

### 3.15 Mother and Baby Unit

King Edward Memorial Hospital (KEMH) has two programs of psychiatric services: one provides psychiatric, psychological and mental health services to hospital patients and staff; and the other is an eight-bed Mother and Baby Unit.

Mothers are screened for mental health issues at the 32-week antenatal period and positive screens automate referrals to the Department of Psychological Medicine. Referrals are also received by self-presentation and GP referral.

Interventions commence during pregnancy with the mother's consent and many patients are co-managed by community mental health services.

Drug-related problems are managed by WANDAS (Women and Newborn Drug and Alcohol Service), and the psychiatric liaison team also provide consultation.

Mothers present to the ED where the mental health team provide psychiatric assessment and referral for specialist assessment. Risk assessments are conducted by the mental health nurse, doctor and psychiatrist.

There is no safe room to care for patients at risk in the ED or hospital and patients may wait up to 12 hours in ED for an inpatient bed. Staff promote safety by reducing harmful materials in the area and, when needed, a team comprising a mental health nurse, nurse managers, psychiatrist and triage assist to calm a mother and prevent harm.

KEMH staff advised that there have not been any studies on safe application of restraints. Currently mental health nurses undertake restraints and the security guards stand back. Security guards need training to a competency-tested standard to enable them to assist with patient restraint.

Mild to moderate illnesses are managed in the Mother and Baby Unit, and patients with severe illness are managed at the Alma Street Centre.

On admission, patient and carers needs are assessed and a plan of care is developed in consultation with the patient. Family meetings are held during the inpatient stay and there is provision for partners to stay over; this is encouraged. Discharge plans are developed in consultation with the mother and partner.

Partner groups are held during the mother's inpatient stay and parenting advice is provided.

At times it is a challenge for the clinician to engage partners as some do not want to become involved, some have 'deserted', and some have dominating and violent behaviours that are not in the best interest of the patient.

For women of diverse cultural and linguistic (CALD) backgrounds it has been difficult to obtain interpreters with the appropriate Muslim dialect. However, Ishar (Multicultural Women's Health Centre) provides cultural support for many women at the hospital.

There are occasions when a patient's symptoms become too severe to manage in the unit. In these instances, the mother is transferred to a secure inpatient unit and the baby is placed in the care of relatives. When symptoms are more controlled, the mother and baby return to the unit for ongoing care.

The services extend education to GPs and psychiatrists about medication affects on unborn and breastfed babies.

Midwives from KEMH also provide consultation to pregnant patients at Graylands hospital and at times Graylands refers patients for obstetric assessment.

The mental health nurses of the psychiatry and midwifery programs provide follow-up of patients in the community when they return home from hospital.

This Review found the services of the Mother and Baby Unit to be satisfactory.

See *Recommendation 1: Governance (1.4)*; and *Recommendation 8: Children and youth (8.3)*.

### 3.16 General practitioners

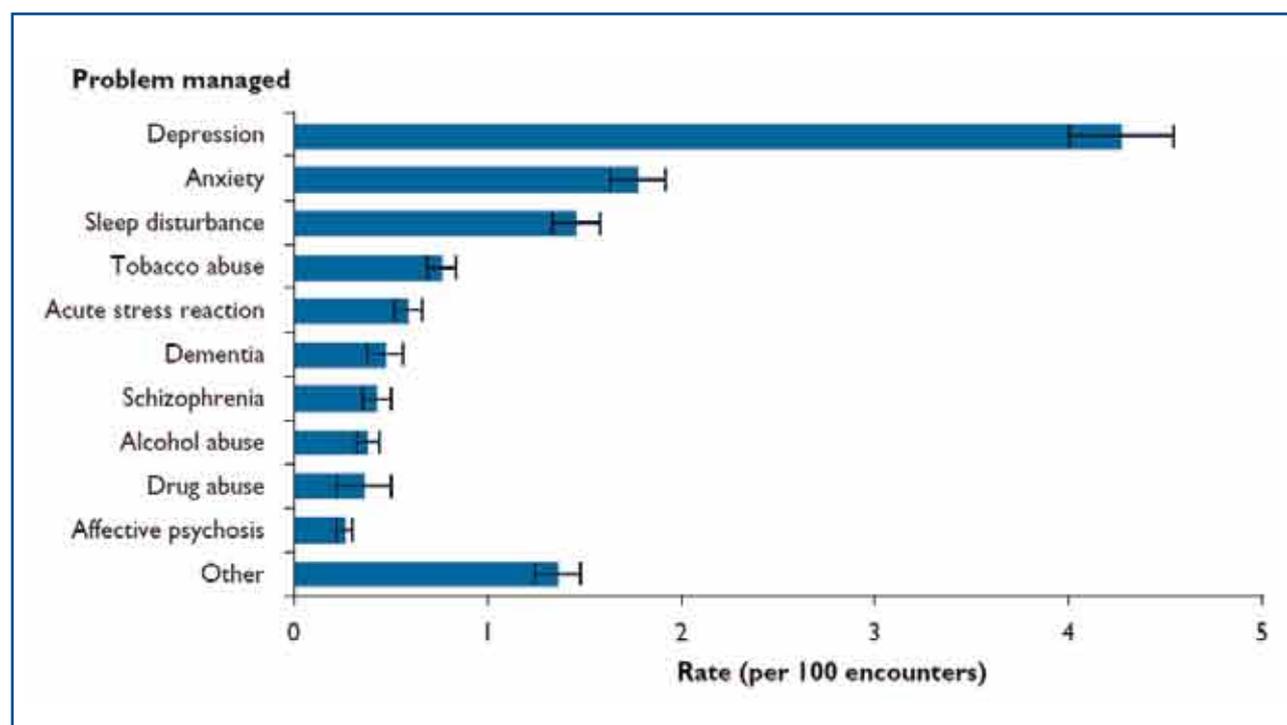
To improve patient continuity of care, close links between the mental health services and GPs are essential.

Seven factors were identified in this Review to improve current linkage. These are:

1. A central referral point.
2. Promotion of a GP/mental health service partnership model.
3. Provision of GP training in mental health assessment and treatment.
4. Strengthening GP knowledge and involvement in mental health care.
5. Provision of GP liaison models by community mental health services across all jurisdictions.
6. A navigation system, such as a website and booklet containing mental health descriptions.
7. Provision of direct access by GPs to the patient's consultant psychiatrist.

GPs promote mental wellbeing and manage mental illness with medications, treatment, counselling, advice and referral to specialist care (Australian Government 2011a). A majority group (one-third) of patients access mental health care through their GP (Australian Government 2011a). Figure 47 illustrates the mental illnesses most frequently managed by GPs, which represents 11.7 per cent per 100 GP encounters.

Figure 47 **Ten most frequent mental health problems managed by general practitioners, 2009–10.**



Source: Mental Health in Brief, Figure 2 Based on Bettering the Evaluation and Care of Health (BEACH) Survey (2011).