

**Title: Translational Action-Research in the Development of a Childbirth and Mental Illness Service.**

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**Background:** The Childbirth and Mental Illness (CAMI) clinic was established at King Edward Memorial Hospital, Western Australia in 2007 in recognition of the increased obstetric and psychosocial risk for women with serious mental illness. In 2015 the broader CAMI Service was developed, integrating preconception counselling, the CAMI antenatal clinic, inpatient mental health care at the Mother and Baby Unit (MBU) for antenatal and postnatal women, consultation-liaison (CL) mental health support during obstetric admissions and up to 12 months postnatal followup by the CAMI perinatal psychiatrist.

**Objective:** The aim of the CAMI service project was to provide translation of evidence-based practice within a values-driven framework. Consumer choice, family-centred and multi-systemic mental health and obstetric care were central to the assessment and interventions offered for women experiencing serious mental illness (SMI), particularly Schizophrenia, Bipolar Affective Disorder Type 1, and women with a history of Puerperal Psychosis. Continuity of the practitioner-patient relationship was prioritised.

**Method:** Review of the evidence-based literature was undertaken to establish the service parameters above. Referral pathways, intake decision making and existing clinical guidelines were all critically evaluated against the above parameters. The implementation of the CAMI service was undertaken along-side education and training sessions for staff and reviewed iteratively for best-practice by a committee of clinicians and consumer representation. An action-research methodology was employed to guide this process –with ongoing evaluation by consumer and stakeholder feedback.

**Outcomes:** Outcomes of this service implementation included improved within-service collaboration between CL and MBU mental health, obstetric, neonatal and allied health services. A shared-care partnership was developed with a community, not for profit organization and improved relationships were developed with general practitioners, community mental health services and other external stakeholders.

**Discussion:** The principal influences, development of the service plan, implementation and evaluation of the CAMI service will be described along-side the vision for ongoing extension of this model of care within perinatal mental health.

**Key Words:** Translational Perinatal Mental Health; Mental Illness, Action-Research Service implementation project

**References:**

1 .Jones I, Chandra PS, Dazzan P, Howard L. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. *Lancet* 2014;384:1789-99

2. Stein A, Pearson RM, Goodman SH, Rapa E, Rahman, A, McCallum, M, Howard LM, Pariante, CM. Effects of perinatal mental disorders on the fetus and child.

