investment Plan for this reporting period specifically in relation to the five key elements of the Initiative.

GREEN 	<input checked="" type="checkbox"/>	Project is on track or only requires minor refinement; no significant risks are emerging
AMBER  Problematic	<input type="checkbox"/>	Time slippages and/or budget issues; unforeseen consequences have arisen (regardless of how well they are being managed); is recoverable with the right level of attention — the area of concern is not necessarily within the organisation's control, but the Department should be aware of the difficulties, likelihood of adverse publicity, etc
RED  Highly problematic	<input type="checkbox"/>	Failure is likely; has not had the desired effect; requires intervention to move ahead, e.g. revisit objectives and develop a different strategy/approach – resolution is not likely to be within the organisation's control

SUMMARY

The SA NPDI Team is well on the way towards meeting their activity targets for 2010-2011.

Routine and universal screening for perinatal depression has commenced.

Follow up support and care for women assessed as being at risk of or experiencing perinatal depression is being undertaken by existing perinatal mental health teams and by the new perinatal mental health clinicians that have been funded under the NPDI.

Our Implementation group has developed pathways to care documents for each health region including country health; these will be further developed as screening is rolled out.

Workforce training and development for health professionals commenced in March. To date just over 1300 staff, including nurses, midwives, allied health professionals and medical staff have been trained.

Research and data collection is underway with a central database being used by all public our perinatal mental health clinicians. We have also negotiated with Information Communication Technology systems for central collection of all screening tool scores from public health services. This is likely to be launched in August 2011.

Community awareness opportunities are being actively sort. Our team has attended and organised mental health week events, Postnatal Depression Awareness week events and individual parenting/mothers group sessions.

PROGRESS AGAINST KEY ELEMENTS

Routine and universal screening for perinatal depression

Routine and Universal antenatal screening for risk of mental health problems currently occurs at four out of the five of our birthing/antenatal service public hospitals.

The Lyell McEwin Hospital and Modbury Hospital screens 3,200 women per year and has been doing screening for a number of years.

The Women's and Children's Hospital commenced routine and universal screening on the 16th August 2010.

The Queen Elizabeth Hospital commenced routine and universal screening on the 17th August 2010.

Flinders Medical Centre will commence routine screening in the New Year once they appoint another perinatal mental health clinician.

Child and Family Health Services our postnatal community follow up service commenced their role out of universal postnatal mental health screening in September 2010. All sites now do postnatal screening. Child and Family Health Services see about 93% of all postnatal women and commenced using the screening tools in conjunction with rolling out their new Universal Contact Visit program.

We have attended three meetings with General Practitioners SA to discuss NPDI and help make changes to GP obstetric shared care protocols to incorporate the screening tools and relevant mental health information.

Screening is underway within Country Health SA. Antenatal screening occurs at Wallaroo, Berri & Kadina. Antenatal screening is about to commence in Clare and Mt Barker.

Anangu Bibi Aboriginal Birthing Program Port Augusta commenced screening antenatal women in October 2010.

The coordinators that were employed to help with the initial implementation of the initiative have now completed their role. These coordinators helped to form our implementation group which have also met their goals regarding implementation and referral pathways. Four out of the five coordinators are now funded under the project as clinicians.

The National Perinatal Depression Initiative team developed a SA-Perinatal Practice Guideline which has been published and is available via the SA Health internet.

In February 2011 a Private Sector Coordinator commenced working with private obstetric practices so that routine antenatal screening can be established.

Follow up support and care for women assessed as being at risk of or experiencing perinatal depression

The Lyell McEwin Hospital (birthing hospital) and Modbury hospital (antenatal clinic only) have one perinatal mental health team that services both sites. This team was established prior to the NPDI and consists of: 0.5 Full Time Equivalent perinatal psychiatrist, 0.2 Full Time Equivalent psychiatric registrar, 0.8 Full Time Equivalent level 3 Registered Nurse, 0.6 Full Time Equivalent level 2 Registered Nurse, 0.6 Full Time Equivalent level 1 Registered Nurse. The NPDI has provided funding for 1.0 Full Time Equivalent clinical psychologist and this position will be appointed shortly.

The Women's and Children's Hospital (birthing hospital) have an existing perinatal and infant mental health team. This team consists of 1.0 Full Time Equivalent perinatal psychiatrist, 1.0 Full Time Equivalent psychiatric registrar, 1.0 Full Time Equivalent level 3 Registered Nurse, and a 1.0 Full Time Equivalent occupational therapist. The NPDI has provided funding for 1.0 Full Time Equivalent multidisciplinary mental health worker, this clinician commenced 8th November 2010 and is responsible for responding to antenatal questionnaire scores.

The Queen Elizabeth Hospital (antenatal clinic only) has an existing perinatal mental health team. This team consists of 0.4 Full Time Equivalent level 3 Registered Nurse, a 0.5 level 2 perinatal mental health midwife and an as needed service from the consultation liaison psychiatrist. The NPDI has given funding for 0.2 Full Time Equivalent level 3 Registered Nurse, this position will be appointed shortly.

Child and Family Health Services (postnatal services for infants and young children) The NPDI has provided funding for 1.2 Full Time Equivalent multidisciplinary mental health worker, 1.0FTE clinician commenced 8th November 2010 and 0.2FTE commenced January 2011.

Flinders Medical Centre (birthing hospital) has an existing perinatal mental health team. It is not well staffed and consists of 1.0 Full Time Equivalent perinatal psychiatrist and 0.4 Full Time Equivalent level 3 Registered Nurse. The NPDI has provided funding for 1.0 Full Time Equivalent level 3 Registered Nurse and this position is to be advertised soon.

Country Health SA has some perinatal mental health specialists working within GP practices. These positions were put in place in 2008 with initial NPDI commonwealth funding. Country Health SA has been given funding for 1.0 Full Time Equivalent level 3 Registered Nurse, 1.0 Full Time Equivalent level 2 Registered Nurse (7 day roster, being done by 2 nurses), and 0.1 Full Time Equivalent psychiatrist. One nursing position is within the Emergency Response Liaison Service – Rural and Remote and the other will coordinate perinatal services throughout rural and remote. The country will receive another perinatal mental health position but this is being funded by the nurse practitioner candidate project. The five clinicians commenced November 2010.

Non Government Organisations grants were advertised 25th September 2010. Grants aim to increase the capacity of Non Government Organisations which already offer services to mothers and children in the perinatal period (conception until 3 years old). The activities or programs will address the National Perinatal Depression Initiative Key Activity Area of: Providing follow up treatment, care and support for women assessed as being at risk of depression, as determined via universal antenatal or postnatal depression screening. Five grants of \$12,000 each have been funded.

Relationships Australia – Aboriginal playgroup
Centacare – Baby & U group
Lutheran Community Care – Post Being with Baby Group
Sally Chance Dance – Acorn and Baby steps Group
Mind Australia – Short term case management and intervention service
Pathways to care have been written by the NPDI coordinators. These will be further developed as screening roles out.

Adult mental health services have been advised about the screening initiative. Non-government organisations have been approached by the coordinators and added to the referral pathways that have been developed.

Workforce training and development for health professionals

Training resources have been developed and levels of training have been determined for staff using the screening tools and those dealing with perinatal women. Staff attending training includes: midwives, nurses, mental health nurses, allied health staff, medical practitioners, private hospital midwives, birthing unit staff, Aboriginal health workers, and Child and Family Health Nurses. To date just over 1300 participants have attended training.

Basic Level Skills Training - Targeted

Targeted training for staff who will be doing routine screening

- > 4 hours / ½ day duration
- > Can be delivered at hospital or community site.
- > Negotiated with managers as to what suits best of their staff.
- > Aim to work in clusters across country.

Content covers

- > Overview of Perinatal Mental Health (Perinatal Mental Health) disorders
- > Assessment / screening scales
- > Referral pathways & logistics Follow up sessions available as required

Intermediate level - Voluntary

Voluntary training sessions aimed at staff who will be involved in care pathways eg., private & public psychologists, General Practitioners, Non Government Organisation workers, mental health nurses, and midwives not involved in basic level training etc

- > Full day / 7 hours (6hrs active learning)
- > Run in conference suites or lecture theatres
- > multidisciplinary audience
- > Approximately one session a month run
- > Advertised far & wide for staff to attend if they have the approval of their manager

An e-learning package was developed and was launched in January 2011.

Research and data collection

The NPDI team has employed a research and data team to help with the data collection and management of data.

So far they have visited the major birthing and antenatal sites and have collected information on what data is collected by regions and on what Information Technology systems. They will pilot one to two sites soon to check how to gather the data from various sites/systems. This is proving quite challenging for them as all sites use different systems and some systems aren't compatible with others. The NPDI Team in conjunction with the data team have developed briefing notes for Information Communication Technology about the Oacis and eCHIMS databases which are used at all metropolitan hospitals, some country hospitals and all Child and Family Health Service. Screening data will be managed on these two databases.

The collection of screening data will commence once the screening tools have been added to Oacis (August) and eCHIMS databases.

The implementation group and the data research team have designed a database that will be used by all of the perinatal mental health clinicians and possibly social workers who get referrals from the universal screening tools. This data is being collected and entered by the individual clinicians and is sent to a central point for data collection, reporting and research. There have been a few issues with the clinician database but these have been rectified. The data team has completed their first report.

The data team is also looking into web based programs and NHMRC grants.

Community awareness

Mothers Groups

The NPDI team has spoken at 2 mothers groups so far to talk about the NPDI, postnatal depression, anxiety and mental illness.

Mental Health Week

The NPDI team attended "Carnival in the North" 12th October, displaying Beyondblue postnatal depression and anxiety information.

The team also attended "stall in the mall" on Friday the 15th October displaying Beyondblue postnatal depression and anxiety information.

PND awareness week

Around the state during PND awareness week we had 106 displays. This included: static displays at public and private birthing hospitals, community centres, Child and

Family Health centres, non-government community sites, and two major shopping centres. We distributed Beyondblue information and our own materials and promotional goodies. Our “being a mum is hard work – look after your mental health” bags, pens and hand sanitizers with the same logo.

Beautiful Birth Festival

We are booked in to attend the Beautiful Birth Festival on 27th February 2011. We plan to give out Beyondblue information pamphlets, our own materials, our “being a mum is hard work – look after your mental health” bags and other promotional materials.

Playgroup SA day

Our team attended a this information day and gave out information to new mothers.

Children’s Markets

We have attended 1children’s to help promote the project and our messages.

Paskeville Farm Fair

We attended this two day fair, this was our first country SA awareness session, it was very successful.

PROJECT ISSUES

Issue	Details and Actions
Delay in regions employing staff	<p>Some regions have not employed their Perinatal Mental Health clinicians as yet, so the introduction of screening has been delayed at one site.</p> <p>Action: regions encouraged to employ perinatal mental health clinicians.</p>

APPENDICES

Newsletter 1 – 3

Being a mum is hard work flyer

Picture of promotional materials