A national approach to perinatal mental health in Australia: exercising caution in the roll-out of a public health initiative

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To the Editor: A timely article by Yelland and colleagues in the 7 September 2009 issue of the Journal[1] correctly identifies postnatal depression as a significant public health issue. However, as members of the consortium that developed the 2008 *beyondblue* National Action Plan for Perinatal Mental Health (NAP),[2] we are concerned that the National Perinatal Depression Initiative is being considered by Yelland and colleagues without reference to the NAP, the document on which the federal government based its funding allocation.

The NAP recommended not only identifying current depressive symptoms, but also — equally importantly — using a structured method to assess the broader psychosocial risk factors known to affect maternal and infant mental health.[2] The NAP also clearly recommended that any psychosocial assessment be accompanied by adequate workforce training and supervision and integrated pathways to care, complemented by community awareness programs.

Although Yelland and colleagues[1] raise concerns about the potential harm of routine screening for depression in women during pregnancy, none of the participants in a recent Australian study of antenatal screening for depression reported feeling stigmatised, labelled or distressed after using the Edinburgh Postnatal Depression Scale (EPDS).[3] Indeed, many reported feeling relieved and supported that additional care was offered. This reinforces the assertion made in the NAP that a well trained workforce is essential for conveying the purpose of routine assessment — that such assessment is not an endpoint nor a substitute for full diagnosis, but the beginning of an ongoing process that helps professionals to be aware of women who may need support and treatment.

Multiple studies evaluating the EPDS against structured diagnostic interviews for detecting major depression have shown that the EPDS has very good psychometric properties for scores of 13 or more (indicative of possible depression) in English-speaking populations.[4]

Yelland and colleagues also express concern that a limited number of interventions will be recommended to help depressed women. In fact, the NAP recommended that the full range of treatment options be offered within an integrated framework of community, primary care and specialist services.[2]

A first step in a national approach to perinatal mental health is to develop evidence-based clinical practice guidelines for perinatal depression and related disorders. This task is now underway, a clear indication that we are well placed to begin translating knowledge into practice. Research across Australia continues to examine the efficacy of a range of psychosocial risk assessment models,[5] barriers to the uptake of referral and treatment options, and the impact of psychosocial assessment on maternal outcomes. This work will help ensure that a national approach to perinatal mental health is embedded in an evidence-based and evaluative framework.

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1 Yelland JS, Sutherland GA, Wiebe JL, et al. A national approach to perinatal mental health in Australia: exercising caution in the roll-out of a public health initiative. *Med J Aust* 2009; 191: 276-279.
2 *beyondblue: the national depression initiative.* National Action Plan for Perinatal Mental Health 2008–2010. http://www.beyondblue.org.au/index.aspx?link_id=4.665&tmp=FileDownload&fid=1057 (accessed Sep 2009).
3 Leigh B, Milgrom J. Acceptability of antenatal screening for depression in routine antenatal care. *Aust J Adv Nurs* 2007; 24: 14-18.
4 Boyce P, Stubbs J, Todd A. The Edinburgh Postnatal Depression Scale: validation for an Australian sample. *Aust N Z J Psychiatry* 1993; 27: 472-476.
5 Priest S, Austin MP, Barnett B, Buist A. A psychosocial risk assessment model (PRAM) for use with pregnant and postpartum women in primary care settings. *Arch Womens Ment Health* 2008; 11: 307-317. ❑