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:

<table>
<thead>
<tr>
<th>• Suicide</th>
<th>• Risk to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-harm</td>
<td>• Family violence</td>
</tr>
<tr>
<td>• Mental health</td>
<td>• Alcohol and drugs</td>
</tr>
<tr>
<td>decline</td>
<td></td>
</tr>
</tbody>
</table>
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 Clinic 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

- Moderate to severe symptoms: 46%
- Mild to moderate symptoms: 54%
Previous experience of mental illness

- No identified Prior mental Health issues
- Prior identified mental illness

50% 50%
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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 20</td>
<td>Fathers will experience antenatal depression (anxiety likely to be similar incidence)</td>
</tr>
<tr>
<td>1 in 10</td>
<td>Fathers will experience post natal depression (anxiety likely to be a similar incidence)</td>
</tr>
</tbody>
</table>

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

“\textit{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