



PANDA

Perinatal Anxiety &
Depression Australia

Sharing the lessons from PANDA's National Perinatal Anxiety & Depression Helpline

Terri Smith, CEO



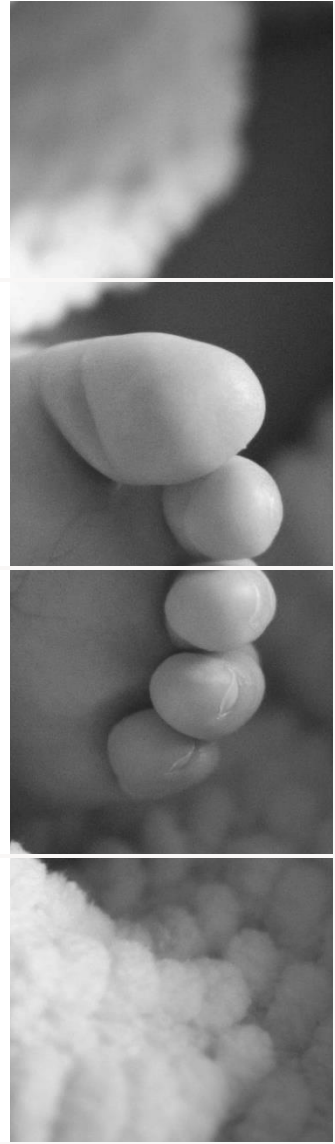
Info today from

PANDA Data Package (SRS)

**Judith Lumley Centre La Trobe
University – Independent Review
of the first 3 years of Helpline - Dr
Touran Shafiei, Prof Della Forster,
Associate Prof Helen McLachlan**

Reflections from the Helpline Team

Quotes – Service users



Perinatal depression & anxiety

Common and serious illness

**1: 7 mothers experience
postnatal depression**

**Anxiety – thought to be as
common**



Early identification & support is crucial

Supporting early identification will assist reduction of intergenerational trauma

Getting help early will reduce the impact on the mother and baby



PANDA Helpline

More than 75,000 conversations

Working across spectrum of perinatal mental illness: difficulties with transition to parenthood; mild to moderate to severe symptoms of anxiety and/or depression



PANDA Helpline

Skilled workforce of

- **professional counsellors**
- **peer support volunteers**





**What happens when someone
calls PANDA?**

What callers can expect

Up to one hour initial call

Narrative model

Bio-psycho-social assessment

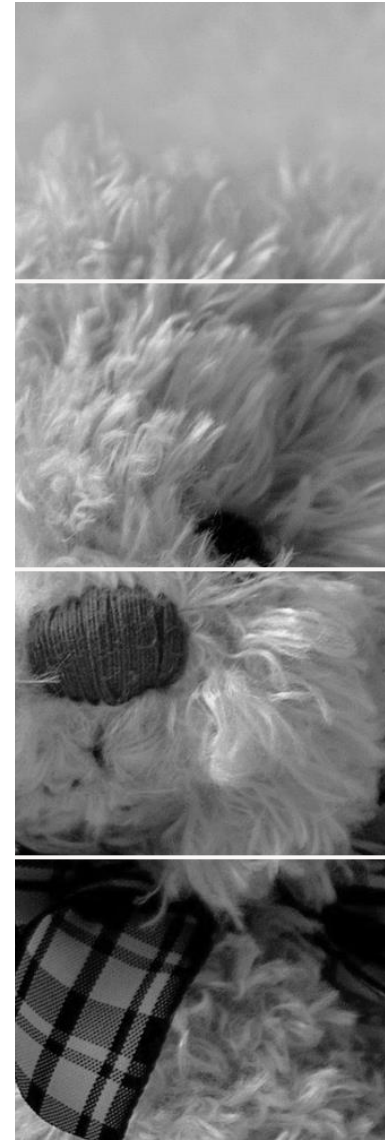
Risk assessment

Referral and assistance to engage with face-to-face services

Support and intervention according to need

Follow up email

“*A calm non-judgemental ear and often a strong voice of reason ...exactly what I needed to help me through some very dark days.*”



Risk

Every call includes 6 point risk assessment

Around 50% of calls involve some level of risk – we wouldn't know that if we didn't ask:

- | | |
|-------------------------|---------------------|
| • Suicide | • Risk to child |
| • Self-harm | • Family violence |
| • Mental health decline | • Alcohol and drugs |



What informs our practice

- State and federal child protection laws
- Common Risk Assessment Framework for Family violence
- ASIST Framework for suicide for prevention
- UK NICE (National Institute for Clinical Excellence) guidance for self-harm
- Harm minimisation approach
- Blue Knot Foundation Trauma Informed Practice Guidelines
- Learning from 1000+ calls per month with families and health professionals



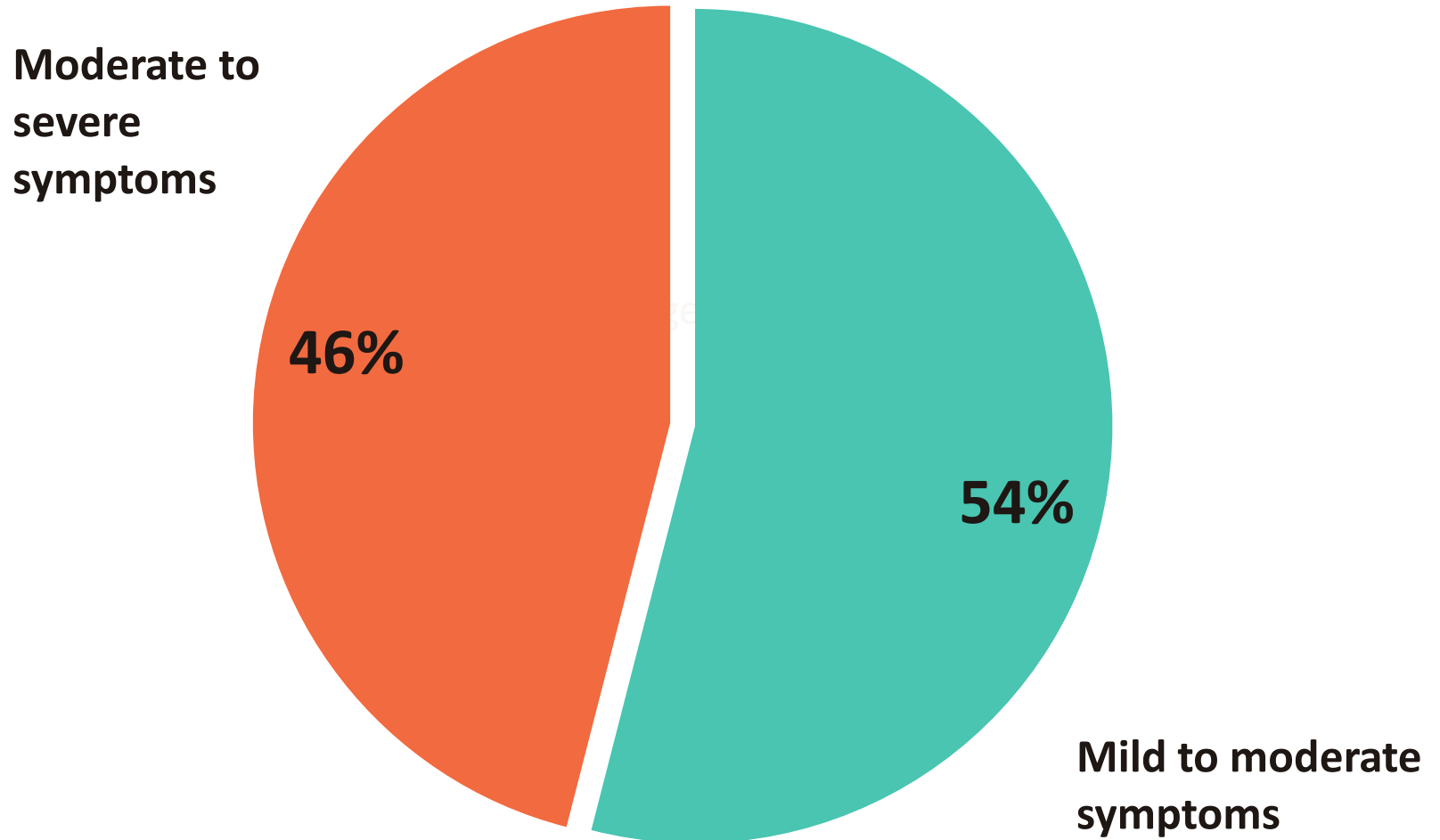


**Responding across the
continuum**



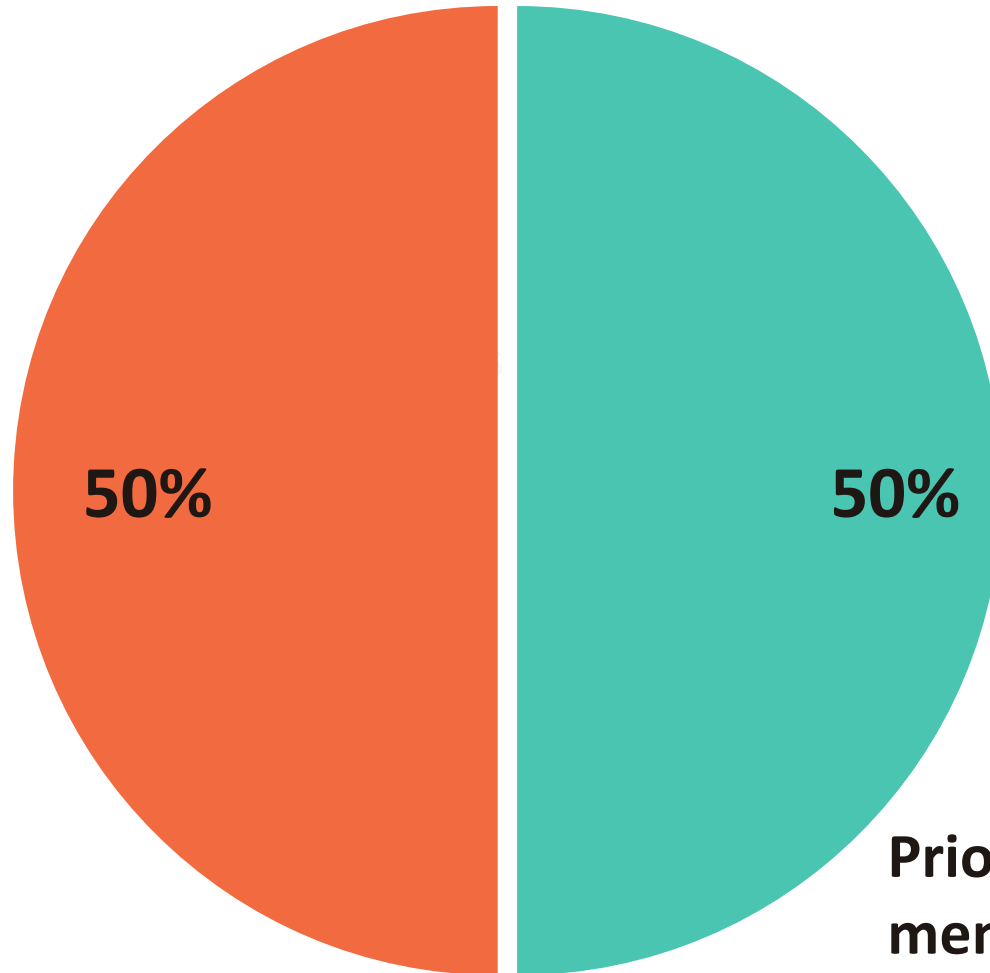
Who calls PANDA?

Perinatal Mental Illness



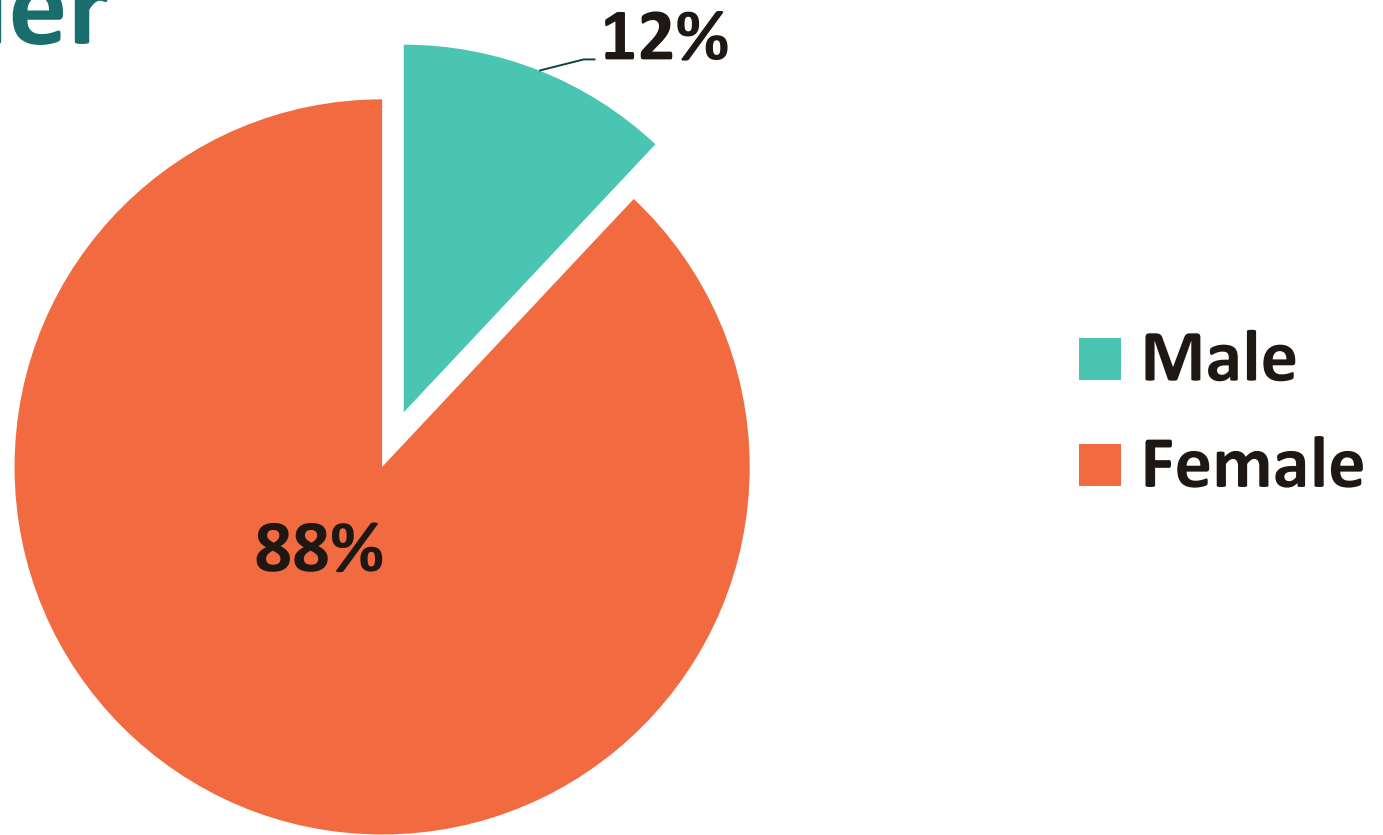
Previous experience of mental illness

No identified
Prior mental
Health issues



Prior identified
mental illness

Gender



“ *I was calling about some help for my wife. The counsellor was incredibly helpful not just with advice about services available to my wife, but also in checking that I was OK too.* ”

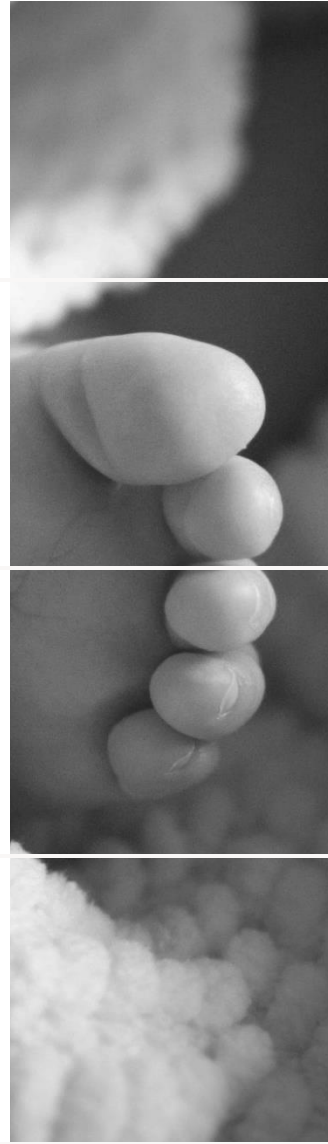
Dads and PNDA

1 in 20 Fathers will experience antenatal depression (anxiety likely to be similar incidence)

1 in 10 Fathers will experience post natal depression (anxiety likely to be a similar incidence)

Paternal perinatal anxiety and depression can impact the child and future development (Fletcher et al., 2011)

www.howisdadgoing.org.au

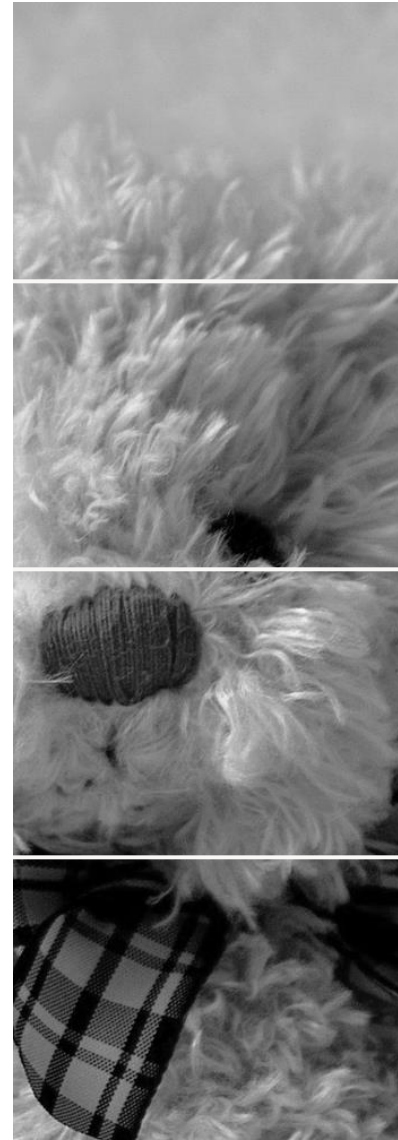


Non birth mothers

Important to acknowledge non birth mothers in lesbian relationships also experience perinatal anxiety and depression.

We know because we talk to them.

Whilst there is no data about incidence rates it is reasonable to assume similar incidence rates as for male partners.

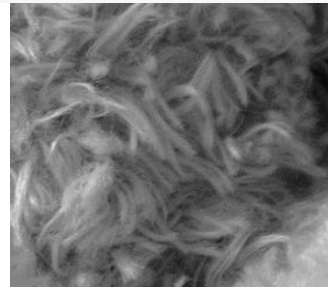
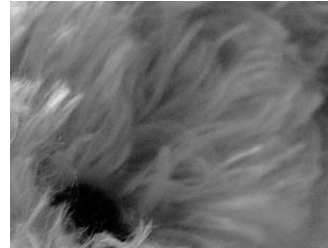


Managing Risk

Harm to self, harm to baby

Daily activity on the Helpline in both antenatal and postnatal.

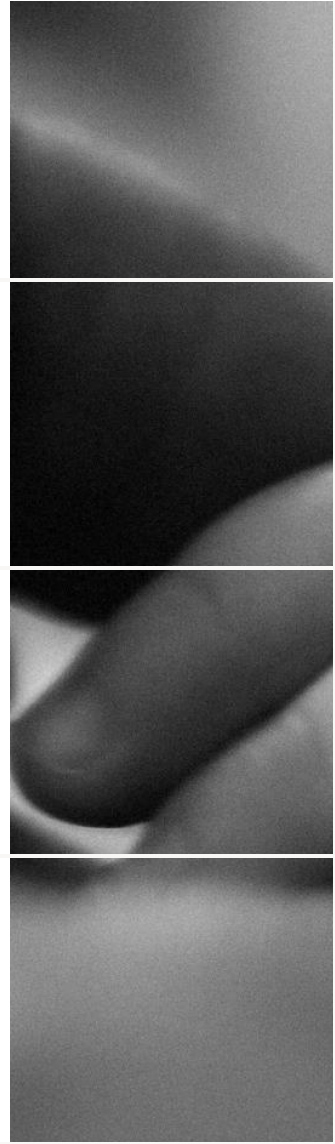
Risk to caller / risk to baby



Common Interventions

To keep our high risk callers and infants safe

- **Psychiatric triage teams**
- **Family violence services**
- **Child protection**
- **Emergency departments**





Key Messages

PNDA is still under-disclosed

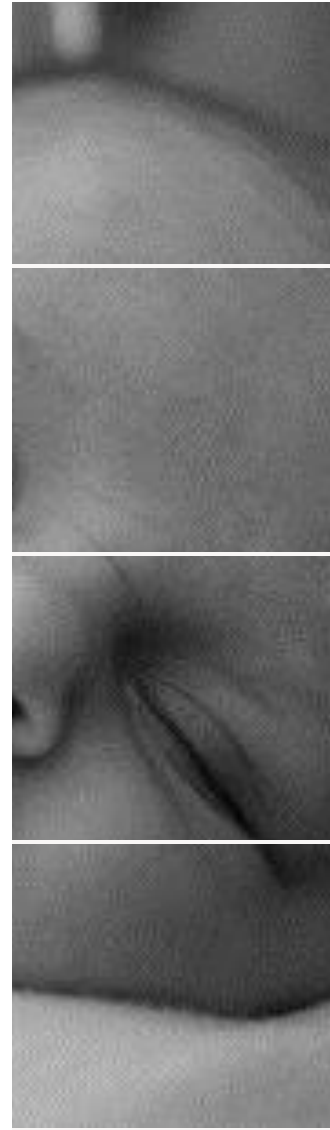
Need for comprehensive **effective** screening and pathways to services regardless of mask

Importance of comprehensive and ongoing risk assessment for all parents, due to **changeability** of perinatal period

Most callers have **not disclosed** concerns about their depression or anxiety to their primary health professionals:

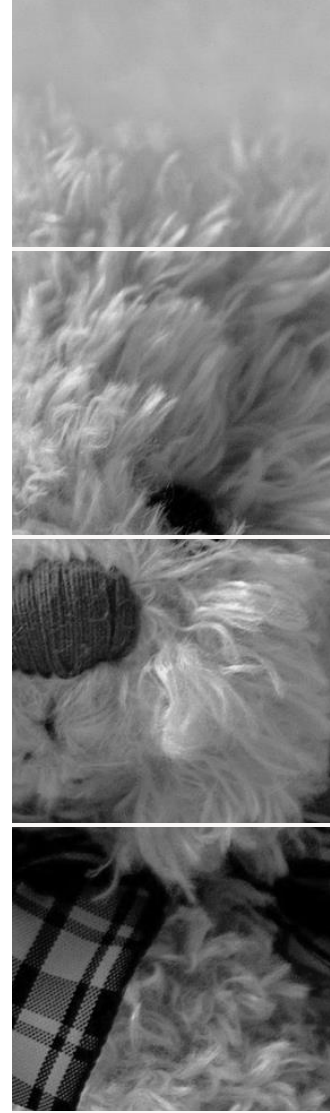
- 67 % of PANDA callers have not told their GP
- 50% haven't told their partner

“ I was hoping someone would ask me. ”



Help-seeking is often delayed – Internal Barriers

- Didn't recognise or expect this to happen, particularly anxiety
- 65% of callers present with symptoms of anxiety
- Shame/stigma, fear of child removal
- Concerns about medication, limited knowledge of health system

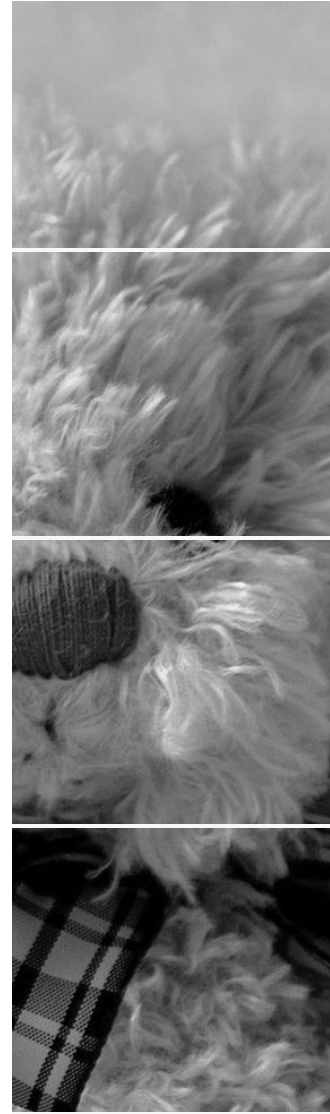


Help-seeking is often delayed – External Barriers

System/service barriers

- Limited resources: time/no. of services
- Lack of confidence in responding to mental health issues
- Minimising issues except at extreme end

“ *My husband urged me to tell my MCH Nurse or GP how I was feeling. But I was so afraid that they'd take my daughter from me.* ”



Don't underestimate the journey to parenthood

**IVF, miscarriage, still birth,
relationship breakdowns,
complex trauma.**

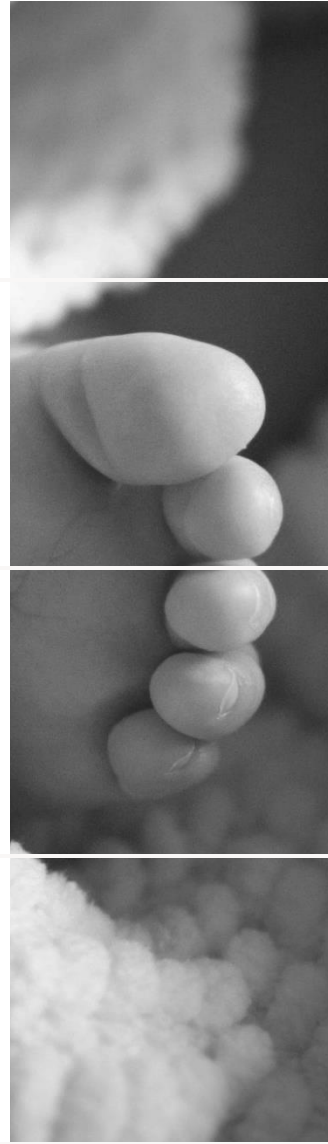
**More than 50% of callers say
these factors contributed to
their capacity to be present to
their pregnancy or baby.**



Early identification & support is crucial

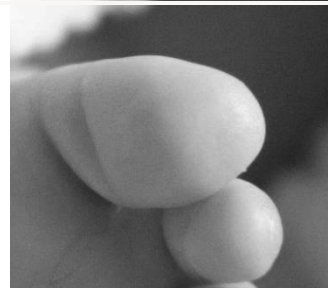
**Supporting early identification
will assist reduction of
intergenerational trauma**

**Getting help early will reduce
the impact on the mother and
baby**



Thank you for the work you do everyday supporting new parents

- Encourage you to ask direct questions
- Name perinatal anxiety and depression
- Plant the seed



**PANDA National
Perinatal Anxiety &
Depression Helpline
1300 726 306**

**Monday – Friday, 9:00
– 5:00**

**NEW HOURS FROM
JULY (9:00am –
7:00pm)**

Websites

**Panda.org.au NEW
LOOK IN MAY**

Howisdadgoing.org.au

