

# 2020/202 Budget Submission



**PANDA**

Perinatal Anxiety &  
Depression Australia

# 2020/2021 Budget Submission



## TABLE OF CONTENTS

|   |                                       |
|---|---------------------------------------|
| ABOUT PANDA .....                                   | 3                                     |
| PERINATAL MENTAL ILLNESS IN AUSTRALIA .....         | 3                                     |
| WOMEN'S MENTAL HEALTH IN THE PERINATAL PERIOD ..... | 4                                     |
| MEN'S MENTAL HEALTH IN THE PERINATAL PERIOD .....   | 4                                     |
| PRIORITY POPULATIONS.....                           | 4                                     |
| ECONOMIC IMPACTS.....                               | 5                                     |
| SUMMARY.....  | 5                                     |
| SUMMARY OF RECOMMENDATIONS.....                     | 6                                     |
| RECOMMENDATION 1.....                               | 7                                     |
| RECOMMENDATION 2.....                               | 8                                     |
| RECOMMENDATION 3.....                               | 10                                    |
| RECOMMENDATION 4.....                               | 111                                   |
| RECOMMENDATION 5.....                               | 112                                   |
| RECOMMENDATION 6.....                               | 123                                   |
| RECOMMENDATION 7.....                               | <b>ERROR! BOOKMARK NOT DEFINED.</b> 4 |
| RECOMMENDATION 8.....                               | 155                                   |
| RECOMMENDATION 9.....                               | <b>ERROR! BOOKMARK NOT DEFINED.</b> 6 |
| RECOMMENDATION 10.....                              | 167                                   |
| CONCLUSION .....                                    | 188                                   |

# 2020/2021 Budget Submission



## ABOUT PANDA

Perinatal Anxiety & Depression Australia (PANDA) is the national perinatal mental health lead organisation, supporting and representing expecting and new parents to understand and recover from perinatal mental illness, including anxiety and depression, psychosis, and suicidal ideation.

**Helpline Services:** PANDA operates Australia's only National Helpline that supports expecting and new parents affected by perinatal mental illness in communities' right across the country. PANDA's National Helpline delivers phone-based support to families across Australia, Monday to Friday 9:00am to 7:30pm (AEST/AEDT). Funded solely by the Commonwealth Department of Health, our Helpline team provided support through 31,500 calls in 2020.

**Information, tools, and resources:** PANDA provides two websites with valuable information and advice for expecting and new parents, including a free online [Mental Health Checklist for Expecting and New Parents](#) - a self-screening tool for people to assess their wellbeing and seek professional support if necessary. PANDA's Checklist has struck a chord in the community since its launch in October 2018 and has now been completed by almost 55,800 individuals. In 2020, PANDA launched a [Survive and Thrive Podcast](#) for new and expecting parents. Every episode, PANDA speaks with a parent who has real experiences to share, and practical tips that they've learned from coming out the other side. PANDA professional counsellors also deliver wellbeing tools and strategies for practical use by listeners.

**Community engagement:** PANDA's national volunteer program harnesses the voices, passion, and energy of those who have recovered from perinatal anxiety, depression, and postnatal psychosis to raise awareness, reduce stigma, and share a message of hope and recovery. Over the past four years, PANDA has built an informed and engaged [Community Champion Network](#) which has now grown to over 340 members with lived experience of perinatal mental vulnerability and illness. This Network informs our day-to-day activity, helps develop national guidance and advocates for awareness opportunities and service models. Through this Network we firmly place lived experience at the centre of everything we do.

**Training, education, and provider support:** PANDA provides sought-after and valued practice support and patient information resources to child health nurses, midwives, and other perinatal health providers across Australia, and delivers regular professional development activities, mainly comprising one-day workshops and in-service sessions. PANDA runs a national community of practice and a growing [Clinical Champion Network](#) with 220 registered clinical champions.

PANDA provides online resources and training to facilitators of group programs for vulnerable and isolated children and families. PANDA has worked tirelessly to launch the [PANDA Learning Hub](#) - an online Learning Management System (LMS).

## PERINATAL MENTAL ILLNESS IN AUSTRALIA

It is difficult to know exactly how many parents experience mental illnesses like anxiety and depression during pregnancy and the first 12 months of their baby's life (the perinatal period). There are several factors that make it difficult to estimate, including differences in the way research data is collected and different ways of defining or diagnosing mental illness. Despite this, there is agreement that mental health problems in the perinatal period are common, can impact the health of the entire family, and are very important public health issues.

# 2020/2021 Budget Submission



Some parents experience mental health difficulties for the first time during pregnancy or early parenthood, while others may come to pregnancy and parenting with a history of mental illness. Any mental illness present during pregnancy or the first 12 months after birth is considered a 'perinatal mental illness', regardless of whether the person has experienced the illness before.

Anxiety and depression are the most common mental health issues in the perinatal period. Until recently most research on mental health in the perinatal period focused on depression after birth, so much less is known about mental illness in pregnancy, anxiety, and other illnesses. This is however beginning to change, and we are beginning to broaden our understanding of perinatal mental health.

At least one in every five women and 1 in 10 fathers/partners experience anxiety, depression, or both during pregnancy and/or following birth. Around 600,000 people becoming parents in Australia annually, and therefore 60,000 mothers and 30,000 fathers/partners will experience perinatal anxiety and/or depression.

## Women's mental health in the perinatal period

Research undertaken in Australia and other countries usually finds that around 15-22% of women experience depression during pregnancy and/or following the birth of their baby. While there has been less research about perinatal anxiety, it is understood to be at least as common as depression, if not more so. A number of women will experience both anxiety and depression. Therefore, at least one in every five women will likely experience anxiety, depression, or both during pregnancy and/or following birth.

Some women will experience what is known as postnatal psychosis. Based on research that reviewed the number of women admitted to an inpatient mental health facility following birth it seems one to two women per 1000 giving birth will experience postnatal psychosis, however these numbers may be an underestimate as some women may be treated at home.

Women may also experience other less common but still important mental health disorders. This may include Post Traumatic Stress Disorder (PTSD), bipolar disorder, and schizophrenia. The perinatal period is associated with an increased risk of severe mental illnesses such as bipolar disorder and affective psychosis. Research from the United Kingdom indicates that most women with bipolar and schizophrenia do become parents, so it is important that their needs are met even though less women experience these disorders. Postnatal psychosis affects one to two new mothers in every 1,000.

## Men's mental health in the perinatal period

There is less research available about the mental health of fathers, however it is estimated that 10% (or one in ten) men will experience depression. Anxiety is also a common experience for fathers and is often experienced along with depression. A recent review estimates that the prevalence of anxiety in men in the perinatal period is 3.4% -25%. One in ten fathers experience depression and/or anxiety. Having a partner with mental illness is an important risk factor for paternal perinatal mental illness.

## Priority populations

Families from minority communities face additional risks for perinatal anxiety and depression, and barriers to accessing safe, appropriate services. Populations more at risk include LGBTIQ+ parented families, Aboriginal and Torres Strait Islander families, and Culturally and Linguistically Diverse (CALD) families. Experiences of discrimination and isolation, and the fear they create of further discrimination, increase isolation, and discourage help-seeking at a time of particular risk for these vulnerable families.

# 2020/2021 Budget Submission



## Economic impacts

The *Cost of Perinatal Depression and Anxiety in Australia* is a report completed by PwC for a consortium of perinatal mental health agencies (including PANDA). The report revealed that, in the first year, the economic costs of perinatal anxiety and depression equal \$643 million because of productivity losses associated with increased workforce exit, absenteeism, presenteeism and caregiving requirements.

## Summary

- Perinatal mental illness is common, and a critical public health issue.
- Estimates indicate that one in five women and one in ten men will experience anxiety and/or depression in the perinatal period.
- Some families, including LGBTIQ+ parented families, CALD, and Aboriginal and Torres Strait Islander families face additional challenges to their mental health in the perinatal period.

# 2020/2021 Budget Submission



## SUMMARY OF RECOMMENDATIONS

1. Invest in a national perinatal mental health screening program, with an aligned national approach to reporting and monitoring screening rates.
2. Address gaps in service delivery and unmet treatment need for parents experiencing perinatal mental ill-health.
3. Build and fund targeted programs to increase awareness of perinatal mental ill-health and perinatal mental health service access in underserved and harder to reach communities.
4. Develop and implement a program to work with expecting and new fathers to raise awareness and break down stigma about perinatal mental ill-health for fathers.
5. Develop resources to assist workplaces to promote awareness and understanding of perinatal mental ill-health for expecting and new parents and engage workplaces to support the mental health of expecting and new parents.
6. Increase awareness of postnatal psychosis and service access for women experiencing postnatal psychosis so that symptoms can be recognised early, and treatment options activated.
7. Urgently fund research and service trials to address perinatal suicide for expecting and new parents.
8. Fund promotion and expansion of PANDA'S Learning Management System (LMS) including development of content tailored to GPs, obstetricians, mental health professionals, midwives and child and family health nurses with strong engagement with professional bodies/colleges.
9. Fund the rapid expansion of peer workers across organisations like PANDA to help design and deliver high-impact, high-volume, and high-value projects (e.g., peer-led support groups).
10. Fund national perinatal health and mental health service mapping, an online way finding platform and corresponding navigational supports.

# 2020/2021 Budget Submission



## Recommendation 1

### **Invest in a national perinatal mental health screening program, with an aligned national approach to reporting and monitoring screening rates**

Prompt identification and early intervention in mental ill-health and/or distress in the perinatal period can have a significant benefit. Investment in a national, high quality and comprehensive screening program for expecting and new parents should be led from within the sector and be informed by evidence and expert consensus. In-scope screening tools must be validated and appropriate for use with Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse individuals, and be implementable in a diverse range of practice settings. There must be a corresponding focus on addressing gaps in service delivery (recommendation 2), building the capabilities of screeners (recommendation 1), and service mapping (recommendation 10) - all of which would build confidence that screening is supported by clear treatment pathways for those expecting and new parents who are screened as at risk of or experiencing mental ill health.

Despite clear policy guidelines, screening has been inconsistently implemented. The issue is not one of policy, but of implementation at a service delivery level. Much faith is held in the 'best practice' administration of screening tools both antenatally and postnatally, yet insufficient consideration is given to workforce development to ensure health professionals are ready to have difficult conversations, know how to explore sensitive and complex issues and feel confident responding when concerns are raised. This gap in confidence and skill set might be one explanation as to why many parents experiencing perinatal anxiety and depression are not identified by care providers.

The Productivity Commission Inquiry Report into Mental Health found that *'screening new parents to identify those who may benefit from mental health support requires relatively little new expenditure but is expected to yield significant economic and health benefit.'* Action 5.1 further recommends governments should take coordinated action to achieve universal screening for mental illness for all new parents.

PANDA recognises the need to ensure that screening is undertaken consistently and collaboratively, ensuring that people are not 'missed' or 'miss out', and that there is no 'place or time' within the health care system where a person cannot be supported or screened to receive additional support. This is why PANDA is ideally placed to support the significant Commonwealth commitment to perinatal mental health screening through iCOPE to ensure that the sector are supported to implement screening tools and are assured that once screened, people have a point of care through PANDA's national Helpline through which to access timely support.

Through our 560 Community and Clinical Champions, PANDA is ideally placed to support the ongoing collaborative development of national and localised perinatal mental health assessment and care pathways and approaches.

# 2020/2021 Budget Submission



## Recommendation 2

### Address gaps in service delivery and unmet treatment need for parents experiencing perinatal mental ill-health

There are considerable gaps in service across the Perinatal Mental Health service landscape. PANDA supports and advocates for a stepped approach to perinatal mental healthcare involving self-management, low intensity, moderate intensity, and high intensity interventions to ensure that people experiencing perinatal mental illness and/or distress can access services that are appropriate for their treatment needs and recovery goals.

#### National service gaps

PANDA strongly supports urgent investment in the following national service options:

- **After hour's services** - PANDA's National Helpline is missing approximately 30 per cent of calls outside of our operating hours of 9am-7.30pm. These are calls from expecting and new parents who are seeking urgent support when they are at their most vulnerable.  
For an additional \$14,693,127 (over 4 years) PANDA could deliver Helpline services 24 hours per day, 7 days per week (every day of the year).
- **Intensive care coordination** - Through PANDA's Intensive Care Coordination Program we provide care coordination and advocacy for expecting and new parents up to one year after the birth of their baby through working with local health professionals and services in Victoria, Queensland and Adelaide. This includes providing ongoing counselling and support for expecting and new parents with severe perinatal mental illnesses who might otherwise be unable to engage with universal or specialist services.  
This service need is explored further in Recommendation 6 of this submission.
- **Community education program** - Through PANDA's Community Education Program, trained volunteers with a lived experience of perinatal mental ill-health share their own stories and run educational activities to raise awareness of perinatal ill-health in new parent groups, playgroups, and other community settings. The program aims to break down stigma, encourage expecting and new parents to open up about the challenges of new parenthood, and encourage those who may be struggling to reach out for support.  
For an additional \$790,730, PANDA could make this program available nationally.
- **Supported playgroups** - Supported Playgroups focusing on upskilling and supporting playgroup facilitators and parents to increase knowledge of perinatal mental health/ ill-health. This activity is ideally placed to support target communities of need in each state.  
For \$240,737 annually, PANDA would be able to launch and maintain a national program for playgroup facilitators, providing them with the requisite skills and competencies.

In response to this unmet demand, PANDA recently requested funding to extend the National Perinatal Mental Health Helpline into the after-hours period through the Perinatal Mental Health and Wellbeing Program - Emerging Priorities grant. While the outcome of our tender remains unknown, PANDA's Helpline and National Mental Health Checklist usage data, the expressed needs of the Australian public (supported by over 347 community members nationally) and key stakeholders (supported by over 46 organisations nationally) indicate

# 2020/2021 Budget Submission



that service expansion is urgently required. There are currently no other helpline supports available to the community for services to refer to or for people and their families to seek support from.

As a result, PANDA seeks funding surety from the Australian Government through the 2021 Budget to deliver the National Perinatal Mental Health Helpline, 24 hours per day every day of the year.

PANDA has submitted three options for extended hours under the Perinatal Mental Health and Wellbeing Program - Emerging Priorities grant, shown in the table below and in the event of not receiving grant funds (at all or in part), PANDA requests funding up to or inclusive of the funds outlined in Option 3. This is \$14,693,127 across 2020-2024 in line with existing Continuing Support funding grant.

| Option   | Hours of operation   | Total funds required over 4 years (GST excl.) to 2024. |
|----------|--|--|
| Option 1 | Extended Hours - Saturdays, Sundays and Public Holidays<br>9:00am to 7:30pm          | \$5,100,247  |
| Option 2 | Extended Hours – Weekdays, Saturdays, Sundays and Public Holidays 8:00am to 11:00pm  | \$10,683,045   |
| Option 3 | Extended and After Hours – 24 hours per day, 7 days per week (every day of the year) | \$14,693,127   |

## Regional and local services

PANDA operates in a complex healthcare system bridging the gap between primary and tertiary care, ensuring that regardless of clinical or self-screening outcomes, people can access timely phone and web-based support. Our knowledge of the national health care system ensures that we can navigate people into localised services or continue to provide support where there are barriers to care or lack of services to access. Our understanding of national and state system reform and development ensures we are leveraging off existing infrastructure and investment thereby reducing duplication of services and unlocking value internally, and for our partners. Whilst regional variations exist, the following gaps have been identified by PANDA:

- Mother and baby units for women experiencing severe symptoms of perinatal ill-health and other complex circumstances
- Care coordination for parents experiencing perinatal mental ill-health and families encountering complex environmental stressors (e.g., medical, family violence, financial, etc.)
- Subsidised and/or free psychological services
- Peer support and peer support groups, and
- Specialist and psychiatry care and support for women with severe mental illness in the perinatal period living in regional, rural, and remote Australia.

## Recommendation 3

### **Build and fund targeted programs to increase awareness of perinatal mental ill-health and perinatal mental health service access in underserved and hardly reached communities**

Awareness raising campaigns need to better target and reach parents in the perinatal period whose experience is unique and distinct from universal experiences of mental ill-health, including anxiety and depression. Importantly, hardly reached audiences including Aboriginal and Torres Strait Islander families, CALD, and LGBTIQ+ parented families face additional challenges to their mental health in the perinatal period and have not been effectively targeted for awareness raising campaigns. Material differences in experiences exist between the general population and priority populations - different risk factors, protective factors, and social/environmental factors means that the messaging around perinatal mental health and ill-health must be nuanced and contextualised to have a positive impact.

Evidence indicates that co-designed awareness campaigns with input from people with lived experience and those with professional expertise are more likely to successfully address real challenges faced by people affected by perinatal mental health issues. PANDA expresses strong support for a national awareness campaign sharing diverse consumer stories of hope and recovery from perinatal mental illness, including postnatal psychosis, to help the community more effectively identify the signs of the illness and know where to seek help. In addition, PANDA encourages the following priority activities:

1. Targeted public awareness raising to families from culturally and linguistically diverse communities, LGBTIQ+ parented families and Aboriginal and Torres Strait Islander families.
2. Increased focus on perinatal mental health in antenatal care so that expecting and new parents can recognise the symptoms of perinatal mental illness and seek treatment.
3. Routine inclusion of perinatal mental health information in antenatal classes, maternity appointments, Child Family Health appointments, new parents' groups, parenting classes and other environments where health issues related to pregnancy and early parenting are discussed.
4. Increased availability of consumer informed online perinatal mental health resources.

Through key partnerships, PANDA is ideally placed to undertake collaborative development and implementation of targeted approaches to increase awareness of perinatal mental ill-health and perinatal mental health service access in underserved and hardly reached communities.

One such opportunity includes the development of targeted tools, resources, national navigation supports such as the inclusion of partnered delivery of in-language telephone navigation and counselling support for people from migrant communities experiencing perinatal mental illness. This service would work collaboratively within our national Helpline and utilise bicultural workers from the Multicultural Centre for Women's Health Service.

## Recommendation 4

### **Develop and implement a program to work with expecting and new fathers to raise awareness and break down stigma about perinatal mental ill-health for fathers**

There is increasing acknowledgement of the importance of father's mental health, including the impact poor paternal mental health can have on physical, emotional, and developmental child outcomes. It is estimated that one in 10 fathers will experience anxiety and/or depression in the perinatal period. In 2016 PANDA undertook research into community awareness of perinatal mental ill-health. This research built on work completed by Beyond Blue in 2009. While the Beyond Blue research focused on awareness of antenatal and postnatal depression we also explored community understanding of perinatal anxiety and awareness of perinatal mental health difficulties in expecting and new fathers. The research found that 60% of the Australian community are unaware that perinatal anxiety and depression can be experienced by men.

Fathers stepping into the role of primary care giver in the postnatal period, whether by choice or due to their partner's mental illness, tell us they find it difficult to access the systems designed for mothers and babies. They report that they are not equally valued as key stakeholders in their baby's wellbeing and not always welcomed by maternity and child health systems. The way services are named, such as maternal and child health centres, and how websites are themed/designed can also act as powerful barriers to fathers accessing care and support.

PANDA strongly supports investment in the co-design and development of program focused on the mental health of fathers in the perinatal period and recommends that the program be developed by fathers with lived experience (e.g., PANDA Community Champions) and in partnership with industry.

PANDA estimates a cost of \$160,000 to undertake collaborative co-design with men to test marketing language, effectiveness of psychological strategies and approaches to improve access.

# 2020/2021 Budget Submission



## Recommendation 5

### **Develop resources to assist workplaces to promote awareness and understanding of perinatal mental ill-health for expecting and new parents and engage workplaces to support the mental health of expecting and new parents**

Negotiating maternal and parental rights in the workplace, the experience of discrimination, balancing transition to changed roles, reduced hours and return to work are considerable potential stressors for parents. As reported in [The Cost of Perinatal Depression and Anxiety in Australia](#) (PwC Consulting Australia, 2019) most of the economic costs attributable to perinatal depression and anxiety (\$643 million each year) result from lost productivity in the workplace. This is associated with increased workforce exit, absenteeism, presenteeism and carer requirements. As such, there is a compelling and mutually beneficial case for investing in resources for workplaces.

Australian workplaces are an important ally because they are well placed to share information and to support their employees through pregnancy and after the birth of a new baby. Workplaces that understand the impact of perinatal mental illness and provide support to expecting and new parents are likely to see improved morale, productivity, and economic benefits.

PANDA strongly supports investment in the design and development of fit-for-purpose information, resources, and training materials regarding psychological safety and wellbeing in the perinatal period. Importantly, PANDA recommends that the initiative be developed by people with lived experience (e.g. PANDA Community Champions) and in partnership with industry.

## Recommendation 6

# 2020/2021 Budget Submission



## **Increase awareness of postnatal psychosis and service access for women experiencing postnatal psychosis so that symptoms can be recognised early, and treatment options activated**

Postnatal psychosis is a typically severe and serious illness, although it is less common than anxiety and depression, affecting one or two new mums in every 1000 births. Postnatal psychosis causes a range of serious and frightening symptoms and nearly always requires hospitalisation. Postnatal psychosis does not discriminate – it can happen to any new or expecting parent, regardless of their culture, background, sexual orientation, socio-economic status, or gender. However, it is still not talked about very openly. There is still a great deal of stigma around postnatal psychosis, and many of those affected feel isolated and ashamed. In fact, the persistence of stigma around mental illness often causes new and expecting parents who are experiencing difficulties to delay seeking help. Yet we know that early intervention is the key.

Left untreated, however, perinatal psychosis (and mental illness more broadly) can leave women, their baby, and their families vulnerable to a wide range of negative and lasting consequences. It can have a devastating impact on nearly every area of life, including:

- pressure in parenting when there should be joy difficulties connecting with the baby
- relationship difficulties and breakdown
- parentification of older children
- suicide and/or infanticide
- increased risk of their partner experiencing perinatal mental illness.

PANDA is seeking a priority investment in PANDA intensive care coordination services. Through the Intensive Care Coordination Program PANDA provides care coordination and advocacy for expecting and new parents up to one year after the birth of their baby through working with local health professionals and services in Victoria, Queensland and Adelaide, in close collaboration with the PHNs. This includes providing ongoing counselling and support for expecting and new parents with severe perinatal mental illnesses who might otherwise be unable to engage with universal or specialist services.

For an additional \$1,174,189 annually, PANDA could make this program available nationally. This funding would also enable PANDA to engage access to ongoing psychiatry advice and co-consultation and support the transition from tertiary services to primary care/community services.

## **Recommendation 7**

# 2020/2021 Budget Submission



## Urgently fund dedicated research and service trials to address perinatal suicide for expecting and new parents

Suicide is the leading cause of maternal death (during pregnancy and the 12 months following birth) in Australia. Although maternal deaths in Australia have reduced over time, deaths attributed to psychosocial causes have increased, even though women are in frequent contact with health professionals in the perinatal period.

In 2020, PANDA received welcome funding from the Federal Government's Suicide Prevention Research Fund managed by the national peak body for suicide prevention, Suicide Prevention Australia, to partner on research to help build understanding of the factors contributing to suicide attempts in pregnant women and new mums. This research also explores protective factors and support options that would have improved the mental health and wellbeing of the 150 women being interviewed.

The following urgent research priorities have been identified by PANDA and require funding:

- Research into the consumer experience of perinatal care and the models of care which result in optimal outcomes for parents experiencing perinatal mental illness, or at risk of suicide.
- Screening tools, screening practices and interventions practices for Aboriginal and Torres Strait Islander families.
- Screening tools, screening practices and interventions for CALD families.

# 2020/2021 Budget Submission



## Recommendation 8

### **Fund promotion and expansion of PANDA'S Learning Management System (LMS) including development of content tailored to GPs, obstetricians, mental health professionals, midwives and child and family health nurses with strong engagement with professional bodies/colleges**

PANDA recently launched the PANDA Learning Hub, its Learning Management System (LMS). The PANDA Learning Hub is a platform for consumers and healthcare providers who work with expecting and new parents and their families. The content aims to support their work by:

- providing accessible quality education about perinatal mental health and mental illness
- building skills in effective and supportive conversations about emotional wellbeing and mental health during the perinatal period
- providing advice about the complex and challenging feelings experiences by parents
- delivering contents focused on core competencies in perinatal mental health.

There is considerable potential for the PANDA Learning Hub to become to "go to" resource for healthcare professionals and clinicians to build capability and confidence around perinatal mental health. The Productivity Commission recommended that *screening for perinatal mental illness should be part of mental health training of GPs and other health service providers (chapter 16)*.

With additional funding, PANDA can rapidly scale up the Learning Hub, developing and incorporating content (ours and others) to achieve the Productivity Commission recommendation. PANDA is confident in our ability to deliver a Learning Management System (LMS) that is:

- Targeted to specific practice environments (e.g., primary care, community services, healthcare, hospital) whilst focusing on a multi-disciplinary audience
- Easy to access, interactive and engaging online content
- Meets continuing professional development requirements of disciplines (by working in close partnership with key professional bodies and colleges, and major universities)
- Able to meet discipline-specific accreditation requirements
- Evidence-based and representative of best practice
- Designed and developed in collaboration with people with lived experience and clinicians.

With a focus on core and extension perinatal mental health competencies, the LMS content would focus on:

- Screening
- Initial assessment
- Care planning
- Risk management
- Low intensity, brief, in-practice interventions
- Evidence-based therapeutic interventions
- Skills for specific priority population groups.

For \$790,730 per annum, PANDA would work with the sector and professional colleges to deliver a national perinatal mental health LMS for health professionals nationwide.

# 2020/2021 Budget Submission



## Recommendation 9

### **Fund the rapid expansion of peer workers across organisations like PANDA to help design and deliver high-impact, high-volume, and high-value projects (e.g., peer-led support groups)**

As a specialist national consumer organisation, PANDA has enduring aspirations to build a perinatal mental health peer workforce pathway. A mental health peer worker is someone employed because of their personal lived experience of mental ill-health and recovery (consumer peer worker), or their experience of supporting family or friends with mental ill-health (carer peer worker).

Whilst considerable effort is underway nationally to formalise governance and support arrangements for the general mental health peer workforce, there is limited momentum relating to a specific perinatal peer workforce. PANDA recognises the importance of relevance and relatability of the peer worker's experience in the perinatal mental health space; wherein perinatal mental health peer workers have direct lived experience of perinatal mental health issues and are employed to provide peer work expertise to people experiencing perinatal mental health issues.

A range of international evidence indicates the importance of peer work in:

- Reducing isolation
- Providing validation and normalisation of pregnancy, birth, and parenting challenges
- Building an understanding of the norms of parenthood (challenging stereotypical images of pregnancy and parenting)
- Affirming and confirming recovery strategies and progress
- As an adjunct to clinical therapeutic interventions
- Supporting activation of recommended self-management and self-care strategies.

For an additional \$270,000 PANDA would work with the lived experience leaders and the sector to:

- Commission an evidence review to establish the most successful formats/structures of peer support in the perinatal period
- Develop a perinatal mental health peer workforce strategy, capturing core competencies and role requirements across health and community service environments
- Develop and deliver a peer workforce professional development strategy and key training modules
- Trial PANDA peer workers who work alongside clinicians in contributing to recovery outcomes as part of a moderate intensity intervention.

# 2020/2021 Budget Submission



## Recommendation 10

### **Fund national perinatal health and mental health service mapping, an online way finding platform and corresponding navigational supports**

Service mapping and gap analysis by PHNs at the regional level and available publicly, is an enormous asset to the work of organisations like PANDA. However, this information is not measured or collected consistently nationally, nor is it publicly available. Access to up to date, comprehensive perinatal mental healthcare pathways are critical as PANDA and related services navigate people to local supports.

PHNs should be resourced to assess and map the perinatal mental health services available and contribute this to a national database. In addition, PHNs should be resourced to accelerate the development of health pathways for perinatal mental health presentations, with this information being made available to national and state based services like PANDA.

# 2020/2021 Budget Submission



## CONCLUSION

PANDA welcomes the opportunity to discuss each of these recommendations in more detail and we look forward to providing further information and approaches through detailed proposals and costings.

|  |                    |
|--|--------------------|
| PANDA National Helpline 24/7 Service Expansion                                       | \$4,152,201        |
| Men's Perinatal Mental Ill-Health: reducing stigma, building awareness               | \$160,000          |
| PANDA Intensive Care Coordination Services   | \$1,174,189        |
| National Perinatal Mental Health Learning Management System for Health Professionals | \$790,730          |
| Perinatal Peer Workforce and Strategy  | \$270,000          |
| <b>TOTAL INVESTMENT 21/22</b>  | <b>\$6,547,120</b> |

Yours sincerely

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