

Queensland Health

Mother and Baby Mental Health Inpatient Units

Service Model – 2025



Queensland
Government

Mother and Baby Mental Health Inpatient Units – Service Model

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



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<https://qhps.health.qld.gov.au/mentalhealth/govperf/modelsofservice>

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1 Introduction

The Mother and Baby Mental Health Inpatient Units (Mother Baby Units - MBU¹) Service Model provides a framework for state-funded MBUs within the Queensland public mental health, alcohol and other drug (MHAOD) service continuum of care. It outlines the key service elements delivered within a MBU and the referral management process to support statewide access. It does not seek to reiterate the commonalities shared by all Queensland public MHAOD service elements (e.g. trauma-informed or recovery-oriented care).

The MBU is an important service element in the broader perinatal and infant mental health (PIMH) service system. This MBU Service Model should be read in conjunction with the [Community Perinatal and Infant Mental Health Services – Service Model](#), which describes the broader PIMH system, the key elements of community-based PIMH treatment, and the ideal care principles for PIMH treatment and care.

This document does not replace clinical judgement or Hospital and Health Service (HHS) and Mater Health specific safety and clinical policies and procedures and should be read in conjunction with the [Clinical Services Capability Framework \(CSCF\) Acute Adult Mental Health Services Module](#).

2 Context

Every year there are almost 60,000 births in Queensland, with approximately one in five mothers experiencing psychological distress or mental illness during the perinatal period requiring clinical intervention. The quality of mothers', fathers' and partners' mental health and wellbeing in the perinatal period directly impacts on the health and social and emotional wellbeing of the baby and family. Sadly, maternal suicide remains the most common cause of maternal mortality in the first year postpartum.²

MBUs are an important component of the continuum of care for new parents, infants and families. MBUs provide specialist inpatient care and treatment for severe perinatal mental health disorders. This model supports safe, acute mental health treatment of the mother while being co-located with her baby. This provides the mother with the opportunity to continue to care for her baby in a safe environment which nurtures the important mother-baby bond. MBUs also provide mental health inpatient care to other primary caregivers to the baby who are not the mother, although this may depend on each individual MBU's local model of care.

¹ While MBUs may also be known as parent and infant units, this document will use the term MBUs.

² Queensland Health, Queensland Maternal and Perinatal Quality Council. Queensland mothers and babies 2018-2019. Report of the Queensland Maternity and Perinatal Quality Council 2021. [Internet]. Available from: <https://clinicalexcellence.qld.gov.au/>.

3 Purpose

This MBU Service Model supports the delivery of consistent inpatient mental health treatment for mothers and allows for the safe co-location of her baby(ies).

The intended purpose of the development and local level implementation of this document is:

- the delivery of safe, high quality, integrated, and evidence driven mental health treatment and care within MBUs
- a more informed and supported MHAOD workforce with increased understanding of public MBUs in Queensland, including functions and target population
- improved understanding of how to access and refer to an MBU, including guidance to identify local processes to support access to treatment and care across the MHAOD service continuum, including alcohol and other drug treatment and care
- increased understanding of the need to ensure strong partnerships with other MHAOD service components.

In Queensland, there are currently 12 public mother-baby inpatient beds, delivered through two MBUs:

- Lavender Mother and Baby Unit (Lavender Unit) – 4 public beds located at Gold Coast University Hospital
- Catherine’s House Public Inpatient Unit (Catherine’s House) – 8 public beds located at Mater Mother’s Hospital, South Brisbane Campus.

Planning for additional MBUs to deliver new mother-baby inpatient beds in locations throughout Queensland has begun.³

Figure 1 describes the broader and integrated PIMH mental health system of care. MBUs are a key component of this system.

MBUs should integrate with the wider mental health, alcohol and other drugs services, maternity, health and other primary and secondary service components. As part of the continuum of care along with community-based specialist PIMH and services and peer-led psychosocial support services, collaboration with families and responsiveness to the varied needs of families, including cultural needs, is required to deliver the most appropriate service for each family.

³ As of March 2025.



Integrated perinatal and infant mental health system of care

Specialist perinatal and infant mental health care, supporting and connecting to generalist care

Culturally sensitive | Family-centred | Lived experience co-designed | Inclusive | Evidence-based | Aligned with Policies, Standards, Frameworks & Plans

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

3.1 What is a Mother Baby Unit?

A MBU is a specialised bed-based acute mental health inpatient service that aims to provide specialist mental health assessment, care and treatment for mothers and babies and their families during the perinatal period in an inpatient setting.

The MBU provides inpatient care of approximately 21 days for mothers and their baby, where the mother exhibits signs and/or symptoms of severe mental illness which have not responded adequately to less intensive interventions in the community, and/or the safety and treatment needs of the mother-baby dyad or of the family, warrants admission.

MBUs provide multidisciplinary and holistic care to the mother-baby dyad through a wide range of disciplines, including mental health nurses, child health nurses, physiotherapists, occupational therapists, infant mental health therapists, dietitians, pharmacists, speech pathologists, psychologists, social workers, consumer and carer peer workers, psychiatrists, paediatricians, and general practitioners. Other services and specialists may also provide liaison and support as required, such as lactation consultants, specialist alcohol and other drug clinicians, child protection liaison officers and domestic and family violence specialists.

MBUs play an important role in training specialists and the wider health workforce in perinatal and infant mental health.

MBUs differ from early parenting residential units in that MBUs are able to provide targeted, specialised mental health treatment to mothers with severe and complex mental disorders.

Other key distinguishing features of an MBU are that they:

- operate 24 hours a day, 7 days a week
- are gazetted as authorised mental health services
- are co-designed and operate to meet the specific needs of mothers and their baby(ies)
- work as part of an integrated model which may include consultation liaison and the provision of ambulatory care services, including alcohol and other drug support services.

Guiding principles of care for MBUs will be aligned to the overarching Community PIMH Service Model and outline the importance of:

- integration and strong partnerships with other acute hospital services, local mental health, alcohol and other drug services, primary care providers, community support services, early parenting supports (e.g., Ellen Barron and child health services), paediatric services, and maternity services
- established local procedures that support continuity of care across settings and between services, and care of mother and baby together, including referral pathways for medical, paediatric, and obstetric interventions as required.

3.2 Who is it for?

MBUs provide specialist mental health inpatient care for women, and their baby(ies), who require admission to hospital for significant mental health difficulties in the third trimester of pregnancy and up to one (1) year following childbirth that impact on their ability to function in everyday life and to care for their child. This includes young expectant and new mothers under the age of 18 years. Women and their babies will be admitted if the mother has significant mental health problems and cannot be safely supported in the community. MBUs also focus on improving the relationship between mother and infant, and support mothers in building their confidence in caring for their baby(ies). Treatment for women who are under or assume care under the Mental Health Act is provided.

This includes women with:

- postpartum psychosis
- schizophrenia or bipolar disorder in the postpartum
- severe anxiety and/or depressive disorder
- complex mental health problems which may include a history of trauma, personality disorder, substance use disorders, and eating disorders significantly impacting on their parenting.

In a MBU, the mother is the identified patient while considering the needs of the baby and the mother-infant dyad. Each MBU should consider having a partner or other support person as boarders when therapeutically recommended, and as capacity allows.

Public MBUs are inclusive, ensuring that Aboriginal and Torres Strait Islander people, those from Culturally and Linguistically Diverse (CALD) backgrounds and 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. For instance, Aboriginal and Torres Strait Islander people will have access to the Indigenous Health Liaison Officers.

MBUs are designed to provide comprehensive care for women with severe mental illness without needing prior admission to a specialised mental health unit or separation from their baby(ies). It is important to consider the following factors, as some women may not be suitable for or benefit from an MBU admission:

- serious safety concerns for the mother, baby(ies), and others in the unit
- availability of staff to care for the baby(ies) for short periods when clinically necessary, until the mother can resume care.

3.3 What does a Mother and Baby Unit deliver?

MBUs take a holistic and integrated approach and develop strong partnerships with local MHAOD service components to undertake the following functions:

- provide evidence-informed multidisciplinary specialist assessment, care and short to medium term clinical interventions in a safe and therapeutic environment for the mother's mental and physical health, including any identified co-morbidities, and for the baby and family
- provide acute mental health care when care cannot safely be provided in the community, considering safety needs of both mother and infant
- provide a dedicated environment and service that is designed to be family-focussed and co-designed to facilitate mothers and their babies remaining together whilst mental health care is provided
- facilitate co-location of the baby, ensuring the opportunity for the mother to continue to care for the baby in a safe and supportive environment to support the important mother-baby bond and thereby promote the baby's social, emotional, and psychological development and attachment
- support mothers to care for their baby with practical tasks such as settling, feeding, playing and sleeping, to build their confidence and support their parenting capacity
- support mothers to care for their infant independently, including having a nursery or a safe space for the baby for when the mother is unable to provide safe care overnight, or when sleep preservation is an important part of treatment; as well as have appropriate overnight staffing with nursing skills to ensure this can be safely undertaken
- include family members and other support persons in the care process. This may involve allowing the mother's family or partner to room in, as appropriate and as capacity allows

- have well established referral pathways and partnerships with local hospitals and community services to ensure admitted parents and babies can access specialist medical assessment and treatment when required
- Facilitate community reintegration through comprehensive discharge planning and strong partnerships. Ensure timely referrals to the most appropriate internal and external community services, including peer-led services.
- provide a specialist inpatient environment to support training medical, nursing and allied health perinatal and infant mental health clinical staff.

A key function of public MBUs is to provide consultation and liaison to support the development of an individualised treatment and care plan. They also support linkages to other MHAOD services and facilitate referrals to appropriate healthcare and psychosocial support pathways, especially on discharge. If admission is not required, alternative care pathways should be recommended.

4 Referrals

4.1 Referral Management – Statewide access

Referrals come from across the state. While referrals are managed with consideration of catchment areas (see **Appendix A**), access is also informed by availability of beds.

The referral and intake process for Catherine’s House Public Inpatient Unit and the Lavender Unit prioritises accessibility and inclusivity, ensuring that services are based on the needs, location, and preferences of the mother and family. Referrals are accepted from mental health, alcohol and other drug services, GPs, psychiatrists, pediatricians and obstetricians. Other health care professionals, community organisations, families and parents will be supported to access their GP or acute mental health care service to facilitate the referral process.

While both MBUs primarily provide care to families within their designated catchment areas, they maintain a commitment to inclusivity and do not exclude anyone who requires support. Using the catchment areas as a guide, intake assessments focus on understanding the specific needs of the mother and family, considering factors such as proximity to the services, the family’s preferences for care, and the unique circumstances requiring intervention. This person-centred approach ensures that families are matched with the most suitable service, fostering a supportive environment that aligns with individual needs and circumstances.

‘Out of catchment’ referrals will be accepted in either MBU based on the needs, location, and preferences of the mother and family and where clinically indicated, based on bed availability, and considering clinical capabilities of each unit (e.g., capacity of rooming-in for family member/ partner, ease of access for various types of neurostimulation, eating disorder treatment).

If possible, being admitted to a MBU closer to home or to other family members is desirable for consumers and facilitates recovery as:

- family members / support people can visit and support care of the baby

- consumers can trial leave of variable lengths, including overnight, for discharge preparation in consultation with the treating team
- community support providers can attend care reviews or visit/provide support to the consumer during the inpatient stay.

The MBUs will articulate the agreed referral management process within their model of care and ensure it is communicated to stakeholders across Queensland.

In acknowledging the importance of supporting access to referrals from across the state, collaborative partnerships between MBUs and HHSs are a key tenet in managing timely and effective access to mother-baby beds.

4.2 Intake assessments

To ensure continuity of care for the woman and the family, intake assessments are undertaken by the MBU to which the mother will be admitted. This is to enable the consumer to have appropriate expectations about the service in which they will be admitted to, and to begin their therapeutic relationship with the MBU. If, based on clinical judgement, a different MBU conducts the intake assessment compared to the admitting MBU, liaison with the relevant intake team will occur to ensure handover and transfer of care. Assessments are undertaken in-person and/or via telehealth.

In the circumstance that a local public MBU bed is not available or appropriate, a consumer should be referred to another MBU. Additionally, other localised models of care should further articulate eligibility criteria and processes for arranging alternative bed-based care, including where appropriate, access to private mother-baby beds when supported by clinical judgement, HHS specific patient safety procedures and HHS policies. The referral and intake process should prioritise accessibility and inclusivity, ensuring that services are based on the needs, location, and preferences of the mother and family.

While governance of the care for the mother will remain with the referring HHS or service until admission, the MBU can provide specialist perinatal mental health advice to the referrer on management in the interim.

5 Requirements

This document does not detail the mandatory operational business requirements, processes or procedures of a Queensland public MHAOD service, for example, *consenting to referrals, clinical governance and collection of data and record keeping*. These requirements should be incorporated into the local MBU model of care and also include evidence of 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](#)
- [Hospital and Health Service Performance Management Framework](#)
- [Queensland Perinatal Mental Health Clinical Guideline 2023](#)
- [Community Perinatal and Infant Mental Health – Service Model 2025](#)
- [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](#)
- [Lived Experience Workforce Framework | Queensland Mental Health Commission](#)
- [Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery | Embrace Multicultural Mental Health](#)
- [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](#)
- [National Children’s Mental Health and Wellbeing Strategy](#)
- [National Clinical Guideline for Perinatal Mental Health 2023](#)
- [Queensland Clinical Guidelines: Perinatal substance use – maternal 2021](#)

MBUs have responsibility for maintaining clinical records on the Consumer Integrated Mental Health and Addiction (CIMHA) application in accordance with CIMHA standard business rules. MBUs will utilise routine outcome measures (including those required for the National Outcomes and Casemix Collection) 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 skilful and professionally supported and are **not** covered by this document and will be documented in MBU local models of care.

Appendix A

Lavender Unit and Catherine’s House have established joint processes to manage referrals based on negotiated catchments (see **Table 1** below) and to support access from across the state. This will require revision as new MBUs become available, including review of bed occupancy and bed flows to support equity of service across the state. Catchment areas will be modified as appropriate as new MBUs are established.

Table 1 – Referral to MBU by Catchment (HHS)

Catherine’s House	Lavender Unit
Metro North	Gold Coast
Metro South	Darling Downs
West Moreton	Cairns and Hinterland
Wide Bay	South West
Sunshine Coast	Central West
Mackay	Torres and Cape
Townsville	
North West	
Children’s Health Queensland	