Supporting parent and infant mental health

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The Parent Infant Research Institute (PIRI)

About PIRI

The Parent-Infant Research Institute (PIRI) is a vigorous and innovative Australian research institute whose vision is to improve the emotional well-being of parents and to optimise infant development.

PIRI is committed to supporting parent well-being and infant development (conception to 2 years) through research and evidence based treatments.

PIRI provides a unique contribution to early intervention in Australia by combining basic research and clinical expertise to address perinatal depression and other difficulties facing parents and infants. The Institute aims to become the pre-eminent body in Australia conducting research in parent-infant difficulties.

Our areas of specialty include:

- Supporting the mental health of parents in the transition to parenthood
- Antenatal and postnatal depression and anxiety
- Mother-infant relationships
- Infant development
- Fathers
- Mitigating the impacts of premature birth
- Screening and identification of antenatal and postnatal depression
- Developing interventions
- Online treatment programs for perinatal depression and anxiety
- Translating Research to Practice

PIRI's Mission

PIRI is committed to supporting all parents and their babies (conception to 2 years), including those with vulnerabilities, to have the best possible start to life by creating a Centre of Excellence whose activities are designed to improve emotional wellbeing and optimize development.

Objectives of PIRI

PIRI has five major objectives:

1. **Research (basic and clinical)** – To conduct internationally recognised research into perinatal depression and anxiety, prematurity, infancy, prevention and intervention; to disseminate results through publications (academic journal articles and books) and conferences, as well as to parents. Major research initiatives relate to improving parent mental health and optimizing infant cognitive, emotional and social development. Click here for more on PIRI's Research.

2. **Model Clinic** – The clinic supports our clinical research trial centre and also rolls out evaluated Parent-Infant Research Institute (PIRI) programs as a model treatment centre (the Infant Clinic) for perinatal mental health difficulties (antenatal and postnatal anxiety, depression, adjustment problems and parent-infant difficulties).

3. **Public Health Initiatives** – To increase the evidence base for screening for perinatal depression and pathways to care; to enhance community awareness and reduce stigma of parent and infant mental health issues; perinatal treatments from conception to 2 years.

4. **Policy** – To provide high quality information to influence government policy, advocate for parent-infant well-being and for the translation of research knowledge into real-world services.

5. **Training** – To engage with agencies and professionals in collaborative relationships, and provide state-of-the-art training in assessment and treatment of perinatal depression and anxiety and parent-infant difficulties.

Parent-Infant Research Institute

PIRI's Research: Ante & Postnatal Depression, Anxiety, Infancy and Prematurity

Research Overview

PIRI conducts basic and applied research, develops evidence-based treatment programs to help parents make the transition to parenthood and to support the early parent-infant relationship. More broadly, our research aims to make a difference by advancing the knowledge underpinning care services provided to mothers, fathers and their young children.

Our main areas of research are:

- Antenatal depression and anxiety
- Postnatal depression and anxiety
- Prematurity
- Infant development and mental health
- Mother-infant relationships
- Wellbeing of fathers in the perinatal period

PIRI's Research Track Record

PIRI's Cutting Edge Research and World First Findings include:

- Parent training can improve brain connectivity of premature infants
- Antenatal treatment of depression and anxiety is associated with gains in infant development milestones
- E-treatment is effective for postnatal depression
- 'Towards Parenthood' prevention program in pregnancy reduces depression and anxiety

Designing interventions and completing high-quality Randomised Control Trials (RCTs) in the perinatal period. This has included a number of programs developed to target both the mental health of new mothers and at-risk infants (e.g. stress-reduction intervention in preterm infants). PIRI researchers were amongst the first to show that even when postnatal depression (PND) is treated effectively, this does not reverse the accompanying stress that mediates many of the negative effects of PND on the mother-infant relationship and ultimately infant development. One of our significant papers elegantly relates early interaction deficits to later cognitive outcome.

Diversifying the core material of treatment programs for a number of specific populations. This includes perinatal mental health programs for pregnant women, couples, fathers and delivery in different formats (e.g. self-help workbook, distance therapy, group, individual). PIRI focuses on prevention as well as treatment. And has pioneered the treatment of Antenatal Depression and Anxiety to protect later child development. PIRI's expertise lies in RCTs and developing interventions reflect an ability to synthesize and translate knowledge about mood and behaviour in the perinatal period into effective interventions (research translated to practice).

Basic research. A focus of PIRI's research has been the relative importance of psychosocial risk factors for PND which was determined on a sample of 40,333 women – probably the largest and most demographically comprehensive study of its kind yet conducted anywhere in the world. Individual risk factors of unique importance were partialled out. This is also the first quantification of risk of perinatal depression for Indigenous Australians. Other basic research includes exploration of the relationship between depression, anxiety and sleep, as well as the impact of depression on maternal and child weight.

PIRI's Research: Ante & Postnatal Depression, Anxiety, Infancy and Prematurity

Screening. Key articles have been published on the acceptability and utility of screening for PND. This longstanding and important gap in research was addressed comprehensively with a publication of one of the most careful estimates of the predictive value of the main screening instrument for PND. Recently, PIRI's Dr Alan Gemmill and Professor Jeannette Milgrom have edited an international book on identifying and managing perinatal depression.

Basic Research in PND

Maximising the Utility of Screening For PND

Translating Research to Policy and Practice

Evaluating Interventions in RCTs During the Perinatal Period

Stress and Brain Development Relationships

Infancy

Developing Treatments for Specific Populations

A New Book in PND Screening

PIRI has also had a longstanding collaboration with beyondblue and has received funding from the beyondblue Victorian Centre of Excellence to conduct a number of research studies. Since 2,000, PIRI has been centrally involved in the development of an integrated, evidence-based national strategy towards perinatal depression screening. Beginning with the beyondblue funded National Postnatal Depression Project (2001-2005), key perinatal depression researchers from around the country and 43 health services collaborated in a feasibility study of antenatal and postnatal screening that involved more than 40,000 women over 5 years.

PIRI screened over 10,000 women in Victoria and Tasmania. This culminated in a National Action Plan focused on the detailed mapping of perinatal mental health needs in Australia to which PIRI made a substantial contribution as part of the Perinatal Mental Health Consortium (2008).

Again working closely with beyondblue and others PIRI contributed to the development of the beyondblue Clinical practice guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period (2011) and led the content of the accompanying online training module for health professionals for screening and management. Ultimately, this sustained program of work has resulted in today's National Perinatal Depression Initiative (NPDI). The NPDI resulted in government commitment of $85M for universal screening of perinatal depression.

Grounded in the evidence-based recommendations of the Clinical Practice Guidelines, this ongoing, federally-funded initiative mandates universal psychosocial assessment, including depression screening, for every perinatal woman in Australia at least once in pregnancy and at least once in the first year postpartum. PIRI is also involved in the implementation of the NPDI.

PIRI's Director chaired the beyondblue National Workforce Training Committee in 2013 and PIRI is now involved in training health professionals in assessing and managing perinatal depression and developing resources for the NPDI, including a fact sheet for health professionals about the evidence.

PIRI's longstanding partnership with beyondblue continues today through collaboration with beyondblue, the University of Melbourne, Whittlesea and Banuyle MCHNs to deliver a Clinician Decision Support System to Integrate Perinatal Depression E-Screening with Pathways to Care (PIRIMID).

Parent-Infant Research Institute

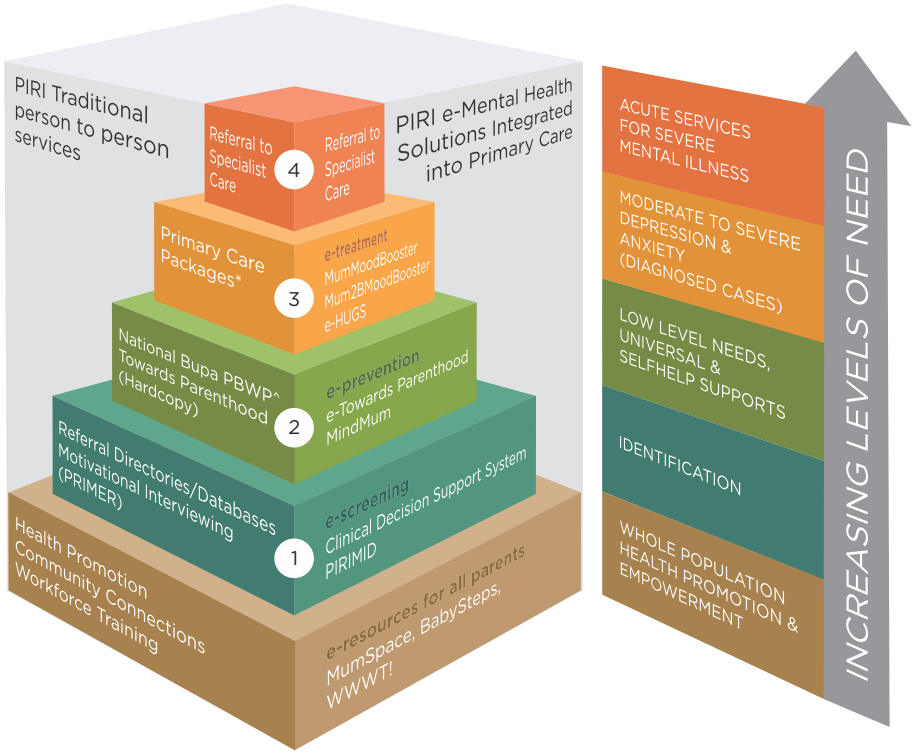
A Stepped Care Model of PIRI Programs

A Stepped Care Model of PIRI Programs integrated into Perinatal Mental Health Care

Funding has enabled PIRI to steadily build on our vision and continue to expand the reach of PIRI programs which are available at every step of a comprehensive stepped-care mental health model.

Consumers have flexible access and move between different levels of evidence-based support as their needs change. A longer-term aim over the coming years is to develop a Professorial Chair in Perinatal Mental Health at the University of Melbourne, and to establish PIRI as a Centre of Research Excellence (CRE).

Perinatal depression is a leading cause of maternal death and disability in Australia, yet fewer than 50% of affected women seek help and less than 10% of these receive effective treatment. The emotional suffering is enormous, children's development is profoundly affected, family relationships are disrupted and, in Australian terms, the economic burden exceeds $7 billion for every one-year cohort of births.



Getting Ahead of PND & Beating The Blues Before Birth (face-to-face perinatal depression treatments), HUGS and Community HUGS (mother-infant interaction programs) Overcoming Depression (Suitable for delivery to nurses and GP's)
^National BUPA Parent-Baby Wellbeing Program refers women up the Stepped Care model.

Parent-Infant Research Institute

NHMRC Centre of Research Excellence

STePPS
CENTRE OF RESEARCH EXCELLENCE

STePPS Centre of Research Excellence

National Health and Medical Research Council (NHMRC) Centres of Research Excellence

Led by PIRI, the STePPS CRE will be a national research centre driving the identification, development, and translation of the most effective, cost-effective, and sustainable e-mental health interventions in the first 1,000 days (conception to 2 years).

We aim to make major inroads in increasing uptake and reducing the enduring burden of disease.

The STePPS CRE recognises PIRI's expertise in developing early intervention programs to enhance perinatal mental health and improve early parent-infant relationships (0-2 years).

- The STePPS CRE will drive the development and implementation of responsive, sustainable and digitally enabled mental health systems for perinatal depression.
- The first stream of work will leverage the vast body of high-quality perinatal depression e-prevention and e-treatment programs for new and expectant mothers currently pioneered within the STePPS team, to expand their scope and integrate into health care.
- Three further streams of work will focus on unavailability of e-interventions in critical gap areas (related disorders, infants, fathers) and all streams will address implementation and diversity.
- This innovative, digitally-enabled system of care will be achieved by bringing together leading national and international experts in perinatal mental health, digital health and mental health economics, in partnership with consumers. STePPS collaboration will provide a powerful basis to deliver training, build workforce capacity and translation into policy and practice.

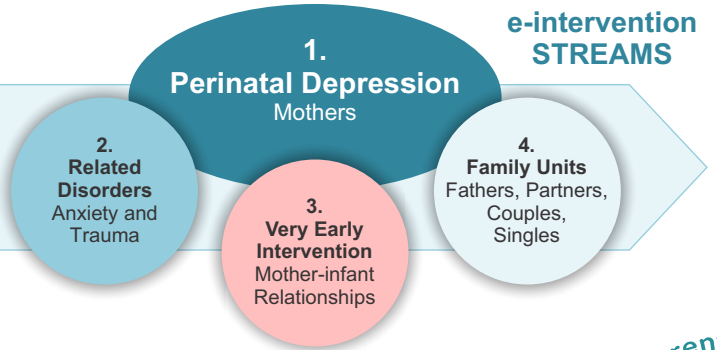
Digital technology offers the opportunity to modernise service delivery in a coherent stepped-care model. The upsurge in need for mental health prevention and treatment due to COVID-19 makes the provision of e-mental health responses integrated with existing services more urgent than ever.

1 in **5** women experience perinatal depression.
Of these, only 1 in 10 get the treatment they need.

CROSSCUTTING THEMES

Implementation
Pragmatic trials including consumer co-design.

Diversity
Tailoring for effective uptake in culturally diverse and Indigenous communities.



Parent-Infant Research Institute

Digital Resources for Perinatal Depression and Anxiety

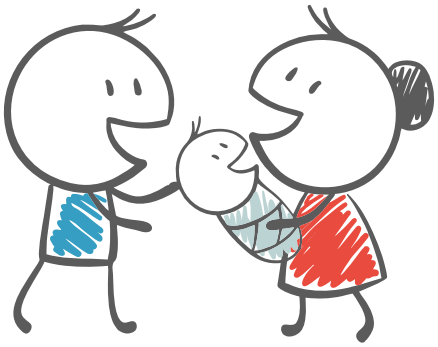
About MumSpace

MumSpace is Australia's new one-stop website supporting the mental health and emotional wellbeing of pregnant women, new mums and their families.

MumSpace is designed to connect you quickly with the level of support you need, from advice and support in the transition to parenthood, to effective online treatment programs for perinatal depression and anxiety. The resources on MumSpace will help you 'step-up' to whichever level of support suits you best. MumSpace is also a resource for your healthcare professional.

The online resources and apps available through MumSpace are evidence-based and have been evaluated by the PDeC partners in research studies conducted here in Australia.

The mental health information in our resources is provided by appropriately trained and qualified professionals, who are members of the Perinatal Depression e-consortium (PDeC).



Parent-Infant Research Institute

Austin HEALTH

Parent-Infant Research Institute (PIRI)

PIRI is a vigorous and innovative Australian research institute committed to supporting all parents and their babies (conception to 2 years), including those with vulnerabilities, to have the best possible start to life. PIRI makes a unique contribution to early intervention in Australia by combining basic research and clinical expertise to address perinatal depression and other difficulties facing parents and infants. PIRI is a part of Austin Life Sciences, based at Austin Health, Melbourne.

Perinatal Depression e-Consortium

PDeC

PDeC Partner Organisations

MumSpace is brought to you by the Perinatal Depression e-Consortium (PDeC), led by the Parent-Infant Research Institute (PIRI) in partnership with Perinatal Anxiety and Depression Australia (PANDA), Monash University, Jean Hailes for Women's Health and Queensland University of Technology.

Led by PIRI, the five consortium partners are leading experts in perinatal mental health in Australia. PDeC has editorial control of MumSpace website content development and review. Professor Jeannette Milgrom (piri@austin.org.au) is responsible for editorial oversight of MumSpace.

Self Assessment Help

Self Assessment Tools

All new parents experience times when being a parent is challenging. Some parents find that information or tips are enough to help them through those times; others feel they need more support to manage, and want to use a web program or app that helps them learn skills and develop plans. Sometimes a supporter or therapist is needed in addition to online resources.

Our approach helps parents decide what support they want and need. Then, if they try one online resource and find they need more, they can select something that gives more help. If they need less support, we may have an option that will suit them better.

MumSpace.com.au provides access to website programs, apps and a blog that give ideas to help new parents enjoy their role and cope with the challenges it brings.

MumSpace provides help and support for the emotional health of new and expecting mums.

- MumSpace help during COVID-19
- Tips for Coping with Anxiety of COVID-19 during Pregnancy and Following Birth
- Tips for Coping with Social Isolation During Pregnancy and After Having your Baby
- Support for Mums and their Partners
- Learn about the causes and symptoms of perinatal depression
- Rate Your Own Mood and Emotions
- Helpful tips for the transition to parenthood
- Download resources for pregnant women, mums and health professionals
- Information about other services and urgent help for new parents

Essential Skills For All New Parents

What Were We Thinking (WWWT)

As parents navigate the highs and lows of parenthood, the **What Were We Thinking**! interactive website, mobile app and parenting blog give new mums and dads the knowledge, skills and reassurance to parent with confidence.

Information on essential age and stage related topics to help build confidence include A New Reality; Crying, Settling, Sleeping; Every Baby is Different; Growth and Development; In This Together and Your Needs.

These resources offer all new parents free access to evidence-informed, tried and tested parenting advice from leading Australian experts.

Learn ideas to promote confidence and reduce distress

What Were We Thinking! offers new parents two useful tools, the evidence-based What Were We Thinking! program from which a professionally moderated parenting blog and a free mobile app, have been derived and adapted. This Australian program helps new mums and dads learn practical skills for settling babies and adjusting to changes in their relationship with each other.

Learn more about:

- Strategies for sleep and settling
- Ways to manage crying
- Establishing a Feed-Play-Sleep routine
- Communicating your needs
- Sharing the workload fairly
- Avoiding arguments and criticism

Baby Steps

The website Baby Steps, can help new parents enjoy parenting and be prepared for challenging situations and manage their wellbeing. It includes babycare tips and information to promote wellbeing and manage relationships.

It is not just an information website but encourages action and recording of good times.

Learn more about caring for your baby or yourself

Baby Steps is a free online program that aims to enhance the wellbeing of new mums and dads. Baby Steps was written for people having their first baby, but can be used by anyone with a young baby who wants to learn more about caring for their baby or themselves.

The Baby Steps online programs:

Babycare provides information on childcare issues:

- Getting prepared for the arrival of an infant
- Feeding –breastfeeding, formula feeding, and combined feeding
- Improving baby's sleeping habits
- Soothing a crying infant.

It also helps parents look after the wellbeing of themselves and their family, with topics on self-care, looking after each other as a couple, making the most of time with their baby, and adjusting to changing roles. There is a special section especially for fathers.

Parents are encouraged to make plans to try out ideas, and take photos to remind them of good times with their baby.

MindMum App

The MindMum App is designed to assist expectant and new mothers with the emotional challenges that this time of life often brings. MindMum provides effective strategies to help you lift your mood, strengthen your relationships and feel supported and confident in becoming a mum.

MindMum helps you manage stress, stay positive and fulfilled and deal with life's ups and downs. MindMum provides strategies to address issues affecting mood, relationships and parenting. Access the features of the App through 6 buttons on the home screen:

- **Ideas** – a collection of tip sheets for new mums and pregnant women
- **How I'm Feeling** – an interactive mood rating tool
- **Feel Better** – a behaviour activation tool
- **Work on It** – a problem solving tool
- **My Log** – provides a space to record your good times
- **Calm** – helps you de-stress and relax through mindfulness tracks

MindMum is designed to assist expectant and new mothers with the emotional challenges that this time of life often brings. This app is full of ideas to help you to feel your best when you are pregnant or have just had a baby.

It may help you to:

- hold on to the good things
- feel better when you are sad or worried
- track your mood
- calm yourself with meditation and relaxation
- make action plans
- plan enjoyable moments with your baby, your partner, friends, or by yourself

Mum Mood Booster

Online Treatment for Depression and Anxiety

Mum2BMoodBooster
MumMoodBooster

MumMoodBooster and **Mum2BMoodBooster** are evidence-based e-treatments designed to help women anywhere in Australia who are experiencing depression either during pregnancy (antenatal depression) or after the birth of their baby (postnatal depression).

Our treatment programs are based on best practice psychological treatment. They are designed to deliver the benefits of face-to-face cognitive-behavioural treatment without needing to leave your home.

Why choose MumMoodBooster?

- Proven effective in controlled scientific studies
- Rapid symptom reduction
- 80% of users are no longer clinically depressed
- Suitable for pregnant women and new mums
- Six sequential interactive sessions at times to suit yourself. Use from home or on your mobile device
- FREE to use 24 hour access 7 days a week
- Weekly SMS support
- Video vignettes and exercises to help identify and manage symptoms of depression
- Behavioural and cognitive skills
- Interactive and tailored workbook
- Highest completion rate of any PND program (over 95% of sessions completed by users)

How is it different to other online depression programs?

MumMoodBooster is the only Australian e-treatment designed and validated specifically for the clinical treatment of perinatal depression.

Unlike most e-treatments for depression, MumMoodBooster is not a series of “slides” containing text and cartoon stories with suggestions for “homework”. Instead, MumMoodBooster is an active, six-session cognitive-behavioural therapy treatment program, closely comparable to the therapy delivered in traditional face-to-face psychology sessions, but entirely under the control of the user.

It allows women to work through their own issues and develop strategies for dealing with these. Low-intensity sms messages provide regular contact, advice and encouragement to remain motivated in completing the treatment. Changes in symptoms of depression are regularly monitored throughout the program. Women can invite their partners to access a partner website with information on perinatal depression and for managing their own emotional health.

How does it work?

The treatment format is highly interactive and includes engaging, personalisable content; personalised tools for tracking mood and activities in real time; exercises and journaling activities to be completed online; behavioural strategies for personalised depression treatment; video vignettes and tutorials of cognitive-behavioural strategies; online and email reminders for session completion.

MumMoodBooster

Online Treatment for Postnatal Depression Clinician Portal

Do you have a mum who is struggling to cope or depressed?

Refer to MumMoodBooster via a dedicated Clinician Portal for additional screening and to monitor your patients mood, symptoms and risk.

Register for secure access to receive a unique referral code for all your patients to access the free MumMoodBooster program.

The Clinician Portal Features

- Support women through six interactive CBT sessions
- Optional weekly phone coach (for mums with more severe symptoms)
- MumMoodBooster has been extensively evaluated in Australia and effective for depression meeting diagnostic criteria
- Whilst you may have already screened a patient, MumMoodBooster offers an additional EPDS screening assessment
- MumMoodBooster is FREE and is supported by the Australian Government.

Referring to MumMoodBooster

By registering for an account you will be able to refer your patients directly to the MumMoodBooster postnatal depression treatment program. You will be able to log in and immediately refer your patients to the program using the referral form, which contains a unique code to be used for all your patients. Once a patient registers for the program using your unique code, she can begin the MumMoodBooster treatment program. This same code can be given to any of your patients and you do not need to register again.

Risk alerts to patients when symptoms escalate

Whilst we cannot provide crisis support, email alerts are sent if depression monitoring indicates your patient is having a significantly difficult time (experiencing suicidal ideation or escalating depression). The email alert will advise her to speak to a health professional or contact a telephone support service, and that the program may not be sufficient for her needs. You will also be notified for your information.

Access summary reports

Login to your Clinician Portal account at any time, and monitor each of your patients mood. You will also receive e-mail notifications when reports are available (at 1, 4 and 8 weeks). The first report will contain screening (The Edinburgh Postnatal Depression Scale), psychological assessment results (PHQ-9 Patient Health Questionnaire), DSM-5 Cross-sectional symptom measure), and her program usage details.

DADSPACE

Providing support for the emotional health of dads

DadSpace Portal

Parenthood is a time of transition requiring both mothers and fathers to adapt to new roles, demands and responsibilities. Parents need to continue to make changes to their life to accommodate their own changing needs, those of their baby and partner. This constant demand for adaptation can be draining on energy and resources and leave both mother and father exhausted and, in some cases, depressed and anxious.

Research conducted by the Parent-Infant Research Institute (PIRI) shows that knowing what to expect and being prepared for these major life changes can help dads manage this transition.

As part of its commitment to building a brighter future, PIRI has developed DadSpace, a website dedicated to supporting fathers across Australia. DadSpace, provides information, strategies, tips, resources, and advice specifically for dads.

Development of DadSpace was informed by evidence-based research and ongoing consultation PIRI is conducting with Australian dads. DadSpace expands on PIRIs perinatal support programs which include MumSpace, a website launched in 2017 offering emotional support to women to help them manage the challenges of perinatal depression and anxiety, in their own time and their own way.

DadSpace provides support for the emotional health of dads who are expecting or have a new baby.

DadBooster Program

Evidence-Based Support for Dads

To add to our existing range of evidence-based mental health support programs for new and expectant parents, the team at PIRI is delivering a world-first specialised web-based treatment for depressed or anxious new fathers, DadBooster.

Depressed new fathers rarely access traditional support services, and their symptoms often go unrecognised and untreated. This program is based on the cognitive behavioural therapy (CBT) approach used in our successful MumMoodBooster treatment program for new mums.

DadBooster is designed for men experiencing paternal postnatal depression. It draws on years of clinical experience and controlled research into how to effectively reduce moderate to severe symptoms of depression.

DadBooster is an active, six-session cognitive behavioural therapy program, closely comparable to therapy delivered in traditional face-to-face psychology sessions, but completed entirely at the user's own pace. It supports men to work through their own challenges and develop practical strategies for managing them.

Low-intensity SMS messages provide regular contact, advice, and encouragement to help maintain motivation throughout the program. Changes in symptoms of depression are monitored regularly. Men can also invite their partners to access a dedicated partner website with information on paternal depression and guidance for managing their own emotional health.

Parent-Infant Research Institute

DADBOOSTER

Towards Parenthood

About Towards Parenthood

Towards Parenthood has been evaluated as an intervention to prepare couples for the transition to parenthood.

Towards Parenthood is able to provide helpful information to make a significant difference in the adjustment to parenthood for women. In a randomised controlled trial, women who received Towards Parenthood antenatally together with phone coach calls were:

- less anxious
- less stressed
- less depressive symptoms
- experienced less parenting stress during the transition to parenthood than those who did not have TP.

Towards Parenthood focuses on the main areas of change encountered by men and women as they make the transition into parenthood. Text and thought provoking exercises prepare the reader for the emotional, social and psychological changes that may arise as they become parents. The focus is on developing both coping skills and parenting skills.

The content is designed to improve coping skills and problem solving. Strategies to enhance self-esteem and parenting competency are included. As well as focusing on the impact a baby may have on the couple relationship some strategies to improve communication and reduce conflict are included. Information about the needs and capacities of the newborn help prepare the new parent for what lies ahead and to improve the understanding of baby's behavioral cues which is helpful for bonding with the baby.

Self-help Workbook and eBook

The **self-help workbook** has also been developed as an **interactive eBook** and includes nine chapters; eight antenatal and one postnatal. Each chapter contains information and activities to generate thought and reflection, conversation and communication between partners.

Chapter 1: Toward Motherhood.
Chapter 2: Toward Fatherhood.
Chapter 3: We're Expecting! Preparing for Parenthood.
Chapter 4: Caring for Yourself is Caring for Your Baby.
Chapter 5: From Lovers to parents- Managing Relationship Changes.
Chapter 6: Keeping some Balance in your Life.
Chapter 7: Healthy Thinking, Healthy Self.
Chapter 8: Caring for your Newborn Baby.
Chapter 9: welcome to "The Club".

The workbook has been published by ACER and was launched on 23 June 2009 by Professor Rob Moodie, Professor of Global Health, Nossal Institute for Global Health, University of Melbourne & Chair of the National Preventative Health Task Force.

This book was written by a team of psychologists who have a wealth of experience working with families making the transition to parenthood. The topics chosen, the interactive exercises and the use of humour and real life examples make the content not only entertaining and engaging but extremely relevant.

The focus is not on the physical aspects of the pregnancy, delivery and postpartum but rather more broadly on assisting parents to manage the complex demands of parenthood by developing helpful coping and parenting skills.

Clinical Decision Support System (PIRIMID)

About PIRIMID

A clinician decision support system to integrate perinatal depression e-screening with pathways to care

The Parent-Infant Research Institute (PIRI) has developed a 4-step electronic clinical decision support system, PIRIMID (Perinatal Identification, Referral and Integrated Management for Improving Depression), designed to bridge the gap between perinatal depression screening and effective care.

PIRI is leading a cluster randomised controlled trial (c-RCT) beginning in 2020 in partnership with City of Whittlesea, Beyond Blue, PANDA and University of Melbourne. This trial will assess the acceptability and effectiveness of the PIRIMID tool in facilitating treatment uptake following screening for depression at postnatal Maternal and Child Health appointments.

Why PIRIMID?

Sixty percent of depressed perinatal women are not identified as depressed. Of the 40% whose depression is recognised, only 1 in 4 (10% of all depressed women) receive adequate treatment. Most women identified by screening are not connected with treatment pathways that result in recovery.

Screening increases identification of perinatal depression but only reduces perinatal mental health morbidity when integrated effectively with pathways to evidence-based care.

Coupling PIRIMID, a Clinical Decision Support System, with the iCOPE e-screening tool, will provide step-by-step guidance to ensure the best care pathway is found.

Perinatal Identification, Referral and Integrated Management for Improving Depression

4 Steps

PIRIMID consists of 4 steps to assist clinicians to develop a management plan.

1. The first screen on the clinician desktop shows the summary EPDS scores. On-screen prompts for interpretation of screening results and psychosocial information allow the user to consider the need to follow up e.g., risk assessment or diagnostic assessment for depression or anxiety. Alerts appear for women scoring high on the suicidality question. As screening tools cannot provide a definitive diagnosis or risk assessment, clinicians are prompted to follow up.

2. PIRIMID provides a simple proforma and clinicians are prompted to enter pre-existing history and other clinical information so the information can be integrated with iCOPE screening results. On-the-spot access to gold-standard guidance for interpreting, and acting upon, screening results are provided via information bubbles, best practice procedures.

3. PIRIMID's evidence-based decision tree ensures adherence to National Perinatal Mental Health Clinical Guidelines. The information gathered allows the clinician to put together the EPDS results with their own clinical information and further assessment required to create a structured management plan tailored to each client's needs.

4. Referral onwards. The PIRIMID management plan suggests what type of professional care is needed. PIRIMID also provides immediate links to e-mental health treatment: PIRI's evidence based MumMoodBooster programs for pregnant and new mums available on MumSpace, funded through the Federal Department of Health. Having selected the type of referral needed, many professionals will use their own preferred networks or refer using the e-Cope Directory.

Parent-Infant Research Institute

BUPA Parent and Baby Wellbeing Program

Mental Health Support Service

Bupa, in association with PIRI, have developed the Parent and Baby Wellbeing program. This national program provides a generous number of psychological therapy sessions for expecting and new parents. Those eligible for this service include members with BUPA hospital cover, who are expecting a child or have a child who is less than 2 years of age. All sessions are free of charge and can be provided in person, by phone or telehealth.

Reasons to contact this service:

Individuals contacting this service might experience difficulties adjusting to pregnancy and parenthood, as well as low mood, anxiety and other mental health problems during this time. This service is open to mothers and fathers.

What this service provides:

- An assessment of your needs to understand your situation and the most appropriate treatment options.
- Individual antenatal or postnatal treatment for the individual or specialised treatment to help the parent and infant relationship.
- Group treatment that focuses on postnatal depression ('Getting Ahead of Postnatal Depression').

What the Program Delivers

The program is an exclusive mental health support service for new parents and parents-to-be who are finding the transition to parenthood difficult.

Customer preferences and choice

- Confidential consultation, advice and support over the phone or face-to-face
- Identification of depression and anxiety to help provide the right care for you
- Personalised follow-up care and support

Access to quality evidence-based care

- You and your partner can access the program if you are expecting, or have recently had, a baby
- Quality, evidence-based care delivered by experienced professionals
- You or your partner will be assessed by a clinician to determine the support you require
- To be eligible, you must have paid-up Bupa Hospital cover and have served any relevant waiting periods
- No out-of-pocket costs if you are eligible

Supporting health and care needs

PIRI provides extra support if you are:

- Experiencing depression and/or anxiety
- Worrying about becoming a parent or having difficulty adjusting to parenthood
- Worrying about your baby
- Not feeling bonded to your baby
- Feeling depressed or anxious
- Coping with a premature birth

Community HUGS (CHUGS)

Program Structure

Community HUGS improves mood and parenting stress

Community HUGS (CHUGS), a 10-session mother-infant therapeutic playgroup, uses play, music and movement, combined with cognitive and experiential components.

The program consists of 10 x 1.5 hour sessions structured to invite enjoyable interaction. A major aim of these sessions is to work directly on the mother-infant interaction, for mother and baby to experience play together while thinking about their baby's communication, needs and experience. The program is a synergy of play and thinking. The infant is central throughout.

Program Aims

Stimulate mother's interest in playing.

- Experience pleasure through play and movement
- Observing their baby's behaviour and needs during play
- Observing and recognizing the cues that babies give; thinking about communication
- Exploring parental responses to and interpretation of baby cues
- Offer a range of interpretations of baby cues
- Allow expression of mothers' anxieties and feelings towards parenthood in a non-judgmental, supportive environment
- Introduce and discuss aspects of attachment theory and cognitive behavioural therapy and relating this to parenting behaviour

Module 1:
MOTHER-BABY PLAY

Session 1: *Let's Play!*
Session 2: *Let's Continue to Play!*
Session 3: *Enhancing Play through Relaxation, Moving Together and Baby Massage*

Module 2:
GETTING TO KNOW EACH OTHER

Session 4: *Observing Baby: Being a Detective!*
Session 5: *What we have noticed observing baby*
Session 6: *What Baby Needs From You: Providing a Secure Base!*

Module 3:
KNOW YOURSELF

Session 7: *How You Parent: Your Own Family and Life Experiences*
Session 8: *Your Thoughts and Feelings: Knowing the Connection*
Session 9: *Finding Time For You: The Balance of Self, Baby and Family*

Module 4:
HAPPINESS, UNDERSTANDING, GIVING AND SHARING

Session 10: *Putting It All Together: Remembering and Preparing to Travel On*

Parent-Infant Research Institute

Research Trials

Beating the Blues Before Birth Pilot Trial

The Beating the Blues before Birth program is a specialised cognitive behavioural therapy for antenatal maternal depression and anxiety developed by PIRI. The efficacy of this treatment in reducing depression and anxiety has been proved in a feasibility study and a pilot randomised controlled trial (RCT) (Milgrom et al. 2015). Follow-up to 9 and 24 months has demonstrated promising benefits of the treatment on infant development (Milgrom et al. 2015 and Milgrom et al. 2018). To reliably detect clinically meaningful effects on infant outcomes, we are currently conducting a larger RCT with a 2 year follow-up.

PremieStart: Prematurity

Premature birth is often associated with multiple stressful experiences for the newborn at the very start of life. The PremieStart program was designed to protect and enhance infant neurodevelopment through early stress reduction. The study was a 6 year follow-up of a randomised controlled trial evaluating our eight-session sensitivity training program for parents of pre-term infants while babies are still in the Neonatal Intensive Care Unit.
(Funded by the National Health and Medical Research Council – NHMRC)

Motivational Interviewing (PRIMER)

A cluster randomised controlled trial examining whether a brief motivational interviewing intervention delivered by MCH nurses in the context of a routine postnatal screen improves uptake to treatment when women experience PND.
(Funded by Australian Rotary Health)

HUGS: Supporting Mothers and Babies Following Postnatal Depression

HUGS (Happiness, Understanding, Giving & Sharing) is a group-based program that promotes the relationship between mother and baby following postnatal depression. This randomised trial compares HUGS against a traditional mother-infant playgroup for enhancing the relationship between mother and baby, following group-based treatment for postnatal depression.
(Funded by beyondblue)

Community HUGS

A community trial evaluating a ten session therapeutic playgroup for enhancing the mother-infant relationship following postnatal depression and providing fathers with support.
(Funded by Department of Social Services)

Online Treatment for Antenatal Depression

The Mum2BMoodBooster internet-based program is an evidence-based treatment for antenatal depression and consists of six sequential interactive sessions, as well as additional information in the form of companion library articles. The program includes a partner support website and participants are phoned once per week by a psychologist phone coach. The current study is a feasibility trial in which all participants receive the active treatment.
(Funded by Ian Potter Foundation)

Rapid Applied Research Translation (RART 2.2) Program

One in seven women experience postnatal depression, yet only 10 percent receive adequate treatment. Postnatal depression screening is a first step, currently conducted by time-poor Maternal Child Health Nurses (MCHNs). This study is using a Clinical Decision Support System (CDSS), designed by PIRI, to help nurses make the next steps following screening, and connect women with the appropriate support.

In this cluster randomised controlled trial, half of the women will be cared for by MCHNs using the electronic platform, and half following current perinatal mental health care practices using paper-and-pencil procedures. All the women in the study will answer some questions with their MCHN at the 4-week postnatal visit, and then be followed up with a PIRI psychologist when their baby is 3 months old to answer some questions over the phone, and fill in a questionnaire.

The study will look at outcomes for women, and evaluate if the electronic platform is assisting referrals to services when required. This e-platform has the capacity to deliver real, cost-effective, sustainable improvements to the healthcare system and integrate into appropriate services and supports.

This project was supported by the Australian Government's Medical Research Future Fund (MRFF) as part of the Rapid Applied Research Translation program.

Getting Ahead of Postnatal Depression

Treatment of Postnatal Depression & Anxiety

Getting Ahead of Postnatal Depression Group Program (GAPND)

This program has been evaluated in randomised trials and has found to be highly effective. Women who have completed the 'Getting Ahead of Postnatal Depression Program' report gaining a sense of support and understanding from other women in the group. In addition to learning coping strategies to help deal with anxiety and depression, women often report that through the group process their experiences have been validated, they feel less isolated, which has also served to alleviate their sense of distress at a difficult time.

This is a twelve-week cognitive behavioural therapy (CBT) group program designed primarily to improve maternal mood. Each session lasts approximately 1.5 hours. Women learn coping strategies to help manage their moods. Nine of the sessions help mothers develop the following:

Behavioural Skills:
- Understanding and managing moods
- Pleasant activities, how can I find the time?
- Relaxation on the run
- Assertiveness and self-esteem, telling others what I think and how I feel.

Cognitive Skills:
- Unrealistic expectations of parenting, influences from the past
- My internal dialogue, the missing link
- Developing a more helpful thinking style
- Challenging my internal critic

In addition, three couples' sessions are held, usually in the evenings. These provide information and support for partners as well as an opportunity for them to become involved in the therapeutic process.

We typically include 5-8 women in a group. We have found this to be an optimal number to allow the time and opportunity for everyone to be heard, while also having enough women in the group to provide a sense of mutual support.

An Overview of Treatment Programs

Programs based on content from the Getting Ahead of Postnatal Depression program include:

Mum2BMoodBooster: an online treatment program for antenatal depression

MumMoodBooster (MMB): an online treatment program for postnatal depression

Overcoming Depression: an evidence-based brief 6 session treatment designed for health professionals working with women with mild to moderate postnatal depression.

PremieStart: focuses on improving mother-baby interactions through an intensive 8-session training program.

BabyHUGS: a four session intervention program designed for women and their infants.

Community HUGS: a playgroup consisting of 10 structured sessions. Each session lasts for 1.5 hours and focuses on enhancing the mother-baby relationship and experiencing the enjoyment of parenthood.

PremieHUGS: an 8-week playgroup program for mothers and their premature infants once they are home. The objective of the group is threefold: to provide maternal support, focus on the mother-infant relationship and potentially enhance early infant development.

Intuitive Mothering: an 8-week program with a focus on the natural movement, holding patterns and imaginative play that occurs between mother and infant.

Parent-Infant Research Institute

Workshops & Training

Training for Health Professionals

PIRI is involved in cutting edge clinical research, service provision and has increasingly been involved in the dissemination of information and training for other health professionals involved in the pathway of care for these families.

PIRI has been very actively involved in providing training to Maternal & Child Health Nurses, Midwives, General Practitioners, Psychologists and other health professionals.

We have an ongoing commitment to provide clinical placement for doctoral and masters psychology students from La Trobe University, Swinburne, Australian Catholic University, Deakin, Melbourne University and RMIT.

We have also had international placements from Indonesia, France, Italy and Sweden.

We are proud to be able to offer a range of training workshops for health professionals wanting to run our programs on request (listed below) and an annual Training Calendar with PIRI staff and invited speakers. All topics will be available from Austin Health or if there are sufficient numbers, training can be provided to you at your work place. Specific topics of interest can also be accommodated by arrangement.

Current Training Programs

Travelling the Yellow Brick Road

- 1 day workshop for professionals helping parents with their children making the transition to kinder or school

Facilitating Creative Play for Stressed Mothers and Infants

- 4 hour workshop is for professionals who work with mothers who have experienced mental health or social stress and who have less energy to play with their baby. The creative play approach is experienced and suggestions on how to organize a play space, choose music and support play are included.

Getting Ahead of Postnatal Depression (GAPND)

- 2 day workshop for professionals wanting to learn how to use cognitive behavioural therapy with women and their partners experiencing postnatal depression and anxiety. The program can be used in group therapy or individually.

Using music in mother baby groups

- 4 hour workshop is for professionals who work with mother baby groups helping with connections.