



Perinatal Wellbeing Centre
6 Minns Place,
Weston ACT 2611

PO Box 4217, Weston ACT 2611

Support:
Phone: (02) 6288 1936
Email: support@perinatalwellbeing.org.au

Admin:
Phone: (02) 6287 3961
Email: admin@perinatalwellbeing.org.au

www.perinatalwellbeingcentre.org.au

**Submission to the
2023-24 ACT Budget Consultation**

Contact:

Dr Yvonne Luxford
Chief Executive Officer
Perinatal Wellbeing Centre
PO Box 4217
Weston ACT 2611
yvonne@perinatalwellbeing.org.au
Ph: 0420537211

Perinatal Wellbeing Centre has assisted Canberra families for over thirty years, but has never been funded to meet the real need in our community. 100% of our clients report that our evidence informed programs improve their mental health and wellbeing, yet our team struggles to keep up with the ever increasing demand, exacerbated by the uncertainties of pregnancy and new parenthood during a global pandemic where we experienced a 57% increase in telephone counselling in just three months.

It is also clear that the cost of living crisis has significantly increased anxiety levels in expectant and new parents, exacerbating the stress from COVID related restricted access to family and community supports. It is likely that PwC Consulting's 2019 estimates of 1 in 5 mothers and 1 in 10 fathers and partners experiencing perinatal depression and anxiety would be significantly higher if recalculated today. They reported that for each annual cohort of births this costs the Australian economy \$877m in the first year of those babies' lives, and \$7.3bn in total costs over the child's lifetime.¹

These are the economic costs, but the human costs of perinatal mental health problems go much further with ongoing mental and physical health problems for parents and children, family breakdown, absenteeism and loss of employment.

We know that prevention and early intervention, such as the services provided by Perinatal Wellbeing Centre, are the key to resolving this dilemma.

Potential Solutions for Funding Consideration

- *ParentPrep: Planning for Perinatal Wellbeing* will provide an integrated mental health program comprising clear protective mechanisms: holistic family centred antenatal group, and a psychoeducational playgroup.

Ideally the service would be available to all pregnant families in the ACT as a preventative measure. Alternatively, service access could be determined by a diagnosis of depression or anxiety (whether pregnancy related or not), EPDS score, or a positive response to a checklist. Self-referral would be accepted.

The Antenatal Group would meet in evenings to enable maximum levels of attendance for parents at any stage of pregnancy. The program would cycle through four weeks of subject matter and locations to increase accessibility and avoid any waiting time to join. Locations would include Gunghalin, Tuggeranong and Weston so that those most in need would have easier access.

This program will focus on a holistic approach for families and will provide education in topics including strategies to promote wellbeing, preparation for a calm birth, support networks and practical skills.

¹ 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 final component of the service is an Educational Drop-In Playgroup available from birth until the baby reaches three months of age. This Playgroup will offer psychosocial education to new parents while their babies are very young and not moving independently. This will not only reduce social isolation in the early stages of parenthood, but will also provide professional support, peer group connections and educational programs based on identified needs.

Playgroups would include a facilitated debrief opportunity providing clients with the opportunity to share their successes and challenges, normalise their experiences and connect with others. Primarily a daytime group meeting the needs of new parents on Parenting Leave, an evening or weekend group could be held occasionally with partners strongly encouraged to attend.

Parents would be able to book in a consultation with a Perinatal Mental Health Worker if required.

Perinatal Wellbeing Centre's clients regularly advise that they are well prepared for the physical process of giving birth, but not for parenthood itself. Whilst both private and public antenatal classes are available in Canberra, these tend to focus on the physical aspects of the lead up to birth rather than either a psychosocial approach, or post-birth care. Mothers' Groups in Canberra focus on infant health, don't commence until three months after birth, and are not available if you have recently moved here or are not a first-time parent.

The service complements the work of midwives in preparing families for the physical aspects of birth, Maternity and Child Health nurses in caring for infants, and various providers of mental health care such as GPs and the Perinatal Mental Health Consultancy Service without duplicating those services, promoting truly integrated care.

ParentPrep: Planning for Perinatal Wellbeing is an initiative of Perinatal Wellbeing Centre, and we would welcome the opportunity to collaborate with CHS colleagues and other services to bring it to reality.

- *The 666 Program* where Maternal and Child Health (MACH) nurse visits at 6 days, 6 weeks and 6 months specifically focus on the wellbeing of parents rather than baby. These visits could be conducted by MACH nurses with additional professional development in perinatal mental health, or by funded Perinatal Wellbeing Centre staff.
- Adequate funding of Perinatal Wellbeing Centre to meet demand and enable ongoing evaluation and innovation.
- Establishment of the inpatient perinatal mental health mother/baby units currently being scoped.
- Establishment of the *Perinatal Wellbeing Hub* which includes a range of community based services such as our own, MACH nurses, physiotherapists and others that local parents can easily access in one location. This could also be expanded to a broader model including 3 or 4 inpatient mother-baby family units. This could be a real opportunity for the ACT to lead the way in comprehensive prevention, early intervention and care and support for the high number of families experiencing perinatal mental health challenges.

Demand will continue to increase

There were 1700 hospitalisations for mental health related conditions in the ACT in 2020-21. The majority were women of childbearing age. The most common diagnosis for both overnight and same day hospitalisations was for a depressive episode. Average length of hospital stay was 18.5 days.² In 2020-21 ACT had the highest rate of mental health related overnight hospitalisations at 54.3 per 10,000 population in comparison with the national average of 44.1.³

In 2019-20 \$143.53 per capita was spent on specialist psychiatric units in public hospitals in the ACT. In same period \$27.83 per capita was given in grants to NGOs for mental health services.⁴ This equates to a hospital spend in 2019-20 of 61,468,000 being a 19.9% increase in the 5 years from 2015-16 to 2019-20.⁵ Other than some much appreciated pandemic grant and indexation, Perinatal Wellbeing Centre's government funding has remained constant since 2019.

It simply is not a cost effective approach to continue to increase funding for acute mental health services, rather than adequately funding effective early intervention programs which achieve proven positive outcomes for clients.

If a significant shift in funding is not made soon, expectant and new parents will miss out on vital early intervention services as demand increases, and acute care costs will increase even further.

We can estimate that demand will increase at the current rate of growth for the foreseeable future as the external contributors to poor mental health continue to expand. Researchers at ANU have demonstrated that psychological distress of Australians has risen considerably over the course of the pandemic, particularly among those aged 18-44 which are the key childbearing years. More people reported that they felt hopeless, that nothing could cheer them up, or that they felt nervous.⁶

Although restrictions have been lifted, alleviating social isolation for some, COVID 19 continues to wreak havoc. As at the time of writing in mid January, the number of deaths attributed to COVID in Australia in 2023 have already exceeded the entire number of COVID related deaths in 2020. If the current rate of 1 death from COVID every 27 minutes continues, we can anticipate growing levels of psychological distress amongst expectant and new parents hence increasing our already significant levels of demand.

In addition to the psychological distress created by the pandemic, we know that various factors can contribute to the likelihood of developing perinatal mental health problems. These can include an experience of birth trauma, being an older mother, or having experienced a previous loss of a baby or baby needing intensive medical treatment.

Maternal age has increased over the past decade with a greater percentage of mothers being over 30, and over 40. Over 1 in 5 babies born to mothers aged 40 and over required active resuscitation or admission to specialist care nursery (SCN)/ neonatal intensive care unit (NICU) (both 22%), and

² <https://www.aihw.gov.au/mental-health/topic-areas/admitted-patients#states> release 6 Dec 2022

³ <https://www.aihw.gov.au/mental-health/topic-areas/admitted-patients#data>

⁴ <https://www.aihw.gov.au/mental-health/topic-areas/expenditure#constant%20price>

⁵ AIHW, Expenditure on Mental health related services, 2019-2020

⁶ Professor Nicholas Biddle, Professor Matthew Gray, and Patrick Rehill, *Mental health and wellbeing during the COVID-19 period in Australia*, ANU Centre for Social Research and Methods, Australian National University, 7th July 2022

43% had a hospital stay of 4 days or more. In 2020 14.1% of babies born in the ACT were admitted to (NICU) or (SCN), being a total of 861 babies.⁷

Since 2004, induction of labour for first time births in the ACT has increased from 16% to 43% in 2020. Over the same period, the percentage of first time mothers giving birth by caesarean section increased from 19% to 36% in the ACT. The number of women having a vaginal birth using instruments remained fairly steady at 28%. 3% of women birthing in the ACT in 2020 had a 3rd or 4th degree vaginal tear.

Not all of these women will experience birth trauma or perinatal mental health issues, but the AIHW notes that ‘the significant psychological effects of severe perineal trauma are under-researched but likely to be significant for many women in this situation.’⁸

Whilst birthing in Australia is a very safe process, unfortunately there can be loss of a baby’s life which not surprisingly can negatively effect parent’s mental health when next pregnant. In 2020 7.5% of births in the ACT were stillbirths (46 babies), 1.6% neonatal deaths (10), totalling 9.1% perinatal deaths (56 babies).⁹

Even without the ongoing and increasing levels of stress, demand for services will increase due to our growing population. The Centre for Population predicts the ACT population will reach 550,000 by 2032-33, a 21% increase on today’s population which will no doubt translate to an even greater increase in births.

All of these factors contribute to an ongoing and increasing demand for mental health services, and particularly those for expectant and new parents. Perinatal Wellbeing Centre is currently stretched beyond capacity, and requires additional ongoing funds to continue to provide the care and support that families need.

The worst outcome of a lack of access to mental health services is suicide. Sadly, suicide was the third most common cause of maternal death from 2011-2020, accounting for 10% of all maternal deaths. It is worth noting that a further 6% of maternal deaths during this time period were due to substance use complications. Statistics are not maintained for maternal death following miscarriage or termination of pregnancy which may increase this statistic even further.¹⁰

Our community needs funding to shift from the acute sector to prevention and early intervention provided by valued community sector services such as Perinatal Wellbeing Centre. Funding needs to not only meet demand, but enable flexibility and innovation to ensure that programs continue to provide best practice solutions.

We must act now to not only prevent the worst outcomes, but to provide the best possible opportunities for all families to have the best start in life.

⁷ AIHW, Australia’s Mothers and Babies Last updated 9/12/2022 v6.0 © Australian Institute of Health and Welfare 2023

⁸ Australian Institute of Health and Welfare (2022) National Core Maternity Indicators, AIHW, Australian Government, accessed 01 December 2022.

⁹ <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/baby-outcomes/preliminary-perinatal-deaths>

¹⁰ <https://www.aihw.gov.au/reports/mothers-babies/maternal-deaths-australia>

WELLBEING IMPACT ASSESSMENT

**Perinatal Wellbeing
Centre Budget
Submission**

Choose an item.

Wellbeing Impact 1

Purpose of proposal

We are proposing appropriate funding of perinatal mental health measures in order to address increasing demand for services

Impact description

The complications of mental health issues are known to include:

- Unhappiness and decreased enjoyment of life;
- Family conflicts;
- Relationship difficulties;
- Social isolation;
- Problems with tobacco, alcohol and other drugs;
- Missed work or school, or other problems related to work or school;
- Legal and financial problems; and
- Poverty and homelessness.

In addition it has been established that perinatal mental health issues contribute to physical and educational problems for the parents and their family members including children.

It is hoped that this proposal will have a positive impact on the mental health of parents, and will therefore directly contribute to a reduction in systemic disadvantage associated with mental illness in the ACT and surrounds.

Failing to support perinatal mental health will translate into negative outcomes in both the Best start in life and Life expectancy indicators. Children of parents with perinatal mental health issues are affected in both the short and long term, with a number of impacts including:

- increased risk of low birth weight/premature birth;
- increased likelihood of childhood injury;
- reduced immune system response;
- increased likelihood of asthma/respiratory conditions;
- increased likelihood of childhood trauma;
- increased likelihood of neurodevelopmental issues;
- increased risk of depression;
- increased risk of anxiety; and
- increased risk of ADHD.

Similarly Health and Personal wellbeing are negatively effected with parents with perinatal mental health issues not only facing a lower overall quality of life and increased health system use, but also being impacted by perinatal mental health problems in their personal and work lives. Impacts for parents with perinatal mental health issues include:

- increased use of primary and community health services;
- increased use of hospitals;
- increased risk of chronic diseases;
- increased risk of substance abuse;
- increased workforce exit;
- absenteeism;
- presenteeism;
- lower quality of life; and
- increased risk of suicide.

Whilst a variety of other Wellbeing Indicators can see to be positively impacted by the ongoing provision, and

WELLBEING IMPACT ASSESSMENT

even expansion of the services of Perinatal Wellbeing Centre, perhaps one of the most significant falls in the domain of Social connection. Parents experiencing perinatal mental health issues can experience a profound sense of isolation which can in turn exacerbate their condition.

Investment in perinatal mental health is investment in the wellbeing of our entire community. It equates to immediate and long term savings across the health, education and employment systems, and significantly improves the quality of life for families in the ACT.

Who is affected?

As the experts estimate that perinatal mental health issues effect as many as 1 in 5 birthing women, and 1 in 10 partners/fathers the indirect beneficiaries of the proposal are expansive. These include the direct and extended families of the birthing parents, their employers and work colleagues. In broader terms, the funding of this proposal may contribute to ameliorating the intergenerational negative health effects of untreated mental health challenges.

Wellbeing domain Health

Assisting local parents to improve their mental health over the perinatal period clearly supports the improvement of wellbeing across a number of domains and indicators within the ACT Wellbeing Framework the most obvious being the Mental Health indicator within the Health Domain.

Further details of Indicators are included above in the Impact section.

Timeframe

Within one year

The impact of funding this proposal will be immediate in terms of increasing service capacity, but will also have long term benefits.

Evidence base and data

What do we know now?

Perinatal mental health problems can make the lives of new parents overwhelming, isolating and even unbearable and can lead to long-term issues for all family members if not addressed. It is essential that people can access the earliest possible interventions to assist in prevention of development or escalation of perinatal mental health problems, especially depression and anxiety.

Early intervention programs can also help to elevate acute care needs throughout the health and hospital system. The latest data from PwC Consulting indicates that perinatal depression and anxiety costs the Australian economy \$877 million in just the first year of life, with a \$7.3 billion lifetime cost, for every annual birth cohort.¹

Perinatal Wellbeing Centre's programs can be seen to reduce these systemic costs by contributing to a reduction in the burden on the health system and assisting parents to effectively participate in the workforce. Whilst some clients would continue to access the services of general practitioners (GPs) and allied health professionals, use of these services may even be reduced through participation in the program.

It is notable that the recently released Productivity Commission Inquiry into Mental Health listed the mental health of new parents as their first Priority Area.²

Perinatal Wellbeing Centre's clients regularly advise that they are well prepared for the physical process of giving birth, but not for parenthood itself. Whilst both private and public antenatal classes are available across Australia, these tend to focus on the physical aspects of the lead up to birth rather than a psychosocial approach, post-birth wellbeing, and family impacts. Mothers' Groups also usually focus on infant health, and don't commence until three months after birth, plus often have criteria for access such as being a first-time parent.

Women experiencing perinatal mental health issues are often unwilling, or unable to access suitable forms of support for a variety of reasons. For example, pharmacological interventions may have positive outcomes, but many women are reluctant to take medication, particularly when pregnant or breastfeeding, due to the possible side effects. Cost and availability can be significant barriers to attending individual counselling or

¹ 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>

² Productivity Commission, Mental Health, Inquiry Report (2020)

WELLBEING IMPACT ASSESSMENT

psychotherapy, as can the need for childcare or transport.³

Group based programs that incorporate psychoeducation have been found to be effective in treating symptoms of perinatal distress⁴; these are considered low risk and provide women with a sense of control in improving emotional and physical functioning. They are also more cost effective than individual counselling or psychotherapy.

Statistics released by the AIHW demonstrate that in 2016 suicide was the most common cause of maternal death.⁵ This was the first time Australia experienced this. In the next release⁶ (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.

The programs can be expected to also significantly improve outcomes for individuals and their families. Analysis of Perinatal Wellbeing Centre client feedback indicates that 100% of clients found that attending our core groups had a positive impact on their mental health, and that it was helpful in reducing their feelings of social isolation, and lifting their spirits.

Perinatal Wellbeing Centre's programs promote self care and reduce social isolation by assisting participants with strategies and plans, and creating a safe space to develop social networks while reducing feelings of guilt and shame.

In addition to the direct benefits to individual parents in developing strategies and tools to improve their mental health and wellbeing, the programs also improve self-awareness, assisting parents to cope with the challenges life has for them. Programs foster a sense of empowerment leading to better decision making for themselves and their children.

Programs also assist in preventing the negative intergenerational effects of parental depression and anxiety. These include low birth weight/premature birth, increased likelihood of childhood injury, reduced immune system response, increased asthma/respiratory conditions and neurodevelopmental issues for children.

Prevention and early intervention in perinatal mental health issues through programs like *Antenatal Wellbeing Group* also contribute to a reduction in family breakdown, and associated negative lifestyle changes such as alcohol or other substance misuse.

Accountability and evaluation – how will we know this proposal has been successful?

• Some measures of success include:

- Improved scores for participants using validated mental health tools such as the Edinburgh Postnatal Depression Scale;
- Positive client feedback in relation to improved mental health and wellbeing;
- Significantly decreased waiting times to access the service;
- Improvement in staff wellbeing;
- Long term decrease in Emergency Department presentations related to perinatal mental health;
- Long term evaluation of improved capacity to return to the workforce and improved mental health and wellbeing for the families supported.

³ Milgrom, J., Gemmill, A. W., Bilszta, J. L., Hayes, B., Barnett, B., Brooks, J., Buist, A. (2008). Antenatal risk factors for post-natal depression: A large prospective study. *Journal of Affective Disorders*, 108(1), 147-157.

⁴ Austin, M-P., Hight, N and the Expert Working Group (2017) *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. Melbourne: Centre of Perinatal Excellence.

⁵ Australian Institute of Health and Welfare, *Maternal Deaths in Australia 2016*, released 20 December, 2018.

⁶ Australian Institute of Health and Welfare, *Maternal Deaths in Australia 2016*, released 26 November, 2019.