
Supporting Rural and Remote Queensland in Recognising Perinatal and Infant Mental Health

Initiative Type

Education and Training

Model of Care

Status

Deliver

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Summary

Electronic perinatal and infant mental health (e-PIMH) is a collaborative, clinical telehealth secondary consultation model in perinatal and infant mental health (PIMH), supporting service providers in regional, rural and remote Queensland.

Key dates

Jan 2016

Jan 2018

Implementation sites

Regional, rural and remote Queensland with initial roll out in South West and Central West HHS

Partnerships

Adult Mental Health services in Metro North and Metro South HHS. Collaborative Agreements also established with South West and Central West HHS

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Aim

To identify perinatal and infant mental health issues early, intervene effectively and refer appropriately.

Benefits

Develops awareness, knowledge and skills among healthcare professionals and other workers in rural and remote communities, to identify perinatal and infant mental health issues early and intervene appropriately.

Background

e-PIMH Telepsychiatry is part of the larger telehealth program which includes non-clinical support such as facilitating local referral pathways, and delivering tailored training and education.

Solutions Implemented

Over a seven month period, a non-clinical e-PIMH pilot was implemented in three rural and remote hospital and health services. The pilot engaged different sectors, including local public, private and non-government providers of health and education services. Where appropriate, Indigenous organisations were also engaged, to support the work done with parents/carers in building strong, positive and enjoyable relationships with their infant and/or young child.

Evaluation and Results

Evaluation of the pilot (N=41) reflected improved awareness of PIMH issues due to engagement with e-PIMH. The average weighted score for improved awareness was 8.49 (out of 10) for both perinatal mental health and infant mental health. Respondents believed that this improved outcomes for patients. Respondents also reported that the pilot improved their skills in detecting problems with mental health and wellbeing of clients and provided useful resources and information on where to find relevant resources. When asked 94 per cent of respondents (N=32) felt that the e-PIMH pilot was easy to access and supported their organisation. While 72 per cent agreed that it fit well with their organisation and complimented existing programs (N=33). However the evaluation identified a need for clinical support to complement the non-clinical assistance.

Lessons Learnt

There is an identified need to support services across sectors, both in a clinical and non-clinical context. The model has therefore been adapted to include a clinical component, combining both perinatal and infant mental health expertise to further support local service providers in their work across the PIMH continuum of care.

References

- Ducat, WH, Burge, V & Kumar, S. Barriers to, and enablers of, participation in the Allied Health Rural and Remote Training and Support (AHRRTS) program for rural and remote allied health workers: a qualitative descriptive study. *BMC Med Educ* [serial online] 2014;19(14):194.DOI: 10.1186/1472-6920-14-194
- Health Workforce Queensland. Health Workforce Queensland Priority Communities Report Summary. 2013 [cited 2017 January 1]. Available from: <https://www.healthworkforce.com.au/media/healthworkforce/hwq-priority-communities-summary-document.pdf>
- Starling, J, Rosina, R, Nunn, K & Dossetor, D. Child and adolescent telepsychiatry in New South Wales: moving beyond clinical consultation. *Australasian Psychiatry Supplement*, 2003;11;117-121.

Further Reading

[e-PIMH Telehealth Service International Journal of Integrated Care Australian and New Zealand Mental Health Association](#)

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