

What are the professional development needs for GPs and midwives associated with the new perinatal mental health guidelines?

Suzanne Willey^{A,E}, Rebecca Fradkin^C, Melanie Gibson-Helm^A, Nicole Highet^D and Jacqueline Anne Boyle^{A,B}

^AMonash Centre for Health Research and Implementation, Public Health and Preventive Medicine, Monash University, Level 1, 43–51 Kanooka Grove, Clayton, Vic. 3168, Australia.

^BDepartment of Obstetrics & Gynaecology, Monash Health, 246 Clayton Road, Clayton, Vic. 3168, Australia.

^CMaternity GP Liaison Unit, Monash Health, 246 Clayton Road, Clayton, Vic. 3168, Australia.

^DCOPE: Centre of Perinatal Excellence, PO Box 122, Flemington, Vic. 3031, Australia.

^ECorresponding author. Email: suzanne.willey@monash.edu

Received 29 November 2017, accepted 9 March 2018, published online 17 April 2018

Perinatal depression and anxiety are common mental health disorders in pregnancy and the first 12 months post-birth (Howard *et al.* 2014; Byatt *et al.* 2013). Perinatal depression affects between 10 and 17% of women (Austin 2014) and perinatal anxiety between 13 and 20% of women (Austin 2014; Austin *et al.* 2017). In many instances, depression and anxiety disorders co-exist (Austin 2014, Austin *et al.* 2017). Perinatal mental health disorders are associated with several adverse outcomes associated with birth, infant development (Byatt *et al.* 2013) and family function (Austin *et al.* 2017). The new *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline* recommend all women receive psychosocial risk assessment and screening for symptoms of depressive and anxiety disorders in early and late pregnancy, and 6–12 weeks post-birth, with repeat assessment as clinically indicated (Austin *et al.* 2017). This is critical to providing women with early intervention, access to appropriate referral and ongoing support (Austin *et al.* 2017).

We conducted an anonymous survey of health professionals ($n = 52$) (General Practitioners (GPs), $n = 30$; midwives, $n = 20$; obstetrician, $n = 1$; undisclosed, $n = 1$) immediately before attending a perinatal mental health seminar in south-east Melbourne in April 2017. We aimed to examine health professionals' current practices in providing perinatal mental health screening with the view to refine or develop education programs and resources to facilitate implementation of the new guideline.

The majority of health professionals had 10 years or more in their current position (72%) and were aware of the high prevalence of perinatal mental health disorders (67%). Most usually screened women: in pregnancy (71%) and the postnatal period (87%). If needed, most offered women a referral to a

psychologist (77%), and least commonly offered referral to another GP or managed women themselves (52%). Preferred professional development opportunities included seminars and structured professional development workshops (74%) or conferences (58%). Respondents indicated perinatal mental health screening would be best facilitated by more options for training or professional development (63%), more comprehensive referral options and support services (63%), and clear guidance on services available and referral pathways (60%).

GPs and midwives are trusted healthcare providers (Hardie and Critchley 2008) and likely to be the first health professionals a woman discloses her mental health concern to. Our survey suggests some still feel inadequately equipped to screen for and manage perinatal mental health, potentially resulting in evidence-practice gaps and barriers to women receiving timely care (Austin *et al.* 2017). Importantly, this survey also suggests potential opportunities for education and resources to better support health professionals. With the launch of the new guideline, it is timely to raise awareness of this critical issue to ensure all maternity care providers are well prepared to appropriately assess, manage or refer women with potential perinatal mental health disorders.

This survey was conducted to explore professional development needs in a small sample which may limit generalisability of the findings. Participating health professionals may have been more likely to have an interest in perinatal mental health resulting in potential selection bias, yet significant needs were still identified. We recommend further exploration to gain a wider understanding of GPs' and midwives' needs in assessment, management and referral for women with perinatal mental health disorders, and before the implementation of professional development programs. This survey highlights

professional development needs, and extensive action is required if all women are to have access to appropriate perinatal mental health care.

Supporting health professionals with professional development opportunities, more efficient approaches to screening and assessment, and comprehensive information about local referral options, will assist to embed mental health screening and follow-up in routine maternity care. Such action aligns with best-practice and is the way forward in reducing the barriers health professionals and women face regarding perinatal mental health care.

Conflicts of interest

The authors declare that they have no conflicts of interest.

References

- Austin M-P (2014) Marcé International Society position statement on psychosocial assessment and depression screening in perinatal women. *Best Practice & Research. Clinical Obstetrics & Gynaecology* **28**, 179–187. doi:[10.1016/j.bpobgyn.2013.08.016](https://doi.org/10.1016/j.bpobgyn.2013.08.016)
- Austin M-P, Highet N, Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Centre of Perinatal Excellence, Melbourne, Vic., Australia.
- Byatt N, Biebel K, Friedman L, Debordes-Jackson MA, Ziedonis D, Pbert L (2013) Patient's views on depression care in obstetric settings: how do they compare to the views of perinatal health care professionals. *General Hospital Psychiatry* **35**, 598–604. doi:[10.1016/j.genhosppsych.2013.07.011](https://doi.org/10.1016/j.genhosppsych.2013.07.011)
- Hardie EA, Critchley CR (2008) Public perceptions of Australia's doctors, hospitals and health care systems. *The Medical Journal of Australia* **189**, 210–214.
- Howard LM, Molyneaux E, Dennis C-L, Rochat T, Stein A, Milgrom J (2014) Non-psychotic mental disorders in the perinatal period. *Lancet* **384**, 1775–1788. doi:[10.1016/S0140-6736\(14\)61276-9](https://doi.org/10.1016/S0140-6736(14)61276-9)

Austin M-P (2014) Marcé International Society position statement on psychosocial assessment and depression screening in perinatal women.