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Perinatal and infant mental health care in Austria

A mapping report of existing prevention, screening and care structures, with a specific focus on Tyrol

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DRG ..... diagnoses related groups
FWF ..... Fonds zur Förderung der wissenschaftlichen Forschung
ICD ..... international classification of diseases
LIF ..... Landesinstitut für integrierte Versorgung
LKF-System ..... Leistungsorientiert Krankenanstaltenfinanzierung
PIMH ..... perinatal and infant mental health
PMI ..... perinatal mental illness

Executive Summary

Background

perinatal mental illness (PMI) is a common health problem

Parental mental illness is a common and serious complication during pregnancy and the first year after birth: up to 20 % of women and 10 % of men suffer from mental health problems such as depression or anxiety disorders in the perinatal period.

adverse impact on parental and child health requires quick and effective care

in addition, high economic costs

Because of the potential immediate and long-term adverse effects on parents and children, there is an urgent need for prompt and effective care. Immediate effects can include, for example, complications during pregnancy or birth, difficulties in the attachment between parent and baby, behavioural or emotional problems of the child, and an increased risk of suicide of the parent or infant mortality. In the long term, children are at higher risk of mental and physical illness and their healthy development may be significantly impaired. There are also serious economic consequences to society.

report addresses lack of knowledge on Austrian service availability

part of FWF project to reduce adverse consequences from PMI in Tyrol

In several countries, the prevention and care for perinatal mental illness (PMI) has therefore been prioritised and systematically expanded. For Austria, there is neither a national strategy nor a national care model for perinatal mental health. We also lack a general overview of currently available services. This report intends to fill this knowledge gap by mapping the current service landscape. It is part of a research project 'Healthy Minds – supporting new parents and infants' funded by the Austrian Science Fund (FWF). The broader objectives of this research project are to co-develop (with local stakeholders), implement and evaluate an intervention or prevention approach to reduce PMI and its adverse consequences in Tyrol.

Method

overview on epidemiology and services based on publicly available info

This report describes the epidemiological situation as well as existing services in the field of prevention and care of PMI for Austria as an overview and in detail for Tyrol. The data base for the mapping are publicly accessible data sources, such as health reports, websites of organisations or national statistics and supplementary information from experts. In addition, we use Tyrolean data from of the Austrian birth register provided by the Institute for Clinical Epidemiology in Tyrol to present births in Tyrol. From the birth register data, we describe in particular those that may have a connection with maternal mental illness, because they are considered a risk factor (e.g., low maternal age, obstetric interventions).

birth registry data

report covers broad spectrum of prevention, screening and treatment services aimed at parents and / or infants

The description of the services follows the prevention-early identification-care-continuum. We distinguish between specialist perinatal and infant mental health (PIMH) services and those that are used by parents with perinatal mental health problems among other target groups, but do not have a perinatal mental health focus, e.g., with regard to the qualifications of the professionals or the focus of their programs. We include services that are primarily aimed at the parent as well as those where the infant is the index patient and whose symptoms (e.g., excessive crying) may be related to PMI.

in addition, family and reproductive policy measures

In addition to the characteristics and capacities of the services and providers, we describe their funding and the professional groups involved. Furthermore, we present the current Austrian family and reproductive policy measures (e.g.,

parental leave regulations, abortion law) around pregnancy and childbirth, as international data have shown that these can have an impact on parental mental health at the structural level.

Results

Births and frequency of perinatal mental illnesses

~80 800 hospital deliveries with decreasing length of stay

In Austria, the majority of births (98 %) take place in hospitals. The birth register, which collects data on hospital births regardless of the mother's place of residence, indicates about 80 800 births of almost 82 000 children for 2020. The median age of the mothers was 31 years. The length of stay in hospital after births has been decreasing continuously for some time. Neither the national screening program 'Mutter-Kind-Pass', nor the birth register collects data on the mental health of women or their partners. Based on international data on the frequency of mental health problems around childbirth, we can assume that in Austria up to 16 000 mothers and 8 000 fathers are affected annually.

~ 16 000 mothers and 8 000 fathers likely affected by PMI/year

some birth characteristics indicate increasing, some decreasing risk of PMI; trend in Tyrol corresponds to Austria

Regarding possible risk factors for PMI, the proportion of mothers <20 years of age has decreased in recent years. The proportion of births with adverse events in the form of prolonged births and perineal tears, on the other hand, increased slightly. The proportion of births with obstetric interventions (e.g., caesarean section) increased significantly, while the preterm birth rate decreased slightly. However, there were more transfers of newborns to neonatal units. The trends in Tyrol correspond to those in Austria as a whole.

Prevention

many counselling services, mental health not an explicit prevention topic

In Austria there is a wide range of counselling services for women and a number of counselling offers around pregnancy and birth. These are different in each region. While the topic of mental health may well be part of the counselling and program content, we did not identify any explicit prevention offers (e.g., in the form of active and systematic information regarding mental illness occurring often during pregnancy or after birth).

Early identification

no national screening as yet, but planned

some regional initiatives

The 'Mutter-Kind-Pass', the national screening program during pregnancy and the first five years of the child's life, does not yet include routine screening for mental health problems. However, it is planned that mental health components will be integrated in the future. In a few regions (e.g., Vienna), attempts have been made for some time to promote early detection at the regional level by means of guidelines and checklists for professionals.

'Frühe Hilfen' program assesses mental health, but users represent only small subgroup

Within the national program 'Frühe Hilfen', which will be available to parents in stressful situations throughout Austria from 2023, during pregnancy until the child's third birthday, mental health problems are systematically assessed. If necessary, parents are referred to psychiatric services. However, gaps in services have been observed. Overall, only a small subgroup of all parents (around 2 000 new contacts in 2021) use the 'Frühe Hilfen' services. A high proportion regards their psychosocial status as a stressor, 10 % show symptoms of postpartum depression.

Treatment and care

description of services follows 'stepped-care' approach

In accordance with the internationally recommended 'stepped care approach', according to which services should depend on the severity of the mental illness, we describe first services for minor problems followed by those for severe PMI.

In several regions there are low-threshold services for parents with mental illnesses or their children, which are primarily located in the social sector. In Styria, for example, godparents are organised for children of mentally ill parents. Except for one offer in Salzburg ('JoJo'), however, the programs are not oriented towards the perinatal phase.

services for parents with mental illness, but primarily for older children

Within the 'Frühe Hilfen' program and as part of the 'Spezialambulanz für peripartale Psychiatrie', psychotherapeutic (group) services with limited capacity are available in Vienna and Tyrol for mothers with mental health problems around birth. Special psychotherapeutic services are also available in the form of infant-parent psychotherapy. Some of these are offered by organisations or can be taken up from therapists in private practice. In several regions there are organisations or professionals in independent practice whose services are aimed at improving the parent-infant relationship or attachment. Sometimes certified special trainings (e.g., 'Emotional First Aid') of the practising professionals are described.

2 specialised psychotherapeutic offers of 'Frühe Hilfen' in Tyrol and Vienna;

infant-parent psychotherapy from various providers

Psychological or psychiatric consulting/liaison services can be consulted for mental health problems identified during an inpatient stay after birth. For severe, especially acute perinatal mental problems, few services exist. Only in Vienna, there is a special outpatient clinic for perinatal mental illness. Permanently dedicated inpatient mother-baby beds in adult psychiatry, which are a prerequisite for specialised perinatal mental health care in hospitals (e.g., to address mother-child interaction), exist in three regions (10 beds in total). In three, such beds are available if needed. Admission usually requires that the mother can take care of the child. In three regions (Burgenland, Carinthia, Tyrol) there are no mother-baby beds in adult psychiatry. In some cases, parents and infant can be admitted to child and adolescent psychiatry or paediatrics, but not in cases of severe mental illness of the parent. In six regions we identified special outpatient clinics for psychosomatic problems of infants (e.g., 'Schreiambulanz').

consulting/liaison services

serious problem: 1 outpatient unit (Vienna), 10 designated mother-baby beds

in 3 Austrian regions, no specialised hospital offers

Drug treatment with psychotropic drugs is available to all parents with perinatal mental illness after specialist prescription, provided they have health insurance.

psychotropic drugs available for insured after prescription

Numerous services in the social sector, especially those of the child and youth welfare, which parents can be obliged to attend within the framework of 'Unterstützung der Erziehung', include parents with mental health problems around birth. The services are offered by different organisations in each region. Their focus is on the protection of children, rather than on the treatment of mental health problems. The counselling services described above, which are available throughout Austria, are also not specifically targeted at perinatal mental health, but can be used by parents with such problems. An evaluation of the family counselling centres financed by the federal government shows that this is also the case.

many services include parents with PMI

regional disparities, no specialised treatment

Characteristics of the services

The services are offered by a broad mix of private and public providers in different organisational sizes. All funding agencies of the health and social sector at the national and regional level are involved in the financing. Sometimes donations supplement the public sources. Private self-payments or co-payments by users play a minor role, with the exception of psychotherapeutic services. In many cases, financing solutions are sought for low-income parents in the case of private cost contributions. While financial barriers therefore only represent an access barrier for a few services, access barriers are mostly due to low capacities or regional disparities.

mix of financing and providers

private payment plays minor role

access barriers due to regional disparities

many professional groups involved

A wide variety of professionals from the health, social and educational sectors are involved in the provision of services, with psychologists and psychotherapists being named most frequently. In total, we identified 18 potentially relevant professional associations and medical societies.

few regular networking activities, no responsibilities defined for case management, 3 peer-support groups

With the exception of Vienna, we could not identify any regular interdisciplinary networking and cross-sectoral coordination activities, especially no regular exchange of expertise across federal state borders. Likewise, there are no defined responsibilities for case-specific coordination, for example in the case of complex support needs of a parent. Apart from the professional services, there are registered peer-support groups in three provinces (Styria, Tyrol, Vienna).

several relevant family-policy measures, impact on mental health unknown

As relevant family policy measures, we identified the parental leave regulation, the family time bonus /'Papamonat', the parental part-time work, regulations for child care services up to the age of three, and a number of cash benefits (maternity allowance, child care allowance, family allowance), as well as tax deductions (e.g. Family Bonus Plus). Their impact on perinatal mental health has not been evaluated so far.

Discussion

no robust data despite high prevalence

info on PMI risk trend incomplete

Although mental health problems are among the most common complications during pregnancy and after childbirth, there is no robust information in Austria on how many of the approximately 80 800 mothers who give birth each year and their partners experience a mental illness. Some data from the birth register can give indications of increased or descreased risks of mental illness, but they show an incomplete picture, as information on many risk factors (e.g., socio-economic status) is not collected.

regional differences in supply, no national standards, lack of information

The mapping of existing prevention, early detection and care services shows that the content and capacity of the services vary greatly across regions and that there are no national quality standards or guidelines on care pathways. There is often a lack of public information on specialised services, for example regarding available psychiatrists in private practice specialising in PMI.

many services available, special offers rare and unevenly distributed

deviation from international recommendations in capacity and staff

specialised knowledge required

While we did not identify any specific primary prevention services or national screening programs, there are certainly services for parents with existing mental distress of varying severity. However, many of these are not specialised in the treatment of perinatal mental health problems and are not available nationwide. Specialised perinatal mental health services, especially in the case of severe problems, are only available sporadically and not in every region. The inpatient capacities for mother-baby beds are significantly below international recommendations and, in their current form, hardly allow for the recommended staffing. This results in considerable regional disparities in access to perinatal mental health treatment, as this requires specialised knowledge that is not available in general adult psychiatry. Compared to the other provinces, Tyrol is at the lower end of the early detection and care spectrum, especially with regard to specialised services.

involved professional groups differ with other countries

lack of (cost-) effectiveness information

The dominant professional groups in PIMH care in Austria are psychologists and psychotherapists, in contrast to other countries where nurses or midwives with special training (e.g., perinatal mental health midwives), which do not exist in Austria, play an important role in care. With regard to the international evidence on the benefit of services in the field of PIMH care, it is unclear for some services in Austria to what extent their benefit has been proven. There is almost no knowledge about their cost-effectiveness. It is also unclear how

current family and reproductive policies and other structural determinants (e.g., economic situation of families) affect mental health around birth. In contrast to other countries, there is no research on this topic in Austria.

low health policy priority ignores individual suffering and long-term costs

The results reflect that, despite its high burden of disease, the early identification and care of parents with perinatal mental health problems is a low health and social policy priority in Austria. This means that not only considerable individual suffering and long-term negative effects for the children are accepted, but also enormous economic costs.

information likely not complete

As the situation of services varies greatly throughout Austria, it was not possible to obtain a complete overview of all programs. Information gaps are therefore likely. We are also aware that our delineation of which services are part of the care of parents with PMI and which are not may have inconsistencies. With the data we used, we were not able to capture all aspects of the care situation (e.g., qualitative aspects of care, perspective of experts). Therefore, we will conduct additional qualitative interviews.

Conclusion

more priority on the topic: national standards, care pathways, guidelines, reduction of disparities, better coordination

The prevalence of PMI and its consequences require prioritisation of the issue at the health and social policy level. There is a need for a national strategy and the definition of responsibilities. The planned integration of mental health questions in the 'Mutter-Kind-Pass' (in future 'Eltern-Kind-Pass') requires the definition of care pathways and provision of nationwide services for parents who are diagnosed with a mental health problem. This could be supported with a national guideline. There is an urgent need to reduce regional disparities and create coordinating functions for complex support needs, taking into account international evidence.

more data on PMI for research and planning

We also recommend that data from the national birth register be expanded to include data on mental health, and that the mental health data that will be documented in the future as part of the 'Eltern-Kind-Pass' be made available for research. In general, developing PIMH care further should be accompanied by health services research and should be based on predefined national standards. This also includes research on the structural determinants of perinatal mental health.

Tyrol: focus on integrated specialised PIMH care, regular exchange

Provided that the early detection of PMI will be implemented at national level, in Tyrol the priority seems to be to implement specialised PIMH care, which, however, must be embedded in an overall pathway of care. Finally, we consider a regular exchange between the organisations and professional groups concerned to be useful, especially across federal state borders.

Zusammenfassung

Hintergrund

peripartale psychische Erkrankungen häufig

bis zu 20 % der Mütter u. 10 % der Väter betroffen

Psychische Erkrankungen der Eltern sind eine häufige und schwerwiegende Komplikation während der Schwangerschaft und im ersten Jahr nach der Geburt (Peripartalphase): Bis zu 20 % der Frauen und 10 % der Männer leiden unter psychischen Problemen wie Depressionen oder Angststörungen in der peripartalen Zeit. Man spricht daher von peripartalen psychischen Erkrankungen. Das Risiko für eine psychische Erkrankung ist bei Frauen in keiner Lebensphase so hoch wie rund um die Geburt eines Kindes.

hohes Risiko für negative Folgen für Eltern und Kind

Aufgrund der unmittelbaren und langfristigen Auswirkungen auf Eltern und Kind besteht ein dringender Bedarf an einer raschen und wirksamen Versorgung. Unmittelbare Auswirkungen können beispielsweise Komplikationen in der Schwangerschaft oder bei der Geburt, Einschränkungen im Beziehungsaufbau zwischen Eltern und Baby, Verhaltens- oder emotionale Probleme des Kindes bis hin zu einem erhöhten Risiko für Suizid des Elternteils oder für Säuglingssterblichkeit sein. Langfristig haben die Kinder ein höheres Risiko für psychische und körperliche Erkrankungen und ihre gesunde Entwicklung kann erheblich beeinträchtigt sein.

erhebliche gesellschaftliche Kosten

Es gibt auch eindeutige volkswirtschaftliche Nachteile: Ein britischer Forschungsbericht hat gezeigt, dass ein unzureichender Umgang mit peripartalen psychischen Problemen zu jährlichen Kosten für das Vereinigte Königreich von umgerechnet 9 Milliarden Euro führt. Von diesen entfallen fast 3/4 auf die langfristigen Auswirkungen für die Kinder im Laufe ihres Lebens. Darin enthalten sind Kosten für das Gesundheits- und Sozialwesen, aber auch für den Bildungs-und Strafrechtssektor.

internationale Priorisierung des Themas

in Österreich fehlen Infos über Angebotssituation und nationales Versorgungsmodell

FWF-Projekt mit AIHTA-Beteiligung soll Situation in Tirol verbessern

In mehreren Ländern wurde daher die Prävention und adäquate Versorgung peripartaler psychischer Erkrankungen priorisiert und systematisch ausgebaut. Für Österreich gibt es bisher weder eine nationale Strategie noch ein nationales Versorgungsmodell für peripartale psychische Gesundheit. Es fehlt außerdem eine Gesamtübersicht über derzeit vorhandene Angebote. Dieser Bericht soll mit einer Bestandsaufnahme dazu beitragen, diese Wissenslücke zu füllen. Er ist Teil eines vom Fonds für wissenschaftliche Forschung (FWF) geförderten Forschungsprojekts „Psychische Gesundheit rund um die Geburt“. Im Rahmen dieses Projekts soll ein Verbesserungsansatz im Bereich der peripartalen psychischen Gesundheit in Tirol gemeinsam mit Betroffenen und Stakeholdern entwickelt, umgesetzt und evaluiert werden. Das Forschungsprojekt wird von der Medizinischen Universität Innsbruck geleitet, mit Forschungspartner*innen an der Leopold-Franzens-Universität Innsbruck, dem Austrian Institute for Health Technology Assessment und dem Ludwig Boltzmann Institut für Rehabilitation Research.

Methoden

epidemiologische und Versorgungssituation soll dargestellt werden

Dieser Bericht beschreibt die epidemiologische Situation, sowie vorhandene Angebote im Bereich Prävention und Versorgung peripartaler psychischer Erkrankungen für Österreich im Überblick und im Detail für Tirol. Die Datenbasis für die Bestandsaufnahme bilden öffentlich zugängliche Datenquellen, wie z.B. Gesundheitsberichte, Webseiten von Organisationen oder nationale Statistiken und ergänzende Auskünfte von Expert*innen. Zusätzliche verwenden wir eine Sonderauswertung des österreichischen Geburtenregisters des In-

stituts für Klinische Epidemiologie in Tirol zur Darstellung der Geburten in Tirol. Aus den Geburtenregisterdaten werden insbesondere jene beschrieben, die einen Zusammenhang mit psychischen Erkrankungen von Müttern aufweisen können, weil sie z.B. als Risikofaktor gelten (z.B. niedriges Alter der Mütter, geburtshilfliche Interventionen).

Angebote in Prävention, Früherkennung und Versorgung mit Spezial- oder breiterem Fokus

Eltern + Säuglinge

Die Beschreibung der Angebote erfolgt entlang des Kontinuums „Prävention-Früherkennung-Versorgung". Wir unterscheiden zwischen peripartal-psychiatrischen Spezialangeboten und solchen, die von Eltern mit peripartalen psychischen Problemen neben anderen Zielgruppen genützt werden, aber keinen peripartal-psychiatrischen Fokus haben, etwa was die Qualifikation der Fachkräfte oder die Schwerpunkte ihrer Programme anbelangt. Wir inkludieren Angebote, die sich primär an das erkrankte Elternteil richten ebenso wie solche, bei denen der Säugling der Indexpatient ist und dessen Symptome (z.B. Schreibaby) möglicherweise mit einer elterlichen psychischen Erkrankung in Verbindung stehen.

diverse Merkmale werden beschreiben (Finanzierung, Berufsgruppen etc.); auch familienpolitische Maßnahmen

Neben den Charakteristika und Kapazitäten der Angebote und Anbieter beschreiben wir deren Finanzierung und die involvierten Berufsgruppen. Darüber hinaus stellen wir die derzeitigen österreichischen familien- und reproduktionspolitischen Maßnahmen (z.B. Karenzregelungen, Abtreibungsrecht) rund um Schwangerschaft und Geburt dar, da internationale Daten gezeigt haben, dass diese auf der strukturellen Ebene einen Einfluss auf die psychische Gesundheit der Eltern haben können.

Ergebnisse

Geburten und Häufigkeit peripartaler psychischer Erkrankungen

~80.800 Spitalsgeburten mit sinkender Aufenthaltsdauer

In Österreich findet der Großteil der Geburten (98 %) in Krankenhäusern statt. Das Geburtenregister, das Daten zu Spitalsgeburten unabhängig vom Wohnort der Mütter sammelt, gibt für 2020 etwa 80.800 Geburten von knapp 82.000 Kindern an. Das mediane Alter der Mütter betrug 31 Jahre. Die stationäre Aufenthaltsdauer nach Geburten sinkt seit längerem kontinuierlich.

wahrscheinlich gut 16.000 Mütter und 8.000 Väter jährlich betroffen

Weder im nationalen Screening-Programm „Mutter-Kind-Pass", noch im Geburtenregister werden Daten zur psychischen Gesundheit der Frauen oder deren Partnern erhoben. Auf Basis internationaler Daten zur Häufigkeit psychischer Probleme rund um die Geburt können wir in Österreich von jährlich bis zu 16.000 Müttern und 8.000 betroffenen Vätern ausgehen.

manche Geburts-charakteristika weisen auf gestiegenes, manche auf sinkendes Risiko für psychische Erkrankung hin; Tirol entspricht Ö-Trend

Betreffend möglicher Risikofaktoren für peripartale psychische Erkrankungen zeigt sich, dass der Anteil an Müttern <20 Jahre in den letzten Jahren abnahm. Der Anteil an Geburten mit unerwünschten Ereignisse in Form von lang dauernden Geburten und Dammrissen stieg hingegen leicht. Der Anteil an Geburten mit geburtshilflichen Interventionen (z.B. Kaiserschnitt) nahm deutlich zu, während die Frühgeburtenrate geringfügig zurückging. Allerdings gab es mehr Transfers von Neugeborenen in neonatologische Abteilungen. Die Trends in Tirol entsprechen jenen in Gesamtösterreich.

Prävention

viele Beratungsangebote, psychische Gesundheit kein explizites Präventionsthema

In Österreich gibt es eine Vielzahl an Beratungsangeboten für Frauen und/oder rund um Schwangerschaft und Geburt. Diese sind in jedem Bundesland unterschiedlich. Während das Thema psychische Gesundheit durchaus Teil der Beratungs- und Programminhalte sein kann, haben wir keine expliziten Präventionsangebote (z.B. in Form aktiver und systematischer Information darüber, dass es während der Schwangerschaft oder nach der Geburt zu psychischen Belastungen kommen kann) identifiziert.

Früherkennung

bisher kein nationales Screening, jed. geplant

vereinzelt regionale Initiativen

Im „Mutter-Kind-Pass“, dem nationalen Screening-Programm für die Schwangerschaft und die ersten fünf Lebensjahre des Kindes, ist ein routinemäßiges Screening auf psychische Probleme bisher nicht vorgesehen. Allerdings ist geplant, dass Komponenten zur psychischen Gesundheit zukünftig integriert werden. In wenigen Bundesländern (z.B. Wien) wird seit längerem versucht, auf regionaler Ebene Früherkennung mittels Leitlinien und entwickelten Checklisten für Fachkräfte zu forcieren.

„Frühe Hilfen-Programm“ erhebt psychische Belastungen, jedoch nur kleine Subgruppe

Im Rahmen des nationalen Programms „Frühe Hilfen“, das ab 2023 österreichweit Eltern in belasteten Situationen während der Schwangerschaft bis zum 3. Lebensjahr des Kindes zur Verfügung steht, werden psychische Belastungen systematisch erhoben. Bei Bedarf erfolgt eine Vermittlung an psychiatrische Angebote, wobei Angebotslücken beschrieben werden. Die „Frühen Hilfen“ werden allerdings nur von einer kleinen Subgruppe aller Eltern (2021 gab es gut 2.000 Kontaktaufnahmen) in Anspruch genommen. Ein hoher Anteil davon ist psychosozial belastet, 10 % zeigen Symptome postpartaler Depression.

Versorgung und Behandlung

Beschreibung der Angebote folgt „stepped care“ Ansatz

Entsprechend des international empfohlenen „stepped care“ Ansatzes, nachdem Angebote abgestimmt nach Schweregrad der psychischen Belastung vorhanden sein sollten, beschreiben wir im Bericht zunächst jene für leichtere Probleme gefolgt von Angeboten für schwerwiegende peripartale psychische Erkrankungen.

Angebote für psychisch erkrankte Eltern, jedoch primär für ältere Kinder

In mehreren Bundesländern gibt es niederschwellige Angebote für Eltern mit psychischen Erkrankungen bzw. deren Kindern, die primär im Sozialbereich angesiedelt sind. Beispielsweise werden in der Steiermark Patenschaften für Kinder psychisch erkrankter Eltern organisiert. Bis auf ein Angebot in Salzburg („JoJo“) sind die Programme jedoch nicht auf die Peripartalphase ausgerichtet.

2 psychotherapeutische Spezialangebote der „Frühen Hilfen“ in Tirol und Wien; Säuglings-Eltern-Psychotherapie von diversen Anbietern

Im Rahmen der „Frühen Hilfen“ und über die Spezialambulanz für peripartale Psychiatrie stehen in Wien und Tirol für Mütter mit psychischen Problemen rund um die Geburt psychotherapeutische (Gruppen)angebote in begrenzter Kapazität zur Verfügung. Psychotherapeutische Spezialangebote gibt es auch in Form von Säuglings-Eltern-Psychotherapie. Diese werden teilweise in Organisationen angeboten oder können bei Therapeut*innen in freier Praxis in Anspruch genommen werden. In mehreren Bundesländern gibt es Organisationen bzw. Fachkräfte in freier Praxis, deren Angebote auf die Verbesserung der Eltern-Säuglings-Beziehung bzw. Bindung abzielen. Es werden mitunter zertifizierte Spezialausbildungen (z.B. „Emotionale Erste Hilfe“) der praktizierenden Fachkräfte beschrieben.

psychologisch-psychiatrischer Liaison/ Konsiliardienst

schwerwiegende Probleme: 1 Ambulanz in Ö (Wien)

10 reguläre Mutter-Kind Betten, einige bei Bedarf

Bei psychischen Problemen, die während des Krankenhausaufenthalts nach einer Geburt erkannt werden, können psychologische oder psychiatrische Konsiliar/Liaisondienste in unterschiedlicher Form (fallbezogene oder personenkonstant) beigezogen werden. Für schwerwiegende, insbesondere akute peripartale psychische Probleme existieren wenige Angebote. Lediglich in Wien befindet sich eine Spezialambulanz für peripartale psychische Erkrankungen. Fix gewidmete stationäre Mutter-Kind-Betten auf der Erwachsenenpsychiatrie, die für eine peripartal-psychiatrische Spezialversorgung im Krankenhaus die Voraussetzung sind (z.B. um die Mutter-Kind Interaktion zu adressieren), gibt es in drei Bundesländern (insg. 10 Betten), in drei stehen solche Betten bei Bedarf zur Verfügung. Eine Aufnahme setzt üblicherweise voraus, dass sich die Mutter weiterhin um das Kind kümmern kann. In drei

keine Betten in Burgenland, Kärnten, Tirol, tlw. gemeinsame Aufnahmen in KiJu-Psychiatrie

Bundesländern (Burgenland, Kärnten, Tirol) gibt es keine Mutter-Kind Betten auf der Erwachsenenpsychiatrie. Vereinzelt können Eltern und Säugling auf der Kinder- und Jugendpsychiatrie oder Pädiatrie aufgenommen werden, jedoch nicht bei schwerer psychischen Erkrankung des Elternteils. In sechs Bundesländern identifizierten wir Spezialambulanzen für psychosomatische Probleme der Säuglinge (z.B. Schreiambulanzen).

Psychopharmaka für alle Versicherten nach Verschreibung

Die medikamentöse Behandlung mit Psychopharmaka steht nach fachärztlicher Verschreibung allen Eltern mit peripartalen psychischen Erkrankungen zur Verfügung, sofern sie krankenversichert sind.

viele Angebote inkludieren Eltern mit peripartalen psychischen Problemen

regionale Unterschiede, keine Spezialisierung

Zahlreiche Angebote im Sozialbereich, vor allem jene der Kinder- und Jugendhilfe, zu denen Eltern im Rahmen der „Unterstützung der Erziehung" verpflichtet werden können, inkludieren Eltern mit psychischen Problemen rund um die Geburt. Die Angebote werden in jedem Bundesland von unterschiedlichen Organisationen angeboten. Ihr Schwerpunkt liegt auf dem Schutz der Kinder, nicht auf der Behandlung der psychischen Probleme. Die oben beschriebenen Beratungsangebote, die österreichweit zur Verfügung stehen, sind ebenfalls nicht speziell auf peripartale psychische Probleme ausgerichtet, können aber von Eltern mit solchen in Anspruch genommen werden. Eine Evaluierung der vom Bund finanzierten Familienberatungsstellen zeigt, dass dies auch der Fall ist.

Charakteristika der Versorgung

Anbieter- und Finanzierungsmix, Grad privater Zahlung niedrig

Zugangshürden primär durch regionale Unterschiede

Die Angebote werden von einem breiten Mix an privaten und öffentlichen Anbietern in unterschiedlicher Organisationsgröße angeboten. Sämtliche Kostenträger des Gesundheits- und Sozialbereichs auf nationaler und regionaler Ebene sind in die Finanzierung involviert. Teilweise ergänzen Spenden die öffentlichen Mittel. Private Selbst- oder Zuzahlungen der Nutzer*innen spielen eine untergeordnete Rolle mit Ausnahme des psychotherapeutischen Bereichs. Vielfach werden im Fall von privaten Kostenbeiträgen für einkommensschwache Eltern Finanzierungslösungen gesucht. Während finanzielle Barrieren daher nur für wenige Angebote eine Zugangsbarriere darstellen, sind Zugangshürden zumeist durch geringe Kapazitäten oder regionale Ungleichheiten bedingt.

Vielzahl an Berufsgruppen involviert

In die Bereitstellung der Angebote ist eine große Vielfalt an Fachkräften aus dem Gesundheits-, Sozial- und pädagogischem Bereich involviert, wobei Psycholog*innen und Psychotherapeut*innen am häufigsten genannt werden. In Summe identifizierten wir 18 potenziell relevante Berufsverbände und medizinische Fachgesellschaften.

kaum regelmäßige Vernetzungsaktivitäten

keine definierte Koordinierungsverantwortung auf Fallebene

Mit Ausnahme in Wien konnten wir keine regelmäßig stattfindenden interdisziplinären Vernetzungs- und sektorenübergreifende Koordinationsaktivitäten feststellen, insbesondere auch keinen regelmäßigen Fachaustausch über Bundesländergrenzen hinweg. Ebenso gibt es keine definierten Verantwortlichkeiten für fallspezifischen Koordination – etwa bei komplexen Unterstützungsbedarfen eines Elternteils. Abseits der professionellen Angebote gibt es in drei Bundesländern (Steiermark, Tirol, Wien) registrierte Selbsthilfegruppen.

diverse relevante familienpolitische Maßnahmen

Als relevante familienpolitischen Maßnahmen identifizierten wir die Elternkarenzregelung, den Familienzeitbonus/„Papamonat", die Elternteilzeit, Regelungen für Kinderbetreuungsangebote bis zum 3. Lebensjahr und eine Reihe von Geldleistungen (Wochengeld, Kinderbetreuungsgeld, Familienbeihilfe), sowie Steuererleichterungen (z.B. Familienbonus Plus). Deren Auswirkung auf die psychische Gesundheit wurde bisher nicht erforscht.

Diskussion

keine robusten Infos trotz hoher Prävalenz

Obwohl psychische Probleme zu den häufigsten Komplikationen während der Schwangerschaft und nach einer Geburt zählen, gibt es in Österreich keine robusten Informationen darüber, wie viele der rund 80.800 Mütter, die jährlich Kinder gebären und deren Partner, psychisch erkranken. Einzelne Daten aus dem Geburtenregister können Hinweise für steigende oder sinkende Risiken psychischer Erkrankungen geben, sie zeigen aber ein unvollständiges Bild, da viele Risikofaktoren (z.B. sozio-ökonomischer Status) nicht erhoben werden.

Info über Risikoentwicklung unvollständig

regionale Angebotsunterschiede, keine nationalen Standards, fehlende Infos

Die Bestandsaufnahme zu vorhandenen Präventions- Früherkennungs- und Versorgungsangeboten zeigt, dass Inhalt und Kapazität der Angebote in den einzelnen Bundesländern höchst unterschiedlich sind und keine nationalen Qualitätsstandards und Leitlinien zu Versorgungspfaden existieren. Oftmals fehlt die öffentliche Information zu konkreten Angeboten, etwa was vorhandene niedergelassene Psychiater*innen mit Fokus auf peripartale Psychiatrie anbelangt.

viele Angebote vorhanden, Spezialangebote selten und regional ungleich verteilt

Abweichung von internationalen Empfehlungen bei Kapazität und Personal

Spezialwissen erforderlich

Während wir kaum spezifischen Primärpräventionsangebote und keine nationalen Früherkennungsprogramme identifizierten, gibt es durchaus Angebote für Eltern mit bestehenden psychischen Belastungen unterschiedlichen Schweregrads. Viele davon sind jedoch nicht auf die Behandlung peripartaler Probleme spezialisiert und nicht flächendeckend vorhanden. Peripartal-psychiatrische Spezialangebote, insbesondere im Fall von schwerwiegenden Problemen, sind nur punktuell und nicht in jedem Bundesland verfügbar. Die stationären Kapazitäten für Mutter-Kind Betten liegen deutlich unter den international empfohlenen Bedarfszahlen und ermöglichen in der derzeitigen Form auch kaum die empfohlene Personalausstattung. Daraus resultieren erhebliche regionale Ungleichheiten beim Zugang zu peripartal-psychiatrischer Behandlung, denn diese erfordert Spezialwissen, das in der allgemeinen Erwachsenenpsychiatrie nicht vorhanden ist. Tirol liegt, im Vergleich mit den anderen Bundesländern, am unteren Ende des Früherkennungs- und Versorgungsspektrums, insbesondere was Spezialangebote anbelangt.

internationale Unterschiede bei involvierten Berufsgruppen

fehlende Info zu (Kosten-)Effektivität und zu gesundheitl. Effekten familienpolitischer Maßnahmen

Die dominierenden Berufsgruppen in den identifzierten Angeboten sind in Österreich Psycholog*innen und Psychotherapeut*nnen, im Unterschied zu anderen Ländern, wo Krankenpflegepersonal oder Hebammen mit Spezialausbildung (z.B. perinatal mental health midwives), die es in Österreich nicht gibt, eine wichtige Rolle in der Versorgung übernehmen. Im Hinblick auf den internationalen Wissensstand zum Nutzen von Angeboten im Bereich peripartaler Psychiatrie ist bei manchen Angeboten in Österreich unklar, inwieweit deren Nutzen belegt ist. Über deren Kosten-Effektivität gibt es so gut wie kein Wissen. Unklar ist außerdem, wie sich die derzeitigen familien- und reproduktionspolitischen Maßnahmen und andere strukturelle Determinanten (z.B. ökonmische Situation der Familien) auf die psychische Gesundheit rund um die Geburt auswirken. Im Gegensatz zu anderen Ländern fehlt es dazu in Österreich an Forschung.

niedrige politische Priorität; Leid und Kosten werden in Kauf genommen

Die Ergebnisse spiegeln wider, dass die Wahrnehmung und Unterstützung von Eltern mit peripartalen psychischen Problemen trotz ihrer Häufigkeit in Österreich eine niedrige gesundheits- und sozialpolitische Priorität hat. Damit werden nicht nur beträchtliches individuelles Leid und langfristige negative Auswirkungen für die Kinder in Kauf genommen, sondern auch erhebliche volkswirtschaftliche Kosten.

kein Anspruch auf Vollständigkeit

Da die Angebotssituation österreichweit sehr unterschiedlich ist, war es nicht möglich, einen vollständigen Überblick über sämtliche Programme zu bekommen. Informationslücken sind daher wahrscheinlich. Auch sind wir uns bewusst, dass unsere Abgrenzung, welche Angebote Teil der Versorgung von Eltern mit peripartalen psychischen Problemen sind und welche nicht, möglicherweise Inkonsistenzen aufweist. Mit den verwendeten Daten konnten wir ferner nicht alle Aspekte der Versorgungslage (z.B. qualitative Aspekte von Unter- oder Fehlversorgung, Perspektive von Erfahrungsexpert*innen) erfassen. Ergänzend führen wir daher qualitative Interviews durch.

Schlussfolgerung

politische Priorisierung nötig: nationale Standards, Versorgungspfade, Leitlinie, Abbau regionaler Ungleichheiten, Koordinierung

Die Dimension peripartaler psychischer Erkrankungen und ihrer Folgen erfordert eine Priorisierung des Themas auf der gesundheits- und sozialpolitischen Ebene. Dazu sind eine nationale Strategie und die Definition von Verantwortlichkeiten nötig. Die geplante Integration von Fragen zur psychischen Gesundheit im „Mutter-Kind-Pass“ (in Zukunft „Eltern-Kind-Pass“) erfordert die Definition von Versorgungspfaden und Bereitstellung von flächendeckenden Angeboten für Eltern, bei denen ein psychisches Problem festgestellt wird. Das könnte mit einer nationalen Leitlinie unterstützt werden. Dringend erforderlich ist der Abbau regionaler Ungleichheiten und die Schaffung koordinierender Funktionen bei komplexen Unterstützungsbedarfen unter Berücksichtigung internationaler Evidenz.

mehr Daten zu peripartaler psychischer Gesundheit für Planung und Forschung

Wir empfehlen überdies, Daten des nationalen Geburtenregisters mit jenen zur psychischen Gesundheit zu erweitern und jene Daten, die zukünftig zur psychischen Gesundheit im Rahmen des „Eltern-Kind-Passes“ dokumentiert werden, für die Forschung zur Verfügung zu stellen. Generell sollte der Ausbau der peripartalen psychiatrischen Versorgung mit Versorgungsforschung begleitet werden und auf Basis vorab definierter nationaler Standards erfolgen. Darunter fällt auch die bisher fehlende Forschung zu den Auswirkungen struktureller Determinanten auf die psychische Gesundheit rund um die Geburt.

Tirol: Fokus auf integrierte peripartal-psychiatrische Spezialversorgung, mehr Vernetzung

Sofern die Früherkennung peripartaler psychischer Probleme tatsächlich auf nationaler Ebene umgesetzt wird, scheint in Tirol der Ausbau der peripartal-psychiatrischen Spezialversorgung prioritär, welche jedoch in ein Gesamtkonzept der Versorgung einzubetten ist. Nicht zuletzt erachten wir den regelmäßigen Austausch betroffener Organisationen und Berufsgruppen sinnvoll, insbesondere auch über Bundesländergrenzen hinweg.

1 Background

psychische Erkrankungen gehören zu häufigsten Gesundheitsproblemen rund um Geburt

bis zu 1 von 5 Müttern und 1 von 10 Vätern betroffen

Mental health problems are among the most common morbidities during the perinatal period (pregnancy and the first year of a child's life). Perinatal mental illness (PMI) affects approximately 1 in 5 mothers [e.g., 1, 2, 3] and more than 1 in 10 fathers [4-6]. It can also concern both parents concurrently, which has been shown for perinatal depression affecting up to 3.18 % of couples [7]. The most common types of PMI are depression and anxiety disorders, with a prevalence of approximately 15 % of women. Serious mental health problems requiring hospital admission are less common, with around 2-3 women per 1 000 deliveries being admitted to mother-baby units based on British and Australian data [8].

Risiko für psychische Erkrankung bei Frauen am höchsten in Peripartalperiode

große Umstellung, Einsamkeit und fehlende soziale Unterstützung begünstigen psychische Belastung

Women are at a greater risk of developing a mental illness during the perinatal period than at any other time in their life. New parenthood is a transition period in which social relationships, networks, perceived roles, and attachment can all change. This is especially the case after the birth of a first child [9]. Often influenced by societal norms on mother- and fatherhood, role divisions frequently substantially change in couples after the birth of a child (e.g., shifting from a dual-earner to a male breadwinner/female caregiver model), resulting in higher economic vulnerability in women and expectations in men to secure income [10]. In addition, research has identified a higher prevalence of loneliness among first-time mothers and parents may experience a lack of social support which can be associated with depression [5, 11, 12].

unbehandelt/unentdeckt häufig negative Auswirkungen auf kindliche Entwicklung

hohe volkswirtschaftliche Kosten

There is strong evidence that PMI contributes significantly to maternal mortality and adverse neonatal outcomes. It impacts infant development and can also affect the wider family. The risk for adverse child outcomes can persist into late adolescence [13-16]. Besides the impact on the individuals' health and quality of life, PMI also has considerable economic consequences. A cost of illness study from the UK showed that perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births. Almost three-quarters (72 %) of this cost relate to adverse impacts on the child rather than the mother [3].

Elternschaft kann auch psychische Gesundheit fördern

However, becoming a new parent can also provide an opportunity for parents with mental illness to shift their self-identity and change the way they see their mental illness in the context of their life, with parenting providing feelings of pride, motivation, hope and purpose [17-20].

in manchen Ländern Prävention u. Versorgung priorisiert

jedoch weiterhin viele Versorgungsmängel

Considerable efforts have been made in some countries to tackle PMI by developing policies, implementing prevention and screening approaches, improving and/or expanding evidence-informed support structures and pathways of care [21]. Yet, deficiencies also still exist, especially regarding coordination across services and professional groups. A recent report from Germany, for example, states as reasons for suboptimal care a lack of or little interdisciplinary cooperation and networking structures. This concerns inadequate case-related and cooperation structures between the different professional actors and systems. In addition, there are gaps in services and a lack of adequate and appropriate services tailored to the diverse and complex needs of infants and parents [22].

in Österreich fehlt Übersicht über Versorgungsstrukturen

In Austria, knowledge gaps exist concerning available prevention and support structures across regions. In Tyrol, based on stakeholder information [23], there appears to be a lack of awareness on perinatal mental health issues among the general public but also among professionals, a lack of prevention and screening activities and also limited coordination of services, possibly missing services, and a gap in knowledge and understanding of what types of innovative processes could be established within the existing service structure in Tyrol. However, a detailed overview of existing service and care structures is currently missing for the region of Tyrol and Austria as a whole.

Bericht adressiert Wissenslücken zu vorhandenen Angeboten

Teil eines FWF Projekts zur Verbesserung der psychischen Gesundheit rund um die Geburt

This report addresses this knowledge gap as part of a broader research project entitled 'Healthy Minds – supporting new parents and infants'. The 5-year project is funded by the Austrian Science Fund (Fonds zur Förderung der wissenschaftlichen Forschung, FWF). It is hosted by the Medical University of Innsbruck, with research partners at the Leopold Frances University Innsbruck, the Austrian Institute of Health Technology Assessment, and the Ludwig Boltzmann Institute for Rehabilitation Research. The broader objectives of this research project are to co-develop, implement and evaluate an intervention or prevention approach to reduce PMI in Tyrol. The project works with stakeholders and community partners to co-develop evidence-informed practice approaches and determine the most appropriate study design to evaluate those, including implementation processes. Central to this work is the involvement of people with lived experience. This report is part of the scoping activities of the project to inform the subsequent steps.

2 Aim and research questions

Ziele: Übersicht über Geburten, Prävalenz peripartaler psychischer Erkrankungen, vorhandene Angebote

We firstly aim to provide overview on the characteristics of births in Austria and Tyrol, respectively. Secondly, we will summarise available evidence on the epidemiological dimensions of PMI in Austria. Furthermore, we aim to map existing prevention and screening activities and available support structures to prevent, detect earlier and treat perinatal mental health problems or to provide other types of support for parents experiencing perinatal mental health problems. The mapping will cover services across Austria and will give more details for all care elements for the region of Tyrol if relevant.

Forschungsfragen

We are addressing the following research questions:

- What are the number and characteristics of births in Austria and Tyrol, respectively?
- What is the prevalence of perinatal mental health problems in Austria?
- What prevention and screening programs are available to prevent or recognize early on perinatal mental health problems in Austria and Tyrol in particular?
- What treatment and support services are available in Austria and Tyrol, in particular, for parents experiencing perinatal mental health problems?
- How are the existing care elements organized, coordinated and funded?
- What further measures or offers are in place that may prevent perinatal mental health problems or offer support (self-help, family policy measures)?

peripartale psychische Probleme inkludieren alle ICD-11 06 Diagnosen

bio-psycho-soziales Ursachen- und Präventionsmodell

We define *perinatal mental health problems* as all types of mental health issues, independent of a formal diagnosis, occurring during pregnancy and the first 12 months after childbirth, regardless of whether they newly occur or whether they have existed before pregnancy. Regarding mental illness, all mental, behavioural or neurodevelopmental disorders according to the latest version of the international classification of diseases (ICD-11 06) are included. As for mental illness in general, we follow the 'bio-psycho-social model', which assumes that biological, psychological, social and broader environmental factors (e.g., someone's economic situation) and their inter-relation play a role in causing and protecting against PMI.

Übersicht inkludiert Angebote für Indexpatient*innen Eltern oder Säuglinge (perinatal *and* infant mental health / PIMH)

We use the term *'perinatal and infant mental health (PIMH) services'* as an umbrella term for services we are interested in the mapping exercise. The term expresses an integrated approach to prevention and care, not only addressing parental mental illness but also viewing the infant as a person with their needs and personality and addressing the parent-child dyad, most notably the parent-child relationship [24]. It follows from this definition that we are mapping services where the index patient might be the parent (e.g., mother-baby units at a psychiatric hospital department) and those where it might be the infant who shows symptoms (e.g., excessive crying), which may be related to the mental health state of the parent.

Begriff elterliche peripartale psychische Erkrankungen präferiert, auch wenn häufiger bei Müttern; weist auf elterliche Verantwortung hin

Whenever possible we are talking about parents rather than mothers with a PMI. While we are aware that the prevalence is considerably higher in mothers than in partners and that support may need gender-specific tailoring, this is to articulate that PMI is not a purely female or mother's issue, neither in terms of who can be affected nor in terms of target groups of prevention and support offers. By addressing parents rather than mothers we are also expressing that infant care and support is not the sole responsibility of the mother.

3 Method

3.1 Data sources

We will answer the questions using publicly accessible data sources such as reports from national and regional government units and ministries, websites from providers, national statistics and published research results.

Datenquellen: veröffentlichte Informationen

Additionally, we will present national birth registry data and data from a separate birth registry data analysis for Tyrol provided by the Institute for Clinical Epidemiology. The data cover the years 2008 and 2020. While no information on mental health is collected in the birth registry, parts of the data on other health characteristics in women, on birth outcomes and on adverse events may indicate women *at risk* for perinatal mental health problems. Based on recent reviews on risk factors for perinatal depression, psychosis, bipolar disorders, post-traumatic stress disorders and anxiety disorders [25-29], the following prevalence data collected in the birth registry are of interest and will be summarised in this report: multiple births, preterm births/low birth weight, young maternal age, adverse birth events such as high-grade perineal tears, episiotomy rates, long duration of deliveries, and obstetric interventions (e.g., caesarean delivery).

Auswertungen des österreichischen Geburtenregisters

To complement our hand search on existing screening and support services, a call was issued on the website and newsletter of 'Frühe Hilfen', an organisation playing a key role in supporting parents in challenging situations during pregnancy and after birth. Additionally, in case of information gaps, service providers were asked by email for details of their services and to inform us about further services available. The information is descriptively summarized.

ergänzende Informationen über Anfragen bei Expert*innen

3.2 Classification and spectrum of services

The formal services identified will be classified alongside a prevention and care continuum, as presented in a recent literature review [21]. We use the following categories:

Strukturierung entlang des 'Prävention-Früherkennung-Versorgung-Kontinuums'

- **Primary prevention** of perinatal mental health problems
- **Early detection/screening** of perinatal mental health problems
- **Care and treatment** of perinatal mental health problems

However, delineating which services fall within the scope of prevention and care for perinatal mental health problems is not always clear. Many services offer their programs to parents with perinatal mental health problems among other target groups or address PMI among many other topics, especially in the case of primary prevention. We tried to make a distinction between:

Ein-/Ausschluss von Angeboten nicht immer eindeutig

- specialist services
  - primarily addressing parental mental health where the index patient is the parent with a mental health problem (e.g., psychiatric treatment of severe mental health problems in a mother-baby unit at the psychiatric hospital department)
  - primarily addressing infant mental health where the index patient is the infant (e.g., infant psychosomatics services) showing symptoms that may result from the mental health problem of a parent, such as excessive crying)

Differenzierung in Spezialangebote und …

…solchen, die Eltern mit psychischen Problemen rund um Geburt neben anderen Zielgruppen inkludieren

- and services that provide their programs to parents or infants with perinatal mental health problems among other target groups (as stated on the website of providers)

We extracted the following characteristics for each service

mehrere Merkmale wurden erhoben

- Name of service
- Name of provider
- Type of provider (public or private)
- Brief description of service/program content
- Capacity (e.g., geographical availability, no. of available beds, places)
- Primary target group (e.g., mothers, fathers, parents, families, infants, others) and details on the target group (e.g., minimum and maximum age of children, severity of mental health problem)
- Professional groups involved
- Funders
- Private (co)-payment

Wohnangebote nicht berücksichtigt

We *do not cover* accommodation services that parents may use with a PMI, such as those for women affected by domestic violence or other out-of-home placements.

Erhebung von Berufsgruppen, die eine Rolle spielen

Finally, we collected information on professional groups that may play a role in the prevention and care of perinatal mental health problems in parents and infants and on the professional organisations those groups are organized. In addition to formal services, we identified existing self-help/peer support groups that specifically address the topic of PMI.

Details in Tabellen im Anhang

The information is detailed in tables in the appendix (see chapter 10) and narratively summarised below (chapters 5.1 to 5.7).

familien- und reproduktions-politische Maßnahmen ebenfalls beschrieben, da belegter Einfluss auf psychische Gesundheit

There is evidence that perinatal mental health may also be influenced by broader family policy measures such as parental leave regulations [e.g., 30, 31-36] or reproductive care policies such as abortion law [e.g., 37]. This has implications for potential prevention activities, which, in addition to the individual (behavioural) level, can also be anchored at the structural and policy level. We will, therefore, briefly summarise the family and reproductive care policy measures in place around pregnancy and childbirth in Austria to stimulate reflection on prevention beyond the individual level.

3.3 Coverage of Austrian regions

Spezialangebote in Peripartalpsychiatrie für alle Bundesländer erhoben

Responsibility for organising and funding PIMH care services rests at different government levels or with various health insurance bodies. Because the regional level (Länderebene) plays an essential role regarding legal and funding responsibilities for many services, we assumed that this would lead to different service availability and characteristics in the nine Austrian regions. However, we did not have the resources to cover all nine Austrian regions in detail. We prioritised services which *specialise in PIMH care* and aimed to present these as completely as possible for the whole of Austria.

sonstige Angebote in 2 Beispielländern (Tirol, OÖ)

On the contrary, we selected two example regions (Tyrol where the project is located, Upper Austria as a geographically more centrally located and medium-size region in terms of the population) for mapping services that

include parents with perinatal mental health problems among other users but do not have specific perinatal mental health care treatment or qualified staff in place. We do not provide this level of detail for the other seven regions.

genaueste Angaben für Tirol, da für weitere Projektschritte nötig

Since the research project is located in Tyrol, Tyrol is the region where we provide the most details on potentially relevant services, including those that may only marginally cover PMI. The reason for mapping a broader spectrum in Tyrol is to identify those services that may play a more prominent role in PIMH care in future and to identify potentially relevant stakeholders to be involved in the project's next steps.

4 Epidemiology

4.1 Pregnancies and newborns

National statistics office data

2020: ~83.600 Lebendgeburten von Frauen mit Wohnsitz Ö; primär in Spitälern

In 2020[1], the national statistics office registered 83 603 live- and 317 still-births in women with an Austrian residency [38]. From the live born infants (42 934 males and 40 669 females), 81 381 (98.4 %) were born in a hospital, 278 (0.3 %) in an outpatient birth unit and 1 180 (1.1 %) in the mother's home. There were 111 births, which took place elsewhere (e.g., during transport) [38].

Fertilitätsrate 2020: 1,44

In 2020, the fertility rate in Austria was 1.44 (2021: 1.48). The lowest rate was observed in Vienna (1.29) and the highest in Vorarlberg (1.63). The rates include births outside Austria by mothers with Austrian residencies [39].

Tirol: ~7.500 Lebendgeburten; 98,8 % in Spitälern

Regarding Tyrol, 7 518 infants (3 830 males and 3 688 females) were born alive in 2020 by mothers with a Tyrolean residency (including births abroad). 7 430 of those births took place in Austria. The majority of the infants (7 338 / 98.8 %) were born in a hospital, 37 (0.5 %) in an outpatient birth unit, 48 (0.6 %) in the mother's home and seven (0.1 %) somewhere else [38].

Birth registry data

Geburtenregister enthält Daten von Geburten in österr. Spitälern, unabhängig vom Wohnsitz der Frau

In contrast to the national statistics, the Austrian birth registry collects standardised information on hospital births regardless of the women's residency. Data provision by the hospital providers is voluntary. Until 2019, all providers took part in the registry. Since 2020, one Styrian provider (with around 800 births per year) has dropped out [40]. The figures from the birth registry, therefore, differ from the number of births in the national demographic statistics. The figures presented below are based on the latest birth registry report [40].

2020: ~80.800 registrierte Geburten; knapp 82.000 Kinder; 486 starben vor, während oder kurz nach Geburt; 1,4% Zwillingsgeburten

According to the latest report, in 2020, 80 799 women gave birth to 81 990 infants, of which 81 674 were live births. 316 died before or during birth. Another 170 infants died within seven days after birth so that overall 81 504 children left the hospital alive. 41 923 of live born children were males (51.3 %), and 39 745 were females (48.7 %). Six live births were documented without information on the child's sex. 1.4 % of mothers (n=1 168) in 2020 carried twins, resulting in 2 336 twin newborns.

Characteristics of mothers

medianes mütterliches Alter: 31 J; steigender Anteil > 35-Jähriger, weniger <20 Jahre

In 2020, the median age of mothers giving birth was 31 years. The proportion of mothers aged >35 has risen since 2008 (2020: 23.8 %), while the percentage of mothers >40 years remained almost stable (4.4 % in 2020). On the contrary, the proportion of mothers aged <20 fell from 2.8 % (n=2 047) in 2008 to 1.3 % (n=1069) in 2020 (Figure 4-1). In 54.9 % of births, women had their first child, 23.1 % had already one child, 12.4 % had two children, and 9.6 % had three or more children, respectively.

[1] For reasons of comparability between the different data sources we are referring to 2020, for which data from all sources used are available

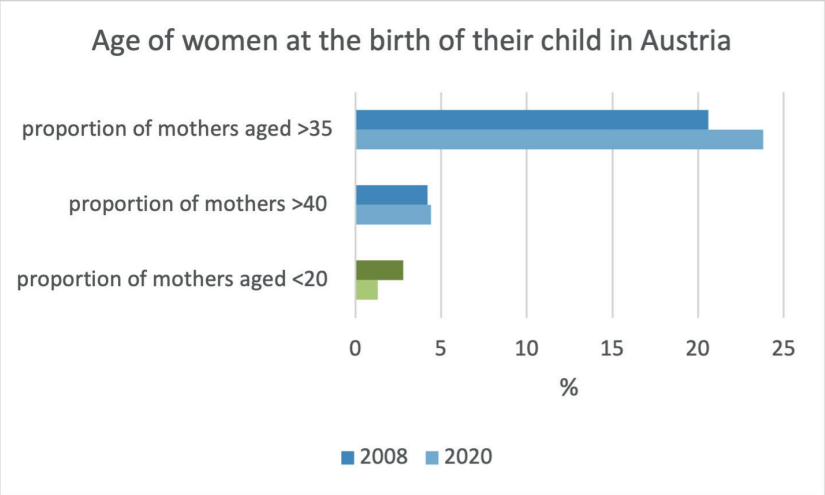

Figure 4-1: Age of women at the birth of their child in Austria

green colour denotes reduction, blue colour denotes increase

Adverse birth events

höherer Anteil unerwünschter Geburtsereignisse (Geburtsdauer≥12h, Dammriss Grad III/IV) seit 2008, v.a. bei Erstgebärenden

Rate an Dammschnitten sank deutlich

Compared to 2008, adverse birth events, in terms of long duration of deliveries ≥12 hours and perineal lacerations, have risen in Austria (Figure 4 2). In 2020, in 1 221 (2.2 %) of mothers with vaginal births, a perineal laceration grade III/IV was documented, representing an increase of 0.9 percentage points since 2008. The percentage of peri-neal laceration grade III/IV in first-time mothers was higher (3.2 %) and has risen slightly more than in multi-para mothers (0.9 %). 3.6 % of all mothers with episiotomy had a perineal laceration grade III/IV in 2020, compared to 1.9 % without. However, episiotomy rates in vaginal births overall have decreased from 21.3 % (n=11 351) in 2008 to 13.0 % (n=7 374) in 2020. In 11.5 % (n=6 120) and 0.8 % (n=5 517) of vaginal births, it was documented that labour lasted ≥12 hours and ≥24 hours, respectively.

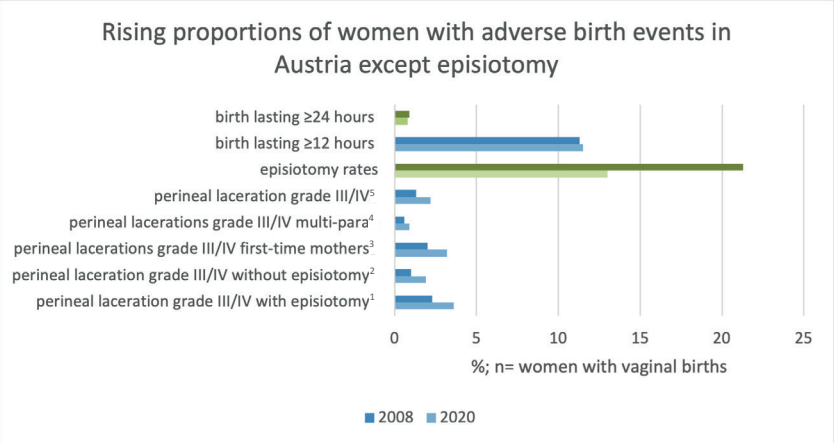

Figure 4-2: Proportions of women with adverse birth events in Austria

1: n=mothers with vaginal birth and episiotomy (2008: 11 351; 2020: 7 374);
2: n=mothers with vaginal birth without episiotomy (2008: 41 820; 2020: 49 237);
3: n=first-time mothers with vaginal births (2008: 24 720; 2020: 30 604);
4: n=multi-para with vaginal births (2008: 28 451; 2020: 26 007);
5: n=mothers with vaginal births (2008: 53 171; 2020: 56 611);
green colour denotes reduction, blue colour denotes increase

Obstetric interventions

steigende geburtshilfliche Eingriffe (Einleitung, vaginal operative Entbindung, Kaiserschnitt)

The proportion of women undergoing obstetric interventions has risen since 2008. More than a quarter of mothers without primary section (n= 17 568) had undergone an induction of labour (compared to 16 % in 2008). In 7.7 % of live births (n=6 308), women experienced an operative vaginal delivery (vacuum or forceps delivery) in 2020 (2008: 6.4 %), and 30.6 % of live births (n=25 013) were delivered with cae-sarean section (2008: 28.1 %).

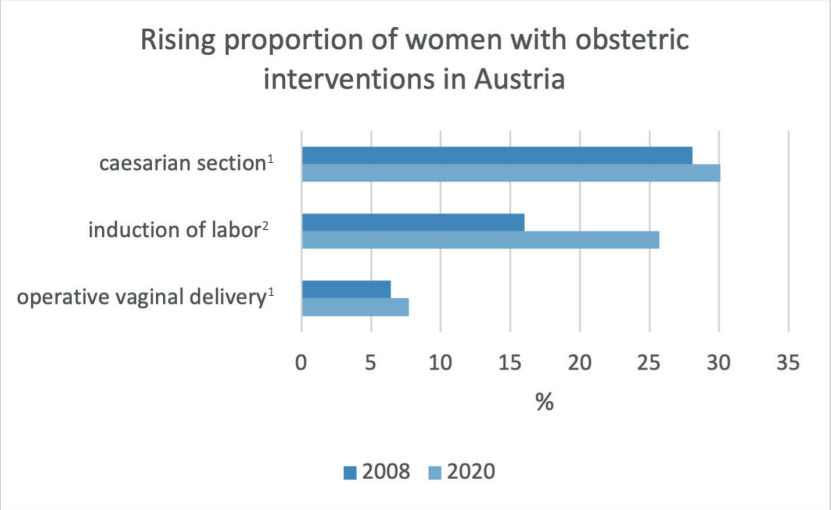

Figure 4-3: Proportions of women with obstetric interventions in Austria

1: n=live births (2008: 73 960; 2020: 81 616);
2: n=mothers without primary caesarean section (2008: 62 928; 2020: 68 280)

Selected child outcomes

weniger Frühgeburten, aber mehr Transfers zu Neonatologien

Pre-term live births before week 33+6 and 36+6 decreased between 2008 and 2020 (Figure 4 4). In absolute terms, in 2020, 1 609 pre-term births before week 33+6 and 5 866 pre-term births before 36+6 were documented. However, more children were transferred to neonatology in 2020 (n= 6 016; 7.4 %) compared to 2008 (n=4 701), representing a slight rise of 1.1 percentage points.

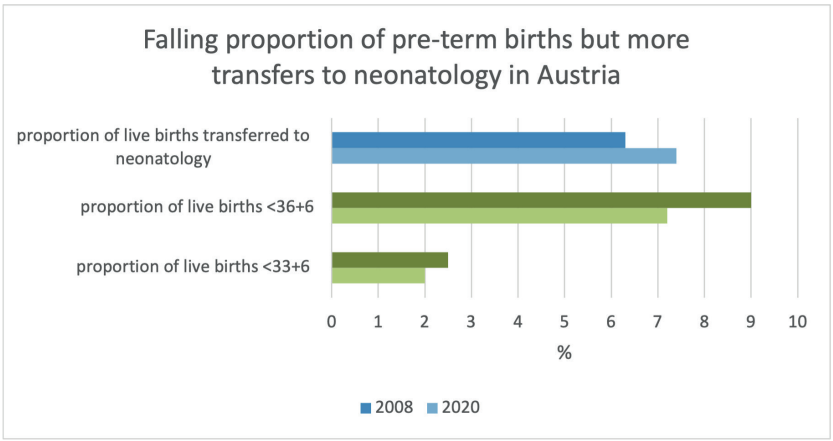

Figure 4-4: Selected child outcomes in Austria

green colour denotes reduction, blue colour denotes increase

Length of stay

Aufenthaltsdauer seit 2008 deutlich gesunken; mehr ambulante Geburten

50 % verlassen Spital nach 3 bis 4 Tagen

Length of hospital stay after birth has constantly decreased since 2008. The proportion of mothers leaving the hospital on the day of delivery or the following day ('ambulante Geburt') more than doubled (2008: 6.2 %; 2020: 13.4 %). Conversely, the percentage of women who stayed in the hospital for≥5 days or ≥7 days after a vaginal delivery or caesarean section decreased considerably between 2008 and 2020. For example, the proportion of women staying ≥5 days after a vaginal delivery dropped from 22.4 % to 7.2 % and after a caesarean section from 86.4 % to 28.9 %. The median duration of admission was three days after a vaginal birth and four days after a caesarean section. However, while the 2020 figures represent a continuation of the trend observed earlier, the length of stay in 2020 might have been additionally influenced by the Covid-19 pandemic.

Birth registry data from Tyrol

Tirol: 7.652 Frauen gebaren 7.765 Kinder in 9 Spitälern; 1,5 % Zwillingsgeburten

In 2020, 7 652 women gave birth to 7 765 infants in nine Tyrolean hospitals (Figure 4 5). Of those, 3 960 were males (51 %) and 3 805 were females (49 %). 7720 (99.4 %) of all infants left the hospital alive while 45 deaths occurred before, during or up to seven days after birth. 111 mothers (1.5 %) in 2020 gave birth to twins, and one had triplets resulting in 225 multiple babies.

Figure 4-5: Departments of obstetrics across Tyrol

Characteristics of mothers

medianes mütterliches Alter: 31 J., steigender Anteil >35-Jähriger Mütter, weniger <20-Jährige

The median age of mothers giving birth in Tyrolean hospitals was 31 years (2008: 30 years). The proportion of mothers aged <20 was below 1 % (61 mothers) and has decreased since 2008 (183; 2.7 %). The number of mothers aged 35+ was 1 886 in 2020 (20.7 %), representing a constant rise since 2008 (1 515; 17.8 %). The proportion of mothers older than 40 slightly decreased from 4.2 % in 2008 to 3.6 % in 2020 (Figure 4-6). In 40.1 % of births, women were having their first child, 59.9 % already had delivered a child.

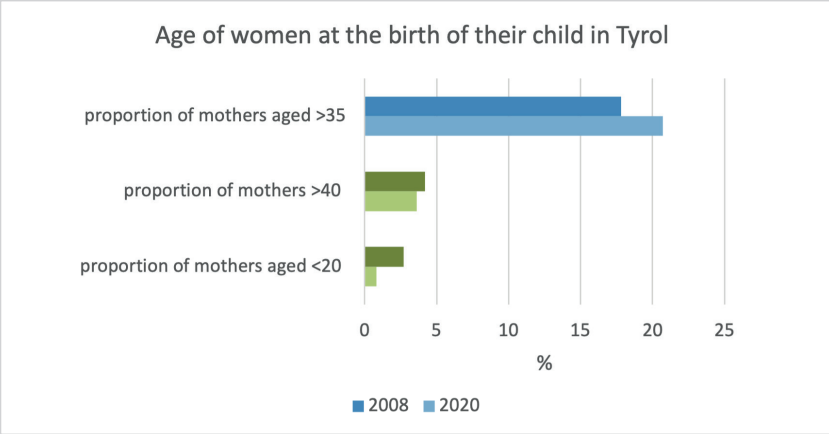

Figure 4-6: Age of women at the birth of their child in Tyrol

green colour denotes reduction, blue colour denotes increase

Adverse birth events

Anteil unerwünschter Geburtsereignisse (lange Geburten, Dammriss Grad III/IV) steigend, v.a. bei Erstgebärenden

Dammschnittrate deutlich gesunken

Compared to 2008, adverse birth events in terms of long duration of deliveries and perineal lacerations have risen in Tyrol. In 8.3 % (n=420) and 0.7 % (n=35) of vaginal births in 2020, it was document-ed that labour lasted ≥12 hours and ≥24 hours, respectively. Fur-thermore, in 2.1 % (n=107) of mothers with vaginal deliveries, a per-ineal laceration grade III/IV was documented, representing an in-crease of 0.7 percentage points since 2008. In first-time mothers with vaginal births, the percentage of perineal laceration grade III/IV was higher (3.5 %) in 2020 and rose slightly more compared to 2008 (+1.1 percentage points) than in multi-para mothers, whose proportion was 1.1 %, representing a rise of 0.7 percentage points. 2.6 % of mothers with vaginal births and episiotomy had a perineal laceration grade III/IV in 2020, compared to 1.9 % of those without. However, episiot-omy rates overall decreased considerably from 20.6 % (n=1 403) in 2008 to 6.5 % (n=503) in 2020 (Figure 4 7).

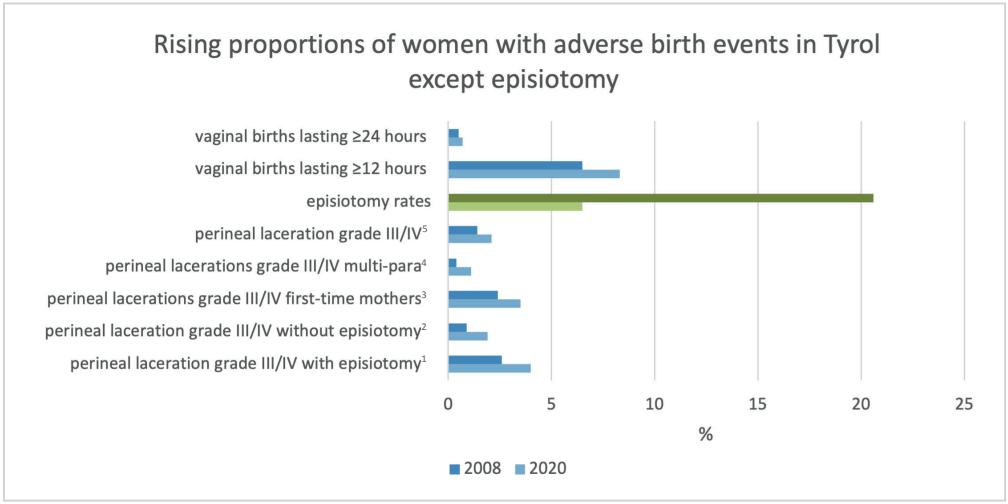

Figure 4-7: Proportion of women with adverse birth events in Tyrol

1: n=vaginal births with episiotomy (2008: 1 394; 2020: 497);
2: vaginal births without episiotomy (2008: 3 424; 2020: 4 572);
3: n=vaginal births in first-time mothers (2008: 2 297; 2020: 2 013);
4: n=vaginal births in multi-para (2008: 2 521; 2020: 3 056);
5: n=vaginal births (2008: 4 818; 2020: 5 069);
green colour denotes reduction, blue colour denotes increase

Obstetric interventions

geburtshilfliche Eingriffe deutlich gestiegen, insb. Kaiserschnittrate

As in Austria overall, obstetric interventions in terms of caesarean section and labour induction have risen since 2008 (Figure 4 8). More than a quarter of births (n=1 912) had undergone an induction of labour (compared to 12.7 % in 2008), and 33.8 % (n=2 581) women had a caesarean section (2008: 29.3 %). In 10.1 % of mothers (n=716) an operative vaginal delivery was registered in 2020.

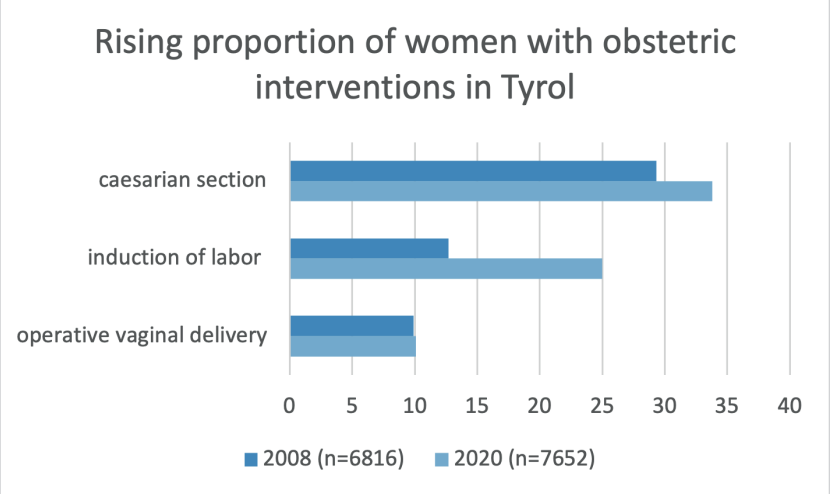

Figure 4-8: Proportions of women with obstetric interventions

n= mothers who have given birth

Selected child outcomes

Frühgeburtenrate <Woche 36+6 leicht gesunken, jedoch deutlich steigende Transferraten in Neonatologie

The proportion of mothers with pre-term live births before week 33+6 remained almost unchanged and was 1.1 % (n=87) in 2020. The pre-term live birth rate in mothers before week 36+6 slightly decreased from 7.4 % in 2008 to 7.1 % in 2020, although the absolute number of mothers rose (2008: n=507; 2020: n=542). Furthermore, the percentage of life born babies transferred to the neonatology/paediatric unit rose from 5 % (n=346) in 2008 to 9.5 % (n=732) in 2020 (Figure 4-9).

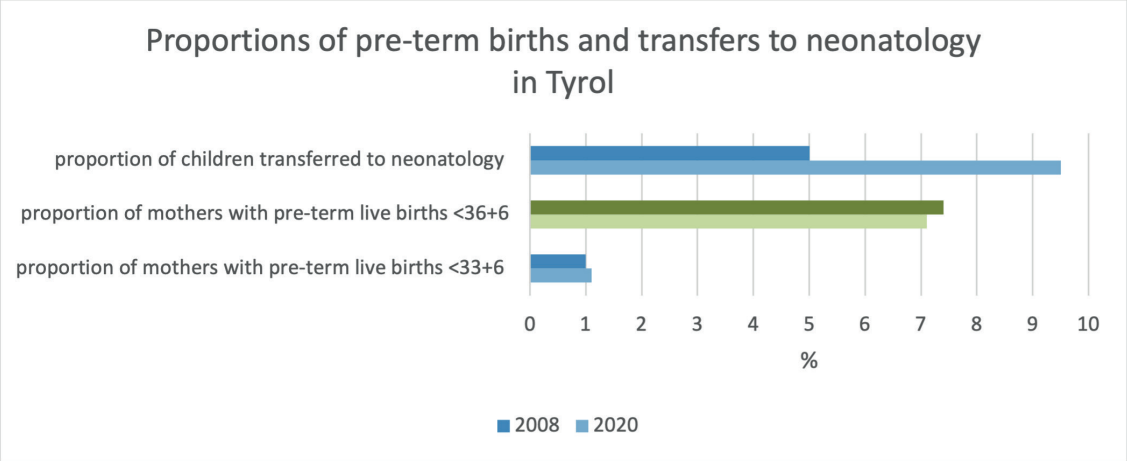

Figure 4-9: Selected child outcomes in Tyrol

green colour denotes reduction, blue colour denotes increase

Length of stay

sinkende Aufenthaltsdauern, ambulante Geburten nur leicht gestiegen

50% verlassen Spital nach 3 bis 4 Tagen

In an increasing number of births, mothers left the hospital on the day of delivery or the following day ('ambulante Geburt') (2008: 4 %; 2020: 7.8 % equalling 600 mothers). Furthermore, the percentage of women who stayed in hospital ≥5 or ≥7 days decreased by more than half from 39.7 % / 11.4 % in 2008 to 15.8 % / 2.4 % in 2020 respectively (Figure 4 10). The median duration of hospital stay was three days af-ter a vaginal birth and four days after a caesarean section. However, while the 2020 figures represent a continuation of the trend of de-creasing length of stay observed earlier, the length of stay in 2020 might have been additionally influenced by the Covid-19 pandemic.

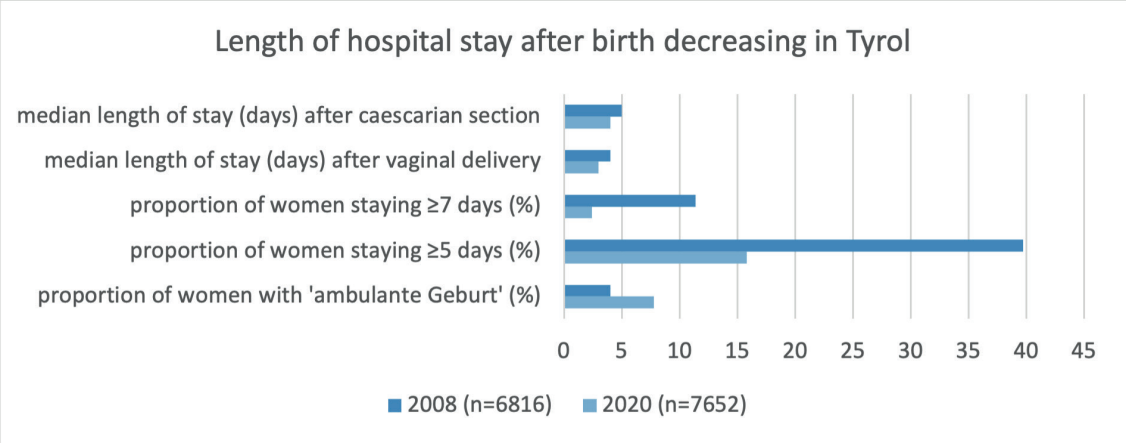

Figure 4-10: Length of hospital stay after birth in Tyrol

4.2 Perinatal mental illness (PMI) in Austria

keine robusten Daten zu Häufigkeit peripartaler psych. Erkrankungen in Ö

Robust Austrian data on the epidemiology of PMI are not available. The representative survey on the prevalence of mental illness among the 18 to 65-year-old population (published in 2017; sample n=1008) showed that 1.4 % of the female sample were pregnant at the time of the survey and 3.3 % had given birth in the three years before.

Subgruppe in epidemiologischer Studie: 1-Jahres-prävalenz bei Schwangeren 28,6 %; bei Geburt vor bis zu 3 Jahren: 17,6 %

The one-year prevalence of any mental illness in the pregnant group was 28.6 %. 14.3 % were diagnosed with mood (affective) disorders or neurotic, stress-related and somatoform disorders, respectively. In those who had given birth in the previous three years, the one-year prevalence of any mental illness was 17.6 %, with 11.8 % respectively diagnosed with mood (affective) disorders or neurotic, stress-related and somatoform disorders [41]. However, the low number of this sub-group in the overall sample does not allow conclusions on the prevalence of perinatal mental health problems in Austria.

Subgruppe 'Frühe Hilfen Teilnehmer*innen': hohe Prävalenz

The standardised documentation of families supported by the program 'Frühe Hilfen' gives some insight into the dimensions of mental health in this specific sub-group of families experiencing adversities. Overall, the prevalence of PMI is high in this subgroup. However, users of 'Frühe Hilfen' only represent a minor proportion of all annual pregnancies and births. We present details in chapter 5.1.3.

If we extrapolate international prevalence data of up to 20 % of mothers and 10 % of fathers experiencing a PMI (see chapter 1) to the number of women giving birth in Austria, the number of affected women per annual cohort would be up to 16 150 in addition to up to 8 000 fathers. Based on the number of women giving birth in Tyrol, it can be expected that up to 1 500 mothers and 750 fathers per annual cohort are experiencing a PMI in Tyrol. Most of them will be perinatal depression [42]. According to the Austrian depression report, due to societal changes, perinatal mental illness is supposed to increase (e.g., grandparents less available for social support) [43].

Schätzung auf Basis internationaler Daten: ca. 16.150 Mütter und 8.000 Väter pro Geburtskohorte; Tirol: ca. 1.500 Mütter u. 750 Väter

5 Service mapping results

5.1 Services along the prevention-detection-care continuum

Strukturierung nach Prävention-Früherkennung-Behandlung

Based on the framework presented in the report on international PIMH care models and pathways [21], we clustered services into those offering primary prevention, those detecting PMI early or implementing systematic screening and those offering support or treatment in case of detected mental health problems.

Primärprävention: aktive Information über peripartale psychische Erkrankungen

To qualify for a *primary prevention* program, providers need to explicitly and actively offer information or education on PMI in a standardised format to expecting parents, including those who have already experienced mental health problems earlier or to women or the general population, including school children/adolescents as part of a program or service.

Früherkennung: syst. Anwendung standardisierter Tools

Early detection or screening activities are those where a defined screening tool (e.g., questionnaire) or other specified methods are systematically applied by trained staff or by using other modes (e.g., digital technologies) to identify perinatal mental health problems systematically.

Unterstützung/ Behandlung inkludiert soziale, psycholog. u. med. Angebote

Support and treatment of perinatal mental health problems include all types of social, psychological and/or medical support in different settings for different degrees of severity of the mental health problems, provided by professionals. The index patient might be the parent or the infant.

5.1.1 Primary prevention

zahlreiche niederschwellige Beratungsangebote für Frauen mit Fragen zu Schwangerschaft oder psychischer Gesundheit

We identified several low-threshold services offered in different Austrian regions which women can use for all kinds of problems or advice, including mental health problems or questions related to pregnancy. Examples are the services 'FEM Süd' and 'FEM' in Vienna, which offer free counselling for women on various topics in various languages. Other examples are the Tyrolean services 'BASIS Frauenservice und Familienberatung Außerfern', the 'Online Frauenberatung Tirol', 'Frauen helfen Frauen', 'Evita Frauen- und Mädchenberatungsstelle' or the 'Frauenzentrum Osttirol', which offer counselling on different topics. Similar services exist in other regions as well.

Jedoch peripartale psychische Erkrankungen kein expliziter Fokus laut Angaben auf Webseiten

Most of these services are mentioned as contact points in the folder on postnatal depression issued by the Ministry of Health. However, from the information provided on the webpages or expert consultation, primary prevention of perinatal mental health problems is not the focus of their programs. According to personal information, some services (e.g., the courses for expecting parents by the women's health centre in Styria) include information on perinatal mental health in the content of their program. However, this is not listed in their program folder. We did not identify published programs addressing the prevention of PMI precisely and in a standardised way as recommended in the international models (e.g., active and systematic information for expecting parents or women in general that mental health problems may occur during pregnancy or after birth as part of the prevention activity).

5.1.2 Universal early detection and screening

National screening programs during pregnancy and early childhood

derzeit kein universelles Screening vorhanden

Currently, universal systematic screening processes covering all women during pregnancy and after birth to detect PMI are neither implemented in any of the nine Austrian regions nor at the national level.

nationales Screening Programm 'Mutter-Kind-Pass' derzeit auf körperliche Gesundheit ausgerichtet

Neuausrichtung seit mehreren Jahren empfohlen

An essential universal prevention program during pregnancy and early childhood is the national screening program 'Mutter-Kind-Pass'. It is organised and funded at the federal level through different sources (social health insurance, Family Burden Equalisation Fund). The program is free of charge for all women/children and contains a defined number of examinations during pregnancy and early childhood (until 62 months/~5 years). Some of the examinations are mandatory in order to receive the Government child-care allowance. The current program is oriented towards physical health, and gynaecologists and paediatricians primarily carry out the examinations. Other health professionals (e.g., midwives) play a minor role, although an optional midwifery consultation in weeks 18 to 23 during pregnancy was added in 2013. The screening program underwent intensive evaluation some years ago. The aim was to re-orient the program towards current needs, including psychosocial dimensions of health [44].

Screening-Empfehlungen betreffend psychische Gesundheit

Recommendations regarding mental health, based on a systematic overview of international evidence-based guidelines, followed by a comprehensive appraisal process by a multi-professional expert working group, for Austria were [45]

- assessment of psychosocial and lifestyle risk factors (pregnancy)
- assessment of mental health problems and socio-economic burden
- standardised screening using a standardized tool (e.g., Patient Health Questionnaire / PHQ-4 for depression and anxiety disorders) twice during pregnancy (as early as possible and at week 24-28) and 6-8 weeks and 3-5 months after birth (e.g., by using some standard questions or again the available tools for identifying depression and anxiety disorders)

An additional recommendation was to ask for previous or current mental health problems, treatments and perinatal mental illness in the family.

The final recommendations from the expert working were to use the PHQ-4 and the following standard questions (Table 5-1)

Table 5-1: Suggested questions about psychosocial dimensions

Topic	Questions for orientation
Care responsibilities	Do you have caring responsibilities, e.g., for other children or relatives (e.g., parents)? Is there anyone else responsible for the care besides you?
Social/family support	Do you feel sufficiently supported socially, emotionally, etc., by your partner, family, friends or neighbours; do you feel that you have access to help when needed?
Financial security	Do you have enough money to finance everyday life with your child/children (housing, food, clothing, heating, etc.)?
Confidence	Are you confident when you think about the coming weeks and months?
Excessive demands	Do you sometimes feel overwhelmed with the child's care or in dealing with your child?
Worries/stress	Is there anything in your life (e.g., work situation, personal relationships, other life events) that is worrying/stressing you?
Self-efficacy/coping strategies	Do you consider your resources sufficient to cope with potential challenges?

Implementierung von Komponenten zu psych. Gesundheit in Planung

The recommendations regarding the types and focus of screening examinations have not been implemented so far. However, The Ministry of Health has recently initiated an implementation process. The program will also be renamed 'Eltern-Kind-Pass', thus indicating that the perinatal period is not just a woman's or mother's issue but involves the partner as well, both in terms of responsibilities and regarding potential health problems. Final results on how screening will address mental health dimensions were unavailable when finalising this report (March 2023).

Regional universal screening initiatives

einige regionale Früherkennungsinitiativen, insb. in Wien: Tools für Fachkräfte, Leitlinie

At the regional level, we identified some initiatives to implement universal early detection of perinatal mental health problems in Vienna and Styria. The 'Wiener Programm für Frauengesundheit', funded by the Viennese government, has developed screening tools for professionals working in hospital outpatient departments of obstetrics and for gynaecologists and paediatricians working in private practice. In addition, they published a brief general guideline for professionals involved in care during pregnancy and after birth [46]. Similarly, the Styrian health fund has issued a short guidance document [47]. The undated document provides brief general advice on the early identification of perinatal mental health problems and the support of women with existing mental health problems during pregnancy and after birth, however, without stating clear pathways or responsibilities. In general, using those documents, guidance and tools is voluntary, and it is unclear to what extent professionals apply them in their everyday work in a standardised way.

keine systematische Anwendung

5.1.3 Targeted detection (and care)

The 'Frühe Hilfen' Program

nationales Programm 'Frühe Hilfen' bei Belastungen während der Schwangerschaft oder mit Kleinkindern

'Frühe Hilfen' is an Austrian-wide health promotion and/or early intervention approach offered during pregnancy until the child is three in case of need for support. It is funded at the federal level through a separate 'prevention budget' (Vorsorgemittel der Bundesgesunheitsagentur). Different professionals, organisations or private persons can refer families, or they can access the service via self-referral, free of charge [48]. The primary target groups are families in disadvantaged socio-economic situations and those who experience specific challenges. Parents with mental health problems are explicitly mentioned as one of their target groups, and identifying mental health issues is part of their standardised assessment tools. Additionally, promoting mental wellbeing in all families they support is a crucial aim [49, 50]. As an overarching goal, 'Frühe Hilfen' aim to decrease health inequalities by addressing social determinants of health in early childhood [48].

explizit auch bei psychischen Problemen

Ziel: Verringerung gesundheitlicher Ungleichheiten

aufsuchende Familienbegleitung und/oder Zuweisung an andere Angebote

Based on a needs-assessment, families are either offered short-term support or more intense (outreach support) by a family support worker (Familienbegleitung). They may also be referred to other professional services across sectors.

bisher in knapp 50 % der Bezirke in Form von regionalen Netzwerken

By the end of 2021, 'Frühe Hilfen' was available in 65 out of 116 Austrian districts (Figure 5-1). The regional resources differed. Measured by available personnel hours per 100 newborns, Tyrol was the region with the lowest resources (2.5 h/100 newborns). However, regarding the number of supported families in relation to the number of newborns, the percentage in

Tyrol was 2.9 % which was above the Austrian average (2.5 %). Until 2022, 'Frühe Hilfen' was available in four out of nine districts in Tyrol under the umbrella 'Netzwerk Gesund ins Leben'. A regional 'Frühe Hilfen' network usually consists of one person for network management and two to eleven family support workers. All support workers and managers complete specific training [51]. Full rollout in all Austrian regions is planned for 2023.

psychische Gesundheit wird mehrfach dokumentiert

Mental health issues are recorded at different points in time during the process of support. Firstly, they can be a reason for (self)-referral; secondly, mental health issues can be a motive for ongoing support; thirdly, the primary carers are asked to rate whether mental health is a stressor or a resource for them. Former and current mental health problems and treatments focusing on postnatal depression are systematically assessed and documented [50].

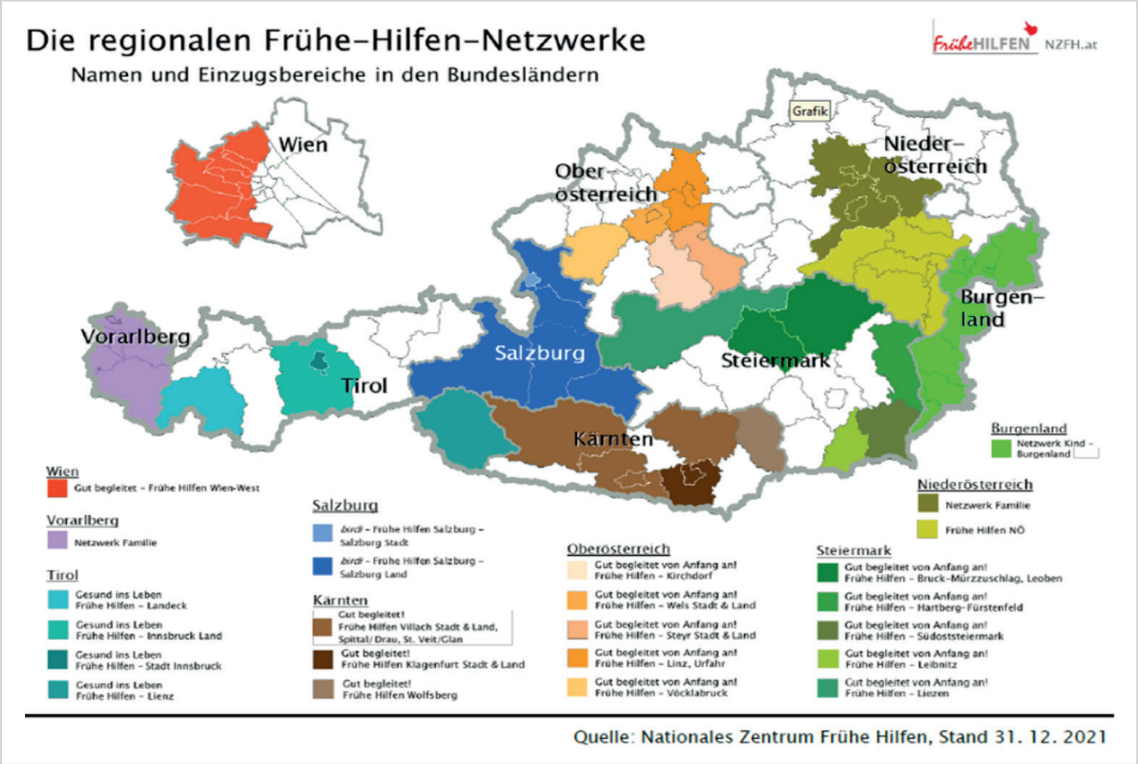

Figure 5-1: Availability of 'Frühe Hilfen' networks across Austria; Source [51]

2021: ca. 2.000 neue Kontakte, unterschiedliche Zuweiser

in 12 % der Kontakte waren psychische Probleme Hauptgrund für Kontaktaufnahme

In 2021, 2 043 families newly contacted the service, either by external or self-referral, whereby self-referrals accounted for around half of the referrals. In Tyrol, 162 contacts were registered. Regarding referring organisations, hospitals were leading, followed by child and youth welfare and midwives in private practice. Regarding professions, the highest percentage of referrals (around a third) came from social workers, followed by midwives and nurses. Doctors, psychologists and psychotherapists referred less often (below 10 % of referrals each). Mental health problems were the main reason to contact the service in 12.4 % of referrals in 2021, roughly the same proportion as in previous years [51]. According to a special report from 2018, these families are more likely referred by a hospital, by outpatient psychiatrists /psychologists or midwives and less likely by child and youth welfare, social organisations or paediatricians compared to all families [50].

2021: 2.281 in Familienbegleitung

mediane Dauer: 9 Monate

In 2021, 2 281 families received in-depth support from a family support worker, 1.171 started newly, and 1.087 completed the program. In Tyrol, 192 families received active support. The median duration of support for families who completed the program in 2021 was slightly more than nine months. In 15 % of the completed cases, support duration exceeded two years. Staff spent a medium amount of 14.5 hours per family, had a medium number of six face-to-face contacts, and had four home visits. [51].

¼ der primären Bezugspersonen (vormals) in psychiatr. Behandlung

40 % mit starken Zukunftsängsten

Within families that started the program in 2021, one quarter of the primary carers of the children (usually the mother) were in psychiatric treatment during the time of support or earlier; in another 25 %, current or previous treatment for mental illness was unclear. Around half of the primary carers said they had never been treated for a mental health problem. The percentages of those in treatment slightly decreased compared to previous years. Furthermore, almost 40 % of primary carers were severely worried about their future [51].

psychische Probleme häufig Grund für Familienbegleitung

According to a special report from 2018, mental health issues were the reason for receiving the support program in a fifth of the families supported, as assessed by the professional support workers and in 12.1 %, as evaluated by the families themselves [50].

psychosoziale Gesundheit der Hauptbezugsperson 1 gehört zu den 3 am häufigsten genannten Belastungsfaktoren

v.a. in Familien mit höherem sozio-ökonomischen Status

postpartale Depression (PPD) in 10 % der neu begleiteten Mütter

At the beginning of the support process, families are asked about 19 different resources and stressors. The psychosocial health of the main primary carer was among the three most often mentioned stressors, next to the family's social network and financial situation. The mental health of the main primary carer was more often regarded as a stressor than that of the secondary carer. Contrastingly, the psychosocial health of the main primary carer was among the least frequently mentioned resources. The special report from 2018 analysed to what extent psychosocial health was a stressor in case of increased caring needs of the infants due to six different reasons (e.g., preterm birth infants, children with a disability). Data showed that the psychosocial health of the primary carer was most often regarded as a stressor if infants cried excessively or had problems with feeding and sleeping (45.9 %). In contrast, carers most often regarded it as a resource in case of multiple births (35.1 %). Another result from this report indicated that in families with higher socio-economic status, psychosocial health was generally the primary stressor and was seen as a stressor in a higher number of families than in more socioeconomically disadvantaged families [50]. The analysis of additional specific stressors showed that in 10 % of the newly supported families mothers showed signs of postnatal depression [51].

weniger PPD nach Betreuung, bei 1/3 weiterhin Symptome

In half of the mothers who completed the program in 2021 and who had signs of postnatal depression when they started, depression was not observed anymore. However, in 30 %, the symptoms continued, and in the remainder, signs were unclear [51].

häufig psychologisch/ therapeutischer Unterstützungsbedarf nach Programmende, aber oft keine Inanspruchnahme

Most of the families who completed the program in 2021 needed further support. The most often stated need (27.8 % of families) was for psychologists/ psychotherapy. The percentage has constantly risen since the beginning of the 'Frühe Hilfen' program (22.6 %). However, only 22.1 % were actively referred to such a service, and only a fifth used them. Different reasons for lack of referral or use of services were given (e.g., lack of capacities, waiting lists, costs), whereby frequently it was the family's lack of acceptance.

Angebotslücken am häufigsten bei Familien mit psychischen Problemen

The report documents several general gaps in care for different types of needs. Services for families with mental health problems were among those where gaps in care were most often identified. Gaps include group activities for persons with mental health problems, psychological or psychotherapy services, specialist services for postnatal depression/psychosis and counselling for children or other relatives of people with mental illness [51]. The special report from 2018 furthermore found that more than a third of all families who were referred to one or more subsequent services were referred to a service in the area of psychosocial care (e.g., psychotherapy, adult or child/adolescent psychiatrist) [50].

Midwifery services after birth

Hebammenbetreuung nach Geburt möglich

inkludiert derzeit kein systematisches Screening

Vertragshebammen kostenlos, aber nur begrenzt vorhanden

kein universelles Programm

Directly after birth (puerperium), mothers are entitled to one home visit per day from day one to day five (to day six after caesarean section, pre-term birth or multiple births) after birth by a midwife. From day six to week eight after birth (day seven to week 12 after caesarean section, pre-term birth or multiple births), six to seven further optional home visits or midwifery-office visits are publicly funded. Currently, there are no standardised perinatal mental health screening measures in place for those visits, but midwives may address the topic individually. The visits are fully publicly funded if the midwife has a contract with the health insurance, which is only the case for 5 % to one quarter of the midwives (depending on the region) [52]. If the service is provided by a private practice midwife (Wahlhebamme), parents can apply for a refund covering 80 % of the publicly paid tariff, which is usually considerably lower than the tariffs from midwives in private practice. Using this service requires active requests by the mother/parent. It is thus not a universal service provided to all women after birth, such as universal home visit programs in other countries.

5.1.4 Care and treatment

Strukturierung der Angebote nach 'stepped-care' Ansatz

The mapping exercise revealed a diverse picture across the Austrian regions on services providing care for families with perinatal mental health problems or psychiatric treatment for severe PMI. Following a stepped-care approach, as recommended in the international care models [21], we will first describe services for less severe problems, followed by services available for acute and/or severe mental illness.

Low threshold services focusing on parental mental illness

einige Bundesländer haben Angebote für Kinder psychisch erkrankter Eltern, aber nur in Salzburg Spezialangebot für Peripartalphase

In some Austrian regions, social care programs which focus on parents with a mental illness or children of parents with a mental illness exist or have recently been established. In Tyrol, a pilot project has recently been successfully completed (the 'Village project'); however, without agreement on permanent funding. Yet, while according to expert information, those services identified may not explicitly exclude expecting parents or those with infants, only one of those programs ('JoJo' in Salzburg), offers a unique scheme for the perinatal period. This is a counselling and support program for mentally ill mothers from pregnancy until the child is three and is provided in four regional contact points, including an outreach service. Intensity is flexible (twice weekly to once per month + online options).

Specialised psychotherapy and attachment-oriented therapies

Therapeutic offers addressing mothers with mental health problems

Wien und Tirol: psychotherapeutische Angebote für Eltern in Peripartalphase im Rahmen Früher Hilfen u. peripartaler Spezialambulanz

As part of the 'Frühe Hilfen' program, specific services are offered for perinatal mental health problems in two regions (Vienna and Tyrol). In Vienna, the therapeutic group service 'Mutterseelen gemeinsam' is available [53], which addresses mothers with postnatal depression in 20 sessions in a closed group. In Tyrol, parents with mental health problems around childbirth can receive five psychotherapy units free of charge. In three Tyrolean districts (Innsbruck-Stadt, Innsbruck-Land, Lienz), this psychotherapy is offered in connection with the 'Frühe Hilfen' family service (Familienbegleitung). In the other districts, mothers can use the therapy separately. Both services are currently being evaluated. The Tyrolean 'Frühe Hilfen' service also supports a bi-weekly peer support group. Additionally, in Vienna the outpatient service for perinatal mental health offers a group for mothers with mental health problems and their babies.

Infant-parent psychotherapy

Säuglings-Eltern Psychotherapie in unterschiedlichem Umfang in einigen Bundesländern

We identified some psychotherapy services in five Austrian regions specialising in infant-parent psychotherapy, thus addressing the infant with symptoms as the index patient. Examples are the 'Österreichische Gesellschaft für Kinder- und Jugendpsychotherapie' (ÖKIDS), which offers infant-parent psychotherapy in offices in five Austrian regions (Vienna, Lower Austria, Burgenland, Styria, Tyrol) or the 'Säuglings-, Kinder- und Jugendpsychotherapeutische Institut' located in Lower Austria which also offers therapy, however, on a very small scale (one infant psychotherapist). Another example is the 'Institut für Erziehungshilfe/Child Guidance der Österreichischen Gesellschaft für Psychische Hygiene / Landesgesellschaft Vienna' offering diagnostics and psychotherapy in four different locations covering all parts of Vienna and the 'Psychotherapeutische Universitätsambulanz Kinder und Jugendliche der Sigmund Freud Privatuniversität'. Apart from organisations, psychotherapists in private practice may also offer infant-parent psychotherapy.

Attachment-oriented services and therapists

einige Therapeut*innen und Organisationen mit Fokus auf Bindung

In some Austrian regions, we identified services or therapists in single practices, which focus on improving the parent-infant relationship, including supporting positive parent-infant attachment. Examples of services are 'Grow Together' offered in Vienna, 'Zoi' provided in Tyrol or 'Basket' offered in Salzburg and Upper Austria; however, by different organisations.

unterschiedliches Angebotsspektrum und spezielle (zertifizierte) Programme

The content of those organisations or therapists' programs varies. In addition to specific forms of therapy (e.g., body-oriented therapy) and specific counselling forms (emotion-oriented), it may also include general parenting skill training and support in daily life. In some cases, specific therapeutic approaches are described, such as 'Emotionale Erste Hilfe' (EEH), which therapists can only provide after training, resulting in a certificate. Professionals with this training also offer the emotional first aid approach in some single practices across Austria. Another example is the 'Verein Rückhalt' (Verein der Krisenbegleiter*innen Österreichs), which is an umbrella organisation for professionals with training in a particular method to support families during pregnancy and after birth[2].

[2] body-oriented crisis care developed by the Berlin social pedagogue Paula Diedrichs 20 years ago based on body-psychotherapy by Eva Reich

Hospital outpatient services specialising in perinatal mental health ('Spezialambulanz für peripartale Psychiatrie, sonstige Spezialambulanzen')

Spezialambuanz für peripartale Psychiatrie nur in Wien

ambulantes Angebot im Krankenhaus auch in Salzburg, aber nicht mit Fokus auf peripartale Psychiatrie

Vienna is the only Austrian region where we identified hospital outpatient units specialising in perinatal mental health lead by a psychiatrist qualified in perinatal mental health (Spezialambulanz für peripartale Psychiatrie Klinik Ottakring; psychologische FEM-Elternambulanz). According to the head of the psychiatric department at the Klinikum Wels/Grieskirchen (Upper Austria), an already existing outpatient unit had to be closed due to a lack of resources. Additionally, at two departments for psychiatry, psychotherapy (and psychosomatics) in the region Salzburg, a prevention program for parents with a mental illness and their children (PrEKids) is provided, which in one setting also includes expecting parents and parents with newborns. However, these are not the primary target groups of that service, and we did not find a perinatal mental health specialisation in their program or staff descriptions. In summary, there are no hospital outpatient units specialising in perinatal mental health in eight Austrian regions.

(Hospital) outpatient services specialising in infant mental health

in 6 Ländern spitals-ambulante Angebote für Indexpatient Säugling (z.B. Schreiambulanz)

tlw. in Pädiatrie, tlw. in Kinder-Jugendpsychiatrie verankert

In six of the nine Austrian regions (Salzburg, Tyrol, Upper Austria, Vienna, Vorarlberg), we identified specialised medical services (usually in hospital outpatient units), where the index patient is the infant with (psychosomatic or mental health) problems. Services include three outpatient units for babies with excessive crying, feeding or sleeping problems available in Salzburg, Upper Austria and Vorarlberg. In Vienna, we identified a day clinic for infant psychosomatic care at the 'Klinik Ottakring', a 'Baby-Care-Ambulanz' at the 'Klinik Favoriten' and the 'Kinder- und Jugendlichen-Ambulatorium der Wiener Psychoanalytischen Vereinigung' as further examples for services primarily addressing the infant by offering diagnostic, counselling and infant-parent psychotherapy services. The child and adolescent psychiatric unit in Hall in Tyrol also offers psychological infant and toddler consultation hours in cooperation with the department for paediatrics at the Medical University Innsbruck. The program ranges from diagnostic services and counselling to practical advice, psychotherapy, group services, and parent-child interaction treatment.

Inpatient psychiatric/psychological consultation and liaison service ('Konsiliar- and Liaisondienst')

psychologisch/ psychiatrische Konsiliar- und Liaisondienste auf geburtshilflichen Abteilungen in unterschiedlicher Konstellation

If mental health problems are detected during a mother's admission to the obstetrics department, psychological or psychiatric consultation and/ or liaison services are available. Different organisational structures exist for those services. Consultation services are provided in-house if there is a department of psychiatry or a general psychological service at the same hospital. If this is not the case, psychiatric or psychological consultation can be provided by specialists from other psychiatric hospital departments if the same owner owns the hospital. In some cases, the hospital contracts an outpatient psychiatrist; in others (e.g., Tamsweg), the mother and her baby may be transported to a hospital with a psychiatric outpatient unit for psychiatric consultation.

fallbezogen oder personenkonstante Formen, tlw. mit interdisziplinärem Austausch

The type of services provided also differs. It ranges from on-demand case-based consultation services to a more integrated service, where psychiatry and obstetrics department staff actively work together on a permanent basis. An example of the latter is the psychotherapeutic-psychological services provided by the department of psychiatry, psychotherapy, psychosomatics and medical psychology at the medical university of Innsbruck to the department of obstetrics in the form of permanent consultation hours. Additionally, regular exchange and sometimes mutual training and ward rounds are part of the liaison service. Another example is clinical psychologists who are permanently working at four different departments of obstetrics across Vienna. The permanent service is usually provided by psychologists, not by psychiatrists.

Hospital-based day clinic ('Tagesklinik')

kein tagesklinisches Angebot

There is no day clinic for perinatal mental health problems available in Austria.

Mother-baby units at psychiatric hospital departments

höchste Versorgungsstufe: Mutter-Kind Betten

Mother-baby units at psychiatric hospital departments belong to the highest level of care in case of severe mental health problems of mothers. Mothers can be admitted with their infants, usually until the child is one, in some units up to two years.

10 fix gewidmete Plätze in drei Bundesländern

5 bis 7 Bedarfsplätze ohne Platzgarantie

in Tirol, Kärnten, Burgenland keine Plätze

According to information from the Marcé Gesellschaft für Peripartale Psychische Erkrankungen [54] from November 2021 and expert input, across Austria, a maximum of ten designated mother-baby beds in adult psychiatric hospitals units are available in three Austrian regions: Four of them in Vienna (Vienna General Hospital), two in Graz/Styria (Landeskrankenhaus Graz Süd-West, Abteilung für Psychiatrie und Psychotherapie 2), two to three in Linz/Upper Austria (Kepler Universitätsklinikum, Med campus II), and one in Steyer/Upper Austria (Phyrn-Eisenwurzen Klinikum). Some hospitals can provide one to a maximum of three beds in case of urgent needs (Tulln/Lower Austria 1 bed, Rankweil/Vorarlberg 1 bed, Salzburg/Salzburg 1-2 beds, Wels/Upper Austria 2-3 beds). Those are, however, not formally dedicated and therefore, availability is uncertain, and in contrast to formally dedicated mother-baby units, there is less or no specifically trained staff available. In Burgenland, Carinthia and Tyrol, neither formally nor informally dedicated mother-baby units are available in psychiatric hospital units (Figure 5-2).

tlw. Schließungen wegen Umstrukturierung

mehr Betten in Salzburg und Stmk. geplant

In some psychiatric departments (e.g., in Waidhofen/Thaya in Lower Austria), the option of mother-baby admission had to be discontinued after the closure of the obstetrics department, after which infant nurses were not available anymore. Mothers and their infants are referred to hospitals in other regions if capacities are available. Experts informed us that the number of available mother-baby units is planned to be increased in some regions (e.g., Graz/Styria, Salzburg/Schwarzenberg Klinikum).

Aufnahme meist nur möglich, wenn Mutter Kind betreuen kann

Säuglingsbetreuung unterschiedlich organisiert

According to expert information, admission into all types of mother-baby units in adult mental health care facilities is usually subject to the mother still being able to care for the child. Professional care for the infant is provided but organised differently, for example, by permanently employed or liaison infant nurses or by psychiatric nurses trained in infant care. Details on treatment approaches are not published on the hospitals' websites. We therefore do not know to what extent special offers to address the mother-child interaction

are available or whether mothers primarily receive routine adult mental health treatment and children are co-admitted to guarantee custody and child care. If the mother's mental health makes her unable to care for the infant, partners or other potential carers are asked to take custody. The infant may be admitted to the paediatric unit without such a carer. Mother-infant interaction programs are not possible in this situation.

Details zu peripartalen Behandlungskonzepten, nicht bekannt

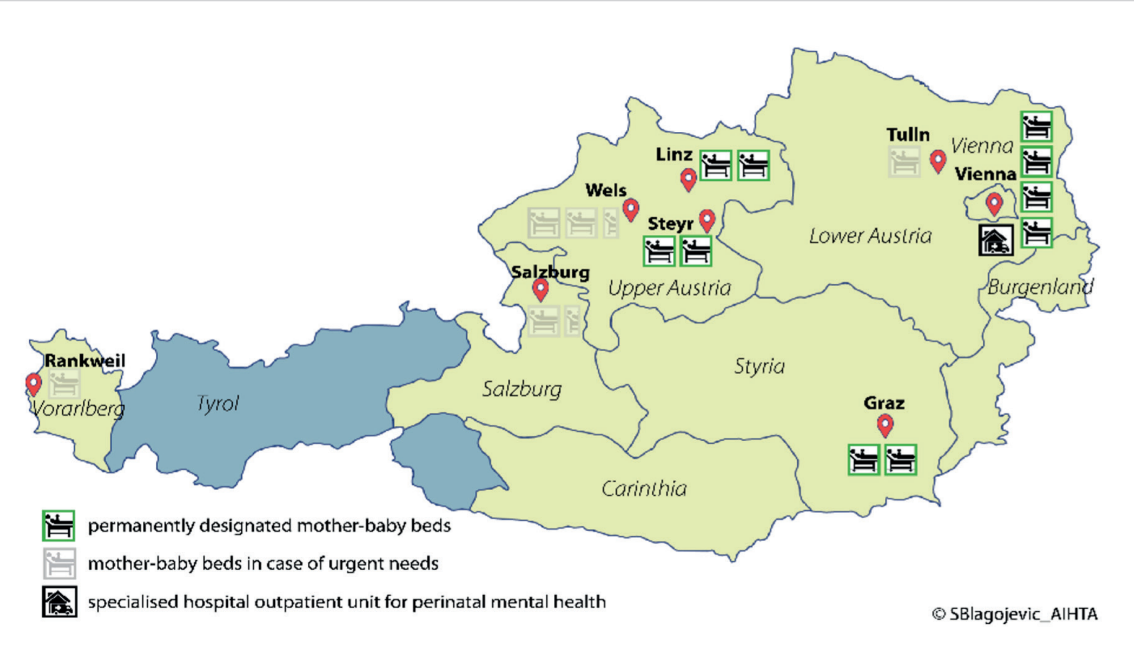

Figure 5-2: Specialised hospital inpatient and outpatient perinatal mental health care services in Austria

Inpatient parent-baby units at departments of child and adolescent psychiatry or paediatrics

If the symptoms are predominately in the child, children and a parent can, in some regions, be admitted to a paediatric or child and adolescent mental health care unit in hospitals (e.g., the clinic on infant psychosomatics at the 'Klinik Ottakring' in Vienna with 4 beds, the child and adolescent psychiatric departments in Hall in Tirol with 6 beds). However, these units can not admit mothers with severe mental illnesses such as severe psychoses or depression.

auch auf KiJu Psychiatrie Eltern-Kind-Aufnahmen tlw. möglich, aber nicht bei schwerer Erkrankung des Elternteils

Pharmacological treatment

Generally, doctors can prescribe all psychotropic drugs listed in the Austrian 'Erstattungskodex' (a form of a positive list for publicly reimbursable drugs) in the outpatient sector free of charge for the patient (funded by social health insurance) except for a prescription fee. Medications prescribed during an inpatient hospital admission are issued from hospital pharmacies and financed out of the hospital budget, free of charge for the patient.

Psychopharmaka nach Verschreibung bis auf Rezeptgebühr kostenlos

Since there are still evidence gaps regarding benefits and harms of psychotropic drugs during the perinatal period (e.g., concerning adverse outcomes for the child and viability of pregnancy), international guidelines emphasise the need

Psychopharmaka-behandlung laut internat. Empfehlungen mittels shared decision-making

Praxis in Ö. unklar

for individual risk-benefit analysis [55], shared decision making and enabling women to make informed decisions rather than applying a standardised algorithm [56]. We could not identify which decision-making procedures are in place in Austrian psychiatric treatment settings regarding drug treatment during the perinatal period in the sources we used for this report.

Services including parents or infants with perinatal mental health problems among other target groups

Counselling services for (expecting) parents

Vielzahl an Beratungsangeboten für werdende Eltern bzw. nach der Geburt vorhanden

manche zentral, manche auf Länderebene organisiert

keine spezifisch auf peripartale psychische Gesundheit ausgerichteten Themen identifiziert, psychische Probleme aber oft Grund für Inanspruchnahme

A large number of counselling services that universally address all expecting parents exist across Austria. Responsibility rests at different governmental levels. One type of service is organised at the federal level (family counselling/ Familienberatung; Bundeskanzleramt, Sektion Familie und Jugend; 380 offices in all Austrian districts), another one at the regional level (parent counselling/'Eltern-Beratung' or mother-parent-counselling/'Mutter-Eltern-Beratung') funded and (mostly) provided by the regional governments in the majority of Austrian regions. Furthermore, parent-child centres ('Eltern-Kind-Zentren') exist across Austria and are provided by a mix of public and private providers, which in some cases offer some of the counselling services mentioned above as part of their portfolio. Counselling and advice can be on several topics, whereby the (mother-)parent-counselling is more medically oriented and includes weighing, measuring or assessing child development. Many services combine counselling with options for parents to exchange experiences with other parents and offer courses and seminars. From details of the counselling or course content provided on the website, we did not identify specific offers focusing on PMI. However, a weekly consulting hour for excessively crying babies is offered in one parent-counselling office in Salzburg. Furthermore, according to a recent evaluation of the family counselling offices, mental illness was one of the second most prevalent topics raised by clients in 2021 [57].

Child and youth welfare services

Eltern mit peripartalen psych. Problemen häufig Klient*innen von KiJu Hilfe Angeboten

Many services provided via child and youth welfare as part of the 'Unterstützung der Erziehung'-scheme include parents with perinatal mental health problems, among others. We have collected information on these services, selecting two Austrian example regions (Tyrol, Upper Austria). The services are summarised under the umbrella of 'Sozialpädagogische Familienbetreuung', which is usually a mandatory outreach service used by families to receive parenting support and maintain child-parent unification.

Risiken der psychischen Probleme für Kinder, nicht deren Behandlung im Vordergrund

However, as indicated in the description of their approaches or the qualifications of their staff, their programs usually do not focus on mental health issues but rather on subsequent related challenges, such as support in parenting to avoid child neglect. Concerning mental health, staff primarily ensures that the parent with the mental illness receives treatment elsewhere and complies with that treatment. An example for Tyrol is the non-profit organisation 'Nestwärme', in which, according to their director, families in the perinatal period make up around 10 % of all families they support. An example from Upper Austria is the 'Sozialpädagogische Familienhilfe für Familien mit psychisch kranken Familienmitgliedern (PKF)' by the private non-profit organisation 'Verein Hilfe für Kinder und Eltern'.

Programme fokussieren auf Familiendynamik und Beziehungsaufbau

Practices mentioned in mandatory child and youth welfare services focus on parenting and family dynamics, such as role plays and training to solve conflicts or improve communication and attachment/family relationships (e.g., described as 'bonding-oriented outreach activities'). Examples of specific concepts (mostly stemming from the pedagogic/psychologic spectrum) are

Beispiele

- 'MARTE MEO': a form of video interaction analysis developed by Maria Aarts in the 1970ies
- STEEP™ (Steps Toward Effective Enjoyable Parenting): a program to promote attachment in highly stressed families
- EEH (Emotional first aid; see 5.1.4)
- SECURE Program (a program about parents learning to perceive and reflect on their caring behaviour based on secure attachment experiences with the socio-educational specialist and with the help of psychotherapists; developed by Henri Julius/Univ. Rostock in Cooperation with 'Lebensraum Heidlmair').

Adult mental health care

Angebote der Erwachsenen-Psychiatrie ebenfalls vorhanden, jedoch ohne Aufnahme des Kindes, kein Spezialangebot für peripartale Psychiatrie

In theory, a parent with a mental illness during the perinatal period can use all general adult mental services they would use in case of a mental illness during any other stage of life. Adult mental health care includes a variety of in- and outpatient services in the health care sector and several services in the social sector, such as psychosocial services. However, in the case of hospital mental health treatment after birth in general adult mental health, this requires a separation of the parent from the child and the availability of a person who cares for the newborn during the parent's hospital admission. Furthermore, general adult mental health care staff usually lack specific training in PIMH care. According to expert information, in the outpatient sector, some psychiatrists in private practice specialise in PMI. However, it is unclear how many are available in each region and how potential users can find them, as this specification is not listed in online medical specialists' search tools.

tlw. spezialisierte Psychiater*innen im niedergelassenen Bereich

Notfallangebote inkludieren akute Krisen rund um Geburt

In all Austrian regions, except Burgenland und Vorarlberg, hotlines are available which can be used by people with any mental health crisis, including perinatal mental health crisis (e.g., Styria: 'PsyNot – das psychiatrische Krisentelefon für die Steiermark'; 'psychiatrischer Not- und Krisendienst (PNK) für Kärnten', 'Krisenhilfe Oberösterreich', 'Pro Mente Salzburg', 'Psychosozialer Krisendienst Land Tirol').

Services for fathers and partners with perinatal mental health problems

Although some services may be and – according to expert information – are increasingly used by fathers, we did not identify services that explicitly address perinatal mental health problems in fathers or partners.

5.1.5 Summary service mapping

Übersichtsgraphik

Figure 5-3 summarises the identified services in an overview map. More centrally placed services are specialised PIMH services, while the more distantly placed offers are services that may serve parents with PMI but are not specialised in PIMH treatment or care.

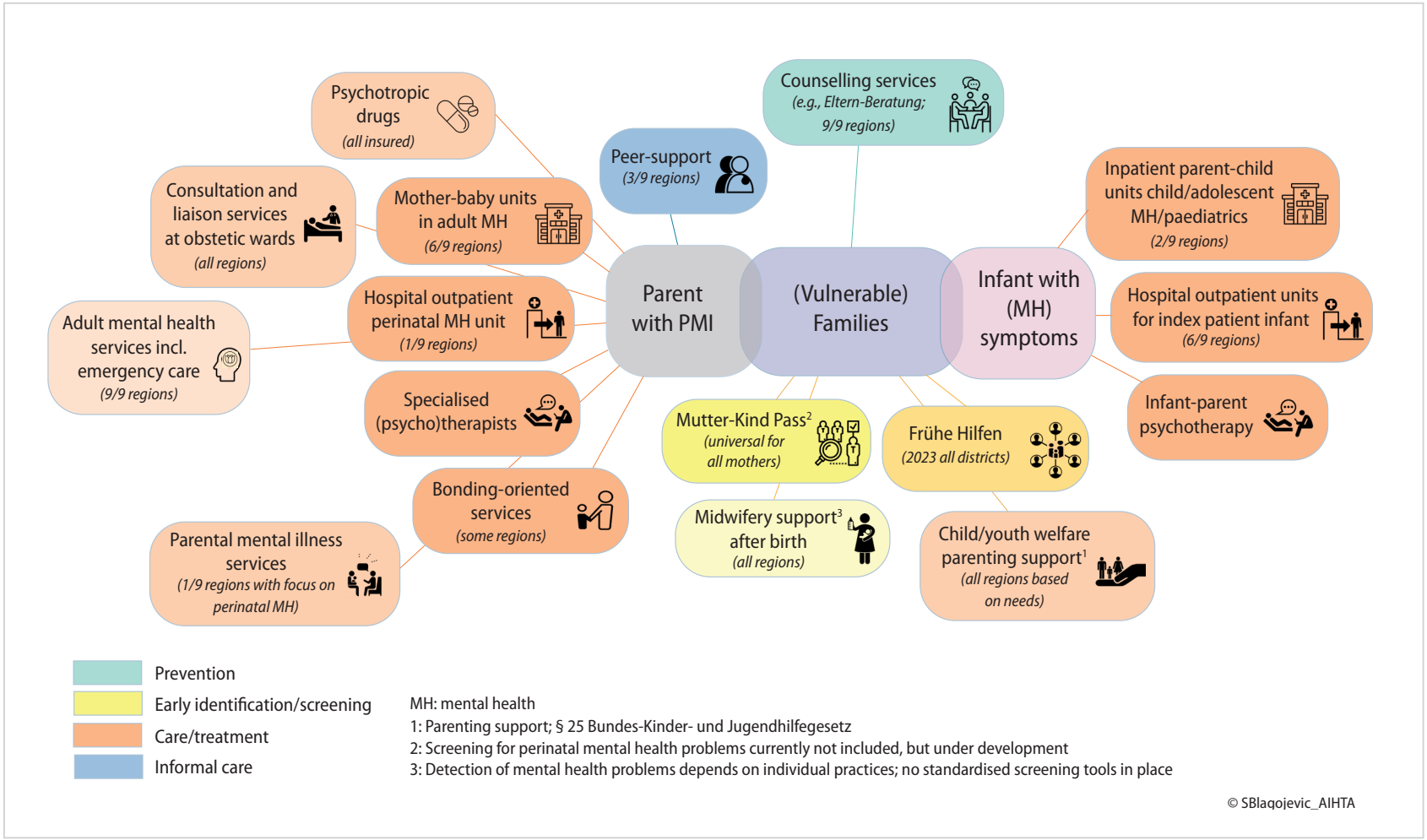

Figure 5-3: Overview map of PIMH prevention and care services in Austria;
dark colours indicate specialised services, light colours indicate less specialised services

5.1.6 Summary of prevention-identification-care mapping in Tyrol

Vergleich internationale Empfehlungen mit Tiroler Situation

größte Lücken bei systematischem Screening

Betreuungsangebote meist nicht flächendeckend oder gänzlich fehlend

Since the aim of the larger research project is to improve PIMH care in Tyrol, we are summarising our findings for Tyrol separately. Figure 5-4 contrasts the mapping exercise results for Tyrol (in colour) with the international recommendations recently published in a review (in black) [21]. For some of the elements on this prevention-identification-care continuum (e.g., pre-conception advice for women/families with past or present mental health problems who are planning a pregnancy), we could not identify whether those exist in Tyrol with the data sources we used for this report. For the remaining elements, we identified several differences between international recommendations and the Tyrolean situation. The most significant gap concerns the early identification components. In contrast to international recommendations, there is currently no systematic process to identify PMI or problems with parent-infant relationships early. Regarding treatment and care, some services are available, but often not across the whole region. Some services recommended in other countries (e.g., mother-baby units in adult mental health hospital units) are missing entirely.

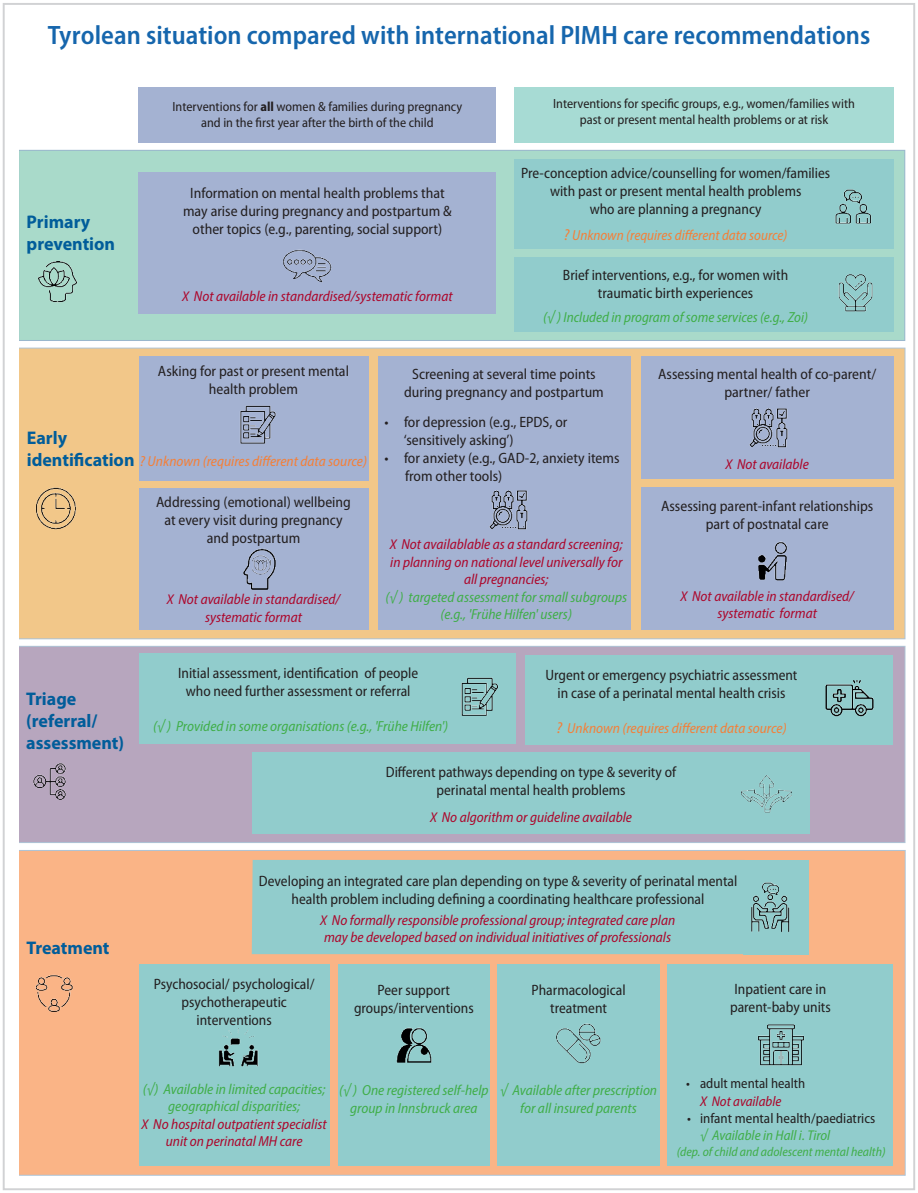

Figure 5-4: Contrasting Tyrolean PIMH care services with international recommendations
Adapted from [21]; MH: mental health

5.2 Provider characteristics

Mix aus öffentlichen und privaten Anbietern, mehr privat

The services we identified are provided by a mix of public and private providers, whereby private providers outweigh the number of public providers. Public providers are mostly restricted to hospital-based services, whereas programs in other settings are, to a considerable extent, offered by private providers. All private providers are non-profit organisations. They have different legal structures (e.g., 'GmbH', 'Verein'), and some have a confessional background (e.g., 'Caritas').

unterschiedliche Organisationsgrößen und geopgraphische Reichweiten

The size of organisations in terms of service portfolio and geographical coverage varies greatly, ranging from small organisations providing a service in a single district to larger ones providing a greater variety of services and/or serving a larger geographical area. An example of the former is the organization 'ZOI' in Tyrol, which primarily offers services to improve parent-infant attachment in one Tyrolean district (Kufstein). An organization representing the latter is 'Beratungsstellen ÖKIDS', organized by the Austrian Society for child and adolescent psychotherapy, which offers infant-parent psychotherapy in five regions. However, cross-regional provision of services is generally the exception. Most organisations are based in one of the nine Austrian regions.

5.3 Funding

Finanzierungsverantwortung meist auf Länderebene

With very few exceptions ('Mutter-Kind Pass', 'Frühe Hilfen', 'Familienberatung'), which are funded and governed at the national level, and some health insurance-funded outpatient services (midwifery support after birth), responsibility for the funding of most of the services identified rests with the regional governments and sometimes even with single districts or city governments.

Vielzahl an Kostenträgern auf nationaler und regionaler Ebene

Consequently, the services are overall funded by a large variety of different funding sources. All types of public payers, funding health and social care services in Austria, are involved. We identified several payers at the national level, such as different ministries (Ministry of Health, Ministry of Justice, etc.), the Federal Chancellery ('Bundeskanzleramt') or the Health Insurance. At the regional level, all regional governments are involved in funding services in each Austrian region, in addition to municipalities in some cases. It is noticeable

tlw. Sonderregelungen für Finanzierung

that some programs offered within hospitals (usually outpatient services) are not funded via the regular hospital outpatient reimbursement scheme but via separate funding arrangements, sometimes involving many sources, including project-based funding. An example is the hospital outpatient units 'FEM' and 'FEM Süd' in Vienna, which are funded by at least five different sources (e.g., 'Stadt Wien', 'Wiener Institut für Gesundheitsförderung', 'Österreichische Gesundheitskasse', etc.). Another example is the 'PrEKids' program for parental mental illness at the department of psychiatry in Salzburg, where separate health insurance funding is combined with regular hospital funding.

private Finanzierung durch Spenden und private Kostenbeiträge

In addition to public funding, private funding plays a role. Firstly, some services are in parts and, in rare cases, funded fully from donations from regional companies, charity organisations or private donators (e.g., 'Verein JoJo' in Salzburg). Secondly, users must pay private fees or co-payments for some services to access them. Minor co-payments are required for inpatient hospital and pharmacological treatments (prescription fee). Services for which private contributions up to full private payment are required, most often are psychotherapy services, except if they are provided under a contractual arrangement with a public funder (e.g., health insurance) or by an organisation which is

publicly funded and provides psychotherapy by employed therapists (e.g., 'Institut für Erziehungshilfe/Child Guidance Clinic' in Vienna). Similarly, patients need to pay for services from midwives who do not have a contract with health insurance. In addition, we have identified a few organisations where services charge user fees. Examples are the organisations 'JoJo' in Salzburg and 'Zoi' in Tyrol. However, these organisations often have graduated fees, depending on the economic situation of the user, and if required, may also offer the service free of charge.

Großteil der Angebote vollständig öffentlich finanziert

The majority of services do not charge private payments. This includes most of the low threshold services described under the prevention section, the Mutter-Kind-Pass screening program and the 'Frühe Hilfen' program. Other fully publicly funded services are the mandatory services provided via child and youth welfare in case of child welfare risk (under the scheme 'Unterstützung der Erziehung') and many counselling services. However, for parts of their programs, parents need to pay privately (e.g., specific courses).

unterschiedliche Vergütungsregelungen

Spital: LKF-System, jedoch keine separate Kodierung für Mutter-Kind Aufnahmen

Reimbursement schemes of providers differ considerably across services and regions. Hospital inpatient services and, to some extent, outpatient services are funded via a diagnostic-related-groups (DRG)-based reimbursement scheme ('Leistungsorientierte Krankenanstaltenfinanzierung/LKF; spitalsambulantes LKF-System'). Reimbursement of costs is based on the patient's diagnosis or specific medical interventions they received during the admission. The DRG should ideally cover the costs of admission. Guideline-based inpatient perinatal mental health treatment on mother-baby units requires a specific mix of staff that differs from general adult mental health care and incurs extra costs. While there is no specific reimbursement code for mother-child admissions in adult mental health care units, hospital owners have found individual solutions to deal with this situation. Some have arranged an individual coding mechanism that takes into account the higher costs of a mother-baby bed compared to a regular admission at an adult mental health ward, similar to a former code for parent-child admissions in child and adolescent mental health wards ('Einheiten mit der Behandlungsform E / Eltern-Kind'). Others use the standard DRGs from adult mental health to reimburse the costs for treating the mother, and the baby is coded as an 'accompanying person'.

niedergelassener Bereich: ausverhandelte Tarife

Sozialbereich: je nach Vertragsgestaltung

projekt- oder subventionsbasierte Vergütung geringste Finanzierungssicherheit

Outpatient services provided in private practices in the health care sector (e.g., outpatient psychiatrists, psychotherapists, midwives) are reimbursed via a tariff per service negotiated between the professional groups and the health insurance. In some cases, reimbursement is a mix of flat rates and tariffs per service. Reimbursement for organisations in the social sector which receive public funding varies. Some organisations have short- or long-term contractual arrangements (e.g., those funded by child and youth welfare), while others may receive subsidies or funding on a project basis. These arrangements are subject to the payer's budgetary situation and the decision maker's discretion. They are therefore linked to less financial security for providers than services funded via hospital funding schemes or health insurance tariffs where the amount of reimbursement may fluctuate, but funding per se is guaranteed.

5.4 Access to services

Zugang zu Angeboten hängt von vielen Faktoren ab

Access to services depends on a number of factors. Besides formal requirements for entitlement (e.g., insurance status, pre-defined needs, age), this includes knowledge and awareness among potential users, availability and capacities, whether private (co-)funding or referral is required or whether psychological barriers exist to access services such as shame and stigma associated with

using a service. An additional factor is if there is care for the newborn available in case mothers need to seek treatment. With the data sources used for this report, we can only address some access dimensions but cannot provide the complete picture.

Zugangsbarrieren weniger finanziell, sondern aufgrund geographischer Verfügbarkeit und Kapazitätsengpässen

While financial barriers seem absent for most services (although not all) because of their public funding, access is severely restricted in geographical terms due to the limited or no availability of some services in certain regions. As described earlier (see chapter 5.1.4), this is mainly the case for perinatal mental health specialised services for more severe problems. Hospital outpatient specialist services focussing on the parent as the index patient are unavailable in eight of nine Austrian regions. Those with the child as the index patient are lacking in four Austrian regions. Only three out of nine regions provide formal inpatient mother-baby units in psychiatric units; in three regions, neither formal nor informal mother-baby units are available. Capacities in existing facilities are very low, as patients from other regions may be referred to them in the absence of their own capacities. Furthermore, access for mothers with severe PMI who cannot care for their children is severely restricted. Services outside hospitals have also not been available across all geographical regions, although in the case of 'Frühe Hilfen', this barrier to access will be removed because of the Austrian-wide roll out from 2023 onwards. The fact that no eligibility criteria exist for contacting them and self-referral is possible, as well as external referral from any organisation or private persons, makes this service generally easily accessible, provided that communities, professionals, organisations or parents themselves are aware of its existence. This is also the case for the identified counselling services.

KiJu-Hilfe Angebote erfordern Zuweisung, schwerwiegende Problemen Voraussetzung

In contrast, access to services provided via child and youth welfare is restricted due to required referral from the child and youth welfare. This is not only a barrier because of the gate-keeping, but also because those services are only available for families with a severe risk of child neglect and because parents are generally hesitant to contact the child and youth welfare because of worries that they may lose custody [58]. This does not therefore support an early identification and supportive approach, as has been shown to be best practice internationally, given the methods of access.

wenig aufsuchende Angebote

Most services are office-based or established as an outpatient unit. The active steps these require from parents (organising and keeping an appointment) may be a barrier in a field where active help-seeking is often restricted, especially in families with severe adversities or in the first weeks after birth. An exception is the 'Frühe Hilfen' and some smaller-scale low-threshold services (e.g., 'JoJo' in Salzburg), the midwifery home visits directly after birth and the services from the child and youth welfare which offer outreach support.

Info und Angebot fast nur in deutscher Sprache

Very few organisations offer information on their services or the service itself in languages other than German. An exception are the services 'FEM Elternambulanz', 'FEM' and 'FEM Süd' in Vienna which are offered in multiple languages (representing the most frequent languages in migrants) and which provide information on the languages on their webpage.

5.5 Professional groups involved

große Vielfalt an Berufsgruppen involviert

Multi-professional teams characterise the workforce in most of the services identified. Overall, providers mentioned more than 40 professional groups or auxiliary staff on their websites. However, not all providers gave detailed information on the professional background of their staff, and in some cases, professional groups mentioned may not work with families experiencing perinatal mental health problems, but with other target groups, those services are serving. We identified the following groups:

- **medical specialisations**
  - psychiatrists
  - gynaecologists/obstetricians
  - paediatricians
  - general practitioners
  - neurologists
- **health professionals**
  - nurses
    - mental health nurses
    - (mobile) child nurses
  - midwives
  - psychologists
  - therapists
    - psychotherapists (different schools but psychoanalyses mentioned most frequently)
    - occupational therapists
    - speech therapists
    - physiotherapists
    - osteopaths
    - sport therapists
    - art therapists
    - dance therapists
- **pedagogues and educational experts**
  - elementary teacher (Kindergartenpädagog*in)
  - school teacher (Pädagog*in)
  - social pedagogues (Sozialpädagog*in)
  - disability pedagogue (Behindertenpädagog*in)
  - special needs teacher (Sonderpädagog*in)
  - educational scientists (Erziehungswissenschafter*in)
  - sex educator (Sexualpädagog*in)
- **social worker (Sozialarbeiter*in)**
- **counsellors with different backgrounds**
  - law (Jurist*in)
  - sociology (Soziolog*in)
  - political science (Politolog*in)

- **allied professionals and auxiliary staff**
  - social care worker (Sozialbetreuer*in)
  - disability companion (Behindertenbegleiter*in)
  - life coaches and social counsellor (Lebens- und Sozialberater*in)
  - marriage and family counsellor (Ehe- und Familienberater*in)
  - family planning counsellor (Familienplanungsberater*in)
  - sex counsellor (Sexualberater*in)
  - inter-cultural coach
  - breast-feeding counsellor (Stillberater*in)
  - early life support (Frühförderer)
  - doulas
  - interpreters
  - helper (Helfer*in)
  - musicians
  - pastoral carer (Seelsorger)

am häufigsten genannt: Psycholog*innen, Psychotherapeut*innen

Professional groups stated most often were psychologists and psychotherapists. If the websites provided information on psychotherapeutic schools, psychoanalysis was mentioned most often. Psychotherapists with this psychoanalytic focus primarily work in services which provide infant psychotherapy. Medical specialists, nurses and midwives are mentioned less often than other health professionals or professionals from the pedagogue spectrum. Medical doctors are mainly part of hospital-based teams but, in several cases, also work in social services (e.g., 'Mutter-Eltern Beratung'). Some groups (lawyers, professionals with political science background) were only mentioned in counselling services.

5.6 Professional associations

18 relevante Berufsverbände und Fachgesellschaften

We identified 18 different Austrian professional associations which may be involved in PIMH care (see Table 5-2). We clustered them into the primary target groups their representatives may address. Five represent professional groups with primary contact with the parent/adult. Another four represent professionals for whom the index patient is the child. Professionals in three professional groups primarily work with the parent *and* the child, or the whole family. Four associations represent professionals working with mentally ill persons independent of age groups.

3 Interessensgruppen und 2 internationale Fachgesellschaften

Additionally, we found three interest groups, of which two are promoting child health issues and appropriate child health care in Austria. Finally, we identified two international societies specifically relevant to the topic of PIMH, and both have a German-speaking section.

Table 5-2: Professional associations relevant to the perinatal period

Name of association	Professional groups involved	Weblink
Professional groups associations		
Focus on adults/parents		
Österreichische Gesellschaft für Gynäkologie und Geburtshilfe (ÖGGG)	gynaecologists	https://www.oeggg.at/
Österreichische Gesellschaft für Psychiatrie, Psychotherapie und Psychosomatik (ÖGPP)	psychiatrists	https://www.oegpp.at/home/
Österreichischer Gesundheits- und Krankenpflegeverband (ÖGKV)	nurses	https://oegkv.at/
ÖGKV Bundesarbeitsgemeinschaft Psychiatrische Pflege (BAG PP)	mental health nurses	https://oegkv.at/berufsverband/bundesarbeitsgemeinschaften/psychiatrische-pflege/
Österreichischer Verband der Lebens- und Sozialberater*innen (ÖVLSB)	life coaches and social counsellors	https://www.övlsb.at/index.php
Focus on children/infants		
Österreichische Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie (ÖGKJP)	child and adolescent psychiatrists	https://oegkjp.at/
Österreichische Gesellschaft für Kinder- und Jugendpsychotherapie (ÖKIDS)	child and adolescent psychotherapists	http://www.oekids.at/
Österreichische Gesellschaft für Kinder- und Jugendheilkunde (ÖGKJ)	paediatricians	https://www.paediatrie.at/stellungnahme
Österreichische Gesellschaft für Kinder- und Jugendheilkunde (ÖGKJ)/Arbeitsgruppe Psychosomatik	paediatricians	https://www.paediatrie.at/arbeitsgruppen-und-referate/arbeitsgruppen1/ag-psychosomatik
Focus on families		
Österreichisches Hebammengremium	midwives	http://www.hebammen.at/
Österreichische Gesellschaft für Allgemein- und Familienmedizin	general practitioners	https://oegam.at/
Österreichische Gesellschaft für Psychosomatik und Psychotherapeutische Medizin in der Allgemeinmedizin (ÖGPAM)	general practitioners (likely with additional qualification in psychotherapy)	https://oegpam.at/
Österreichische Gesellschaft für Soziale Arbeit (ÖGSA)	social workers	https://www.ogsa.at/
Focus on mental health without specification of age groups		
Österreichischer Berufsverband für Psychotherapie (ÖBVP)	psychotherapists	https://www.psychotherapie.at/
Vereinigung Österreichischer Psychotherapeutinnen und Psychotherapeuten (VÖPP)	psychotherapists	https://www.voepp.at/verband
Österreichischer Verein für Individualpsychologie (ÖVIP)	psychotherapists based on Alfred Adler's concept of 'Individualpsychologie'; focus is on Psychoanalysis	https://www.oevip.at/
Berufsverband Österreichischer Psycholog*innen (BÖP)	psychologists	https://www.boep.or.at/
Associations with a specific focus on PIMH		
Gesellschaft für Seelische Gesundheit in der Frühen Kindheit (German section of the association for infant mental health/GAIMH)	multiprofessional	https://www.gaimh.org/angebote-oesterreich.html
Marcé Gesellschaft für peripartale psychische Erkrankungen: German section of the 'International Marcé Society for Psychaitric Disorders of Childbearing'	multiprofessional	http://marce-gesellschaft.de/; https://marcesociety.com/
Interest groups		
Politische Kindermedizin	multiprofessional	http://www.polkm.org/
Österreichischen Liga für Kinder- und Jugendgesundheit (LIGA)	multiprofessional	https://www.kinderjugendgesundheit.at/
Österreichische Gesellschaft für Familienplanung	multiprofessional	https://oegf.at/ueber-uns/

5.7 Coordination and integrated care

aktive Vernetzung unterschiedlicher Angebote primär in Wien

According to the Austrian depression report [43], active coordination of different services currently exists in Vienna. The Viennese Program for Women's Health established the network 'Psychosoziale Gesundheit in der Schwangerschaft' (earlier: 'Netzwerk perinatal Krisen'), which offers all providers and professional groups who are involved in this topic options for interdisciplinary exchange and networking opportunities. The meetings, which take place two to three times per year, aim to improve care for patients (including identifying gaps) and foster interdisciplinary training and exchange.

in Wien: Versorgungspfade nach Screening definiert

Screening-Barrieren damit abgebaut

Furthermore, according to the depression report [43] in Vienna, referral pathways for professionals identifying women with mental health problems (e.g., by using the guideline and tools described in 5.1.2) have been established. Professionals identifying women needing further support can then refer them to the hospital outpatient unit for perinatal mental health at the Klinik Ottakring (see 10.2). The availability of this specialized outpatient unit has less barriers to screening for the various health professionals involved in pregnancy and birth because there is clarity on where to refer patients. Additionally, barriers for women to seek help have decreased because many women are reluctant to be admitted to a psychiatric hospital inpatient unit during pregnancy and around birth [43].

Landesinstitut für integrierte Versorgung könnte Rolle bei Koordination in Tirol spielen

In Tyrol, we identified the 'Landesinstitut für integrierte Versorgung (LIV)', which supports integrated care and may play an important role in improving coordination and integrated perinatal mental health care. However, their focus is currently on chronic diseases (e.g., disease management programs). One of their projects addresses prevention in the general population, installing a prevention pathway for people after using the national screening program available for people >18 years ('Vorsorgeuntersuchung'). This example could inspire the development of a pathway after screening for PMI has been implemented in the revised Austrian 'Eltern-Kind-Pass-Screening' Program.

5.8 Informal support

in drei Bundesländern (Stmk., Tirol, Wien) registrierte Selbsthilfegruppen

We identified self-help groups with a focus on PMI in three Austrian regions (Styria, Tyrol, Vienna) on the websites of the regional self-help associations ('Selbsthilfe Dachverbände'): the drop-in 'Selbsthilfegruppe für Mütter mit psychischen Belastungen nach der Geburt' in Innsbruck, the Styrian group 'postpartale Depression' which seems to have recently been founded and the Viennese group 'Mutterglück! Mutterglück?" organised by the organisation 'NANAYA (Zentrum für Schwangerschaft, Geburt und Leben)'. They meet once to twice per month, can be accessed free of charge, and two of them (in Tyrol and Vienna) are supported by professionals.

5.9 Information sources for parents

Informationsmaterial

Table 5-3 lists useful information sources available for families we have identified. Three focus explicitly on perinatal mental health; two include the topic.

Table 5-3: Information sources for parents

Title/Topic	Publisher	Weblink
Sources focusing on perinatal mental health or mental health in mothers		
Babyblues	Gesundheit.gv.at (Österreichisches Gesundheitsportal)	https://www.gesundheit.gv.at/leben/eltern/baby/baby-blues-depression
Eigentlich müsste ich glücklich sein	Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz	https://www.sozialministerium.at/dam/jcr:45b67af5-c773-42f5-84da-cf2f4158279a/Postpartale-Depression_30072021.pdf
Mütter in Krisen	Kriseninterventionszentrum Wien	https://www.kriseninterventionszentrum.at/wp-content/uploads/2018/04/muetter_in_krisen.pdf
Sources focusing on pregnancy and new parents, *including* information on perinatal mental health		
Wegweiser für schwangere Frauen, werdende Eltern und Familien	Nationales Zentrum Frühe Hilfen	https://www.fruehehilfen.at/fxdata/fruehehilfen/prod/media/downloads/Berichte/Wegweiser_Schwangere_deutsch_NZFH_BF.pdf
Unser Baby kommt. Begleitbroschüre zum Mutter-Kind-Pass	Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz	https://www.sozialministerium.at/dam/jcr:7e004232-8b92-46b2-bb5b-50fba29b951d/2021-04_Begleitbroschuere-Mutter-Kind-Pass_bf.pdf
Schwanger? Wissenswertes und Unterstützungsangebote	Bundeskanzleramt	https://www.fruehehilfen.at/fxdata/fruehehilfen/prod/media/downloads/Literatur/220728_Broschuere_Schwangerschaft_A5_BF-1.pdf

6 Family and reproductive care policy measures around pregnancy and childbirth

Kapitel beschreibt zentrale familien- und reproduktionspolitisch Maßnahmen

In the following the most important family-policy measures around pregnancy and child birth including relevant in-kind and cash-benefits as well as the abortion law as the key reproductive policy measure that might affect mental health will be described.

Parental leave ('Elternkarenz')

Elternkarenz mit Kündigungsschutz bis zu 24 Monate

Mothers or fathers/partners can go on parental leave, unless they are self-employed, students, or not employed. Parents have the option to shift parental leave between mother and father twice. However, they cannot be on parental leave at the same time. Only a short-term overlap for one month at the first shift is possible (which reduces the maximum time for parental leave by one month). The total time for parental leave is 24, months starting eight weeks after birth for at least two months (minimum time). Paid work during parental leave is not possible unless the salary does not exceed a minimum level ('Geringfügigkeitsgrenze'). During parental leave, the job of the parent on leave is protected. However, parents can agree on an extended parental leave with the employer without job protection [59].

Parental family time bonus/'daddy month' ('Familienzeitbonus'/'Papamonat')

'Papamonat' nach Geburt, Kündigungsschutz, 700 € Geldleistung

All employed fathers are entitled to a month off work (without payment) from the day after the child's birth, until eight weeks after birth (12 weeks in case of multiple births or caesarean section), if the father lives in the same household as the child. Fathers' jobs are protected from announcement until four weeks after the end of the 'papa-month'. During the month off, fathers are entitled to a cash benefit of around 700 € ('Familienzeitbonus'), provided that they have been in paid employment with an Austrian employer for 182 days without interruption before the start of the 'papa-month' and continue work immediately after it ends [60].

Parental part-time work ('Elternteilzeit')

unter bestimmten Bedingungen Anspruch auf Elternteilzeit bis Kind 7 J. bis 4 J. erhöhter Kündigungsschutz

If certain conditions are fulfilled (e.g., living in the same household as the child or having custody, having worked for the same employer for three years continuously), parents are entitled to part-time parental work until the child's seventh birthday. Parents on parental part-time employment have a higher protection against dismissal until the child's 4th birthday and some protection until the 7th birthday. Working hours must be reduced by at least 20 % compared to before the child was born, but working time must not be less than 12 hours per week. After part-time parental work ends, parents are entitled to increase the weekly hours to the previous amount. Parental part-time work (in this legal sense) is not possible during the other parent's parental leave [59, 61].

Child care

Verantwortung für Kinderbetreuung auf Länderebene, daher Unterschiede in Ö, niedrige Kinderbetreuungsrate <3 J.

Responsibilities for child care rest with the regional governments and municipalities, and the situation differs considerably between the nine regions and within regions. In 2021, 38 % of Austrian municipalities in Austria did not have childcare facilities for 0-3-year-old children [62]. Less than a third of children aged 0-3 years (29.1 %) were in institutional child care in Austria, 2.1 % were cared for by childminders ('Tagesmutter/Vater')[3]. The proportion has constantly increased over the last years (2011: 19.7 % and 2.1 %, respectively). The proportions in Tyrol in 2021/22 were 27.8 % and 1.5 %, respectively. 57.6 % of children in crèches ('Kinderkrippen'; the most often used childcare option for that age group) were in full-day care, the remainder either only in the mornings (36 %) or afternoons (6.4%). In Tyrol, slightly more than a quarter of children cared for in crèches were in full-day care (26.5 %) [63]. In some regions (e.g., Vienna, Burgenland) or municipalities, childcare facilities are paid publicly for all age groups. In others, parents have to pay privately (for some age groups) and can apply for a reduction in case of low income. In Tyrol, private payments for crèches are required. However, single municipalities (e.g., Zams since 2023) have introduced full public funding.

Cash benefits

Maternity allowance ('Wochengeld')

Wochengeld (8 Wochen vor und nach Geburt) basiert auf Einkommen

This cash benefit is an income supplement for employed women from eight weeks before, until eight weeks after the birth of a child (12 weeks after caesarean section, pre-term birth). The amount is based on the average daily net income in the three months before the 8-week pre-birth period. The cash benefit is administered by social health insurance but funded out of two sources (70 % family burden equalisation fund funded by employers; 30 % health insurance). There is an equivalent cash benefit for self-employed women ('Betriebshilfe').

Child care allowance ('Kinderbetreuungsgeld')

Kinderbetreuungsgeld bei durchgeführten Screening-Untersuchungen

Parents who permanently live with the child in a joint household, who have a legal and permanent residence in Austria, and who can prove that a defined number of medical check-ups ('Mutter-Kind-Pass) during pregnancy and early childhood have been completed, are entitled to Childcare Allowance ('Kinderbetreuungsgeld'). Recipients of childcare allowance are also insured by social health insurance [64].

Pauschal- oder einkommensabhängige Variante

Two types of payment schemes are available, which have to be chosen in advance [64]:

a. Flat-rate childcare allowance based on a childcare allowance account ('Kinderbetreuungsgeld-Konto'). The flat rate ranges from € 15.38 up to € 35.85 per day depending on the chosen duration of allowance. The period can be between 365 and 851 days from the date of birth of the child onwards if only one parent claims the allowance and 456 up to 1 063 days if both parents claim childcare allowance. (Single) parents with a low income can apply for a supplement to the flat-rate allowance.

[3] Children can be cared for in institutional care and by childminders simultaneously, therefore proportions cannot be added together.

b. Income-related childcare allowance: if parents choose this option, they receive 80 % of their latest income, up to a maximum of € 69.83 per day (approximately € 2 100 per month). However, applicants must have been in paid employment subject to mandatory health and pension insurance in Austria non-stop during the 182 calendar days immediately preceding the child's birth or maternity protection ('Mutterschutz'). The income-related childcare allowance duration is shorter than the flat-rate allowance. If one parent claims the allowance, it is granted for a maximum of 365 days; if both parents claim it, the duration is limited to 426 days.

wird immer für das jüngste Kind ausbezahlt

Childcare allowance is consistently awarded to the youngest child only. If another child is born while a parent is receiving a childcare allowance, payment for the older child will end one day before the birth of the younger child.

Anpassungen bei Pauschalvariante

Parents who have chosen the flat-rate option, receive an increased daily rate for the second and each additional child in the case of multiple births. Income-related childcare allowance is not increased in the case of multiple births.

Bonus wenn gleiche Aufteilung zwischen beiden Eltern

If parents share the child care allowance roughly equally, they are entitled to a partner bonus of € 500 each. This regulation is intended to incentivise an equal share of child care between parents [65].

Family allowance ('Familienbeihilfe')

Familienbeihilfe ist Universalleistung

The family allowance is granted universally to parents irrespective of whether the parent is in employment and independent of their income level. The amount of family allowance varies according to the age of the child (see

Table 6-1 for 2023). If a family has several children, the total amount of the family allowance rises by € 7.5 up to € 55 per month depending on the number of children [66].

Table 6-1: Family allowance scheme

Category	€
From birth	120
≥ 3 years	129
≥ 10 years	149.7
≥ 19 years (to max. 24 years if the child is still in education)	174.7
Supplement for a child with a disability	164.90
Start of school (for children aged 6 to 15 each year in September)	105.8
Child bonus (once per year; paid in September)	360

Source: [66]

Tax deductions

verschiedene Steuerreduktionen: Familienbonus Plus, Alleinverdiener-, Alleinerzieherabsetzbetrag

Additionally, several tax reductions are in place for families. In 2019, the Family bonus plus ('Familienbonus Plus') was introduced for parents who receive the family allowance. It reduces the income tax of parents up to € 1 500 per child per year and can be claimed by one parent or shared between parents. With the introduction of the 'family bonus plus', the tax reduction for child care costs has been abolished. Single earners and single parents are entitled to the single earner and single parent tax deduction of € 364 plus an additional deduction in case of more than one child between € 130 and

€ 220, depending on the number of children. Furthermore, each tax-payer who receives a family allowance is entitled to a child tax credit amounting to € 61.8 per child [66]. Usually, high-income groups benefit more from those tax deduction policies than low-income groups, although some measures are in place to reduce inequality.

Abortion law

Abtreibung bis 12 Wochen straffrei möglich

jedoch wenig tatsächliche Möglichkeiten für Frauen, Kosten bei Privatanbietern höher

In Austria, abortion is generally possible within the first three months after the beginning of pregnancy after counselling by the doctor who performs the abortion (so-called 'Fristenlösung'). Doctors and other health care professionals are not obliged to perform/assist with an abortion. Abortions must be paid privately unless necessary for medical reasons, in which case the health insurance pays the costs [67]. The website of the Austrian Institute for Family Planning [68] lists a limited number of providers for abortion in all Austrian regions except one (Burgenland). However, like in Tyrol, these are often doctors in private practice where the costs are considerably higher (e.g., € 850 in the Tyrolean case [69]) than in public hospitals (e.g., € 330 in a public Viennese hospital [70]).

7 Discussion

7.1 Critical reflection of results

Bericht beschreibt Geburten, Häufigkeit peripartaler psychischer Probleme u. vorhandene Unterstützungsangebote

In this report, we described the birth demography and the epidemiology of PMI in Austria. Additionally, we mapped services available in Austria for preventing, identifying early or treating perinatal mental health problems. Finally, we gave an overview of family and reproductive policy measures that may have a (preventive or adverse) impact on mental health on a structural level, in addition to individual-level preventative measures.

keine robusten öst. Prävalenzdaten

geschätzt gut 16.000 Mütter und 8.000 Väter jährlich betroffen

The Austrian birth registry documented roughly 80 800 mothers giving birth to almost 82 000 infants in Austrian hospitals in 2020. 9.4 % of the mothers (7 652) were giving birth in Tyrolean hospitals. There are no robust data on the prevalence of PMI available for Austria because there has neither been a representative prevalence study nor are such data collected alongside the national screening program 'Mutter-Kind-Pass' or in the national birth registry. Thus, we can only rely on international prevalence estimates. According to those, per annual cohort, approximately up to 16 000 mothers (Tyrol: 1 500), in addition to up to around 8 000 fathers (Tyrol: 750), are expected to have been affected by a PMI in that time period, primarily by depression.

peripartale psychische Probleme bei Familien mit Belastungen häufig

The 'Frühe Hilfen' monitoring data demonstrate that mental health problems play an important role in families experiencing adversities during the perinatal period. In families receiving in-depth support, a quarter was currently or in the past in treatment for mental health issues. Furthermore, the psychosocial health of the main primary carer was among the three most often mentioned stressors. In 10 % of the newly supported families, the mothers showed signs of postnatal depression. However, these families represent only a very small subgroup of all pregnancies and annual births and are, therefore, not representative of the prevalence of PMI in Austria.

einige Geburtenregisterdaten können auf Risiken für psychische Erkrankungen hinweisen

allerdings kein vollständiges Bild, da viele Risikofaktoren nicht erhoben

manche Daten (z.B. Frühgeburten) können auf pränatale psychische Erkrankung hinweisen

While no data on mothers' mental health are collected in the birth registry, other characteristics assessed may indicate trends in risks for perinatal mental health problems. The data show that in Austria overall and Tyrol, the number of adverse birth events (concerning high-grade perineal tears and long-duration deliveries) and obstetric interventions have constantly risen over a twelve-year observation period. This increase may indicate an increasing number of women at risk for post-partum mental illness. Yet, for other risk factors, such as preterm births or young maternal age, the absolute numbers and proportions of women have tended to decrease. However, the birth registry data are insufficient for a robust estimate of the prevalence of women at risk for mental illness. Many important risk factors such as socio-economic factors (low educational levels, poor family economic status), social factors (e.g., domestic violence, violence before, during and after birth), or psychological/psychiatric factors (e.g., history of substance abuse, previous mental illness) are not documented in the registry. Additionally, some of the presented birth-registry data may not only indicate women at risk for post-partum mental illness but may, vice versa, signal antenatal mental illness. For example, evidence suggests a link between antenatal depression and/or anxiety disorders and pre-term birth, which is established in women with severe mental health problems and those with moderate symptoms during pregnancy [71, 72]. In some of the 5 866 children born pre-term before 36+6

weeks in Austria (455 in Tyrol), the mothers may have suffered from a mental health problem.

vorhandene Versorgungsangebote schwer zu erfassen, vielfach föderal organisiert, oft nicht öffentlich gelistet,

Identifying existing services was challenging, as every Austrian region has its own providers and programs, and few services are organised at the federal level. Furthermore, even where specialised PIMH services exist, they are not always mentioned on the organisation's website. Professionals who specialise in PIMH care are only to some extent listed on public sources. For example, it is unknown how many outpatient psychiatrists with a health insurance contract specialise in PIMH care and where they are located. This knowledge gap is a barrier for potential users and professionals who would like to refer patients to specialist care. Very few services offer information on their programs or the program itself in languages other than German (or sometimes English), thus limiting access for non-German speaking parents with migration biography.

Info und Angebote meist nur in deutscher Sprache -> Barriere

Unterschiede in Umfang und Inhalt der Angebote

Summarising all services that we have identified, we find that the content and quantity of PIMH care varies significantly across Austria and within each region. Regarding primary prevention, neither on the national level, nor in the regionally organised offers, we identified advertised primary prevention activities. However, some experts mentioned that they raise this topic in their courses (e.g., the antenatal course by the 'Frauengesundheitszentrum' Graz). We also may have missed endeavours in the various counselling offers the organisations provided.

keine konkreten Primärpräventions-angebote identifiziert

kein universelles Screening, jedoch Integration in Mutter-Kind-Pass in Planung

Furthermore, there is currently no universal systematic screening for perinatal mental health problems in place across Austria. On a regional level, the region with the most developed system seems to be Vienna. Some progress on the national level is, however, to be expected as the federal screening program 'Mutter-Kind-Pass' is going to be adapted, including psychosocial dimensions.

wenig Spzialangebote

keine nationalen Qualitätsstandards für peripartale Psychiatrie

bei schwerer Erkrankung der Mutter, Aufnahme mit Kind und Spezialversorgung kaum möglich

While we found a wide variety of services overall, we identified very few services which *specialise* in PIMH as described in the content of their programs or the qualifications of their staff. As outlined in the women's health report [42] and in international guidelines [21], work in the PIMH area, especially on the interaction between mother and child, is not a routine activity and requires special therapy programs and trained staff. We need to learn in detail whether existing mother-baby hospital units provide more routine adult mental health care with additional child custody or whether their programs actively address the mother-child interaction provided by trained staff. It seems that there are various concepts in place, but national quality standards or routine exchanges between professionals across Austrian regions are absent to date. For example, while in some units, mental health nurses trained in infant care support the mothers in caring for the babies during admission, others have employed trained infant nurses. In any case, PIMH care is severely limited in situations where the mother's illness makes her unable to care for the child, in which case mothers do not have access to a mother-baby unit. Thus, in the case of severe PMI, which in other countries is often one of the few indications for inpatient admission to a mother-baby unit in the first place, in Austria, these mothers and infants do not receive PIMH care. Instead, mothers are separated from their babies and receive routine adult mental health care, while the infant is cared for by someone else and is not part of the treatment.

Eltern mit peripartalen psychischen Problemen häufig Klient*innen im Sozialbereich, Fokus auf Kind, nicht auf Erkrankung

In many services, particularly those provided via child and youth welfare, parents with perinatal mental health problems form a substantial proportion of their users. Still, the focus of their program is not to treat the mental health problem but to address serious consequences, which in the case of child and youth welfare, is mainly the risk of severe neglect of the children. Parents can

wenige Angebote adressieren psychisches Problem

only access these programs after a child and youth welfare referral. Other, more universal and low-threshold programs, such as the 'Frühen Hilfen', may also be used by parents with mental health problems, including those with common and less severe types. Yet, except for two low-capacity 'Frühe Hilfen' perinatal mental health offers in Vienna and Tyrol, it is not within the capacity of 'Frühe Hilfen' to actively treat mental health problems. Their staff is also not qualified to do this as we know it from international low-intensity treatments provided by trained midwives or health visitors [73].

erhebliche regionale Ungleichheiten

The lack of national or regional strategies to tackle perinatal mental health problems has resulted in a geographically very uneven distribution of treatment and support offers across Austria. Especially in the case of high-threshold services for acute and severe problems, specialised service provision is rather insular and missing entirely in some regions. We learned about situations where existing services had to be closed due to a lack of resources or qualified staff. If mothers from regions without mother-baby units require inpatient mental health treatment after birth, they must be admitted without the baby or transferred to a distant hospital offering a mother-baby unit. Since capacities are generally low, these mothers have smaller chances to access a mother-baby unit than mothers from regions providing such units. Clearly, Austria does not meet international needs estimates for inpatient treatment places in quantitative terms. For example, recommendations based on Irish experiences suggest having one mother-baby hospital unit with six beds per 15,000 deliveries [21]. This would equal around 32 beds within Austria, 22 more than currently available. For women giving birth in Tyrol, for whom at present no mother-baby unit is available, at least three beds would be required. According to the depression report, up to 46 beds would be needed across Austria, increasing the additional required beds to 36 [43]. Other services available internationally, such as day clinics, are missing entirely in Austria. However, defining the exact need for such facilities requires a more in-depth analysis, considering other available or planned support offers and utilisation rates in existing units.

daher sehr ungleicher Zugang zu Mutter-Kind Betten

internationale Bedarfszahlen nicht erfüllt

Personalausstattung nur bei Mindestbetten-anzahl möglich

zentralisierte Versorgung vorteilhaft

It also needs to be considered that mother-baby units require specific staffing ratios, qualifications, and multi-professional teams that differ from adult mental health care. A more centralised provision, including a minimum number of beds per location and a nationally defined quality standard, might be preferable to spreading single beds with different care concepts across the country, even if this means longer travel distances for patients and their relatives. Currently, most units provide one to two beds, and the largest has four beds. On such a small scale, international staffing requirements cannot be fulfilled, and they are also not covered by current reimbursement regulations.

Konsiliardienste auf geburtshilfl. Stationen, nur tlw. integrierte Liaisondienste

kürzere Aufenthalte erfordern neue Prozesse zur Früherkennung

z.B. aufsuchende Hebammen, jedoch derzeit kein universelles Angebot

To some extent, mental health care is provided at obstetric wards. However, if available, permanent mental health support (liaison) is usually restricted to psychological support for minor problems. In contrast, psychiatric expertise is organised on demand via consulting psychiatrists ('Konsiliardienst') or by transferring the mothers with their newborns for a consultation to psychiatric outpatient units in other hospitals. These psychiatrists are not part of obstetric ward teams and are usually not involved in interdisciplinary exchange and training. An important finding from the birth registry data is that length of hospital stay after birth has continuously decreased over the last few years. Half of the women leave the hospital after three (vaginal delivery) or four (caesarean section) days. The number of women leaving the hospital shortly after birth ('ambulante Geburt') has risen considerably in Austria, although less in Tyrol. These developments leave fewer options for identifying postnatal

mental health problems during inpatient stays. The same is true for deliveries outside hospitals (around 1 500 in Austria and around 100 in Tyrol in 2020). However, PMI might be detected in other settings/by other professionals that parents are in contact with after birth. Examples would be midwives who visit the women at home up to eight weeks after birth, paediatricians who are responsible for regular infant examinations after birth as part of the national screening programs or various counselling services offered for parents (e.g., 'Mutter-Eltern-Beratung'). However, except for the federal screening program, these are no universal services to be used by all women after birth, which is why we would currently reach only a proportion of them.

zentraler Fokus auf Mütter, Partner / Väter kaum angesprochen

Although most services do not explicitly exclude fathers or partners, many are implicitly targeted at mothers (e.g., by naming them 'Mutter-Beratung'). We did not identify services specifically addressing paternal PMI. While the focus on services for mothers may be justified by the higher prevalence of PMI in mothers than in partners, it ignores that the latter can also be affected and introduces a hurdle for fathers to seek help. The service landscape not least reflects gender roles on the societal level, expecting mothers to be the primary carer for the infant by putting the mother-infant relationship and less the parent-infant relationship at the focus of support. Furthermore, we do not know from the data used in this report how parents in non-traditional forms of families are supported, e.g., whether safe spaces are provided for families where parents are gay or who have adopted babies.

implizite Erwartung, dass Mütter für Kinder zuständig sind

Umgang mit nicht-traditionellen Familienformen unklar

The lack of national quality standards has also resulted in a patchy development of programs and contents, sometimes created by highly motivated individuals. Except for some services (e.g., 'Frühe Hilfen', 'Grow Together'), it is often unclear to what extent available services are based on solid evidence and logic models regarding their effectiveness. There is hardly any data on whether they are cost-effective in the Austrian context. If we look at international evidence, some interventions mentioned in the Austrian programs have shown more convincing evidence regarding effectiveness than others. For example, education on parenthood during pregnancy has demonstrated effectiveness in preventing or reducing maternal depression among at-risk populations [74]. Several high-quality reviews and randomised controlled trials showed that psychological and psychosocial interventions for mothers, such as cognitive behaviour therapy and interpersonal therapy provided alone or alongside drug treatments, are effective in preventing and/or reducing the impact of maternal mental health problems on women [74-84]. On the contrary, a meta-analysis of different video feedback or interaction interventions provided to parents facing various challenges did not find improvements in parental stress or anxiety, parental sensitivity or child behaviour [85]. Similarly, two systematic reviews [86, 87] of parent-infant psychotherapy found inconsistent evidence of an impact on parental depression and no impact on mother-infant interaction. Some programs that have demonstrated effectiveness in international studies are context-dependent and may not necessarily have the same effect size in Austria. Standardised evaluations are lacking, and only a few services publish regular monitoring data beyond summaries on the service uptake.

Evidenz zum Nutzen mancher Programme unklar, kein Wissen zu Kosten-Effektivität

manche Angebote in internationalen Studien effektiv, andere nicht

internationale Studien nicht immer auf öst. Kontext übertragbar

Regarding professional groups involved in the services and programs, we found that psychologists, psychotherapists and professionals from the pedagogue spectrum play a crucial role. In contrast, (other) health care professionals, in particular midwives or nurses, were much less often part of the teams. This is in contrast to international evidence, where a broad variety of midwifery and

Fachkräfte primär aus Psychologie, Psychotherapie und Pädagogik

international mehr Krankenpflegepersonal und Hebammen mit Spezialausbildungen, die es in Ö. nicht gibt

Screening in Ö. fast ausschließlich durch Ärzt*innen

pädagogische Fachkräfte häufig in Kinder- und Jugendhilfeangeboten

nursing specialities (e.g., perinatal mental health midwives, maternal and child health nurses, community psychiatric nurses) were forming the teams next to medical specialists (e.g., gynaecologists, psychiatrists) [21]. One reason for this discrepancy is that the midwifery and nursing specialities available in other countries do not exist in Austria. For example, some regions have only recently introduced community nursing as a pilot project [88]. Additionally, perinatal health care has been dominated by medical professionals. Only recently, an optional consultation with a midwife has been introduced as part of the national 'Mutter-Kind-Pass' screening program during pregnancy (primarily used by highly educated women) [52], while gynaecologists or paediatricians do all mandatory health checks outlined in the program. A reason for the frequency of professionals from the pedagogue spectrum might be that those are a core professional group in the identified child and youth welfare services, which focus on supporting parenting and child protection rather than treating PMI.

keine formalen Ausbildungen in peripartaler Psychiatrie in Ö

The extent of qualification and training in perinatal mental health of the professionals currently involved in support and treatment is unknown. In contrast to other countries, no formal training or qualification programs in perinatal psychiatric care is currently available for psychiatrists in Austria. While mental health may be addressed in the curricula of health professionals in contact with parents during the perinatal period (e.g., midwifery Master programs), perinatal mental health specialities education programs (e.g., perinatal mental health midwives) so far do not exist.

keine Leitlinien für Versorgungspfade und Koordination

unklar, was nach positivem Screening passieren soll

international erfolgreiche Modelle integrierter Versorgung

We did not identify established guidelines, pathways and professional groups responsible for coordinating services for families, except for some regional initiatives such as in Vienna. As outlined in the review on international care models and pathways [21], such algorithms and defined responsibilities for coordination are a key requirement for successful PIMH care, so that families receive the most appropriate treatment at the best point of care. While some progress will be made in Austria by introducing standardised screening for mental health problems into the national screening program, to date, no referral pathways have been defined in case perinatal mental health problems are detected. Additionally, it is unclear which services will be available for different degrees of problem severity and who will be responsible for coordination. There is reliable evidence that integrated care models can be effective and cost-effective. For example, a UK study estimated that an integrated care model for women with common mental health problems in which health visitors and midwives are trained to ask about women's mental health, provide care coordination and facilitate access to low-intensity treatment, which is either provided by them or by mental health practitioners, resulted in an economic net benefit over ten years [73].

Koordination zwischen Sektoren und Fachkräften besonders wichtig bei komplexen Bedarfen

sollte nicht in Verantwortung der Familie liegen, sondern bei zuständiger Fachkraft

Coordination is also essential to address the often-complex care needs. Not only do the support needs differ from parent to parent, but they may also vary over time. Given the various challenges often faced by families with mentally ill parents (e.g., low income, lack of social support, lack of knowledge, hesitancy to seek help), appropriate support cannot usually be covered by one form of help or by a single professional discipline. Ideally, they require several coordinated services, including a child and youth welfare service, other social services, and services provided within the health care system [22]. As demonstrated in our results, these are organised and funded by very different bodies, making it even more important to provide coordination for each family and not transfer responsibility for coordination to the parents.

Tirol liegt am unteren Ende des Versorgungsspektrums bei Spezialangeboten

andere Angebote ohne spezifisch ausgebildetes Personal oder nur punktuell verfügbar

Comparing Tyrol, the region where our research project is located, with the rest of Austria, it is at the lower end of the PIMH care spectrum regarding the availability of specialised services. Tyrol is one of three regions with no mother-baby units and does not have a specialised outpatient unit or a day clinic. No universal systematic screening measures are in place, and there are no routine pathways of care or guidelines for professionals established accounting for different severity of mental health problems. We also have not identified policy documents addressing this on a planning level. Existing organisations addressing less severe mental health problems or the infant as an index patient are available, but some serve only a small geographical area (e.g., 'Zoi'). Many services provided via child and youth welfare include parents with PMI, yet their staff is usually not specialised and trained in perinatal mental health.

Ergebnisse spiegeln geringe politische Priorität peripartaler psychischer Erkrankungen wider

individuelles Leid, belegte negative Langzeitfolgen für Kinder und hohe gesellschaftliche Kosten werden ignoriert

Although the Austrian health goal no. nine directly addresses mental health, and further goals indirectly address perinatal mental health (e.g., goal no. six: supporting healthy growing up for children and adolescents in the best possible way), the deficiencies in screening and care, the current funding regulations and the lack of data demonstrate that perinatal mental health is no priority topic in health and social policy in Austria. This is not only ignoring one of the most important health problems during pregnancy and after birth and, thus, the suffering of many mothers, partners and their infants but also the considerable consequences for society. There is strong evidence for adverse maternal (or parental) outcomes associated with PMI, such as the increased risk for physical health conditions and death [89, 90] and adverse consequences for infants and children as they grow up. These include an increased risk of infant death, suicide attempts, socio-emotional and mental health problems in early and late childhood, lower cognitive function, worse physical health and school performance or an increased risk for maltreatment of children [91-111]. These adverse outcomes result in greater use of health and social services and other public resources and excessive economic costs [112]. As the large number of organisations paid out of the child and youth welfare budget shows, the consequences of PMI for children, including costs, are apparent. Still, little efforts are in place to prevent those by timely, needs-based and coordinated support of the parents experiencing a mental health problem.

auf struktureller Ebene auch familienpolitische Maßnahmen wichtig (Verhältnisprävention)

Karenzregelungen haben Einfluss auf psychische Gesundheit

Auswirkung der österreichischen Regelungen unklar

derzeitige Regelungen reproduzieren traditionelle Geschlechterrollen

Research has demonstrated that family policy measures around pregnancy and childbirth can influence perinatal mental health. A family policy can therefore be a preventive measure on a structural level, or it can, vice versa, have detrimental effects. For example, in a large French cohort study, taking and intending to take 2-weeks of paid paternity leave was associated with a reduced likelihood of reporting post-partum depression in fathers but not in mothers [30]. Another study reported that the absence of paternal involvement increased the intensity of postpartum depression [113]. In countries with no paid or very short parental leave options, increased duration of job-protected leave was associated with a reduced risk of poor maternal mental health [34]. The described Austrian family policy measures show that in contrast to many countries, Austria has a very generous parental leave policy with job-protected leave up to the child's 2nd birthday. However, research on how these policies affect perinatal mental health is missing. Currently, the incentives inherent in the policies are overall reinforcing traditional gender roles. However, some counteracting steps have been taken, such as introducing a family-time bonus for fathers. Since its introduction in 2017, fathers have used the family bonus in less than 10 % of births, with a slightly rising tendency. In Tyrol,

mehr Wissen zu deren Einfluss auf psychische Gesundheit nötig

uptake was slightly above the Austrian average [65]. Furthermore, in 2017, fathers accounted for only 17 % of childcare allowance users, indicating a very low proportion of fathers taking paternity leave, and those taking care responsibility do so for a very short time [65]. In 2021, only 31.9 % of women with children between zero and three years of age were in paid employment, the majority (83.1 %) part-time. On the contrary almost all fathers with children of the same age (91.5 %) were working, most of them (89.8 %) full-time [63]. While approval of the traditional division of roles has generally declined, in particular in women [114], they are still in place in practice. It would therefore be important to analyse in more depth the relationships between family policies, gender roles and their impact on parental mental health in Austria.

nicht nur individuelle, sondern auch strukturelle Determinanten peripartaler psychischer Gesundheit (z.B. Einkommens-verhältnisse) wichtig

Generally – considering the bio-psycho-social model of determinants for mental illness – it will be required to look at the full spectrum of risk and protective factors for PMI, thus not only focusing on individual-level interventions but also taking into account policies addressing the structural context. For example, low-income family status has been identified as an important risk factor for PMI. In 2021, 21.3 % of households in which the youngest child was under three years old were at risk of poverty in Austria [63]. The realities of people's lives, shaped by many policies beyond health policy, can be detrimental to parents' mental health. In the case of women, a closer look is required at policies, directly or indirectly resulting in income inequality besides health inequalities. Women with poorer educational and economic conditions are particularly affected by mental illness, as are single mothers and migrant women [42]. These conditions cannot be solved with individual-level interventions but require structural policies and changing societal conditions.

Einfluss von sozial konstruierten Geschlechterrollen auf Gesundheitsverhalten, Diagnose u. Behandlung psych. Erkrankungen beachten

Another topic that seems relevant in the development of appropriate care is how socially constructed gender roles and gender stereotypes can have a direct impact on health behaviour, mental illness diagnoses, and also on treatment. One example is the evidence showing that the more the behaviour contradicts the assumed gender role stereotype, the more likely it is that a mental disorder will be diagnosed [42]. As history, particularly the history of female mental health, has shown, diagnoses in mental health are not entirely objective and are under constant development. Sometimes they are instruments of domination; they have served as a rebuke or to protect others [115]. Furthermore, how we define treatment success in perinatal mental health care may be influenced by pre-defined gender roles (e.g., to what extent a woman can care for the child and run the household). In addition to addressing individual needs, we need to reflect on the inter-relations between societal norms and PIMH care when designing new services to fill gaps in identification and care.

7.2 Limitations

dargestellte Angebote wahrscheinlich nicht vollständig

Services in PIMH care are very heterogeneous across Austria; not all of them are described on organisations' websites. We aimed for the most completeness in Tyrol and another 'example region' (Upper Austria). Although we tried to identify as many available services as possible in those regions and all existing services specialising in PIMH care, we may have missed some.

viele Angebote inkludieren Eltern mit peripartalen psychischen Problemen neben anderen Zielgruppen

Parents or infants with perinatal mental problems make up a significant proportion of the service users in many organisations offering health and social care programs. Although many do not specialise in PIMH care, we did not want to ignore them, because they support families with perinatal mental health problems with complex needs and should be included in integrated

care concepts. We included services when there was evidence that parents with PMI make up parts of an organisation's clients (focusing on Tyrol). However, this information was not always available (e.g., no response to email requests). This likely results in some inconsistencies. We explicitly excluded services offering out-of-home placement, although some of them may accommodate mothers/parents with PMI with their babies (e.g., Mama Mia in Tyrol [116] or 'Familienhaus St. Christoph' in Styria [117]).

Abgrenzung nicht immer eindeutig möglich

Sometimes we could not clearly map services alongside the prevention-detection-care continuum. For example, 'Frühe Hilfen', on the one hand, systematically detects mental health problems in families referred to them and, on the other hand, offers care or refers families to specialist care if problems are detected.

manche Angebote nicht eindeutig Prävention-Screening-Versorgungs-schema zuordenbar

We are aware that the information we collected in this report gives only a part of the picture regarding the current situation of PIMH care services. We have collected the number and types of services and some key characteristics. Still, we know little whether the capacities are sufficient, if there are waiting lists or quality standards, and on usual referral processes or pathways. We also could not incorporate the perspectives of professionals involved in providing the programs and services and the experiences of people with lived experience. These critical qualitative dimensions of (unmet) needs, potential barriers to appropriate support and what works already well will have to be captured with other data sources, such as qualitative interviews, which we are planning as a next step.

verwendete Daten beschreiben nur einen Teil der Versorgungslage

Info-Lücken müssen mit anderen Daten (z.B. Interviews) gefüllt werden

7.3 Knowledge gaps to be filled with other data sources

Below is a list of questions that have arisen and may be answered with other data sources:

konkrete Informationslücken

- Is there a regular interdisciplinary exchange established between different professional groups involved during pregnancy and after birth? What is the frequency and quality of that?
- What is the knowledge about PMI (prevalence in mothers, fathers, adverse impacts, etc.) among all professional groups in contact with parents in the perinatal period and in the (Tyrolean) population?
- How are decisions made on psychiatric treatment in case of severe perinatal mental health problems (shared and informed decision-making in place)? What happens after inpatient treatment?
- How do professionals address the topic of perinatal mental health with parents? What do they do in case they detect a mental health problem?
- Which core practices are applied by the practitioners working with mentally ill parents for building relationships, exploring needs, engaging the families, and strengthening their capacities?
- How do PIMH specialised care programs look like in detail? Which practices are applied to address the parent-infant interaction?
- How are parents with complex needs supported in coordinating care across organisations? Are there any active coordination efforts made by professionals supporting parents with a PMI, and what do they look like (e.g., contacting the treating psychiatrist, case conferencing)?
- How are partners of mentally ill parents involved? Are the mental health and the needs of partners actively addressed?

- When, how, and by whom is perinatal mental health addressed in people with existing/previous mental health problems who plan to have children/are of childbearing age?
- Are there any shortages of capacities in existing services, and how are they dealt with?
- What are the experiences of people with lived experience with the current care situation?
- What is the situation for non-traditional families? Are there safe spaces provided for gender and culturally diverse parents/families where parents are gay/non-binary/parents who adopt babies?

8 Conclusion

Policy level

Dimension des Gesundheitsproblems erfordert politische Priorisierung des Themas

Strategie, Verantwortlichkeiten

Based on the prevalence of perinatal mental health problems, compared to other health problems during the perinatal period, and the severe immediate and long-term consequences those have for the children and society, perinatal mental health needs to become a health and social policy priority area in Austria. This requires a strategy and defined political, administrative and service provider responsibilities. Such a strategy also needs to address quality standards and workforce qualification/professional development for professional groups having contact with expecting parents and children up to one year of age.

Services

Integration in Screening-Programm erfordert Definition von Versorgungspfaden

nationale Leitlinie

Definition von Verantwortlichen für Koordination

evt. neue Aufgaben für bestehende Einrichtungen

Including mental health dimensions in the Austrian national screening program is an essential step towards systematically identifying perinatal mental health problems. However, in addition, defined pathways of care when mental health problems are detected are required. Pathways could be defined in a guideline outlining algorithms and responsibilities. According to international recommendations, we suggest a stepped-care approach in which mental health care depends on the severity and nature of the problem involving the parent in shared decision-making. Care coordination will be needed to support parents in navigating through the system, especially in case of complex needs, which usually do not only require treatment for the mental illness but also other types of support, such as social and financial support. Several existing services, especially low threshold counselling services offered across Austria ('Familienberatung', 'Mutter-Eltern-Beratung'), may play a more active role in systematically preventing or detecting perinatal mental health problems and referring parents to specialist care.

regionale Ungleichheiten evidenzbasiert abbauen

There is an urgent need to reduce the regional disparities regarding specialised PIMH care, ensuring adequate referrals and treatment and reducing inequalities in access to care. The capacities need to be adapted based on international standards and regional needs, considering quantities and qualities (e.g., skills of staff) of services.

Data and research

Daten zu psychischer Gesundheit in Geburtenregister und Eltern-Kind-Pass

To account for the importance of mental health in relation to physical health during the perinatal period, we recommend including information on mental health in the standardised data collection for the national birth registry and making the data to be collected on mental health alongside the 'Eltern-Kind-Screening' program available for research.

mehr Forschung zu (Kosten-)Effektivität von implementierten Programmen und familienpolitischen Maßnahmen

nationale Standards

Research on the effectiveness and cost-effectiveness of existing and planned interventions should be upscaled to implement evidence-based and cost-effective programs across Austria instead of re-inventing the wheel in every Austrian region and providing patchy services with unequal access for families. We recommend that this type of research goes beyond (cost-) effectiveness of preventive measures and care/treatment interventions at the individual level. PMI results from different causes. The parent's environment and circumstances, such as low social support, can substantially increase the

risk for PMI. Research needs, therefore, include studies that evaluate the preventive potential of different policy measures at the structural level, such as work-related policies, parental leave and child care policies or financial support. Some of those are very different in Austria compared to other countries and warrant an evaluation of their impact on perinatal mental health in Austria.

Tyrol

Tirol: Fokus auf peripartale psychiatr. Spezialversorgung

in Gesamtsystem integrieren

evt. koordinierende Rolle für LIV

Provided that the current lack of standardised screening will be addressed at the national level, the highest priority in Tyrol seems to be to establish specialist perinatal mental health care structures for parents with severe problems in the adult mental health care system, in particular in the hospital inpatient and outpatient setting. However, implementing this infrastructure requires integrating it into the existing perinatal mental health system with referral pathways into and from those high-threshold settings. A role model might be the approach implemented in Vienna, where professionals who detect a mental health problem in a parent during the perinatal period can refer them to the specialist outpatient unit, which is then taking care of further treatment or referral. To install referral pathways, we recommend developing an evidence-based guideline. The 'Landesinstitut für Integrierte Versorgung' may play a role in coordinating this activity.

mehr Vernetzung innerhalb der Anbieter

Another priority seems to be implementing measures to increase coordination among the different providers involved. Similar to the 'Netzwerk Psychosoziale Gesundheit in der Schwangerschaft' in Vienna, a network that meets regularly and works on addressing gaps in care could be established. An organisation responsible for organising and facilitating this network needs to be defined.

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10 Appendix

10.1 Extraction tables for regionally available services (alphabetical order)

Table 10-1: Overview on services in Burgenland

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
prevention									
*no regional service identified**									
early detection/screening									
*no regional service identified**									
care or treatment									
*no regional service identified**									
informal care									
no regional peer support group identified									

** according to expert information from the regional mental health coordinator*

Table 10-2: Overview on services in Carinthia

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
prevention									
universal counselling services									
Eltern- und Mutter-beratungsstellen	Stadt Klagenfurt	public	counselling on different topics, weighing, measuring, seminars,	4 offices in Klagenfurt	parents	social workers, medical doctors, midwives	Stadt Klagenfurt	no	https://www.klagenfurt.at/elternberatung
early detection/screening									
no regional service identified									
care or treatment									
no regional service identified									
informal care									
no regional peer support group identified									

Italics denotes information from experts

Table 10-3: Overview on services in Lower Austria

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
prevention									
universal counselling services									
Mutter-Eltern-Beratung	Land Niederösterreich		counselling regarding medical care, vaccination, diet, child development and some specific offers in some offices (e.g., teeth, breast feeding)	offices in 333 municipalities across the region	parents	paediatricians, general practitioners, nurses	regional government	no	https://www.noe.gv.at/noe/Gesundheitsvorsorge-Forschung/Mutter-Eltern-Beratung_in_noe.html
early detection/screening									
no regional service identified									
care or treatment									
*specialist care with index patient **parent** with a mental health problem*									
bed for mother+baby in adult mental health in urgent cases	Universitäts-klinikum Tulln	public	mental health care for mothers with acute mental health problems after birth (admission of mothers with the babies possible but not formally dedicated)	1 bed	mothers with severe mental health problems after birth who are still able to care for their infant	psychiatrists and other (mental) health care professionals (mental health nurses, etc.)	combined public funding via regional hospital health fund	co-payment 13 €/day for max. of 28 days); exemptions in some cases (e.g. for people with low-income who are exempted from prescription fee)	
*specialist care with index patient **infant** with a problem (e.g., crying, problems with sleeping...)*									
Child's Säuglings- Kinder- und Jugend-psychotherapie	Säuglings-, Kinder- und Jugendpsycho-therapeutisches Institut	private	psychotherapy	*3 therapists, but only one for infants*	infants and their carers; mothers with mental health problems are explicitly mentioned as indication for their therapy program; additionally, the program addresses families where a parent has an addiction problem	primarily psychotherapists with a focus on (infant), child and adolescent psychotherapy, most of them have additional qualifications such as psychologists, pedagogues	*health insurance*	*primarily funded from health-insurance funded therapy-capacities; if people have private insurance – funding via private insurance; if people prefer private funding, this is also an option*	https://www.childs.at/

Entwicklungs- und Nachsorgeambulanz	Landesklinikum Mödling	public	no details stated	1 unit (appointments one day/week)	children up to 1 year	no details stated	combined public funding via regional hospital health fund	no	https://moedling.lknoe.at/fuer-patienten/ambulanzen/kinder-und-jugendambulanz/informationen-spezial
Rehabilitation Program for 'Eltern-Kind-Interaktionsprobleme'	Kokon	private	inpatient rehabilitation (3-4 weeks) for parents and infants in case of preterm birth, interaction problems, regulation problems; counselling in case of excessive crying, massage, promoting bonding, Castillo-Morales concept, osteopathy, cranio-sacral therapy, group therapies	1 centre in Lower Austria	Infants + primary carer	no details stated; different therapists (psychotherapists, occupational therapists, physiotherapists…)	health insurance		https://kokon.rehab/bad-erlach/
informal care									
no regional peer support group identified									

Table 10-4: Overview on services in Salzburg

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
prevention									
universal counselling services									
Elternberatung	Land Salzburg	public	counselling and meeting point for parents, weighing, measuring, counselling for excessive crying of infants offered in form of a dedicated office hour in Salzburg Stadt, courses	offices in Stadt Salzburg, Flachgau, Tennenggau	parents	midwives, nurses, lactation counsellors, social workers, medical doctors, psychologists, pedagogues	regional government	no	https://www.salzburg.gv.at/soziales_/Seiten/elternberatung-sbg.aspx; https://www.salzburg.gv.at/soziales_/Documents/FAQ-Wichtige%20Fragen%20und%20Antworten%20rund%20um%20die%20Elternberatung.pdf

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
Elternberatung	Verein Pepp	private	counselling and meeting point for parents, weighing, measuring, counselling for excessive crying of infants	offices in Lungau,Pinzgau, Pongau	parents	midwives, nurses, lactation counsellors, social workers, medical doctors	regional government	no	https://www.salzburg.gv.at/soziales_/Seiten/elternberatung-sbg.aspx; https://www.salzburg.gv.at/soziales_/Documents/FAQ-Wichtige%20Fragen%20und%20Antworten%20rund%20um%20die%20Elternberatung.pdf
Frauenberatung Salzburg	Verein Frauen-treffpunkt	private	counselling of women in different difficult circumstances in individual conversations, meeting point for women, short advice per phone	one office in Salzburg	women (mental health problems explicitely mentioned)	lawyers, psychologists, counsellors with background in political science, social workers, pedagogues	regional government Salzburg, Bundeskanzleramt, Frauenbüro der Stadt Salzburg	no	https://www.frauentreffpunkt.at/der-verein/
Frauengesundheits-zentrum Salzburg	Verein FrauenGesundheits-Zentrum Salzburg	private	psychological counselling, seminars	one office in Salzburg	women (mental health problems explicitely mentioned)	counsellors with background in political science, psychotherapist, life coaches and social counsellors	funding not explicitly stated; some potential funders mentioned: Land Salzburg, health insurance, Frauen Büro Stadt Salzburg, Österreichischer Integrationsfonds, Bundeskanzleramt	first appointment free of charge, seminars have fees	https://www.frauenge-sundheitszentrum-salz-burg.at/
early detection/screening									
no regional service identified									
care or treatment									
*specialist care with index patient **parent** with a mental health problem*									
bed for mother+baby in adult mental health in urgent cases	Universitätsklinik für Psychiatrie, Psychotherapie und Psychosomatik der Salzburger Landes-klinikengesellschaft (Christian Doppler Klinik)	public	mental health care for mothers with acute mental health problems after birth (admission of mothers with the babies possible but mother-baby unit not formally dedicated)	1-2 beds	*mothers with severe mental health problems after birth who are still able to care for their infant*	psychiatrists and other (mental) health care professionals (mental health nurses, etc.); *no professionals who are educated in caring for the infant;*	combined public funding via regional hospital health fund	co-payment 13 € /day for max. of 28 days; exemptions in some cases (e.g. for people with low-income who are exempted from prescription fee)	

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
inpatient mother-baby units in planning	*Kardinal Schwarzenberg'sches Krankenhaus Schwarzach im Pongau/Abteilung für Psychiatrie und Psychotherapie*	*public*	*mental health care for mothers with acute mental health problems after birth*	*1-2 beds*	*mothers*				
mother-baby hospital outpatient unit in planning	*Kardinal Schwarzenberg'sches Krankenhaus Schwarzach im Pongau/Abteilung für Psychiatrie und Psychotherapie*	*public*	*outpatient mental health care for parents with severe mental health problems*	*1 outpatient unit*	*mothers*				
PrEKids	Universitätsklinik für Psychiatrie, Psychotherapie und Psychosomatik der Salzburger Landeskliniken-gesellschaft (Christian Doppler Klinik), Kardinal Schwarzenberg'sches Krankenhaus	public	counselling for a mentally ill parent, both parents or whole family	outpatient service (requires appointment)	Schwarzenberg-Klinik: ill parent, both parents or families with children between 4 and 18 years; *Christian-Doppler Klinik: also include expecting parents or parents with infants*	*psychologists with additional psychotherapeutic qualification*	health insurance and regular funding via hospital funding	no	https://salk.at/24659.html; https://www.ks-klinikum.at/de/medizin-pflege/abteilungen/psychiatrie-und-psychotherapie/praeventionsprojekt-prekids
Jojo	Verein JoJo für psychisch belastete Familien	private	counselling; focus on mother-child bonding and supporting growing up of the child in its own family environment	4 different regional contact points (1 in the city of Salzburg) + outreach services; frequency: 2/week to 1/month + online	mentally ill mothers from pregnancy until child age of 3	psychologists, psychotherapists, pedagogues, art therapists, paediatrician	regional government Salzburg, City of Salzburg, regional health promotion funds, private companies (Janssen, blue chip), donation organisations: Rotary Club, Soroptimist International /Club Salzburg	normal tariff: € 55/month; supporting tariff: € 95/month; reduced tariff: € 30/month; online tariffs: normal tariff: € 15/unit; supporting tariff: € 25/unit; in case of low income, service is free of charge	https://www.jojo.or.at/fuer-eltern/

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
*specialist care with index patient **infant** with a problem (e.g., crying, problems with sleeping...)*									
Ambulanz für Schrei- Schlaf- und Fütterungsprobleme	Universitätsklinik für Kinder- und Jugendheilkunde Salzburg	public	diagnostic in child, counselling for psychological development, infant-parent treatment		infants 0-3 years	not stated	health insurance	no	https://salk.at/4261.html
Basket	Institut für Psychoanalyse und Familientherapie	private	bonding-based therapy for infants, children and parents in an outpatient setting	requires referral by child and youth welfare	infants 0-3 and their parents	psychotherapists (focus on psychoanalysis)	regional government	no	https://www.taf.at/basket/
informal care									
no regional peer support group identified									
Networking activities									
Qualitätszirkel der Ärztekammer perinatale Psychiatrie	*Priv. Doz. Dr. Whitworth*	*private*	*regular exchange among psychiatrists working in different settings in Salzburg on treatment for perinatal mental health*	*n.a.*	*n.a.*	*psychiatrists working in different settings*	*n.a.*	*n.a.*	*Personal information*

Italics denotes information from experts; grey colour font: services in planning; n.a.: not applicable

Table 10-5: Overview on services in Styria

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
prevention									
universal counselling services									
course for expecting parents	Frauengesundheitszentrum Graz (gemeinnütziger unabhängiger Verein)	private	seminars on different topics; *mental health topic is usually addressed*	weekly meetings for 10 times	parents	sexual pedagogue, sex counsellor, family planning counsellor	centre is funded from a number of different public sources: Stadt Graz, Land Steiermark, Ministry for Social Affairs, Health, Consumer Protection, ÖGK, Gesundheitsfonds Steiermark, BVAEB, IfGP, Fonds Gesundes Österreich	no	https://www.frauengesundheitszentrum.eu/wp-content/uploads/2022/08/2022_Schwanger-Treffen-am-Donnerstag.pdf

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
Familien. Kompetenz. Zentrum	Amt für Jugend und Familie Graz	public	counselling and education services for different problems	office-based service in Graz	parents; perinatal mh not explicitly mentioned	not stated	regional government	no	https://www.graz.at/cms/ziel/11736245/DE
Psychologischer Dienst	Amt für Jugend und Familie Graz	public	Counselling and parental coaching in different situations	office-based in three different locations across Graz	parents; perinatal mh not explicitly mentioned	social workers, psychologists, medical doctors, lawyers	regional government	no	https://www.graz.at/cms/beitrag/10034644/7751496/Fachbereich_Psychologischer_Dienst_%7C.html
Elternberatung	Amt für Jugend und Familie Graz	public	counselling for new parents with children from 0-3	15 offices across Graz	new parents with children from 0-3; perinatal mh not explicitly mentioned	social workers, medical doctors	regional government	no	https://www.graz.at/cms/beitrag/10027228/7752042/Elternberatung.html
Elternberatung	Land Steiermark	public	preventive services offered by 'Eltern-beratungszentren', regional 'Eltern-beratungsstellen' and during 'Geburts-vorbereitungskursen'	6 centres, 53 regional offices and 10 courses to prepare for birth cover the entire region	for parents with children up to three years	social workers, medical doctors, midwives, lactation counsellor	regional government	no	https://www.soziales.steiermark.at/cms/ziel/102176060/DE
early detection/screening									
Empfehlungen für die psychosoziale Betreuung von Frauen während der Schwangerschaft und nach der Geburt	KAGES	public	general and brief recommendations for identifying perinatal mh problems during pregnancy, and after birth as part of the 'Mutter-Kind-Pass' examinations and brief recommendations for further care in case mh problems are detected	n.a.	health professionals involved in the care during pregnancy, birth and after birth	n.a.	regional government	n.a.	https://www.gesundheitsfonds-steiermark.at/wp-content/uploads/pdf/Leitlinien_psychosozialeBetreuungVonFrauen.pdf.

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
care or treatment									
*specialist care with index patient **parent** with a mental health problem*									
mother-baby units in hospitals (adult mental health)	Landes-krankenhaus Graz Süd-West	public	specialised mental health care for mothers with mental health problems after birth (admission of mothers with the babies)	2 beds, *to be expanded to 10*	mothers with severe mental health problems during one year after birth	psychiatrists and other (mental) health care professionals (mental health nurses, psychologists, occupational therapist, art therapist, music therapist, sport and physiotherapist, social worker, Seelsorge)	combined public funding via regional hospital health fund	co-payment 13 €/day for max. of 28 days; exemptions in some cases (e.g. for people with low-income who are exempted from prescription fee)	https://docplayer.org/18030901-Stationaere-mutter-kind-behandlung-in-der-landesnervenklinik-sigmund-freud-graz.html
*specialist care with index patient **infant** with a problem (e.g., crying, problems with sleeping...)*									
inpatient parent-child admission at the child and adolescent mental health care department in planning (Oct 23)	*Kinder- und Jugendpsychiatrie, LKH GrazLKH Graz II, Standort Süd*	*public*		*1 unit*	*infants*				
child and youth welfare services** that may support parents with **perinatal mental health problems among other groups									
Familiensozialarbeit	Amt für Jugend und Familie Graz	public	counselling for social or family problems incl. emergency services	different social workers depending on the living address of the family	families with problems incl. child protection service	social workers	regional government	no	https://www.graz.at/cms/beitrag/10027269/7752042/Familiensozialarbeit.html
informal care									
Sellbsthilfegruppe postpartale Depression	Selbsthilfe Steiermark		no further info available	according to webpage new group which plans to meet once/ month	mothers with postnatal depression			no	https://selbsthilfe-ppd.com/

Italics denotes information from experts; grey colour: services in planning; mh: mental health

Table 10-6: Overview on services in Tyrol

name of program /service#	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
prevention									
universal counselling services									
Eltern-Beratung	Land Tirol	public	counselling for parents during pregnacy and after birth and seminars on specific topics (mental health not mentioned as a separate topic on website)	86 offices across the region	parents	not stated	regional government	seminars have fees	https://www.tirol.gv.at/gesundheit-vorsorge/elternberatung/
Familienberatung Tirol (see national services)	different providers (examples: Arbeitskreis Emanzipation und Partnerschaft (AEP), Mannsbilder, Zentrum für Ehe- und Familienfragen, Beratungsstelle Courage, etc.)	private	counselling on different difficulties, including mental health problems	search with key words 'pregnancy' and 'mental health' lists 28 different organisations across Tyrol	parents	different in each organisation	ministry of family affairs	no	https://www.familienberatung.gv.at/beratungsstellen/#/?topic=3952182a-adbe-4ffe-8919-177095d3ffc7&topic=9b88dfe5-4c15-4803-bbf7-16e41dfc46bc&tg=&region=Tirol&long=&lat=&radius=40&searchTerm=
Eltern-Kind Zentren (see services across regions)	different providers (examples: EKIZ Innsbruck, Eltern-Kind-Zentrum Landeck 'Familientreff', BEKiZ Schwaz, etc.)	private	aim to support parenting and parenting skills with different offers and to enable parenting and employment by offering parent-child groups	Plattform 'Eltern-Kind-Zentren' website lists 29 centres across Tyrol	parents	different in each organisation	Land Tyrol if organisations fulfils pre-defined requirements	no if funded by Land Tirol	https://www.eltern-kind-zentren-tirols.at/
BASIS Frauenservice und Familienberatung Außerfern		private	counselling in all types of crises or need for information*	no info provided	women in challenging situations	not stated	Land Tirol, Bundeskanzleramt, Gemeinde Reutte, Familienberatung	no	https://basis-beratung.net/
Online Frauenberatung Tirol	Frauen im Brennpunkt*	public	online counselling for women in challenging life-situations	no info provided	women in challenging situations	not stated	regional government	no	https://www.online-frauenberatung.at/ueber-uns.html https://www.fib.at/

name of program /service[#]	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
Frauen helfen Frauen	Frauen helfen Frauen	private	counselling in different situations*	no info provided	women in challenging situations	not stated	Land Tirol, Bundeskanzleramt, Stadt Innsbruck and a number of other supporters (e.g., Caritas)	no	https://www.fhf-tirol.at/
Evita Frauen- und Mädchen-beratungsstelle	EVITA	private	counselling for women and girls; mental health issues are explicitly mentioned as potential topics (but not perinatal mental health problems)*	Kufstein and Wörgl	women and girls (14-17)	pedagogues, psychologists, lawyers,	Bundeskanzleramt, Bundesministerium für Frauen, Familie, Integration und Medien, Bundesministerium für Justiz, Land Tirol (Abteilung Soziales und Abteilung Diversität), Stadtgemeinden Kufstein and Wörgl, 16 Gemeinden, Licht ins Dunkel, other donations	no	https://www.evita-frauenberatung.at/index.php
Frauenzentrum Osttirol	Frauenzentrum Osttirol	private	counselling for women and girls*		women and girls	psychologists, (lawyers?), social workers (incomplete info on website)	Land Tirol, Bundes-kanzleramt, Stadt Lienz, Licht ins Dunkel	no	https://www.frauenzentrum-osttirol.at/index.htm
Frauengesundheits-zentrum an den Univ. Kliniken Innsbruck	*Med. Univ. Innsbruck*	*public*	*focus on gender and women's health issues across medical departments incl. research*	*unknown*	*patient with gender-specific health issues*	*medical doctors, psychologist*	*public hospital and medical research funding*	*no*	https://fgz.i-med.ac.at/
early detection/screening									
no regional service identified									
care or treatment									
*specialist care with index patient **parent** with a mental health problem*									
specialised psychotherapy for mothers with mental health problems around child-birth	Frühe Hilfen Tirol (Netzwerk Gesund ins Leben)	public	limited no. of psychotherapeutic sessions (requires uptake of family care service from Frühe Hilfen)	5 units per mother in pilot regions Innsbruck-Stadt, Innsbruck-Land, Landeck, Osttirol	mothers	psychotherapist	'Vorsorgemittel der Bundesgesundheits-agentur' (national funding)	no	https://www.gesundinsleben.at/

name of program /service[#]	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
Konsiliar-Liaison Dienst (e.g., of the Department for psychiatry, psychotherapy and psychosomatics II, of the dep. for psychiatry and psychotherapeutic medicine in Lienz)	Tirol Kliniken	public	examples: Med. Univ. Innsbruck: constantly present psychotherapeutic-psychological service in form of regular consultation hours for patients, regular exchange with doctors of the unit and sometimes mutual trainings and ward rounds at the departments of gynaecology and obstetrics (offered by psychiatry dep.); Lienz: case-based and some interdisciplinary exchange with staff from both departments	available at the Medical University of Innsbruck and to a lesser extent in other hospitals who have psychiatric departments and obstetrics; generally, departments of gynaecology in Tyrolean hospitals (9 units across Tyrol) can organise a conciliar-service from (outpatient) psychiatrists; services are case-based without permanent interdisciplinary exchange	mothers with mental health problems admitted at the department of obstetrics	primarily psychotherapists and psychologists; psychiatrist, if psychiatric expertise is required (psychiatrischer Tageskonsiliar)	combined public funding via regional hospital health fund	no	https://psychiatrie.tirol-kliniken.at/page.cfm?vpath=medizinische-p/struktur-der-klinik/konsiliar--und-liaisondienst
*specialist care with index patient **infant** with a problem (e.g., crying, problems with sleeping...)*									
Psychologische Säuglings- und Kleinkind-sprechstunde	Tirol Kliniken/ MUI/Univ. Klinik für Psychiatrie, Psychotherapie und Psychosomatik im Kindes- und Jugendalter	public	support of parents in case of difficulties with the infant (perinatal mental health problems are explicitly mentioned in folder); diagnostic, counselling, practical advise, psychotherapy, referral to other services, group services; parent-child interaction treatment, EIKi-Psychotherapy; if needed psychiatric/ psychotherapeutic treatment of parent is inititated	1 unit for Tyrol	families	multi-professional team; further details not stated	combined public funding via regional hospital health fund	no	https://psychiatrie.tirol-kliniken.at/data.cfm?vpath=kinder--u-jugendpsychiatrie/pdf-dateien/flyer-schreiambulanz-mag--hoellwarthpdf

name of program /service[#]	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
inpatient parent-child admission at the child and adolescent mental health care and paediatric department	Tirol Kliniken/ MUI/Univ. Klinik für Psychiatrie, Psychotherapie und Psychosomatik im Kindes- und Jugendalter	public	support of parents in case of difficulties with infant; focus of therapies is on the infant; in addition conversations with parents, infant-parent-psychotherapy and group settings; coordination of services after discharge, Helferkonferenzen	5 beds (6 according to expert info) at the child and adolescent mh ward	admission of infant + parent	multi-professional team: medical doctors, psychologists, social pedagogues, nurses, social workers, dietists, occupational therapists, speech therapists, physiotherapists, dance therapists	combined public funding via regional hospital health fund	no	https://www.tirol-kliniken.at/data.cfm?vpath=ma-wartbare-inhalte/lkh-hall/kinder--und-jugendpsychiatrie-hall/ek-foler
Zoi Tirol/Kufstein	Zoi	private	*different services; relevant for our topic are: 1) counselling in 'emotional first aid': 'emotionelle Erste Hilfe Fachberaterinnen' support bonding and child development; early identification of limited bonding; 2) parent-baby-psychotherapy; 3) ambulante Familienbegleitung (outreach service for families referred to by the child and youth welfare); Frühe Hilfen (not the same as Frühe Hilfen Tirol): with municipalities in district Kufstein and district hospital which includes a post-discharge conversation with EEH-Beraterin, info and EEH-unit free of charge*	most services only available in Kufstein; ambulante Familienbegleitung is provided in other districts as well (only after referral from child and youth welfare)	infants + their parents	psychologists, midwives, nurses, life coaches and social counsellors, Humanethologie, pedagogues, psychotherapists	*national funding (Bundeskanzleramt/ Bundesministerium für Frauen, Familie und Jugend) and donations*	depends on service: 60 € / unit for EEH (reduced fee; public funding used to reduce fee); psycho-therapy can be funded via Frühe Hilfen Psychotherapy capacities (see above) or publicly funded psychotherapy capacities; ambulante Familien-begleitung is free of charge	https://zoi-tirol.at/
Samariterbund Tirol	Rettung und Soziale Dienste gemeinnützige GmbH	private	cooperation with ZOI – offer EEH to strengthen parent-child-bonding,	unclear which regions in Tyrol are covered; referral from child and youth welfare required	infants and their parents, pregnant women	not stated	regional government	no	

name of program /service[#]	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
*services that may support/treat parents with **perinatal mental health problems among other groups***									
MOBITIK – Mobile Tiroler Kinderhaus-krankenpflege	*Volkshilfe Tirol*	*private*	*mobile care for sick children and their parents;*	*service offered in some Tyrolean regions*	*some psychiatrists refer families with perinatal mental health problems if there are no other options available*	not stated on homepage	Land Tirol, health insurance, donations and private payments from participants	depending on the family's income; for low-income families organisation tries to cover costs from donations	https://volkshilfe.tirol/spendenprojekte/kinder-zu-hause-pflegen
Doulazentrum Tirol	*Verein Doulazentrum Tirol*	*Private*	*social support during pregnancy, birth, and first weeks after birth ('temporary female friendship')*	*9 women listed on webpage*	*Pregnant women, mothers giving birth + first weeks after birth*	*doula*	no public funding	full private payment	http://www.doulazentrum-tirol.at/
child and youth welfare services** that may support parents with **perinatal mental health problems among other groups									
Erziehungsberatung des Landes Tirol	Amt der Tiroler Landesregierung, Abteilung Kinder- und Jugendhilfe	public	counselling for parents and other carers including new parents who have problems;	Innsbruck +11 offices across Tyrol	parents; *parents with mh problems no primary target group; no screening tools etc. used; if mh problems are recognised, referral to other services*	not stated on homepage	regional government	no	https://www.tirol.gv.at/gesellschaft-soziales/erziehungsberatung/
SOS-Kinderdorf – ambulante Familienarbeit Tirol AFA	Verein SOS Kinderdorf	private	support and counselling for families in difficult situations, outreach service	6 teams in all Tyrolean districts, referral from child and youth welfare required	parents	not stated on homepage	regional government	no	https://www.sos-kinderdorf.at/so-hilft-sos/wo-wir-helfen/europa/oesterreich/tirol
AST12 Ambulante Betreuung für Kinder, Jugendliche und Familien	AST12 GmbH	private	support for families with difficult situations, outreach service	offices in Imst and Innsbruck; referral from child and youth welfare required	families with difficult situations; mental health problems are explicitly mentioned; pregnancy also mentioned	not stated on homepage	regional government	no	https://www.ast12.at/folder_v12_druck_20210507.pdf

name of program /service[#]	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
Caritas – Sozialpädagogische Familienhilfe	Kirchliche Stiftung 'Caritas der Diözese Innsbruck'	private	support for families with difficult situations; outreach service	2 locations in Tyrol (Innsbruck and Kitzbühel/Kufstein) referral from child and youth welfare required	families with difficult situations; mental health problems are explicitly mentioned; service includes *pregnant women and mothers with mental health problems; yet no specifically trained staff in perinatal mental health; referral to other services if required; focus is on the wellbeing of the child*	not stated on homepage	regional government	no	https://www.caritas-tirol.at/hilfe-angebote/familien/familienhilfe/sozialpaedagogische-familienhilfe
Heipädagogische Familien	Heilpädagogische Familien GmbH	private	strengthening parenting skills, parent-child-interaction, incl. outreach service	6 offices across Tyrol; requires referral from the child and youth welfare	families where a parent has a mental illness are mentioned as target groups, however *they usually do not provide care for expecting parents with mental health problems or those with newborns; only if there are already older children as well*	psychologists, pedagogues, occupational therapist, speech therapist, social worker, Frühförderin, Sozialbetreuer, social pedagogue	regional government	no	https://hpfamilien.at/ueber-uns/finanzierung/
Kooperative Familienberatung Wörgl	Kooperative Familienberatung Wörgl OG	private	support for parents with mental health problems; *parents with perinatal mental health problems are part of their clients, ~3/year*	located in Wörgl, referral from child and youth welfare required	parents with mental heallth problems mentioned as one of the target groups	psychologists, psychotherapist, Lebens- und Sozialberater, pedagogues	regional government	no	https://kooperative.org/ueber-uns/

name of program /service#	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	source
Nestwärme almbulante Familien- und Einzelbetreuung	Nestwärme GmbH	private	support for parents with mental health problems, primarily outreach service; concept: Marte Meo (video interaction analysis developed by Maria Aarts in the 1970ies); *no treatment of mental health problems but check if parent is in adequate treatment (with psychotropic drugs or in other form of psychiatric treatment); referral to other services if required; focus is on the wellbeing of the child*	offers service in Innsbruck-Stadt, Innsbruck-Land, Schwarz, Imst; requires referral from child and youth welfare	*pregnant women or new mothers with mental health problems make up around 10 % of their clients*	psychologist, pedagogue, social pedagogue, Lebens- und Sozialberater, Sozialbetreuer,	regional government	no	https://www.nestwärme.at/
Plan be	Plan be gemeinnützige GmbH	private	supporting families in problem solving, managing crisis, building resources; outreach service; *in case of specific mental health treatment requirements, referral to specialist services; if mental health problem is identified during care, professional psychiatric diagnostic is organised*	requires referral from child and youth welfare	parents with mental health problems mentioned as target groups; service available for *parents with perinatal mental health problems but mental health problem sometimes only realised via problems of the infants*	psychologists, (social) pedagogues, dance therapist	regional government	no	https://www.plan-be.co.at/
informal care									
Selbsthilfegrupe für Mütter mit psychischen Belstungen nach der Geburt	Dachverband Selbsthilfe Tirol		informal exchange for mothers with mental health problems after birth; led by mothers with lived experience and supported by Frühe Hilfen	one group; meets twice/month	mothers with postnatal depression, traumatic birth experiences or other challenges after birth			no	

*Italics denotes information from experts; mh: mental health; *service is mentioned in the MoH Folder 'eigentlich sollte ich glücklich sein' which is targeted at mother, fathers and relatives in cases of mental or social problems during pregnancy or after birth; #Tyrolean table more detailed than other regions;*

Table 10-7: Overview on services in Upper Austria

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
prevention									
universal counselling services									
Eltern-/Mutter-beratungsstellen	Land Oberösterreich	public	counselling on different topics, weighing, measuring, vaccination, exchange options with other parents	offered in 200 offices and 6 IGLU-Beratungsstellen across Upper Austria	parents	social worker, psychologists, medical doctors	regional government	no	https://www.land-oberoesterreich.gv.at/32033.htm
early detection/screening									
no regional service identified									
care or treatment									
*specialist care with index patient **parent** with a mental health problem*									
mother-baby units in hospitals (adult mental health)	Kepler Universitäts-klinikum, Med campus II	public	specialised mental health care for mothers with mental health problems after birth (admission of mothers with the babies)	2 beds	mothers with severe mental health problems up to 2 years after birth	psychiatrists and other (mental) health care professionals (mental health nurses, psychologists, occupational therapist, art therapist, music therapist, sport and physiotherapist, social worker)	combined public funding via regional hospital health fund	co-payment 13 €/ day for max. of 28 days; exemptions in some cases (e.g. for people with low-income who are exempted from prescription fee)	https://www.kepleruniklinikum.at/kliniken-einrichtungen/psychiatrie-und-psychotherapeutische-medizin/schwerpunkte-und-leistungen/
mother-baby units in hospitals (adult mental health)	Phyrn-Eisenwurzen Klinikum Steyer	public	specialised mental health care for mothers with mental health problems after birth (admission of mothers with the babies)	1 bed	mothers with severe mental health problems during pregnancy up to 1 year after birth *who are still able to care for their infant*	multi-professional team; *psychiatric nurses with training in infant nursing*	combined public funding via regional hospital health fund	co-payment 13 €/ day for max. of 28 days); exemptions in some cases (e.g. for people with low-income who are exempted from prescription fee)	https://www.e-steyr.com/steyr-news/fitness/3997-post-partale-psychische-stoe-run-gen-sta-ti-o-naere-be-handlung-mit-baby-be-son-ders-er-folg-ver-sprech-end
bed for mother+baby in urgent cases in adult mental health	Klinikum Wels-Grieskirchen	public	*mental health care for mothers with acute mental health problems after birth (admission of mothers with the babies possible but not formally dedicated); coordination with dep. of obstetrics and paediatrics*	*1-2 beds*	*mothers + babies; partners can also be admitted*	not stated on homepage	combined public funding via regional hospital health fund	co-payment 13 €/ day for max. of 28 days); exemptions in some cases (e.g. for people with low-income who are exempted from prescription fee)	personal information

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
*specialist care with index patient **infant** with a problem (e.g., crying, problems with sleeping...)*									
Schreiambulanz	Salzkammergut-Klinikum Vöcklabruck, psychosomatic outpatient unit	public	counselling and therapy	referral through GP or paediatrician	parents	multi-professional team (no detailed info available)	combined public funding via regional hospital health fund	no	https://www.ooeg.at/fileadmin/media/salzkammergut/Dateien_PDFs_Word-dokumente_/VB-folder_schreiambulanz_End.pdf
Betreuung auf Basis interdisziplinären Einsatzes von Sozialpädagogik (BABIES)	Mobilis	private	support for care at home		pregnant mothers and mothers with children until age of 1 (including mothers in a special situation in life) – mental health not explicitly mentioned	midwives		not stated	https://www.mobilis.at/babies
child and youth welfare services** that may support parents with **perinatal mental health problems among other groups									
Basket	at.FAM gGmbH	private	resource-oriented counselling based on bonding-theory and video-support; aim is to support parenting skills by better understanding infant behaviour; *service is a 'niche product' serving less than 4 % of the organisation's clients; in single cases service is organised shortly before birth – usually if the family is already cared for by child and youth welfare and has older children as well; parent-infant psychotherapy*	referral through child and youth welfare offered across Upper Austria	infants and their parents	not stated	regional government	no	https://www.atfam.at/basket.html

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
Schatzkiste	Diakonie	private	structured day care with/ without parent, four days/ week + one day home visit (planned for future); aiming at improving bonding, support in daily activities, providing a stable reliable and sensitive person for the child in the first 3 years; program uses the concept 'STEPTm', (Steps Toward Effective Enjoyable Parenting), a program to promote attachment in highly stressed families	service provided in Linz, requires referral from child and youth welfare	parents with infants and children up to kindergarden; max 10 children between 0-3 years who need intensive support in parenting – *most of them with mental illness*	pedagogues who are experienced in working with families with psychosocial challenges, STEEP™ Beraterinnen, Helferinnen, Haushälterin, interns	regional government	no	https://www.diakonie.at/file/download/8173/file/schatzkiste-tagesstruktur-folder-2107-dzs.pdf
Sozialpädagogische Familienhilfe (für Familien mit psychisch kranken Familienmitgliedern (PKF)	Verein Hilfe für Kinder und Eltern	private	support of families in difficult situations; outreach service;	requires generally referral from child and youth welfare; available in different regions across Upper Austria; care is restricted to 1.5 years but can be extended if needed; parents can also self-refer them but access is conditional on likely future risk for child	*families / parents with mental illness are specific target group with special support including psycho-education, support of partners, etc. related to the mental illness; the service is for families (incl. grandparents..) with children from 0-18; it's rarely used already during pregnancy*	social workers, social pedagogues, psychologists, psychotherapists, Erziehungs-wissenschafter, pedagogues,	regional government	no	https://vereinhil-fekindereltern.at/sozialpaedagogische-familienhilfe/

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
sozialpädagogische Familienbetreuung	I_PAD Lebensraum Heidlmair GmbH	private	support of families in difficult situations; outreach service; bonding-oriented interventions, SECURE Program (program about parents learning to perceive and reflect on their own caring behaviour on the basis of secure attachment experiences with the socio-educational specialist and with the help of psychotherapists; Henri Julius, Univ. Rostock in cooperation with Lebensraum Heidlmeier), methods 'Neuen Autorität nach INA (Institut für Neue Autorität)', systemic models for social diagnostics and social-pedagogue interventions – focus on bonding behaviour	requires referral from child and youth welfare	parents	not stated	regional government	no	http://www.lebensraum-heidlmair.at/Mobil.html#_article-217
therapeutische ambulante Familienbetreuung	at.FAM gGmbH	private	support of families in difficult situations; outreach service; psychological/ psychotherapeutic support	requires referral from child and youth welfare	parents	not stated	regional government	no	https://www.atfam.at/taf.html
sozialpädagogische Familienbetreuung	Diakonie	private	support of families in difficult situations; outreach service;	requires referral from child and youth welfare	parents	not stated	regional government	no	https://www.diakonie.at/unsere-themen/hilfe-fuer-kinder-jugendliche-und-familien/mobile-unterstuetzung-fuer-familien

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-)payment	source
mobile sozialpädagogische Betreuung	Mobilis	private	support of families in difficult situations; outreach service	requires referral from child and youth welfare; service across Upper Austria	parents	social pedagogues, Erziehungs-wissenschaft, dipl. Behindertenpädagogik, psychologists, psychotherapists, pedagogues, social workers	regional government	no	https://www.mobilis.at/sozialpaedagogische-familienbetreuung
mobile Familienhilfe	MoFaH	private	support of families in difficult situations; outreach service	requires referral from child and youth welfare; service in area Linz and Wels	parents	social pedagogues, Erziehungswissenschaft, Sozialbetreuer/ Behindertenbegleitung, Sonderpädagogik,	regional government	no	http://www.mofah.at/index.php?id=19
Sozialpädagogische Familienbetreuung, Hilfe zur Erziehung- und Alltagsbewältigung/ Familientraining, SFB Plus / Familientraining Plus	MOPÄD – mobile Pädagogik GmbH	private	support of families in difficult situations; outreach service	requires referral from child and youth welfare; service in different regions across Upper Austria	parents	not stated	regional government	no	https://www.mopaed.at/leistungen/#mobil
Sozialpädagogische Familienbetreuung, EAH Erziehungs- und Alltagshilfe, mobile Psychotherapie	Soziale Initiative gGmbH	private	support of families in difficult situations; outreach service	requires referral from child and youth welfare;	target groups are families with children or expecting parents; severe mental illness can be an exclusion criterion if not in treatment	not stated	regional government	no	https://www.soziale-initiative.at/fileadmin/user_upload/Soziale_Initiative_Bilder/Angebote/sfb-sozialpaedagogische-familienbetreuung/Infoblatt_SFB.pdf
MOVE Sozialpädagogische Familienbetreuung, Alltagshilfe	Verein für Sozialprävention und Gemeinwesenarbeit (VSG)	private	support of families in difficult situations; outreach service	requires referral from child and youth welfare; available in Linz			regional government	no	https://www.vsg.or.at/angebote/kinder-und-jugendhilfe-move/move-angebot/
informal care									
no regional peer support group identified									

Italics denotes information from experts;

Table 10-8: Overview on services in Vienna

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-) payment	Source
prevention									
PIP-Pilotinnenprojekt	Hebammenzentrum/Verein freier Hebammen	private	midwifery care during pregnancy (4 appointments) and after birth (2 appointments) free of charge	after first appointments women/families who cannot afford private midwife care or have increased needs (social/ medical/mental) are identified and offered the service	highly burdened families with little economic resources	midwives	private foundation (Privatstiftung)	no	https://www.hebammenzentrum.at/pip-pilotinnenprojekt
Familienhebammen	Stadt Wien	public	counselling and support from midwives for all pregnant women in Vienna	4 locations in the 3rd, 15th, 20th, 22nd district, in hospital outpatient units of the public Viennese hospitals, in some family-centres provided by the child and youth welfare	all pregnant women living in Vienna	midwives	regional government	no	https://www.wien.gv.at/gesundheit/beratung-vorsorge/eltern-kind/geburt/familienhebammen.html#heb22
universal counselling services									
FEM und FEM Süd	Institut für Frauen- und Männergesundheit	public	counselling and support for women in difficult situations, having questions on health, pregnancy, birth, parenting, employment and social situation; additional phone-based counselling session by a midwife is available; service is offered in 14 languages; different workshops including some on mental health, parenting etc.	phone or outpatient office setting in two Viennese locations (10th and 12th district)	women	different professional groups (psychologists, medical doctors, midwives, pedagogues, social workers, psychotherapists, psychosocial counsellors, Lebens- und Sozialberatung, inter-cultural coach…)	these are no typical hospital outpatient units; funding therefore also separate; the institute for women's and men's health is funded from different public sources incl. Viennese government, Fonds Soziales Wien, Wiener Institut f. Gesundheitsförderung, ÖGK,... incl. project based funding	first appointment free of charge, further 10 appointments at reduced charge of 15 €/50 minutes; further reductions possible	https://fem.at/beratung/
Elternberatung	Stadt Wien	public	counselling, vaccinations, exchange with other parents	14 offices across Vienna	parents	not mentioned on webpage	regional government	no	https://www.wien.gv.at/menschen/kind-familie/servicestellen/elternberatungsstellen.html

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-) payment	Source
early detection/screening									
guideline (Leitlinien für die psychosoziale Schwangeren-betreuung)	Wiener Programm f. Frauen-gesundheit	public	recommendations for screening during pregnancy and after birth and for training, coordination of care and multi-professional work	n.a.	health professionals involved in the care during pregnancy, birth and after birth	all professionals involved (gynaecologists, psychiatrists, social workers, midwives, nurses, psychologists, psychotherapists, interpreter, paediatrician, mobile child nurses (MOKI)….)	regional government	n.a.	https://www.wien.gv.at/gesundheit/beratung-vorsorge/frauen/frauengesundheit/pdf/ppd-leitlinien-schwangerenbetreuung.pdf
checklists for early detection of postnatal depression	Wiener Programm f. Frauen-gesundheit	public	three checklists for a) gynaecologists and midwives in hospital outpatient settings; b) for gynaecologists in private practice; c) for paediatricians	to be used voluntarily by the respective professional groups and settings	gynaecologists, midwives and paediatricians	gynaecologists, midwives, paediatricians	regional government	n.a.	https://www.wien.gv.at/gesundheit/beratung-vorsorge/frauen/frauen-gesundheit/pdf/ppd-checkliste-ambulanzen.pdf; https://www.wien.gv.at/gesundheit/beratung-vorsorge/frauen/frauengesundheit/pdf/ppd-checkliste-gynaekologinnen.pdf; https://www.wien.gv.at/gesundheit/beratung-vorsorge/frauen/frauengesundheit/pdf/ppd-checkliste-paediaterinnen.pdf
care or treatment									
*specialist care with index patient **parent** with a mental health problem*									
mother-baby units in hospitals (adult mental health)	Wiener Gesundheits-verbund (WIGEV)/ Allgemeines Krankenhaus Wien	public	specialised mental health care for mothers with mental health problems after birth (admission of mothers with the babies), psycho-pharmakologic, psychosocial and psychotherapeutic treatment considering the mother-child interaction	4 units/beds; access after referral from other services	mothers with severe mental health problems during pregnancy and one year after birth (focus on 3 months after birth) *who are still able to care for their infant*	psychiatrists and other (mental) health care professionals (mental health nurses, etc.)	combined public funding via regional hospital health fund	co-payment 13 €/day for max. of 28 days; exemptions possible (e.g. for people with low-income who are exempted from prescription fee)	https://www.meduniwien.ac.at/hp/sozialpsychiatrie/klinische-schwerpunkte/station-4a-peripartale-psychiatrie/

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-) payment	Source
Spezialambulanz für peripartale Psychiatrie	Wiener Gesundheits-verbund (WIGEV)/Klinik Ottakring	public	diagnostic, counselling, referral to other services (e.g. mother-baby units, mother-baby groups)	hospital outpatient service upon appointment for mothers and fathers in perinatal mental health crisis	mothers and fathers from pregnancy until one year after birth	psychiatrist, *social worker, psychologist, nurse*	combined public funding	no	https://klinik-ottakring.gesundheitsverbund.at/wp-content/uploads/sites/4/2022/05/Folder-Spezialambulanz-fuer-peripartale-Psychiatrie-KOR.pdf
FEM-Elternambulanz	Frauengesund-heitszentrum FEM / Wiener Gesundheits-verbund (WIGEV)/ Klinik Ottakring	public	psychological specialised outpatient unit	1 outpatient unit in Vienna	pregnant women and mothers with children between 0-3 who are in a mental health crisis or have psychosocially difficult circumstances; languages: German, Turkish	psychologists	Viennese hospital fund	no	https://fem.at/arbeitsbereiche/fem-elternambulanz/
*Klinische Psycholog*innen auf geburtshilflichen Abteilungen*	*Wiener Gesundheits-verbund/WIGEV*	*public*	*psychological support at departments of obstetrics in Vienna*	*Vienna General Hospital, Klinik Floridsdorf, Klinik Hietzing, St.Josef Krankenhaus*	*pregnant women and mothers with newborns who are admitted at one of the departments of obstetrics*	*psychologists*	*combined public funding via regional hospital health fund*	*no*	*expert information*
Grow Together. Für einen guten Start ins Leben	Verein Grow Together	private	bonding-oriented support, stabilising the emotional and social situation, support with integration into employment, practical support in everyday life by interns, groups, psychotherapy, parenting-skill training,	*requires referral from child and youth welfare,* *self-referrals or referrals from others (hospital, social workers…) require agreement with child and youth welfare*	mothers and parents who are in a difficult life situation (including drug addiction!) and who are under observation by the child and youth welfare service; from pregnancy until age 3 of child	paediatrician, psychotherapist, Sonder- und Heilpädagogin, counsellors, psychologist, social worker, sociologist, (social) pedagogue, musician, art therapist,	combined public (Viennese government, Ministry for women, families and youth) and private funding (donations from companies and private persons)	no	https://www.growtogether.at
CONTACT für Schwangere und Eltern	Sucht- und Drogen Koordination der Stadt Wien	public	counselling and support for pregnant women, mothers and fathers who use drugs, referral to other services	office visit after prior appointment; one location	pregnant women, mothers and fathers who use drugs	Multi-professional team, no details stated	regional government	no	https://sdw.wien/einrichtung/contact-fuer-schwangere-und-eltern

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-) payment	Source
*specialist care with index patient **infant** with a problem (e.g. crying, problems with sleeping...)*									
Säuglings-psychosomatik / Tagesklinik	Wiener Gesundheitsverbund (WIGEV)/ Klinik Ottakring (Abteilung für Kinder- und Jugendheilkunde; Ambulanz)	public	diagnostic, counselling, (psycho)therapy, referral to other services, group offers	1 hospital outpatient unit + 4 mother-baby beds	infants (from 0 to 3) plus their core carers	*paediatricians, nurses, psychologist, social worker*	combined public funding via regional hospital health fund	no	https://klinik-ottakring.gesundheitsverbund.at/leistung/saeuglingspsychosomatik/
Baby-Care Ambulanz	Wiener Gesundheitsverbund/ Klinik Favoriten/ Kinder- und Jugendabteilung (Preyer'sches Kinderspital)	public	counselling and therapy in case of difficulties parents may experience with their baby incl. breastfeeding counselling, counselling in case of risk for sudden infant death	hospital outpatient service	infants and parents (explicitly including 'Stimmungs-schwankungen der Mutter nach der Geburt')	child nurses, breast-feeding counsellors, medical doctors and psychotherapists	combined public funding via regional hospital health fund	no	http://www.babynet.at/tipps/adressen/baby-care_ambulanz.shtml; https://docplayer.org/137447665-Die-baby-care-ambulanz-modell-einer-multidisziplinaeren-betreuung-von-saeuglingen-und-ihren-eltern-im-preyerschen-kinderspital.html
Kinder- und Jugendlichen-Ambulatorium der Wiener Psychoanalytischen Vereinigung	Wiener Psychoanalytische Vereinigung (private 'hospital' in the form of an 'ambulatorium für Psychoanalyse und Psychotherapie')	private	counselling and diagnostics of babies with mental health problems; aim: to decide whether a psychoanalysis is indicated – if yes, support to find a place for therapy (usually 2-3 appointments)		babies with mental health problems and their parents	psychotherapists (psychoanalytic form of therapy)	unclear	unclear but private (co-)payment likely	https://wpv.at/ambulatorium/kinder-und-jugendlichen-ambulatorium/
Säuglings-Kleinkind-Eltern Psychotherapie	Psycho-therapeutische Universitäts-ambulanz Kinder und Jugendliche der Sigmund Freud Privat-universität	private	after first assessment, psychological diagnostic and psychotherapy based on psychoanalysis		infants from 0-3 and their parents	psychotherapists, psychologists, pedagogues, psychiatrists, neurologist (some professionals may be for other services offered, not all of them for the psychotherapy)	health insurance	if eligible costs are covered by health insurance; otherwise private payment	https://ambulanz.sfu.ac.at/de/kinder-und-jugendliche/saeuglings-kleinkind-eltern-psychotherapie/

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-) payment	Source
Baby-, Kinder- und Jugend-psychotherapie	Institut für Erziehungshilfe/ Child Guidance Clinic der Österreichischen Gesellschaft für Psychische Hygiene, Landes-gesellschaft für Wien	private	diagnostic and psychotherapy	4 locations that cover all Viennese districts	babies with mental health problems and their parents	psychotherapists (psychoanalytic form of therapy)	health insurance	no	https://erziehungshilfe.org/
informal care									
Austauschgruppe 'Mutterglück! Mutterglück?'	NANAYA (Zentrum für Schwangerschaft, Geburt und Leben mit Kindern)	private	open drop-in group offer without appointment		mothers with (mental health) problems during pregnancy and after birth (they can come alone or with their baby)	professionally facilitated self-help group	Bundesministerium für Familie, Stadt Wien	no	https://www.nanaya.at/austauschgruppe-mutterglueck-mutter-glueck#Inhalt
networking / coordination activities									
Netzwerk Psychosoziale Gesundheit in der Schwangerschaft (earlier: Netzwerk perinatale Krisen)	Wiener Programm für Frauen-gesundheit	public	interdisciplinary exchange among professional groups who are working with pregnant women and new mothers in different functions; aim: exchange of knowledge, improvement of interdisciplinary care, identifying and closing gaps in care; organised by the 'Wiener Programm für Frauengesundheit; informal exchange with minutes (not publicly available)	2-3 times/year in the rooms of MA 24 (office for women's health and health goals)	n.a.	medical doctors (incl. psychiatrists), midwives, psychologist, social workers (20-30 participants / meeting)	regional government	n.a.	https://www.wien.gv.at/gesundheit/beratung-vorsorge/frauen/frauen-gesundheit/schwer-punkte/lebensphasen/schwangerschaft/peri-natal.html

Italics denotes information from experts; n.a.: not applicable

Table 10-9: Overview on services in Vorarlberg

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-) payment	source
prevention									
universal counselling services									
femail- Information von Frauen für Frauen	Verein femail	private	counselling for women in different situations*	Felkirch and Lustenau	women	not mentioned on webpage	Bundeskazleramt, Bundesministerium für Bildung, Wissenscchaft und Forschung, Land Vorarlberg	no	https://www.femail.at/ueber-uns/
Beratung/ Elternbildung	different providers (co-)funded by Land Vorarlberg	private	counselling and courses	different offers across the region	parents	not mentioned on webpage	in parts regional government	fees for courses and seminars	https://vorarlberg.at/documents/302033/472803/Beratungsstellen+aus+Clevere+Seiten+f%C3%BCr+Familien.pdf/1dabca39-7f4c-897f-aaaf-074c48ea1b36
early detection/screening									
Frühe Hilfen	*Frühe Hilfen Vorarlberg*	*public*	*special offer in Vorarlberg: in all four hospitals with obstetrics departments (Bregenz, Dornbirn, Feldkirch, Bludenz) a Frühe Hilfen staff member is permanently located to identify parents who experience challenges and may need support; identified families are supported by these staff members already during hospital admission and referred to the Frühe Hilfen network in the outpatient sector; staff is part of the obstetrics team*	*all obstetrics departments in Vorarlberg*	*mothers*		*other*	*no*	*expert information*

name of program /service	name of provider	Type of provider	core content of program/service	access/ capacities	primary target group	involved professional groups	payer	private (co-) payment	source
care or treatment									
*specialist care with index **patient** parent with a mental health problem*									
bed for mother+baby in adult mental health urgent cases	Landes-krankenhaus Rankweil	public	mental health care for mothers with acute mental health problems after birth (admission of mothers with the babies possible but not formally dedicated)	1 bed	mothers with severe mental health problems after birth who are still able to care for their infant	psychiatrists and other (mental) health care professionals (mental health nurses, etc.)	combined public funding via regional hospital health fund	co-payment 13 €/ day for max. of 28 days; exemptions in some cases (e.g. for people with low-income who are exempted from prescription fee)	expert information
*specialist care with index patient **infant** with a problem (e.g., crying, problems with sleeping...)*									
Schrei-, Schlaf- und Fütterberatung	AKS Gesundheit GmbH Vorarlberg,	private	psychological diagnostic and counselling; referral to other services if needed	several locations across Vorarlberg	infants 0-3 years and their parents in case of difficulties with the baby (explicitly including mothers with postnatal depression and other mental health problems)		regional government	8 € per contact; max. 80 €; exemption from private-co payment possible	https://www.aks.or.at/aks-angebote/schrei-schlaf-fuetterstoerung-kinder/
informal care									
no regional peer support group identified									

**service is mentioned in the MoH Folder 'eigentlich sollte ich glücklich sein' which is targeted at mother, fathers and relatives in cases of mental or social problems during pregnancy or after birth; Italics denotes information from experts*

10.2 Extraction table for centrally organised services available in each region

Table 10-10: Centrally organised services

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	webpage
prevention									
universal counselling services									
Familienberatung	different providers across Austria	private	counselling on different difficulties, including mental health problems	307 offices offer services along mental health across Austria	families	medical doctors, social workers, marriage and family counsellors, lawyers, psychologists, pedagogues	Bundeskanzleramt, Sektion Familie und Jugend; personnel costs: Familienlasten-ausgleichsfonds (15.5 Mio €); regional governments (31 %), municipalities (6 %), AMS (16 %) and further national sources (7 %); voluntary contributions from users (1 %);	no	https://www.familien-beratung.gv.at/faq.html
early detection/screening									
Mutter-Kind-Pass (to be changed into 'Eltern-Kind-Pass')	Ministry of Health	public	screening during pregnancy and up to year 5 of the child's life (currently contains no screening for mental health problems, but this is currently under development)	every pregnant women has access (mandatory for receipt of child care allowance)	pregnant women and children 0-5	gynaecologists, midwives, paediatricians, general practitioners	health insurance, Familienlastenaus-gleichsfonds (federal government)	no	https://www.oesterreich.gv.at/themen/familie_und_partnerschaft/geburt/5/Seite.082201.html; https://www.gesundheit.gv.at/leben/eltern/mutter-kind-pass.html
Frühe Hilfen	Frühe Hilfen Österreich/ different provider organisation in each region	private	health promotion and/or early intervention during pregnancy and early childhood that addresses (lack of) resources in families and organises needs-based support; mental health problems are systematically identified; *in case of detection usually referral to other services because staff is rarely trained in perinatal mental health*	currently roll-out across Austria	families who experience difficultiesduring pregnancy and until child age of 3	different health and social care professionals (midwifes, social workers, psychologists, etc.)	Vorsorgemittel der Bundesgesundheits-agentur	no	https://www.fruehehilfen.at/

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	webpage
Midwifery support after birth	n.a.	private	home visits or office hours after birth: during puerperium (Wochenbett): one home visit/day from day 1 to day 5 after birth (to day 6 after caesarean section, pre-term birth or multiple births); 6 to 7 further home visits or office based visits from mothers from day 6 to week 8 after birth on demand (from day 7 to week 12 after caesarean section, pre-term birth or multiple births)	voluntary service available for every mother after birth in case a midwife who has a contract with the health insurance has capacities (otherwise free-practicing midwives may be used but their services are not fully publicly funded)	universal service, no standardised screening for mental health; experienced midwives may use individual practices to detect mental health problems	midwives	health insurance	no in case of contract with health insurance; in case of private practice nurse: refund of 80 % of public tariff possible on request	https://www.hebammen.at/wp-content/uploads/2023/01/RZ_Hebammenbetreuung_Ueberblick.pdf
care or treatment									
*specialist care with index person **parent** with a mental health problem across Austria*									
outpatient psychiatrists specialising in perinatal mental health care	*private practices across Austria*	*private*	*psychiatric outpatient treatment*	*unknown how many outpatient psychiatrists specialise in perinatal mental health in Austria*	*parents*	*psychiatrists specialised in perinatal mental health*	*health insurance*	*depending on whether the psychiatrist has a contract with health insurance, co-payment can range from zero to partial refund to fully private payment*	
informal care									
no national informal support services identified									

Italics denotes information from experts

10.3 Extraction table for further services availble across regions

Table 10-11: Services across regions

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	webpage
prevention									
Eltern-Kind-Zentren	different providers across Austria	private and public	variety of counselling and low-threshold support including group activities for new parents; some office provide family counselling (see centrally organised services)	several contact points across Austria: webpage (per 9/12/2022) lists 17 for Vienna, 48 for Lower Austria, 5 for Styria, 3 for Carinthia, 31 for Tyrol, 4 for Vorarlberg, 1 for Burgenland, 8 for Salzburg, 38 for Upper Austria	families		mix of public and private organisations; funding differs		https://www.gesundheit.gv.at/service/beratungsstellen/gesund-leben/eltern-kind/eltern-kind-zentren.html
care or treatment									
*specialist care with index person **parent** with a mental health problem across Austria*									
Konsiliar- and Liasondienst	different arrangements across Austria	public	examples: -*Wels: psychological liaison service (no psychiatric liaison service because of lack of resources)-Salzburg (Christian-Doppler Klinik, Schwarenberg-Klinik: psychological (in-house) and psychiatric consiliar service at the different departments of obstetrics in Salzburg on request*-Medical University Innsbruck: constantly present psychotherapeutic-psychological service in form of regular consultation hours for patients, regular exchange with doctors of the unit and sometimes mutual trainings and ward rounds at the departments of gynaecology and obstetrics (offered by the psychiatry dep.); *-Lienz: case-based and some interdisciplinary exchange with staff from both departments*	on demand (case-based); usually provided at the obstetrics ward; sometimes transfer to other hospital required	mothers	psychologists, psychiatrists	combined public funding via regional hospital health fund	no	

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	webpage
*specialist care with index person **infant** with a problem across Austria*									
Emotionale Erste Hilfe	different persons across Austria who completed the education on 'emotional first aid'	private	body-oriented activity which is rooted in body-oriented psychotherapy and brain-, trauma-, and attachment research; key expert: Thomas Harms; EEH uses body-oriented methods (bonding-facilitating touching, exercises to increase body awareness, imagination, relaxation exercises) to improve contact and relationship skills in parents and children	website lists 35 persons, from which 29 are registered as 'Basic Bonding Gruppenleiter/in), 21 as EEH Fachberater/in, 2 as EEH therapists; some of them work in obstetrics departments and outpatient 'Schreiambulanzen', some work in private practice; most of the registered persons / region are listed in Tyrol (16) – most likely because the organisation ZOI which is located in Kufstein offers training	babies with excessive crying, parents who are permanently exhausted and overwhelmed and other indications (mental health problems not explicitly mentioned)	different professional groups (e.g., social pedagogues, psychologists, pedagogues, osteopaths, psychotherapists, …) which additional training in EEH	different funding arrangements for users (depending whether someone is employed in publicly funded service or offers service in private practice)	usually fully private payment (€ 50-80/unit); except if the professional is employed in a clinic or organisation which offers publicly funded services or in case it's covered by private insurance	https://www.emotionelle-erste-hilfe.org/fuer-fachleute/#eeh-wasistdas
Rückhalt. Krisenbegleitung für Baby, Kleinkind und Familie	Verein der Krisen-begleiterInnen Österreichs	private	method: resource and body-oriented crisis care (based on Berlin social pedagogue Paula Diedrichs developed 20 years ago); it's itself based on body-psychotherapy by Eva Reich	several contact addresses for individual therapists across Austria	families	special certified qualification based on a 2-year course at the 'Weiterbildungsinstitut für Ressourcen- und Körperorientierte Krisenbegleitung'; different basis qualifications such as medical doctors, occupational therapists, midwives, nurses, Lebens- und Sozialberater, pedagogues, psychologists, psychotherapists, social workers	association funded from membership fees, donations, subsidies; different funding arrangements for users (depending whether someone is employed in publicly funded service or offers service in private practice)	depends on the individual therapist	https://rueckhalt.at/

name of program /service	name of provider	Type of provider	core content of program/service	access/capacities	primary target group	involved professional groups	payer	private (co-)payment	webpage
*services available in some but not all Austrian regions (index person = **infant**)*									
Beratungsstellen ÖKIDS	Österreichische Gesellschaft für Kinder- und Jugendlichen-psychotherapie	private	counselling and psychotherapy for children (+ parents); trainees offer home-visits in case of over-burdened families (e.g., taking care of the baby for a few hours to reduce stress for parents)	offices in Vienna, Lower Austria, Burgenland, Styria, Tyrol; 26 therapists across Austria are listed on their website; 30 infant, child, adolescent and parent counsellors are listed on their website; 51 psychotherapists with special training in child and adolescent psychotherapy of the Austrian society for child and adolescent psychotherapy are listed on their webpage	infants	psychotherapists specialised in infant, child and adolescent psychotherapy, counsellors specialised in infant, child, adolescent and parent counselling		full private payment; in case of limited financial capacities, therapists try to reduce fees or offer therapy free of charge; some therapists have health insurance funded capacities; in some cases families get a refund after request at health insurance	http://www.oekids.at/
Kinderhilfswerk	Kinderhilfswerk	private	counselling and psychotherapy for children (+ parents); offer seems to focus on children, not on babies or parents in perinatal period; (no response to email requests)	offices in Vienna and Upper Austria, cooperation partners in 7 other Austrian regions (none in Burgenland and Styria); one therapist mentioned for Tyrol, many of the therapists are currently in training	focus on children but therapy can be offered to parents as well	mainly psychoatherapists, but some have other qualifications in addition (pedagouges, food counseling, social worker, psychologists)	donations	unclear	https://www.kinderhilfswerk.at/leistungen

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