

State wide Outreach Perinatal Service for Mental Health: Response to natural disasters

Natural disasters (such as severe storms, cyclones, floods or bushfires) can be frightening and stressful particularly for people who are expecting or caring for a baby. It is normal to have strong emotional or physical reactions following exposure to a natural disaster. On most occasions though, these reactions subside as a part of the body's natural healing and recovery process. There are many things that can be encouraged to help pregnant women, parents, infants and young children cope with and recover from such an experience.

Severity of exposure to the natural disaster is a major predictor of mental distress among pregnant and postpartum women. However, women who are vulnerable to relapse or recurrence of mental disorders during the perinatal period may require specialist attention in the context of minor exposure to natural disaster.

In the first instance, healthcare providers can encourage community connectedness and support to ensure that pregnant women, mothers/parents, their infants and children have safe shelter, nourishment, access to regular prescribed medications and opportunities to talk about their experience and needs.

Who are the pregnant women and mothers that are most vulnerable to mental health problems in the context of a natural disaster?

Women who have previously experienced trauma, abuse and/or neglect, with or without a diagnosis of Posttraumatic Stress Disorder, may be particularly vulnerable to any level of exposure to a natural disaster.

Any woman who has previously experienced a mental health problem such as Depression, Anxiety Disorder, Obsessive Compulsive Disorder, Psychosis or Bipolar Disorder, is vulnerable to relapse during the perinatal period. Exposure to a natural disaster may exacerbate risk of relapse or recurrence of mental disorders with moderate to severe symptoms for these women. Key triggers for recurrence/relapse may be:

- Disruption to sleep quality and quantity (circadian rhythms)
- Diet, lifestyle and medication changes
- Change to interpersonal relationships, financial and living conditions.

NSW Health Perinatal and Infant Mental Health Services including SwOPS-MH

Perinatal and Infant Mental Health Services (PIMHS) are available in each of the 15 NSW Local Health Districts (LHDs). As a component of the NSW PIMHS Program, the State wide Outreach Perinatal Service for Mental Health (SwOPS-MH) provides a Perinatal Psychiatry Consultation-Liaison (C-L) service via outreach Telehealth from Westmead Hospital in relation to women in the perinatal period (conception to two years postpartum). SwOPS prioritises consultation for healthcare providers in rural, remote and regional districts. Healthcare providers employed in an LHD (including Karitane and Tresillian) can request a SwOPS consultation via the form available through their LHD device/intranet [at this link](#).

Outreach perinatal mental health response to natural disasters

In addition to requests from LHDs, for women in the perinatal period who have been exposed to a natural disaster, SwOPS will provide Perinatal Psychiatry C-L services for General Practitioners (GPs) and other healthcare providers working in Primary Healthcare Networks (PHN) and Aboriginal Medical Services (AMS).

SwOPS-MH provides consultations by phone or videoconference which include:

- Assessments (diagnostic clarification) and recommended treatment plans during a single session; or comprehensive therapeutic assessment/consultation over several sessions;
- Advice and assistance in relation to women with a history of bipolar disorder, schizophrenia, mood disorders and anxiety disorders;
- Follow-up review/s as needed.

All written feedback from SwOPS-MH to the healthcare professional will include treatment and care recommendations.

Important information about access to SwOPS-MH

- SwOPS-MH uses **Telehealth** which enables the secure transmission of images, voice and data to provide perinatal/infant mental health consultation and care via videoconference and phone/teleconference.
- Videoconference and phone contact with patients/clients in the absence of their local healthcare provider is not available. All SwOPS-MH Telehealth (videoconference/teleconference) sessions involving a patient/client must have a healthcare provider in the room; partners, child/ren, family or other carers are welcome to be part of the SwOPS-MH sessions alongside the local healthcare provider. Written feedback will be sent to the healthcare provider via email or fax for the respective medical record.
- Patients should not be given the contact details of SwOPS nor written feedback from SwOPS-MH
- Telehealth sessions function best from a NSW Health LHD videoconference unit. The Telehealth Manager or Lead in each LHD can be contacted to assist with the identification of a patient friendly and private environment with suitable technology. Contact details for each Telehealth Manager/Lead are available [at this link](#).
- However, online conferencing is available for GPs and other healthcare providers to use via their computer, laptop or smart phone in their local healthcare setting. A **Chrome** browser supported by adequate internet connectivity/bandwidth and audio/visual (sound/camera) is essential.

To request a consultation involving a perinatal patient/client, email or fax the following information noting reason for request and attach recent assessment

Healthcare provider details	Patient/client details
Your name	First/given name
Clinical background/discipline	Surname
Workplace setting/name and location/address	Date of birth
Email address	Address
Phone	Medicare No.
Mobile	Medical record number at LHD

Email: SwOPS-mh@health.nsw.gov.au or **Fax 'Attention SwOPS': 02 8890 9212**

The State wide Outreach Perinatal Service for Mental Health (**SwOPS-MH**) is available usual business hours Monday to Friday via **Phone: 02 8890 3617** or Email: SwOPS-mh@health.nsw.gov.au