Collegian xxx (2018) xxx–xxx

Contents lists available at ScienceDirect

Collegian

journal homepage: www.elsevier.com/locate/coll

Evaluating a nurse-led community model of service for perinatal mental health

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ARTICLE INFO

Article history:
Received 27 November 2017
Received in revised form
21 December 2017
Accepted 28 December 2017
Available online xxx

Keywords:
Perinatal
Mental health
Nurse-led
Nurse practitioner

ABSTRACT

Background: Perinatal mental illness is prevalent in Australia. Accessible and affordable specialist perinatal mental health services are important in ensuring optimal maternal and infant outcomes, but remain scarce in some areas.
Aim: This paper describes the development and evaluation of a community model for perinatal mental health based on the practice principles of: nurse-led; partnership approach; individualised evidenced based treatments and accessible, flexible service delivery.
Methods: Data collected prospectively as part of routine care for two years was analysed. Data included Edinburgh Depression Scale, Parent Coping Scale and Health of the Nation Outcome scale scores, rates of attendance, diagnostic codes, nurse practitioner prescribing and the appointment locations.
Findings: There was a significant reduction in depressive and anxiety symptoms and for women parenting infants, an increase in their perception of coping with parenting. There were comparatively high rates of attendance once women attended once. Diagnostic codes indicated the service saw the target group with the majority of diagnoses consisting of adjustment disorders, depression and anxiety. The nurse practitioner role enhanced continuity of care for women requiring antidepressant treatment.
Discussion: The perinatal nurse-led community model of service has been shown to provide effective specialist perinatal mental health assessment and brief intervention and treatment services.
Conclusion: The model offers the potential for replication in other areas where service gaps for perinatal women and families persist and resources remain scarce.

Summary of relevance

There is limited evidence about nurse-led models for perinatal mental he alth despite service gaps for women with perinatal illness in some parts of Australia.

What is already known

Perinatal mental illness is prevalent and if it is unrecognised and inadequately treated, there is the potential for a range of adverse maternal and infant outcomes. Barriers to engagement result in many women not receiving required services.

What this paper adds

Evidence about an effective community based nurse-led model for perinatal mental health that could be replicated in areas with limited services and resources.

1. Introduction

Despite national and state policies and initiatives aimed at prevention, early detection and intervention, perinatal mental illness remains a prevalent health issue in Australia (Austin, Reilly, & Sullivan, 2012). Adjustment disorders, depression and anxiety disorders are the most common presentations. It has been estimated that approximately 16% of women experience perinatal depression (Buist et al., 2008). Up to a third of women experience anxiety disorders during their pregnancy and 20% during the postnatal period (Leach, Poyser, & Fairweather & Schmidt, 2017). Clinically signifi-

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https://doi.org/10.1016/j.colegn.2017.12.005
1322-7696/

cant adjustment difficulties and related distress are also common (Buist, 2014). When detected early and with appropriate supports and treatments, perinatal mental illness usually responds well (beyondblue, 2011). Left unaddressed, there is potential for significant associated morbidity for mothers and infants as well as a high burden of health-related costs (Austin et al., 2012; Deloitte Access Economics, 2012).

2. Literature Review

While perinatal women are now routinely screened for depression in maternity and child health settings with the Edinburgh Depression Scale (EDS), there is evidence that many are still not receiving appropriate care (beyondblue, 2011). Bilszta, Ericksen, Buist, and Milgrom (2010) identified some barriers to engagement are women not recognising their feelings of depression or denying their experience for fear of stigma. Currently, the majority of perinatal mental health problems are managed in primary care with mixed experiences for those who engage (Bilszta et al., 2010). Some women report that their General Practitioner (GP) lacks sufficient time to provide support and counselling (Holopainen, 2002). Others perceive health professional attitudes to be disinterested or judgemental and are dissatisfied with the treatment approaches (Holopainen, 2002; Henshaw et al., 2011). This includes the underutilisation of medication for mood symptoms (Bilszta et al., 2010) or conversely their GP preferring to prescribe medication rather than provide desired psychological support (Holopainen, 2002). While there are concessional pathways to psychologists under commonwealth programs, not all women qualify and cost can become a barrier. Access to specialist services is also difficult. In Queensland, there are limited public specialist perinatal mental health services. As a result, when GPs or other primary care health providers attempt to access advice, assessment, or treatment, they are often directed to traditional models of tertiary mental health services (Queensland Mental Health Commission, 2014). These services however, typically focus on crisis presentations with high acuity, frequently deeming perinatal presentations as below the threshold of need (beyondblue, 2011).

3. Aim of this paper

This paper describes the background, development, practice principles and the evaluation findings of a nurse-led community model for perinatal mental health.

3.1. Background of service

Between 2008 and 2012, a nurse-led community based model for perinatal mental health services for women living in the inner southern suburbs of Brisbane was trialled, funded through the national perinatal depression initiative. The funding finished in 2012. This was despite an evaluation indicating the model was highly acceptable and satisfying to perinatal women and associated with clinical effectiveness and improved client attendance when compared to the previous traditional outpatient model of care. The nurse-led component was found to be critical to the high attendance rates and positive treatment experiences (Harvey, Fisher, & Green, 2012).

In 2015, funding was provided by Metro South Addiction and Mental Health Services to provide a community based perinatal mental health service to women and families living in Logan and Beaudesert. The Logan Beaudesert Perinatal Wellbeing Service, referred to as the Perinatal Wellbeing Service (PWS) commenced on 1 st of June 2015. The service scope was extended based on lessons learnt from the 2008–2012 nurse-led service as outlined in Section 3.3.

3.2. Service aims and criteria

The overarching aim of the Perinatal Wellbeing Service is to improve the mental health outcomes for women who are 18 years and older, from pregnancy to one year postnatal, at risk of/or with mild to moderately severe mental health problems such as anxiety and depression. The referral process is open to anyone with consent of the woman, including self-referrals.

The Logan community has a range of socio-cultural factors that place women at higher risk of perinatal mental health problems (beyondblue, 2011; Bilszta et al., 2008). It has high rates of single pregnant and parenting women. There is marked social adversity with high rates of unemployment, housing stress and homelessness, low rates of education and income and poor transport infrastructure in Beaudesert. The area is also characterised by significant cultural and language diversity with migrants and refugee women and their families being settled in Logan city suburbs by government services (Hogan, 2017).

The PWS provides non-urgent, voluntary services over one to six community based appointments. It also provides support and evidence based information to GPs and primary care providers. The service is comprised of a publicly funded Clinical Nurse Consultant and a Nurse Practitioner (NP) with perinatal expertise to provide specialist perinatal mental health assessment and brief intervention and treatment services. While not funded within the team, some support is provided by a peer worker with a lived experience of postnatal depression from a co-located mental health team which helps facilitate engagement for some women. The service has a direct clinical focus which includes initial phone triaging of referrals, comprehensive assessment, treatment and follow up, along with liaising with other involved service providers. Formal case review is provided by the supporting psychiatrist and the nurses also provide case conferencing support for non-mental health service providers. Approximately 10–20% of clinician time is spent in health promotion, education, cross sector partnership and community development activities such as 'Logan Together' which is a whole of government and community collaborative aimed at improving outcomes for children and families in Logan City (Hogan, 2017).

3.3. Nurse- led model guiding principles of practice

The PWS model was developed based on the lessons learnt from the previous model and underpinned by principles of the Recovery Alliance Theory (RAT) (Shanley & Jubb-Shanley, 2007). In this mental health nursing theory, mental health concerns are viewed as difficulties with coping. The focus of the mental health nurse's intervention is to work alongside people and facilitate their identification and harnessing of strengths and resources to improve coping capacity. RAT has six main constructs: humanistic philosophy, recovery, partnership relation, strengths focus, empowerment and common humanity. The PWS practice principles mirror those of RAT with the overarching aim of improving the coping capacity of perinatal women and their families. The practice principles are centred on being nurse-led, a partnership approach, individualised evidenced based treatments, and accessible, flexible service delivery. Tables 1 and 2, outline the principles and how these are practically applied. Additions to the original model are highlighted.

Similar to the service trialled in 2008, the nurse-led component of care is a core feature. The nurses provide specialist knowledge and skills to women within a holistic, biopsychosocial nursing framework in which the therapeutic relationship is central. In the 2008 model, women requiring antidepressant treatment had to

Please cite this article in press as: Harvey, S. T., et al. Evaluating a nurse-led community model of service for perinatal mental health. *Collegian* (2018), https://doi.org/10.1016/j.colegn.2017.12.005