



Evaluating the Access to Allied Psychological Services component of the Better Outcomes in Mental Health Care program

Fourteenth Interim Evaluation Report Supplement

Preliminary findings of the Perinatal Depression Initiative

**Justine Fletcher, Bridget Bassilios, Kylie King, Fay Kohn,
Grant Blashki, Philip Burgess, Jane Pirkis**

Background

The Better Outcomes in Mental Health Care program has been extended to provide services for the National Perinatal Depression Initiative. In 2008 the Federal Government introduced the National Perinatal Depression Initiative; which is designed to improve prevention, early detection of and intervention for antenatal and post natal depression.¹ Funding has been provided to numerous organisations in order to meet the aims of the initiative. More specifically, in order to achieve the aim of providing better treatment to women diagnosed with perinatal depression the Federal Government has provided funding through the Access to Psychological Services projects for service delivery, with a specific focus on rural and remote areas.

This supplement provides a preliminary analysis of the services provided for the Perinatal Depression Initiative and the involvement of GPs and allied health professionals, as well as the profile of consumers and types of services they are receiving.

Method

Evaluation Questions

Evaluation Question 1: What is the uptake of the Perinatal Depression Initiative by GPs and allied health professionals?

Evaluation Question 2: What is the profile of consumers and the care they are receiving?

Data source

Data related to the Perinatal Depression Initiative were extracted from the minimum dataset on the numbers of GPs and allied health professionals providing services through the projects (Evaluation Question 1), the number and profile of consumers accessing these services (Evaluation Question 2), the number and nature of these services (Evaluation Question 2),

Data Analysis

To analyse data for the Perinatal Depression Initiative simple frequencies and percentages were calculated in order to answer Evaluation Question 1 and 2.

1. Community Services Section, Mental Health and Suicide Prevention Programs Branch, Mental Health and Workforce Division. Access to Allied Psychological Services Projects - National Perinatal Depression Initiative. Circular No. 7. In: Ageing DoHa, editor, 2008.

Results

Since the introduction of the National Perinatal Depression Initiative, the minimum data set has been amended to capture data for perinatal depression. Data is available for 23 projects from March 2008. It is important to note that the findings are most likely an underestimate as it has taken considerable time for some projects to update their data capture systems to reflect the new initiative. To date 77 (24 urban; 53 rural) consumers have been referred by their GP to an allied health professional for 171 (66 urban; 105 rural) sessions of care.

Evaluation Question 1: What is the uptake of the Perinatal Depression Initiative by GPs and allied health professionals?

Table 1 shows the number of GPs and allied health professionals who have been involved in the National Perinatal Depression Initiative nationally and in urban and rural areas. Professionals in rural areas represent approximately two thirds of the total professionals involved.

Table 1: Number of GPs and allied health professionals participating in the Perinatal Depression Initiative

	National	Urban	Rural
General Practitioners	65	22	43
Allied health professionals	32	9	23

Evaluation Question 2: What is the profile of consumers and the care they are receiving?

Table 2 indicates the characteristics of consumers receiving care through the National Perinatal Depression Initiative. It shows that almost all consumers are female, apart from a small percentage in urban areas who are male. The age range of consumers is 18-57 years with a mean of around 31 years. Approximately half of consumers nationally and in rural areas are on low incomes as identified by the GPs, as compared to 73% in urban areas; the vast majority of consumers have not received any previous psychiatric care; and 7.5% of rural consumers are Aboriginal. Eighty-two percent of consumers have been diagnosed with a depressive disorder whilst around 35% have been diagnosed with an anxiety disorder.

Table 2: Summary Characteristics of consumers receiving care through the National Perinatal Depression Initiative

	National	Urban	Rural
Gender			
• Female	96%	86.4%	100%
• Male	4%	3.6%	0%
Mean age	31	33	29
Low income			
• Yes	58.3 %	72.7%	52%
• No	23.6 %	18.1%	26%
• Unknown	18.0%	9.1%	22%
Previous psychiatric service use			
• Yes	5.2%	0 %	7.5 %
• No	80.5%	79.2%	81%
• Unknown	11.7%	20.8%	11.3%
Aboriginal			
• Yes	5.2%	0%	7.5%
• No	80.5%	79.2%	81.1%
• Unknown	14.3%	20.8%	11.3%
Torres Strait Islander			
• Yes	0%	0%	0%
• No	84.4%	79.2%	86.8%
• Unknown	15.6%	20.8%	13.2%
Diagnosis ^a			
a. Alcohol and drug use disorders	3.9%	8.3%	1.9%
b. Psychotic disorders	0%	0%	0%
c. Depression	81.8%	79.2%	83%
d. Anxiety disorders	36.4%	37.5%	35.8%
e. Unexplained somatic disorders	0%	0%	0%
f. Unknown	1.3%	0%	1.9%
a. Multiple responses permitted			

Table 3 highlights the characteristics of care consumers are receiving. In summary the vast majority of sessions are 46-60 minutes in length and almost always individual in both urban and rural areas. The main difference between urban and rural areas is that a copayment was charged in nearly half of all urban sessions; where as only 2% of sessions incurred a copayment in rural areas. There is not yet sufficient data available to assess the treatment delivered in these sessions.

Table 3: Summary characteristics of sessions provided to consumers through the National Perinatal Depression Initiative

	National	Urban	Rural
Duration			
• 0-30 mins	0.6%	0%	1.1%
• 31-45 mins	1.4%	0%	2.2%
• 46-60 mins	87.8%	98.3%	81.1%
• Over 60 mins	10.1 %	1.7%	15.5%
Type			
• Unspecified	8.2%	13.6%	4.8%
• Individual	91.8%	86.4%	95.2%
Copayment			
• Yes	19.9%	48.5%	1.9%
• No	80.1%	51.5%	98.1%

Summary

Since the introduction of the Perinatal Depression Initiative, 23 divisions have entered data in the minimum-dataset. The majority of referrals and sessions have been in rural areas consistent with the intent of the initiative to target rural and remote locations. Almost all consumers referred have been female with an average age of 31 years. Eighty-two percent have been diagnosed with depressive disorders and 37% with anxiety disorders. More urban consumers were identified by their GP as having a low income; however they were more likely, than rural consumers, to be charged a copayment for the sessions of care. Almost all sessions were individual and an hour in length.