

Queensland Health

# Community Perinatal and Infant Mental Health Services

Service Model (2025)



Queensland  
Government

## **Perinatal and Infant Mental Health – Queensland: Service Model**

Published by the State of Queensland (Queensland Health), January 2025



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit [creativecommons.org/licenses/by/3.0/au](https://creativecommons.org/licenses/by/3.0/au)

© State of Queensland (Queensland Health) **2025**

You are free to copy, communicate and distribute the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Mental Health, Alcohol and Other Drugs Strategy and Planning Branch, Department of Health, GPO Box 48, Brisbane QLD 4001, email [EDyouthmentalhealth@health.qld.gov.au](mailto:EDyouthmentalhealth@health.qld.gov.au) phone 3328 9536.

### **Disclaimer:**

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence for all expenses, losses, damages, and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

# Contents

---

<b>Introduction</b>	<b>3</b>
<b>Context</b>	<b>3</b>
<b>Purpose</b>	<b>5</b>
Community PIMH Service cohort – who is it for?	6
Perinatal Mental Health Consumers	6
Infant Mental Health Consumers	7
Community PIMH Service - what does it do?	7
Integrated Community Perinatal and Infant Mental Health Services	8
<b>Partners and co-care service delivery</b>	<b>9</b>
Related Services Across the PIMH Continuum of Care	10
<b>Workforce</b>	<b>11</b>
<b>Mandatory requirements</b>	<b>12</b>
<b>Appendix A:</b> Principles to guide treatment and care within Community PIMH services	14
<b>Appendix B:</b> Specific description of PIMH service elements across the care continuum	15

# Introduction

The Community Perinatal and Infant Mental Health Services – Service Model provides a framework for community perinatal and infant mental health (Community PIMH) services delivered by Hospital and Health Services (HHS) within the Queensland public mental health alcohol and other drug (MHAOD) service system. It provides an overview of the Perinatal Infant Mental Health service system in Queensland, and describes the ideal care principles, outlines the key elements of the ideal Community PIMH service and describes the continuum of care. It does not seek to reiterate the commonalities shared by all Queensland public MHAOD service elements (e.g. trauma-informed or recovery-oriented care).

PIMH services may provide separate and/or integrated mental health triage, assessment, treatment and care for parents, infants and young children experiencing mental health concerns or problematic substance use. This Service Model is focused on community delivered PIMH services, however highlights the separate but interconnected and complex elements of the PIMH service system.

This Service Model demonstrates how PIMH services support and collaborate with other cross sector service stakeholders along the health continuum of care, from primary through to tertiary and quaternary levels. It provides guidance about how local and state-wide PIMH partnerships and pathways to care may be identified and developed within HHS and across other health, social and support service settings. It is anticipated PIMH services will work collaboratively to develop or revise localised models of care for Community PIMH under the guidance of this Service Model.

## Context

Under *Better Care Together: A Plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*, more than \$89 million is committed to increasing community-based PIMH treatment, care and support for new parents across Queensland. This includes new public parent-infant inpatient beds, new community mental health PIMH positions distributed across HHSs in Queensland, expanding the Together in Mind Day Program, enhancing peer-led support service model and education, and in partnership with the Commonwealth, working towards universal antenatal and postnatal mental health screening across maternity and family care settings.

This document supports the community based PIMH treatment services state-wide and ensure services are developing multi-disciplinary teams that deliver integrated continuum of care, noting that PIMH services also provide a specialist resource to the broader MHAOD system.

Where reference is made to the mental health service within a systems context; this includes alcohol and other drugs services. Clinical service delivery includes the implementation of evidence-based best practice methods, interventions and techniques.

This document intends to be inclusive, ensuring that Aboriginal and Torres Strait Islander People, those from Culturally and Linguistically Diverse (CALD) backgrounds, people of diverse sexual orientation, gender identity or intersex variations requiring additional consideration are provided with accessible, high quality, culturally appropriate mental health treatment and care.

The term “parents” will be used throughout this document and is intended to be inclusive of all expectant parents and primary caregivers, who have birthed and/or are caring for babies and young children who may engage with the PIMH service system. The term “partners” is inclusive of fathers, and all family configurations. Reference to “family” will include parents/caregivers/ kinship and community where culturally relevant.

The [Queensland Clinical Guideline: Perinatal mental health](#) supports cross-sector services working with families from conception to 2 years postpartum. The focus of this guideline is on the early identification, assessment, and intervention across the continuum of care for women and partners experiencing mental health conditions during the perinatal period. It should be read in conjunction with this service model.

This document does not replace clinical judgement or HHS-specific patient safety procedures and should be read in conjunction with the Queensland Health Clinical Services Capability Framework Mental Health Services Modules and Mental Health Comprehensive Care Suite of documents for Hospital and Health Service model of care planning.

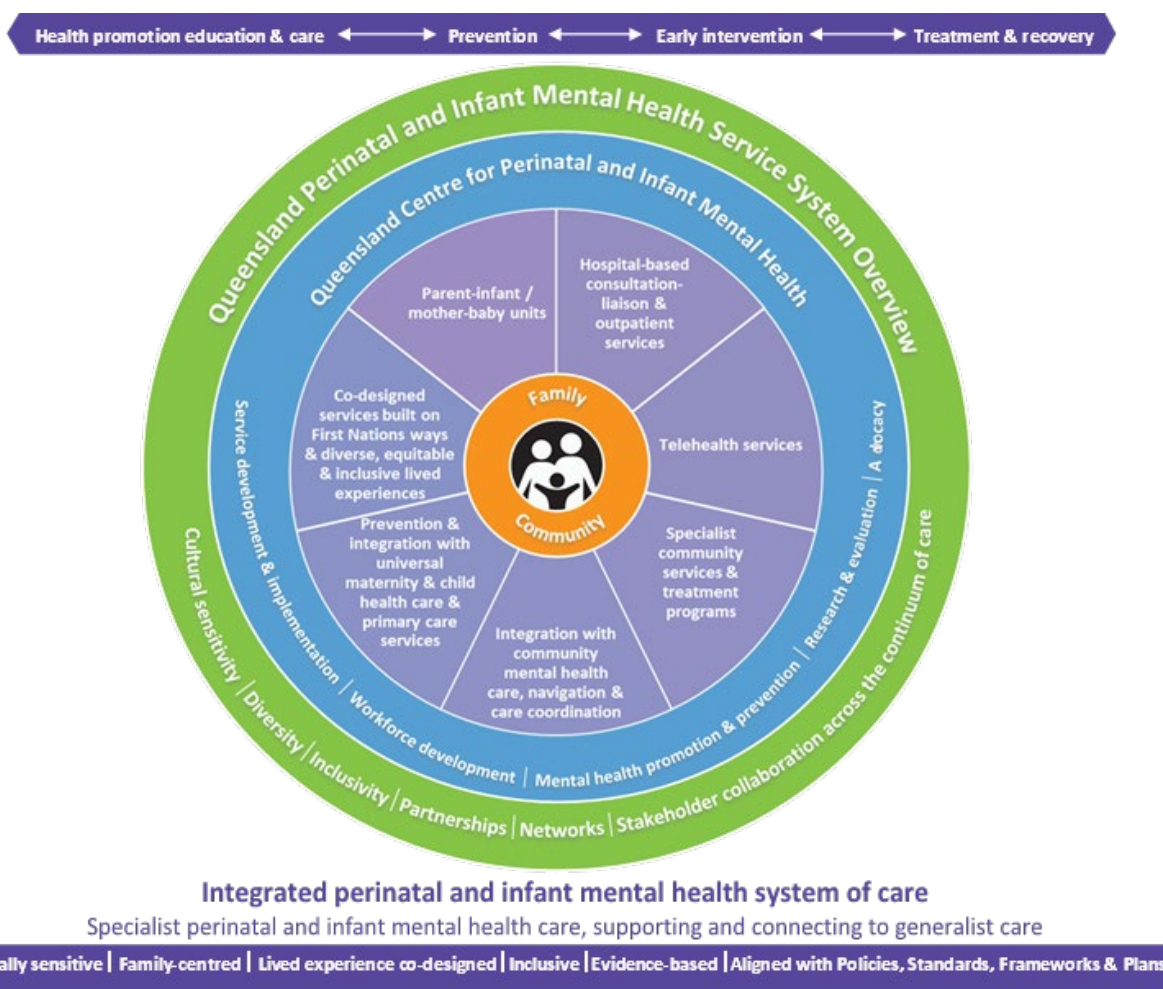
- [Clinical services capability framework | Queensland Health](#)
- [Comprehensive Care: Partnerships in Care and Communication \(health.qld.gov.au\)](#)
- [Guideline: Perinatal mental health 2024](#)

# Purpose

The Community PIMH Service Model supports the delivery of consistent PIMH services delivered by HHSs to:

- enhance the mental health and wellbeing of parents, infants, and families in the perinatal period including pregnancy, infancy, and early childhood, contributing to positive mental health outcomes and reducing the likelihood of future mental health challenges
- lead an integrated approach to local HHS clinical service delivery and develop strong partnerships with other PIMH stakeholders, and the broader MHAOD service system
- enhance PIMH knowledge and skills of the workforce across the health, mental health, community, and private sectors, to enable more effective responses to perinatal and infant mental illness
- Improving access to PIMH services.

**Figure 1** below describes the integrated PIMH mental health system of care. Specialist Community PIMH services are a key component of this broader service system.



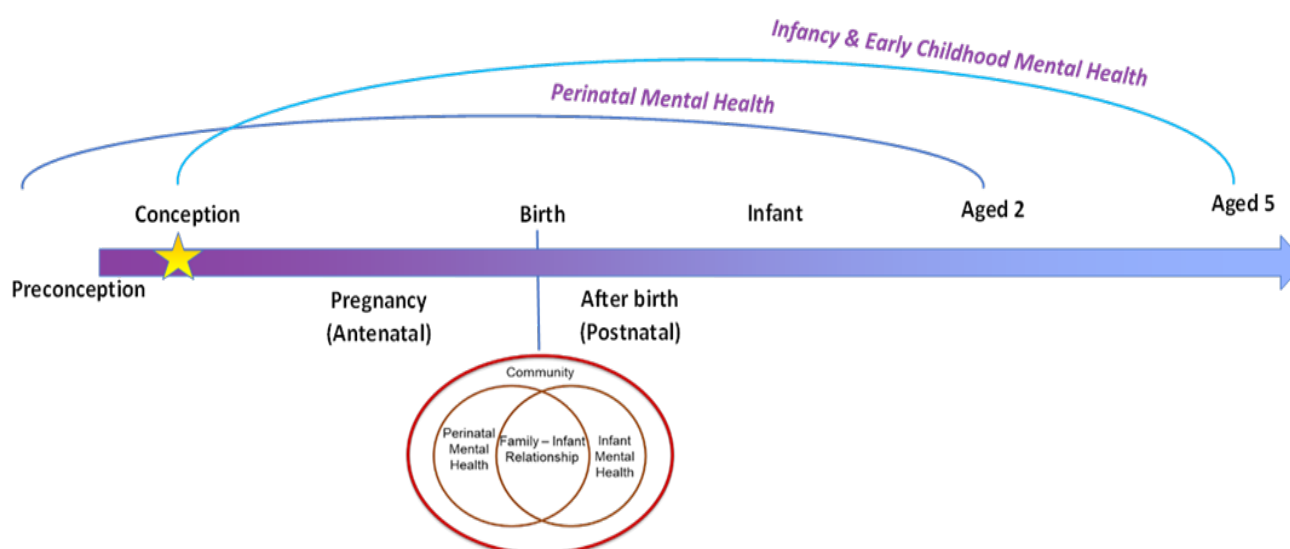
**Figure 1: Queensland’s integrated perinatal and infant mental health system of care**

## Community PIMH Service cohort – who is it for?

The perinatal period describes the timeframe for parents, from pre-conception until two years after the end of a pregnancy. **Perinatal mental health** is conceptualised as the mental health and wellbeing of parents and caregivers, including the health of the parent-infant relationship, during the perinatal period.

For infants and young children, **Infant mental health** and wellbeing is conceptualised as the period where the infant/ child is developing capacity and emotional wellbeing from conception up to 5 years of age.

**Figure 2** below describes the timeframes and context of PIMH for Queensland families.



**Figure 2: Perinatal and Infant Mental Health – preconception until five years.**

### Perinatal Mental Health Consumers

Perinatal mental health consumers, including young expectant and new parents under the age of 18 years, with a variety of mental illnesses may be referred for assessment and treatment. These mental illnesses may include (but are not limited to) depression, anxiety disorders, puerperal psychosis, schizophrenia, and related disorders; bipolar and other mood disorders; eating disorders, personality disorders, behavioural disorders; and substance use disorders. Consumers may also present with complex psychosocial needs. Parents presenting with mental illness in the perinatal period may:

- have a history of mental illness and diagnosis which may be vulnerable to the physical changes of pregnancy
- develop illnesses (or ill health) during pregnancy which may cease or continue following childbirth
- develop signs and symptoms of mental illness following childbirth.

Parents presenting with a severe history of mental illness who want to have children require specialist support to remain as well as possible during pregnancy and in the postnatal period. Management of medications is necessary in case of teratogenicity for their unborn infant, timing with birth processes and while breastfeeding. Relapse prevention planning commences as soon as possible following birth.

## Infant Mental Health Consumers

Infant and young children's mental health refers to their ability to:

- experience, express and manage their emotions
- form close and secure relationships with their parents and or caregivers
- explore their environment and learn about the world.

Infants and young children with a significant medical illness, or who have been exposed to significant psychosocial stressors, trauma, or parental mental illness, are particularly at risk in early childhood. Infant mental health services are offered to pregnant parents, infants, young children, and their families where there are serious concerns that their mental health is at risk of being compromised, or there is a significant impairment of the parent/primary caregiver-infant relationship, which is viewed as severe and complex.

## Community PIMH Service - what does it do?

HHS will employ specialist Community PIMH clinicians to deliver timely, evidence based, PIMH services in a community setting. A range of treatment strategies will be delivered by specialist PIMH services to assess and treat either parents (in the perinatal period) or infants and young children's mental illness, and promote parents, infants and young children's mental health and wellbeing.

They will deliver responses at two levels:

1. individual clinical level (specialist, evidence-based MHAOD care)
2. broader system level (consultation liaison and system support).

For younger perinatal consumers, the Community PIMH service will work collaboratively with child and youth mental health service elements via a co-care service delivery model to ensure developmentally appropriate perinatal mental health care.

Community PIMH Services typically operate Monday to Friday during normal business hours out of community health services. They do not provide crisis intervention services outside these hours; however, they are a critical component to provide secondary consultation for any individuals presenting in crisis and accessing acute care teams.

- 1. Specialist evidence-based, individual MHAOD treatment/** responses will include but are not limited to:
  - a. the assessment and treatment of parental mental illness in the perinatal period
  - b. the assessment of infant social and emotional development and wellbeing, including clinical disorders of infancy, and well recognised and appropriate therapeutic interventions to facilitate development and mental wellbeing
  - c. the assessment and treatment of parent-child relationship disturbance, including family formulation and parent-child psychotherapy
  - d. developing, delivering and evaluating therapeutic programs for parents and families with young children, including all key caregivers and siblings
  - e. developing mental health support plans during the intrapartum and early postpartum period for those consumers identified as high risk of deterioration



- f. facilitating streamlined, supported, and appropriate transitions across HHS boundaries when required for step up or down services, e.g. parent-infant inpatient unit transfer, or transfer to an alternate geographical region
  - g. delivering the Together in Mind day program in collaboration with child health.
2. **Psychosocial support** delivered by non-government organisations (NGO)
- a. Proactive engagement with the psychosocial support programs delivered by the NGO within the local HHS should take place to ensure the psychosocial needs of the consumer are identified and addressed to provide wholistic and wrap-around care.
3. Work collaboratively with other MHAOD treatment teams (via **consultation-liaison, co-care, case coordination model** or **system support**) to increase system capacity to **identify** and meet the needs of the target cohort
- a. providing consultation and capacity building to other parts of the mental health service system, and other health services, such as, maternity, child health, child protection and other family services, to respond appropriately to mental health consumers with more moderate to severe PIMH needs and support access
  - b. provide assessments (risk, mental state, diagnostic clarification) and advice to adult mental health or child and youth mental health clinicians regarding the implications of these assessments, which may be completed jointly with the mental health clinician. More general advice may also be provided to adult or child and youth mental health without direct client contact
  - c. participation in clinical care reviews or co-care with other MHAOD service providers, to ensure appropriate access to treatment as required
  - d. co-facilitation of standardised group programs (e.g., DBT) with perinatal mental health consumers
  - e. providing reflective supervision and professional support to other clinicians in the team
  - f. facilitating access to maternal and child health services, especially in relation to common issues in the perinatal period such as sleep and feeding as well as general developmental checks.

**Appendix A** outlines a set of principles to guide treatment and care across PIMH services.

## Integrated Community Perinatal and Infant Mental Health Services

An integrated multidisciplinary, collaborative service approach to the delivery of Community PIMH treatment services, and overarching clinical governance, is recommended to provide streamlined service journeys for consumers across the PIMH continuum. This integration of services can occur without service co-location.

To support the provision of safe and equitable care, the following requirements are recommended:

- culturally and psychologically safe family and infant friendly environments

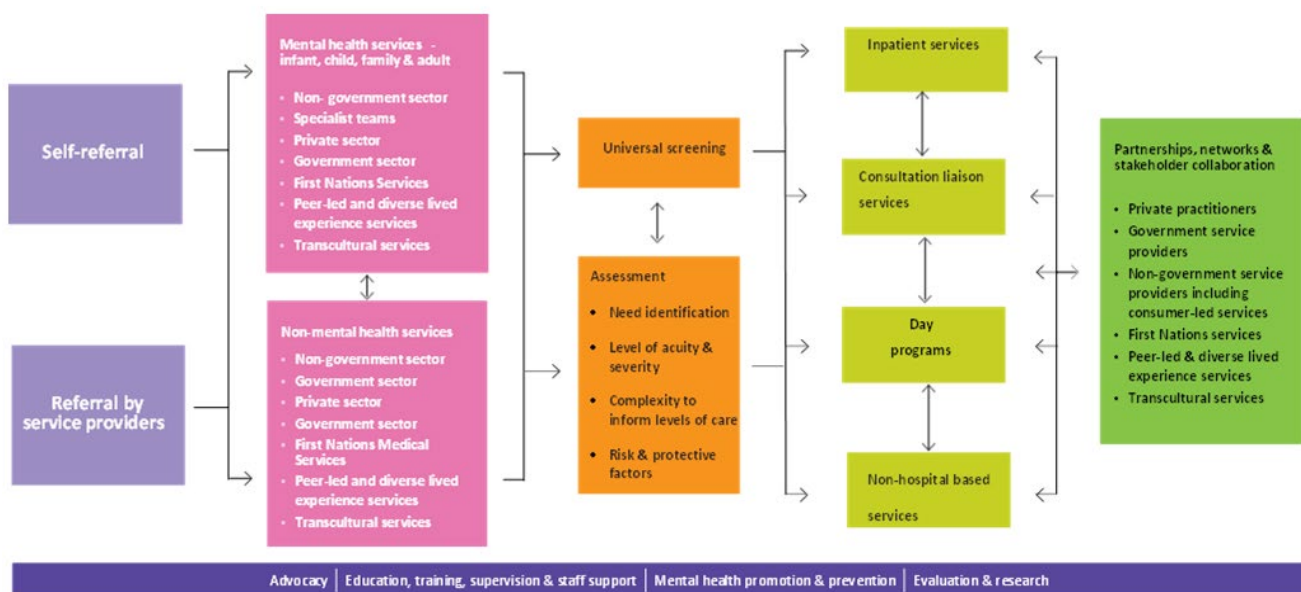
- provision of least restrictive clinical environments e.g. home-visiting clinical services, appropriate clinical settings for families and or other sites for clinical appointments that meet family's needs
- a recovery-oriented focus
- evidence-based, recovery-focused services that provide safe and appropriate transition through PMIH services, including engaging positively and proactively with the family. access to antenatal and postnatal care from primary to tertiary inpatient care; and if parent inpatient admission is required, mother and infant can remain together when in the best interests of mother and infant
- access to national, state-wide, and local PIMH telehealth services
- access to peer support and lived experience co-designed mental health services
- maximisation of a family's journey through the PIMH continuum of care, maximising sector stakeholder, state-wide and local community relationships
- Integrated service evaluation procedures and a culture of ongoing learning and development that focuses on continual improvement over time
- that the service system is supported by a framework, that promotes culturally sensitive, family-centred mental health care. Recovery is facilitated by integrating lived experience, and culturally endorsed bio-psycho-social assessment and treatment across the service continuum.

## Partners and co-care service delivery

**Figure 3** below outlines the connections across the service elements delivered by HHS and NGO under the PIMH continuum of care. These are further outlined at **Appendix B**.

### Perinatal and Infant Mental Health Service Model

Culturally sensitive & inclusive practice emphasizing mental health and wellbeing, family relationships and child development.



Taking a cross sector approach to service delivery, Community PIMH services and other specialist PIMH service system elements deliver across the continuum of care, work in collaboration with other MHAOD services, primary, secondary, private, government, non-government and peer-led health care services for parents, infants, young children, and their families.

To support this, development of local service agreements with partnering services is recommended, including establishing processes to support collaboration:

- a shared belief that all parents have access to services that promote and enhance the wellbeing and mental health enabling and supporting optimum attachment with their infant
- actively coordinate and engage with necessary service providers in the care planning and transition into and from Community PIMH services for the parent, infant or young child and family to connect with onward services
- build and enhance workforce capacity including provision of information and mental health education at all levels of care to develop a common language, increase understanding regarding the development of secure attachments, promote wellbeing, recovery, reduce episodes of illness and length of illness
- acknowledgement of the impact of trauma and perinatal mental illness on parents and an infant/ child's wellbeing and ensuring PIMH services provide trauma-informed care and access to appropriate clinical and supportive interventions
- support transitional care to access primary and or tertiary treatment as appropriate, strengthening referral pathways to ongoing community care and support.

## Related Services Across the PIMH Continuum of Care

Due to the complexity of pregnancy and parenthood many stakeholders exist in the government, non-government and community realms to support expecting and new parents. In addition to specialist acute perinatal and infant inpatient beds, other PIMH service sector and stakeholders include:

- pre-conception, conception and supported fertility services
- General Practitioners
- obstetric services
- maternal and child health services
- mental health services, including acute care, community and in-patient teams
- paediatricians, private and public
- specialist children's services such as dietitians, allergists, speech therapists, both public and private
- the Ellen Barron Family Centre
- local community-based services to care for and protect children at home such as Family and Child Connect
- local non-government organisations and charities, providing specialist mental health recovery programs
- Specialist Child Development Services
- Early childhood education and services
- maternity and midwifery services, public and private
- pregnancy termination services
- services supporting stillbirth and birth trauma
- navigation and Care Coordination services, state and national PIMH Peer and Lived Experience support services delivered by non-government organisations

- alcohol and other drug services
- domestic and family violence support services
- Statutory Authorities, such as Child Protection and Safety services and the QLP Police Domestic Violence and Vulnerable Persons Unit
- family volunteer support services
- private PIMH mental health services

Community PIMH services will work in collaboration across the PIMH service sector, including development of agreed referral pathways.

## Workforce

Specialist Community PIMH teams will, include health professionals who possess intermediate to advanced knowledge of assessment and intervention skills with either perinatal or infant mental health consumers.

The specialist nature of perinatal and infant mental health clinical work, means that clinicians working in this sector need to possess knowledge and skills to conduct mental health assessment and clinical interventions involving risk and child safeguarding; this also includes specialist knowledge and skills required to provide a service to a perinatal and infant mental health population due to:

- the bi-directional influence of illness and developmental struggles for parents and infants at this stage of life
- the high risk of detrimental outcomes for families and infants if early intervention at this time is not achieved
- emotional, physical, developmental, and psychosocial risk factors specific to pregnant and new parents and infants under the age of 2 years
- the impact of treatment and care on the parent-infant relationship attachment as this is a protective factor for later trauma and mental health concerns
- trauma-informed practices and awareness of trauma growth in parents and caregivers.

It is therefore important to ensure development opportunities exist for clinicians who may be working in other areas to develop perinatal and infant mental health knowledge, skills and expertise.

Specialist perinatal and infant mental health clinicians may also be involved in the provision of mentoring and clinical supervision across the PIMH continuum.

Specific areas of knowledge and experience may include:

- perinatal mental illness – clinical assessment of illness, risk of consumer to self and others, especially their infant and the nature of treatment and other supports required to promote the parent’s recovery. Understanding risk factors for perinatal mental illness, signs and symptoms of illness, awareness of up-to-date management and treatment including prescribing in pregnancy and postpartum and evidence-based psychological management strategies.
- infant mental illness – clinical assessment of presence of an infant’s risk state, symptoms of distress and/or mental illness, risk of developing a future mental illness and the therapeutic changes required to repair this conflux of symptoms within a comprehensive bio, psychological and social developmental perspective for the infant’s recovery

- parent-infant attachment– Perinatal clinicians may observe and screen difficulties in the parent-infant relationship as part of their ongoing interventions. Infant clinicians may use clinical assessment tools and processes to determine if the parent-infant relationship has been adversely affected and impacts the infant’s mental health and developmental wellbeing. Specific observation and assessment skills and the use of screening tools around the interactions between parent and infant; what difficulties are present, mother/parent reflective functioning, mother’s responsiveness to her baby’s cues and use of clinical judgement for diagnosis and intervention are advanced processes that are used for this type of clinical work.
- Non-clinical perinatal mental health professionals may use advanced peer practice skills to offer health literacy and prevention/promotion activities; facilitation or co-facilitation on parent infant attachment education or complementary support alongside clinical treatment.
- Observation and recognition of risks of abuse and neglect and appropriate intervention and pathways to care if identified taking into consideration mandatory reporting obligations and/or requirements.
- knowledge and application of the Queensland Mental Health Act 2016 in the perinatal mental health context
- comprehensive knowledge and delivery of case management, evidence-based treatment options and in-depth therapy models for moderate to severe and acute infant mental health disorders, and management of infant and carer issues in complex cases
- managing co-morbidity – advanced knowledge of the various co-morbid issues that may be present when a mother is severely mentally ill depressed/anxious including other mental health disorders, neurodiversity as well as psychosocial risk factors (e.g. problematic substance use; relationship difficulties; domestic and family violence; financial/housing/homelessness issues; infant sleep/settling/feeding difficulties, personality disorders, trauma, refugee, migration stress etc).

Lived experience (peer worker) roles are recommended as part of workforce profiles across state-funded mental health alcohol and other drug services. As much as possible, these should be considered within the Community PIMH service, across the continuum of care. Access to Lived Experience workers is also through psychosocial support services delivered by non-government organisations. It is important to ensure these positions are adequately supported, consistent with the Lived Experience (Peer) Workforce Framework 2023; recognised as health professionals; and that these roles are well integrated into the workforce.

Similarly, access to First Nations Health Workers and CALD roles in the absence of dedicated positions will be an important consideration for all services, including through any partnering Aboriginal Community Based Organisations and CALD organisations. Support for LGBTQIAP+ consumers is also provided.

## Mandatory requirements

The Community PIMH Service Model does not detail all the mandatory and fundamental operational business requirements, processes, or procedures specific to all Queensland public PIMH services. These fundamental requirements should be localised to specific HHS regions in the form of a PIMH HHS Model of Care and take into consideration regional contexts.

Within these HHS Models of Care evidence is necessary of the services alignment with national and statewide guidelines and protocols including but not limited to:

- [National Safety and Quality Health Service Standards Second edition – 2021](#)
- [Better Care Together: A plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027](#)
- [Clinical Services Capability Framework](#)
- [Mental Health, Alcohol and Other Drugs Performance Framework](#)
- [Hospital and Health Service Performance Management Framework](#)
- [A national framework for recovery-oriented mental health services](#)
- [Making Tracks Together: Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework](#)
- [Lived Experience \(Peer\) Workforce Framework \(health.qld.gov.au\)](#)
- [Lived Experience Workforce Framework | Queensland Mental Health Commission \(qmhc.qld.gov.au\)](#)
- [Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery | Embrace Multicultural Mental Health \(embracementalhealth.org.au\)](#)
- [Mental Health Act 2016](#)
- [Transition of care for young people receiving child and youth mental health services](#)
- [Co-occurring substance use disorders and other mental health disorders: policy position statement for Mental Health Alcohol and Other Drugs Services 2021](#)
- [Suicide Prevention Practice](#)
- [Comprehensive Care: Partnerships in Care and Communication \(health.qld.gov.au\)](#)
- [National Children’s Mental Health and Wellbeing Strategy -   
<https://www.mentalhealthcommission.gov.au/mental-health-reform/childrens-mental-health-and-wellbeing-strategy>](#)
- [Queensland Perinatal and Infant Mental Health Clinical Guideline 2023](#)
- [National Clinical Guideline for Perinatal Mental Health 2023](#)

Specialist PIMH services have responsibility for maintaining records on CIMHA in accordance with CIMHA standard business rules. PIMH services will utilise routine outcome measures (consistent with National reporting requirements) relevant to the age of the consumer as part of assessment, recovery planning and service development.

All documentation will comply with legislative requirements, locally developed policy and consistent with the [Comprehensive Care - Documentation Framework and Guide](#).

General clinical governance processes (e.g. multidisciplinary care review) and professional systems (e.g. professional supervision) that ensure staff are skilled and adequately supported professionally and are not covered by this document and will be documented in local HHS models of care.

## Appendix A: Principles to guide treatment and care within Community PIMH services

There is a strong theoretical and biological PIMH evidence base, along with the psychosocial context to support the following PIMH principles of care:

- The infant and their parent are individual persons, including assessment and treatment of their specific needs.
- The early years of a child's life are central to secure attachment relationships, development, and lifelong wellbeing. Infant and young children's wellbeing can be impacted by trauma and parental/perinatal mental illness. This can have lifelong negative impacts upon their own mental health and wellbeing.
- Perinatal and infant mental health screening can lead to the identification of a range of services that may support infant and parent/carer well-being. Early intervention is the best prevention for illness later in life.
- Perinatal mental illness is a serious health concern and can be life threatening for the parent and infant. With timely and appropriate treatment recovery outcomes are positive.
- Embedding of lived and living experience in all aspects of clinical care: This is central to the development of individualised care and recovery plans that identify all available supports, crisis management strategies, clinical and psychosocial goals and interventions processes, and psychoeducational and relapse prevention strategies.
- Services and treatment are inclusive of a cultural context that supports Aboriginal and Torres Strait Islander Peoples and CALD Peoples and are consistent, high quality and safe mental health services. Identification of pathways to care are paramount to family support. Care is sensitive to a person's cultural perspective to promote emotional and cultural safety. Services will use and adhere to trauma-informed, evidence based, culturally relevant, and specialised perinatal and infant mental health treatment interventions. These are designed to minimise risk and increase protective factors for parents, and for infants and young children's mental health and wellbeing.
- PIMH interventions are guided by assessment and formulation processes using a developmentally and relationally informed biopsychosocial approach. They are based on resilience and recovery principles and are sensitive to people's cultural and religious beliefs and perspectives. They promote cultural safety, support hope and respect, are based on level of acuity, risk, complexity, and distress and are not limited by diagnosis or co-morbidities. These principles are embedded in a human rights perspective and designed to empower families.
- Care is provided via outreach where appropriate to support engagement outside a clinical setting.
- A cross-sector approach is taken to the integration of all PIMH service stakeholders, where clear links to stakeholders are identified and sustainable relationships are built. Service delivery is well integrated, with established procedures that support continuity of care across settings and between services.
- Comprehensive professional support, training, supervision, and reflective practice opportunities are provided for the clinical staff, Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse and Lived Experience PIMH workforces to support the co-design and ongoing review of services.

## Appendix B: Specific description of PIMH service elements across the care continuum

PIMH Services	Function Descriptions
<b>Mother-baby inpatient units</b>	<p>Mother-baby Inpatient treatment settings may actively treat complex, moderate to severe - acute perinatal mental illness, or infant mental illness and infant-carer relationship distress, while also managing other co-morbid mental health issues and psychosocial factors that may be present. Service elements include:</p> <ul style="list-style-type: none"> <li>• Clinical management and advice regarding acute risk of mothers and parents experiencing severe and complex mental illness in the perinatal period.</li> <li>• Provision of tertiary clinical services and treatments to improve consumers wellbeing and transfer to ongoing community or private mental health care services</li> <li>• Management and provision of consultation about acute PIMH mental health act presentations</li> <li>• Assessment and inpatient treatment of PIMH consumers with severe and complex mental illness.</li> </ul>
<b><u>ePIMH Telepsychiatry Service</u></b>	<p>e-PIMH is a statewide Telepsychiatry service using video. The service provides clinical education, advice, and consultation for perinatal and infant mental health across Queensland, with a specific focus on regional, rural, and remote areas in Queensland through clinical advice, linking referral pathways and developing the skills and knowledge of service providers.</p> <p>e-PIMH support to service providers includes:</p> <ul style="list-style-type: none"> <li>• consultation involving de-identified case discussions with a perinatal or infant/child psychiatrist</li> <li>• Consultation with a perinatal or infant/child psychiatrist, together with the parent/carers, with an option of 1-2 follow ups</li> <li>• strategies and recommendations on how to better support the baby/child/parent/carers</li> <li>• resources and referral information to pass along to the family identified as needing support.</li> </ul>
<b>Non-government delivered perinatal mental health support services</b>	<p>There are a number of non-government organisations who support the mental health of parents and families during pregnancy and through early parenthood, including those providing face-to-face support programs through to national telephone support lines. These include PANDA National Telephone Helpline and intensive Care Coordination Program, Peach Tree peer-led support programs (Greater Brisbane), Gidget providing psychological services both in person or via Telehealth and ForWhen national helpline providing a stepped care support service. Please note this list is not exhaustive.</p>
<b>QCPIMH statewide support</b>	<p>The <a href="#">Queensland Centre for Perinatal and Infant Mental Health (QCPIMH)</a> supports the statewide PIMH service system through activities focused on five core business areas including:</p>



PIMH Services	Function Descriptions
	<ul style="list-style-type: none"> <li>• Service development and implementation</li> <li>• PIMH Workforce development</li> <li>• Mental health promotion and prevention</li> <li>• Research and evaluation</li> <li>• Advocacy</li> </ul>
<b>Perinatal Mental Health Screening</b>	Queensland is working towards universal antenatal and postnatal mental health screening in public maternity and family care settings, including screening for priority cohorts. This builds on the existing embedded universal antenatal screening that occurs across maternity and midwifery. Work is occurring across Queensland Health to embed the ICOPE digital perinatal mental health screening platform across maternity and family care settings in Hospital and Health Services.