

Australian Government Mental Health Submission 2019

The most crucial period for mental health problems and family breakdown comes relatively early in a person's lifetime. It's at a time when most people expect to be their happiest and most fulfilled: the transition into parenthood.

According to research, 92% of parents report increased conflict in their baby's first year and 67% a decline in relationship satisfaction in the first three. Currently, one in 5 Australian mothers and one in 10 fathers are suffering from Postnatal Depression, with one study suggesting depression in new fathers is as high as 25% in the first year after baby. Where a mother is depressed, her partner is 50% more at risk and new fathers with mixed mental health episodes are 46.5% more at risk for suicide.

Postnatal Anxiety is proving to be a more widespread issue with 33% of mothers and 17% of fathers reporting symptoms according to research from Monash University. A traumatic birth experience, with or without a baby being born with a disability, increases risk for anxiety, depression and Post Traumatic Stress Disorder.

There is a reciprocal link between mental health issues and relationship quality. The single biggest factor in Antenatal Anxiety in mothers is relationship concerns according to a large Norwegian study and also in fathers' depression and anxiety antenatally according to research from the U.S. Relationship concerns continue to be one of the top factors in mental health conditions postnatally.

Research from the Murdoch Children's Research Institute found that intimate partner violence is reported by one in six women in the 12 months following birth and affects more than a quarter of Australian children in the first four years of life. Other research from M.C.R.I. found women are reporting more symptoms of Postnatal Depression when their first child is aged 4 than in the first year after birth. Intimate partner abuse and relationship breakdown were both contributing factors. Domestic Violence and suicide are particular risks for our Indigenous Australians during the perinatal period, where a disparity gap still exists and current screening tools may not be appropriate.

Both mental health issues and relationship breakdown has negative outcomes for children. Parental mental health problems are associated with attachment difficulties, less responsive parenting, reduced safety behaviours and child protection involvement. In high conflict separations, children risk mental health issues, addiction and behavioural disorders, academic unproductivity, poor self-esteem and increased suicide risk in teens. As adults, they are more likely to divorce – and the cycle continues.

According to COPE, the Centre of Perinatal Excellence, the impacts on our society and the economy of the perinatal mental health aspect alone are significant - and on the rise – at a cost in excess of \$538M per annum.

And yet it doesn't have to be this way. Many of the non-biological factors that contribute to anxiety, depression and relationship breakdown, such as unrealistic expectations of parenthood, poor relationship quality, unexpected identity changes, drop in self-esteem and lack of social supports, are *preventable*.

In 1998 the House of Reps Standing Committee tabled *To Have and to Hold: Strategies to Strengthen Marriage and Relationships*. The Committee stressed the importance of preventive education programs, and recommended programs that focus on three life transitions, including birth of a first child, with a view to building healthy, stable relationships. This emphasis on prevention and early intervention and the provision of integrated service approaches to families has found further reinforcement in federal government policies such as the *Partnerships against Domestic Violence* and the *Stronger Families and Communities Strategy*.

Relationship strengthening programs are showing positive outcomes. Research from the U.S. found just two 40-minute relationship preparation for parenthood sessions reduced the incidence of Post Natal Depression by around 60%.

Research by Jane Svensson at the Royal Hospital confirms that parents are hungry for more “after the baby comes” information, however Childbirth Educators and Midwives are not confident to deliver this. One option for prevention might be to allocate extra education hours for parents and train midwives and Childbirth Educators to deliver mental health and relationship support education. The World Psychiatric Society, The American College of Obstetricians and Gynaecologists in the U.S. and COPE in Australia all published guidelines last year calling for birth professionals to educate expectant parents and their caregivers in the signs and symptoms of Perinatal Mental Health conditions to facilitate early diagnosis and treatment.

Another option for prevention and early intervention might be to educate the different health professionals who work with expecting and/or new parents to initiate self-directed learning. Increased contact with health services during the perinatal period provides opportunities for early intervention. Essential information can be conveyed during routine appointments and parents directed to resources for follow-up. This could also be an opportunity for early diagnosis and referral.

One such resource is *Becoming Us*, an Australian developed research and evidence-based change management model that support the mental, emotional and relationship health of mothers, fathers, partners and families. *Becoming Us* is a flexible approach that can be used as a prevention or early intervention by health, mental health, counselling, educational, social work and other helping professionals, and by employers in the workplace. It takes a village after all.

Becoming Us classes for expecting and new parents have been running for two years through Legacy Hospital in Portland, Oregon with impressive results. The Family Institute at Northwestern University in Chicago will be conducting a feasibility study on the *Becoming Us Before Baby* class in May 2019, with a view to conducting a larger study following to determine any outcomes on Perinatal Mental Health, intimate partner violence, relationship satisfaction and parenting confidence.

Expecting parents need – and deserve - more preparation and support. Supporting mental health during the perinatal period, at this early stage of a couple’s relationship life cycle, has multiple long-term benefits for both parents and for their children going forward: family stability and resilience, physical health, emotional wellbeing, economic participation, workforce productivity and social engagement. Investing in mental health preservation in these ‘early years’ is likely to make a more significant difference for our Australian families and communities.

Too many families are falling at the starting gate. Too many of our new mothers and fathers are anxious or depressed. The cycle of relationship breakdown and intimate partner violence

continues. Most parents go into parenthood with the dream of a happy family. Let's give them the self-care and couple-care resources and community supports needed to create this reality.

Yours faithfully,

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