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**Submission to the
2024-25 ACT Budget Consultation**

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Perinatal Wellbeing Centre has assisted Canberra families for over thirty years, but has never been funded to meet the real need in our community. During the past year Perinatal Wellbeing Centre provided direct care and support for more than 500 local parents. It is notable that not only did we support more clients, but we provided them with increased levels of care and support, with the number of individual counselling sessions and group sessions exceeding the preceding year by 34% and 24% respectively. 100% of our clients report that our evidence informed programs improve their mental health and wellbeing, and our team have continued to develop new programs and workshops to better meet community needs.

It is also clear that the cost of living crisis has significantly increased anxiety levels in expectant and new parents, exacerbating the stress from the global pandemic and climate related events. 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. 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 parents with perinatal mental health issues not only face a lower overall quality of life and increased health system use, but are also 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.

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>

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

Residential Mother-Baby Mental Health Unit

The 2022-23 ACT Budget supported the *Maternity in Focus: The ACT Public Maternity System Plan 2022-2032* with funding to commence a scoping study for a perinatal mental health wellbeing facility. This priority follows on from Recommendation 74 of the Inquiry into Maternity Services in the ACT which stated: *The Committee recommends that the ACT Government establish a dedicated unit in Canberra for mothers requiring residential mental health care for the mother baby family unit to access both antenatally, and where possible, with their baby after the birth.*

The process to scope the establishment of a residential perinatal mental health facility that enables babies to remain with their mothers has since begun, but financial commitment has yet to be made to actually build the facility. New parents who require inpatient mental health care should not have to travel to Sydney based private hospitals to get the help they need.

A commitment in this Budget to build an inpatient perinatal mental health facility which will provide essential care locally is a logical extension of the scoping study funded 2 years ago.

Antenatal Wellbeing Pilot

Considering inpatient care, the second hospital joining Canberra Health Services is a real opportunity to embed ongoing wellbeing into our maternity services across the ACT. Perinatal Wellbeing Centre is proposing a pilot outreach program of psychoeducation into both hospitals that fosters perinatal mental health, creating more positive outcomes for parents and their children.

To address this, we plan to provide monthly 2-hour Perinatal Wellbeing workshops for antenatal patients at Centenary Hospital and Northside Hospital as a 12-month pilot program. The workshops will be facilitated by members of our Perinatal Mental Health team and will aim to decrease the incidence of perinatal mental health issues through psychoeducation, awareness of risk factors and early adoption of supports.

These workshops will aim to help parents-to-be understand the risk factors associated with perinatal mental health, the importance of prioritising their mental health and emotional wellbeing during the perinatal period, and assist with understanding their feelings and experiences. It is hoped that these workshops would play a preventive role by helping new and expectant parents recognise signs of perinatal mental health early and secure appropriate formal and informal supports. The workshops may also assist with decreasing instances of birth trauma through awareness of risk factors, getting supports in place before birth, understanding how a stress response presents and preparing support people appropriately.

We can save money and improve health by investing in these early interventions.

MACH New Parents Groups Expansion

Numerous researchers have articulated the significant link between loneliness, isolation and the development of perinatal depression. We know that the experience of loneliness contributes to the incidence of depression, and conversely depression can lead to a sense of loneliness – a vicious circle of negative reinforcement.

A recent meta-synthesis of 27 qualitative research publications indicated that loneliness was central to women's experience of postnatal depression. The studies indicated that loneliness for new mothers could be relieved by validation from trusted healthcare professionals, peer support from other mothers who have experienced postnatal depression, and practical and emotional support from family.²

These strategies which ameliorate loneliness and assist in recovery from depression are at the core of the programs offered by Perinatal Wellbeing Centre. From our Telephone Counselling Program which validates and recommends various strategies to manage symptoms, through our group programs which include psychoeducation and connection with other new mothers, to our Partners Information Evenings which help educate and activate other family members – each of these not only focuses on support on a path to wellbeing, but also a reduction in loneliness.

In addition, new mothers report the opportunity to make friendships and reduce loneliness through the New Parents Groups run by the Maternity and Child Health team at CHS. The groups are currently restricted to first time parents of infants from 6 weeks to 4 months. It would be a valuable budgetary measure to increase access to these groups to all new parents with infants within that age group.

With the ACT's population increasing by almost 10,000 residents annually it is clear that many parents have already had their first child interstate or overseas. They would greatly benefit from attending the New Parents Groups as an opportunity to connect locally, but are currently excluded. Similarly, many parents have a gap between their children – sometimes due to new relationships. Where there is a significant gap between births, it is unlikely that the connections made previously would still be as relevant for new mothers.

It could be argued that opening up the New Parents Groups beyond the first time parent restriction would be expensive, however, it would be less likely that new parents who had previously attended a group within the last five years would re-enrol as the information would be similar and their connections would still be relevant.

This would be a relatively small investment which could have significant preventive impact.

Professional Development for the Community Sector

The 2021 Counting the Costs Report³ demonstrated that 75% of organisations within the community sector in the ACT are either not funded, or underfunded to provide adequate professional development and training for their staff. Leaders in the sector confirmed that rising costs which are not matched by funding lead to an inability for services to afford to provide appropriate educational opportunities for their staff.

² Adlington, K., Vasquez, C., Pearce, E. et al. 'Just snap out of it' – the experience of loneliness in women with perinatal depression: a Meta-synthesis of qualitative studies. BMC Psychiatry 23, 110 (2023). <https://doi.org/10.1186/s12888-023-04532-2>

³ Cortis, N., Blaxland, M. and Adamson, E. (2021). Counting the Costs: Sustainable funding for the ACT community services sector. Sydney: UNSW Social Policy Research Centre <https://www.act.gov.au/open/counting-the-costs#:~:text=It%20presents%20a%20comprehensive%20picture,levels%20that%20meet%20community%20needs>.

This has significant ramifications for the sector. It is more difficult to attract staff to a workplace that cannot offer appropriate conditions such as ongoing training and education. Community sector staff are not paid high wages, so are less likely to choose to pay for additional education themselves. This is contributing to an ongoing de-skilling of the sector, and makes it particularly difficult to offer staff career pathways, or even enrich their current roles.

Fortunately, ACT Government employees have access to numerous regular training opportunities, many delivered online.

Perinatal Wellbeing Centre recommends that these professional development courses be made available to community sector staff at no cost to the non-government organisation for online courses. A percentage of places at courses delivered in person could also be made available, potentially at a very small fee if it is not sustainable to offer them for free. In addition to enabling community organisations to better upskill their staff to deliver better outcomes to vulnerable Canberrans, this would also foster greater connection and understanding between community and government sector staff attending training together.

Commissioning of the Community Mental Health Sector

When considering broader mental health issues, we know that the community-managed mental health sector delivers two-thirds of the ACT's mental health services and yet only receives 13% of the total mental health service funding. We also know that we can cost effectively improve the community's wellbeing through a focus on prevention and early intervention.

This can only be achieved if the funding for all mental health services, delivered by both government and non-government organisations, is re-assessed and potentially reallocated. Community mental health services like Perinatal Wellbeing Centre need to be better funded so that we can continue to achieve the great outcomes that we currently do. The Sector Sustainability project is a valuable long term realignment of community service funding, but community mental health needs a significant increase in financial resources immediately or the costs of acute hospital based care will continue to skyrocket.

There is no doubt that prevention and early intervention are both effective in client care, and cost effective. However, it would seem unlikely to achieve these benefits without additional investment. Currently the effective prevention and early intervention strategies provided by mental health services within the community sector are seriously underfunded, and it has been made clear that the funding envelope will not increase with the commissioning process. It is very possible that the funding of the entire mental health sector in the ACT is sufficient to meet the needs of consumers, but simply requires reallocation from acute government services to the upstream community based services.

It is important not to consider the community based mental health services as a discrete system - they exist within the wider mental health provision across the ACT. It would be beneficial to the wellbeing of the ACT community to consider commissioning the whole mental health system for the best outcomes, rather than restricting the process to the community sector. In that way, an extended scope of forecasting and system planning could contribute to a more integrated local mental health system where people in need no longer fell through the gaps.

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

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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)

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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.