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**CONFERENCE ABSTRACT****e-PIMH: A collaborative and integrative model to build cross-sectoral rural and remote workforce capacity in perinatal and infant mental health**1<sup>st</sup> Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Naomi Kikkawa

Queensland Centre for Perinatal and Infant Mental Health, Australia

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Following a series of consultations throughout 2014 and 2015, the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) identified a significant gap in provision of perinatal and infant mental health (PIMH) services to families living in rural and remote areas of Queensland. Challenges to health service provision in rural and remote areas are well known and include geographically-dispersed populations, the transient nature of some populations (including fly-in/fly-out workers and defence personnel), culturally diverse communities, extreme environments and natural disasters, economic disadvantage, the difficulty of recruiting to service positions, and a generally sparse service environment.<sup>1</sup>

Using a cross-sectoral approach over a seven month period, the e-PIMH pilot aimed to strengthen relationships with public, private and non-government providers of health and education services. This includes engaging with Indigenous organisations, to support the work done with parents/carers in building strong, positive, and enjoyable relationships with their infant and/or young child. e-PIMH sought to develop awareness, knowledge, and skills among healthcare professionals and other workers in rural and remote communities, to identify perinatal and infant mental health issues early, intervene effectively, and refer appropriately.<sup>2,3</sup>

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 respectively. Respondents believed this improved outcomes for clients. Respondents also reported that the pilot improved their skills in detecting problems with mental health and wellbeing of clients, and provided useful resources as well as increased knowledge on where to find relevant resources. Three respondents commented on the value of e-PIMH in reducing the gap in service delivery by upskilling health professionals outside the mental health field.

When asked, 94% of the respondents (n = 32) felt that the e-PIMH pilot was easy to access and supported by their organisation. While 72% agreed that it fit well within their organisation and complemented existing programs (n = 33). However the evaluation identified a need for clinical support in this area of work. As a consequence, QCPIMH has been developing a state-wide model of telehealth for perinatal and infant mental health incorporating clinical

support, such as consultation and liaison, clinical supervision and mentorship, in addition to the non-clinical support and advice. This paper will present information on the evaluation of the effectiveness of the pilot, lessons learned and progress of the collaborative e-PIMH telehealth model.

**References:**

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