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**Submission to the  
Productivity Commission Inquiry into Mental Health**

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An Accredited Mental Health Service, Perinatal Wellbeing Centre (formerly PANDSI) provides perinatal mental health support to clients from pregnancy until their youngest child reaches two years of age. We individually assess each client and develop a tailored plan of support to best meet their needs. In addition to a comprehensive telephone counselling service (supplemented/replaced by email support when needed), Perinatal Wellbeing Centre offers a range of programs and workshops designed to provide mental, emotional and physical benefits to those experiencing perinatal depression and/or anxiety.

Perinatal Wellbeing Centre has significantly increased its delivery of services over the past five years in an attempt to address demand. In order to better meet client needs, we have researched and developed a variety of new groups and workshops that benefit and support our clients while refreshing existing group curricula. We have incorporated additional current evidence-based approaches demonstrated to assist in reduction of the symptoms of perinatal depression and anxiety, and to provide lifelong strategies and tools for ongoing use.

The success of these developments can be seen in the 24% growth in new clients in the past twelve months and a 50% growth in average group attendance rates.

Perinatal Wellbeing Centre also provides inservice education to health professionals and others, and continues to work to improve the perinatal health of women, men and their families.

We thank the Productivity Commission for highlighting issues related to perinatal mental health in the Draft Report, and the long term ramifications for both parents and children if these conditions aren't recognised and treated. On that point, we would like to see a significant broadening of recommendations from the current focus on universal screening.

Throughout the public health system screening is routinely carried out both antenatally and postnatally. This occurs across the public hospital system antenatally, and through Maternity and Child Health/ Child and Family Health nurses after the baby is born. 73% of mothers birth in public hospitals<sup>1</sup> and even those who birth in private hospitals or at home are likely to access the free health checks provided by state and territory governments postnatally. In the majority of cases, the screening tool used is the Edinburgh Postnatal Depression Scale (EPDS), and this is also regularly used across the private maternity system.

It would be valuable to encourage greater screening at the primary level by general practitioners, especially as they are frequently the first contact newly pregnant families have with the health system.

It is also important to ensure that any screening tool is culturally appropriate and is administered in a trauma informed manner. This is especially true when questioning a parent on their answer to Question 10 on the EPDS around self harm. Statistics released by the AIHW demonstrate that in 2016 suicide was the most common cause of maternal death<sup>2</sup>. This was the first time Australia experienced this. In the most recent release<sup>3</sup> (2017) suicide has dropped to second place, but still represents 25% of all maternal deaths for that year. This shocking statistic emphasises the need for a greater focus on perinatal mental health, especially during the antenatal period, and the importance of clear intervention pathways.

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<sup>1</sup> Australian Institute of Health and Welfare, *Australia's Health 2018*, released 20 June, 2018.

<sup>2</sup> Australian Institute of Health and Welfare, *Maternal Deaths in Australia 2016*, released 20 December, 2018.

<sup>3</sup> Australian Institute of Health and Welfare, *Maternal Deaths in Australia 2016*, released 26 November, 2019.

While the EPDS has been validated in several languages, it is still commonly administered in English which may cause confusion and false results for those whose first language is not English given its use of idioms such as ‘things have been getting on top of me’.

There has also been research indicating that the language of the EPDS can be unclear for Aboriginal and Torres Strait Islander parents. Further work to ensure that screening tools and subsequent programs of care truly meet the needs of the broad range and diversity of Australian parents is essential. One size definitely does not fit all.

Additional education in perinatal mental health for all health professionals engaged in this field would be valuable to better improve outcomes. Frequently the identification of a potential problem either by a health professional, or through self-identification, leads to a visit to a GP. It is therefore essential that all GPs are educated to recognise, respond to and appropriately refer anyone presenting to them with perinatal mental health issues.

It is notable that whilst 1 in 10 Australian fathers and partners experience perinatal depression and/or anxiety, they are far less likely to be screened or offered appropriate interventions. It should not be assumed that either screening or programs for mothers are equally suitable for fathers and partners. Additional work is required to develop programs that appropriately engage and assist fathers and partners.

In the prevention/early intervention field, the SMS4dads program offers information and support to fathers-to-be and new fathers up until the baby is 12 months of age. The content of the 200 text messages covers father-infant attachment, father-partner support and self-care.

Universal, regular screening of both parents is vital as a mechanism to identify those who could benefit from assistance, and to also raise awareness of the frequent occurrence of perinatal mental health issues. However, the benefits of any screening program are negligible unless there are a broad range of services, support and treatment options available to families.

Perinatal Wellbeing Centre has joined with the three other key perinatal mental health providers – Gidget Foundation, Peach Tree and PANDA – to form the Perinatal Mental Health Consortium, and have commissioned PwC to research the costs of perinatal mental health issues to the Australian economy<sup>4</sup>. The report found that 1 in 5 mothers and 1 in 10 fathers and partners experience perinatal depression and anxiety or PNDA. For each annual cohort of births this costs \$877m in the first year of those babies’ lives, and \$7.3bn in total costs attributable to perinatal depression and anxiety over the child’s lifetime.

PNDA is seen to be prevalent in a number of cohorts, including Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse and LGBTIQ+ communities. These communities are also considered less likely to seek help due to barriers to access which may include proximity to services, language barriers and perceived social isolation. Perinatal Wellbeing Centre is currently seeking to address this challenge by co-designing specialised care pathways for different cultural groups. Co-designed supports services, such as the Stayin on Track web based resource [www.stayinontrack.com](http://www.stayinontrack.com) for young Aboriginal fathers, can make a significant difference in contributing culturally appropriate care.

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<sup>4</sup> PwC Consulting Australia, *The cost of perinatal depression and anxiety in Australia*, November 2019, <https://www.perinatalwellbeingcentre.org.au/news/cost-of-perinatal-depression-and-anxiety-in-australia>

The risk of experiencing PNDA is higher for those who have a previous history of mental illness. Similarly, the risk of recurrent PNDA is relatively high, particularly when the PNDA is experienced towards the severe end of the spectrum. A study has found that women who are hospitalised for the first episode of PNDA were 46 times more likely to experience PNDA after a subsequent birth. Prevention, early intervention, and tailored treatment and support pathways are essential mechanisms to assist in the reduction of society's financial burden and to foster improvement in the mental health and wellbeing of our families.

Numerous factors can contribute to the development of postnatal depression and anxiety, with a key factor being the experience of a traumatic birth, or disappointment in the birthing experience (such as not having a natural birth as planned due to complications). Currently almost a third (30.9%) of births in Australia are by caesarean section and almost half (43.1%) women birthing their first baby had the birth induced<sup>5</sup>.

It would be valuable for parents to have an opportunity to debrief about the birthing experience with their midwife in the hours or immediate days following the birth. This would allow questions about treatment during the birth, unexpected procedures or outcomes to be explained and would validate the parents' experiences. This simple additional protocol could significantly enhance understanding and acceptance, and reduce anxiety leading to longer term positive mental health outcomes.

Antenatal classes also provide an excellent opportunity to educate parents on perinatal mental health in a non-threatening manner, adopting a family centred approach. Many classes currently offered in the hospital setting focus on birthing and feeding, but neglect to discuss what is normal and what is not with regards to mental health and emotional wellbeing both in the lead up to birth, and afterwards. Perinatal Wellbeing Centre recommends that all antenatal classes incorporate these elements. Understanding and engagement in such classes may be enhanced by utilising peer education, with the sharing of lived experience alerting pregnant families to potential triggers, as well as explaining what strategies of personal assistance.

Alternatively, dedicated perinatal wellbeing workshops and courses would be a valuable adjunct to hospital based or private antenatal classes focussing on the physical aspects of birth. With a broad focus on wellbeing, self care and strategies to overcome potential problems, these courses could be made available online to provide greater reach to parents in rural and remote locations. This would also enable parents to work at their own pace rather than adapt to specific scheduling requirements.

Greater emphasis on fathers and partners is also needed as a support mechanism for mothers. Perinatal Wellbeing Centre runs regular Partners Information Evenings to ensure that fathers/partners are educated and informed about the nature of perinatal mental health issues, and how they might provide support. These workshops could easily be expanded to more locations, or provided through a different delivery format, such as an online interactive webinar.

Throughout Australia different programs, usually run by state/territory governments, offer parents ongoing consultations at community health centres with Maternal and Child Health nurses to follow the baby's development, frequently with an initial home visit. These nurses carry out a vital role in the nation's maternity services, and may be the only health professional in regular contact with a new family. This places them in a unique position to monitor the emotional wellbeing of families, and to identify any potential issues.

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<sup>5</sup> Australian Institute of Health and Welfare, *National Core Maternity Indicators*, released 18 September, 2019.

These services are often stretched to capacity and we recommend additional funding so as to support a series of home visits at 6 days, 6 weeks and 6 months with a specific focus on the health of the mother and family rather than the usual emphasis on the baby's growth and development. Alternatively, these wellbeing visits could be carried out by specialised perinatal mental health services such as Perinatal Wellbeing Centre.

Currently there are too few dedicated units across the country for mothers and babies requiring residential mental health care. NSW, ACT, Tasmania and the Northern Territory do not have any public mother/baby units at all. Accessing private units, often requiring interstate travel, can be the only alternative which is obviously impossible for many families. Perinatal Wellbeing Centre recommends that sufficient units be established for women to access both antenatally, and where appropriate, with their baby after the birth.

In addition to the need to expand the provision of dedicated perinatal mental health services so as to better meet demand, options for referral for parents as their baby grows too old for the specialised service are currently minimal. The majority of perinatal mental health services provide care from conception until the baby is aged 12 months, with some, such as Perinatal Wellbeing Centre, providing ongoing care until the baby is two years old. Some parents still require care and support following this timeframe, but there is no clear flow at this point from one service to another and that lack of continuity of care can be detrimental to recovery or management. Mechanisms to refer such parents on to further appropriate care should be seamless and could be managed on a local or regional basis, depending on population and demand.

Much has been achieved in recent years to break down the stigma surrounding mental health issues. However, one area that remains poorly recognised, funded and supported is the perinatal mental health of both women and men. Perinatal Wellbeing Centre recommends that all Governments fund sustained awareness raising programs using social and traditional media to increase understanding of perinatal mental health at a population level, and to increase the number of people seeking help and therefore improve family wellbeing overall. Such campaigns could assist in dispelling myths surrounding concepts of perfect parenthood, and relieving the additional pressure that perpetuation of such myths places on families.

With social isolation being a well established risk factor, and a growing understanding of the barriers that various cultural beliefs can pose to recognising and seeking help for perinatal mental health problems, it is important that a greater focus be placed on the care of Australia's multicultural communities.

To better support these communities, information needs to be made available in a variety of community languages. Media campaigns need to reflect the diversity of the community, and short videos in different languages need to be produced for social media campaigns targeting those lacking skills in English.

Just as the *Clinical Practice Guideline*<sup>6</sup> emphasises the importance of prevention, so non-government services such as Perinatal Wellbeing Centre play a vital role in screening for perinatal mental health disorders, provision of psychosocial and therapeutic support and identifying appropriate referral pathways for clients with severe disorders. Through these practices non-government services actively prevent the escalation of depression and anxiety which would lead to people requiring extensive assistance through mental health consultancy services or inpatient facilities. Instead, non-

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<sup>6</sup> Austin, M-P., Highet, N and the Expert Working Group (2017) *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. Melbourne: Centre of Perinatal Excellence.

government services such as Perinatal Wellbeing Centre guide clients along pathways to recovery preventing negative impact upon their own health and that of their families and children.

The perinatal mental health of women and their partners should be recognised as an integral part of the delivery of mental health and maternity services across the country. The opportunity to prevent development or escalation of issues through awareness raising, opportunistic screening and other mechanisms will improve the wellbeing of Australian families in addition to providing long term savings to the health system and workforce productivity.

### *Recommendations*

- In an environment of increasing demand, it remains crucial that the investment priority is that a broad range of services, support and treatment options are available to families. Service requirements are varied, ranging from individual clinical care through to group support options, and must be offered in a variety of modalities including face-to-face and telehealth.
- Services and treatment options should be supported by an effective screening program which has been informed by consumer engagement. Screening for perinatal mental health vulnerabilities should occur at the first appointment a pregnant woman and her partner have with a health professional, and continue to occur at regular periods of time antenatally as an expected part of visits with the midwife or doctor, whether in the public or private system.
- Programs and services should include a focus on supporting groups who would most greatly benefit from improved outcomes, such as Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse and LGBTIQ+ communities. Effort should be made in helping to identify cases of PNDA and provide culturally appropriate treatments in culturally safe environments.
- Ongoing research should include all aspects of perinatal mental health, including the prevalence and impact of paternal PNDA, and the needs of diverse communities.
- Opportunities for prevention should be explored, including comprehensive antenatal programs focusing on wellbeing.
- All midwives, general practitioners (GPs), obstetricians and Maternity and Child Health/ Child and Family nurses should be appropriately educated in perinatal mental health.
- Antenatal classes should include education in mental health and emotional wellbeing in the lead up to birth and afterwards, and/or dedicated antenatal wellbeing programs made available.
- Protocols should be introduced providing parents with an opportunity to debrief about the birthing experience with a midwife in the hours or immediate days following the birth;
- Dedicated units should be established across the country for mothers requiring residential mental health care be established for women to access both antenatally, and where possible, with their baby after the birth;
- Post birth nursing services should include a series of home visits at 6 days, 6 weeks and 6 months with a specific focus on the health of the mother and family rather than the usual emphasis on the baby's growth and development.

- A sustained awareness raising program should be funded using social and traditional media to increase understanding of perinatal mental health at a population level, and to increase the number of people seeking help and therefore improving family wellbeing overall. Information needs to be made available in a variety of community languages. Media campaigns need to reflect the diversity of the community, and short videos in different languages should be produced for social media campaigns targeting those lacking skills in English.