

**Submission  
No 41**

## **SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES**

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Australian Association for  
Infant Mental Health Inc.

The Australian Association for Infant Mental Health, Inc.

NSW Branch

PO Box 39, Double Bay NSW 1360

## Submission: Inquiry into support for new parents and babies in New South Wales

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The Australian Association for Infant Mental Health, Inc. (AAIMHI) was formed in 1988 in New South Wales, by a group of clinicians who recognised the need for a forum and an opportunity for learning, for those working with mothers and infants ante-natally and in the early years of life. There are now branches in five State and one Territory (ACT) forming a National Organisation, AAIMHI (Australia), affiliated with the World Association for Infant Mental Health, WAIMH.

AAIMHI is a multidisciplinary organisation, made up of clinicians, educators and researchers of many disciplines, working with parents and infants. Contact between the State branches is frequent and members are kept aware of services and gaps in services in each State.

The perinatal period is a vulnerable period for parent-baby and the couple's relationship. It is also the period of highest risk for a woman to develop or have a reoccurrence of a mental health condition. The important issue is that working with the woman's mental health issues alone is not sufficient to address the mother-baby relationship issues that arise as a consequence of the mother's illness. Interestingly, working with the relationship between mother and baby helps both symptomatology of the mother and her relationship with her baby.

The NSW Branch recognises there are many services being provided for families and young children, but they are aware of two issues which are paramount:

1. The need for **public residential accommodation** for woman with a mental illness and their babies.
2. **Coordination of all community services** including those provided by the State Government and also numerous Non-Government Organisations, post-acute residential treatment for women with mental health issues. Such coordination is essential to consolidate the strengthening of the mother-baby

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relationship to guarantee the smooth transition of mothers and infants from acute situation to longer term established services in the community, e.g. a Sustained Home Visiting program. This coordination needs to include urban and regional services for both urban and regional populations.

### **Public residential accommodation for women with a mental illness and their babies.**

Since the inception of AAIMHI there has been awareness of the need for inpatient units for mentally ill mothers of infants. In the 1990s, St John of God Hospital, Burwood NSW, opened a residential Mother Baby Unit for mothers and babies, where the mother had a mental illness but these clients require private health insurance. There is some provision for the occasional social admission, supported by the Family and Community Services department.

There are residential services for mothers who are struggling with unsettled infants, where mother may have anxiety and mild to moderate depression, for example Tresillian (three residential centres) & Karitane (two residential centres).

However, mothers who have a serious mental illness in NSW are admitted to public psychiatric hospitals though their babies are not admitted and remain in the care of the baby's father or other available relatives. Of course, this means that the development of the early relationship between mother and her baby is at risk.

Over the years since 1988 efforts have been made to provide public beds but nothing has eventuated. Currently there are apparently four beds for mothers with babies, at the Professor Marie Bashir Centre, at RPA but reportedly there is no funding to staff the centre's mother-baby unit. The webpage says there are two mother and baby beds in the unit.

### **Residential accommodation in other States**

#### **South Australia**

In South Australia there is a six-bed mother and baby unit (Helen Mayo House) which accommodates 6 dyads. Helen Mayo House has been operating since 1981

when it was a 4-bed unit and became a 6-bed unit in 1988. The average length of stay is 21 days.

A new purpose-built unit was opening in December 2012 still at 6 beds, despite the efforts of Dr Anne Sved Williams the unit's Medical Head to make it larger. They have a waiting list all the time of over 20 mothers with babies.

In the proposed new building of the Adelaide Women's Hospital (allegedly in 5 years) there is a 10-bed unit on the drawing board.

There is also Torrens House which belongs to Child and Family Health which focuses on unsettled babies with their mothers in a residential setting offering three-night admissions; they have 6-7 beds.

## **Queensland**

According to a Perinatal Psychiatrist in Queensland, Queensland also remains very limited in what is offered to families in accommodating mothers and babies where the mother has a mental illness.

There is one private mother and baby unit at Belmont Private Psychiatric Hospital, and a private Parenting Centre at North West Private Hospital, called The Nurture Centre.

Reportedly, there has just opened a four-bed Mother-Baby Unit within the mental health unit of the Gold Coast University Hospital. These are currently to be used as state-wide beds. The unit was opened at the end of March 2017, and has had a waiting list since October. The consultant psychiatrist there is Dr Susan Roberts.

Queensland also has a centre like Tresillian, called the Ellen Barron Family Centre, which can admit families and older children, but is a parent-craft centre, not a mental health unit, although they do admit mothers who are not coping and whose infants are unsettled. These mothers often have mild to moderate mental health issues and receive a consultation-liaison assessment and treatment from the nearby mental health unit.

The Mater Hospital in Brisbane has opened a Parenting Support Centre this year for both public and private patients and offers out-patient mental health services. They are currently planning and strategically exploring the possibility of opening mother-baby inpatient beds, as are two other public hospitals in Queensland.

To compensate for the lack of beds, Queensland Health have also developed a Step-up/Step-down day program, called Together in Mind, which is delivered collaboratively by adult mental health, infant mental health and child health clinicians for mothers with moderate to severe mental health issues and their babies. They have been researching this with good outcomes and the Government is funding a roll-out to 13 sites across Queensland.

As the Perinatal Psychiatrist said, “We desperately need more public mother-baby beds, but also a unit like Helen-Mayo House where there is a capacity to admit whole families with multiple children up to 3 years, because we need that infant mental health assessment and intensive treatment capacity as well”.

## **ACT**

The Calvary Hospital, (Ward 2N) offers two rooms with infant rooms attached. Patients are voluntary, if they are scheduled they must go to the locked facility without their babies.

The Queen Elizabeth II Hospital has a similar service to Tresillian and Karitane, but does not take very unwell women though efforts are being made to get moderately severe women admitted.

The Hyson Green Mental Health Unit also takes babies and mothers but they require private health insurance.

## **Western Australia**

At the King Edward Memorial Hospital, the Mother Baby Unit is an eight-bed state-wide service for women diagnosed with acute psychiatric conditions in the post-natal period. The unit is adjacent to the King Edward Hospital for Women. Women and their babies 0-12 months may be admitted to the inpatient program if they have significant mental health problems following the birth of their baby such as severe

depression, anxiety or a psychotic illness such as bipolar mood disorder or a schizophrenic illness.

In Perth, there is also Ngala, a similar service to Tresillian and Karitane, for women who are experiencing difficulties with settling or feeding issues with their infant. It is for women and partners with mild to moderate anxiety or depression.

### **Victoria**

The Victorian Government provides specialist mother and baby residential services for the admission of mothers with a mental illness with their baby at Austin Health, Southern Health, and Mercy Health.

There are also associated community and multidisciplinary services providing specialised mother and baby services.

### **Discussion**

Women in the perinatal period are at a disadvantage in New South Wales particularly if they have, or develop, a mental illness. The perinatal period is crucial for the development of the relationship between parents and their infants. Where these relationships are identified as being at risk because of the mother's mental health issues, steps need to be taken to provide services which focus on the relationships of both parents and between parents and baby. Thus, public residential beds for such women, their partners and their babies are essential to enable the best possible consolidation of the early relationships, the cornerstone of all later relationships.

Once the acute treatment phase has passed, transfer to community based perinatal services, initially home visiting, with parent-infant relationship focus, should follow.

The essential ingredient is coordination of these services with the focus of treatment on the parent-infant relationship.

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