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STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
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Submission Cover Sheet

Inquiry into Maternity Services in the ACT

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Submission to the
Legislative Assembly for the Australian Capital Territory
Inquiry into the Maternity Services in the ACT

[redacted]

An Accredited Mental Health Service, Post and Ante Natal Depression Support and Information (PANDSI) provides perinatal mental health support to clients from pregnancy until their youngest child reaches two years of age. In addition to a comprehensive Telephone Support Service (supplemented/replaced by email support when needed), PANDSI offers a range of programs tailored to provide mental, emotional and physical benefits to those experiencing perinatal depression and/or anxiety.

So as to better meet client needs, PANDSI has recently researched and developed a variety of new groups that benefit and support our clients while refreshing existing group curricula. We have incorporated additional current evidence-based approaches demonstrated to assist in reduction of the symptoms of perinatal depression and anxiety, and to provide lifelong strategies and tools for ongoing use.

PANDSI has significantly increased its delivery of services over the past five years in an attempt to better meet demand. In this time the number of clients cared for annually has increased by almost a third, we now run 52% more groups each year, provide almost 80% more Telephone Support sessions, and have doubled the number of hours of childcare we provide.

PANDSI currently provides inservice education to health professionals and others, and continues to work to improve the perinatal health of women, men and their families.

PANDSI welcomes the opportunity to make a submission to the Inquiry into the Maternity Services in the ACT, and will be happy to provide further information as needed.

Up to 1 in 10 women and 1 in 20 men struggle with antenatal depression. More than 1 in 7 new mothers and up to 1 in 10 new fathers/partners experience postnatal depression. Anxiety is equally common with many people experiencing both.[1]

6,207 births were registered in the ACT in 2017 which translates to potentially 620 women and 310 partners with antenatal depression, 886 mothers and 620 partners with postnatal depression. The addition of anxiety sufferers could potentially almost double these numbers.

Statistics released by the AIHW last month demonstrate that in 2016 suicide was the most common cause of maternal death[2]. This is the first time Australia has experienced this. This shocking statistic emphasises the need for a greater focus on perinatal mental health, especially during the antenatal period.

The most recent comprehensive costings associated with perinatal mental health were conducted by Deloitte Access Economics in 2012[3]. Using that 2012 data without adjusting for increases to costs in 2018, postnatal depression (not including anxiety) was estimated to cost the health system $78.66 million. The bulk of these costs were in hospital costs, and costs for psychiatrists and allied health professionals. The ACT accounts for 1.66% of Australia's population and 1.65% of births[4].

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

[2] Australian Institute of Health and Welfare, Maternal Deaths in Australia 2016, released 20 December, 2018.

[3] Deloitte Access Economics, (2012), The Cost of Perinatal Depression in Australia: Final Report, Post and Ante Natal Depression Association

[4] Australian Bureau of Statistics, (2016), *Births, Australia*, cat. 3301.0, www.abs.gov.au/ausstats/ab@.nsf/mf/3301.0 accessed 7.8.18

Extrapolating from this data indicates that in 2012 monetary terms postnatal depression cost the ACT health system approximately $1.3 million in a conservative estimation. Similarly, productivity losses were estimated at $5.12 million for the ACT and costs to the wider economy (such as through lost taxation) were close to $750,000 for the ACT.

It should be noted that not only are these estimations six years old, they also neglect to include perinatal anxiety, and do not include antenatal care, or care for men in the health system costings. Nor do they account for the ongoing costs of perinatal mental health problems in terms of impacts on children.

PANDSI services can be seen to directly reduce these systemic costs by reducing the burden on the health system and assisting parents to effectively participate in the workforce sooner. Whilst some clients are supported using a shared care model whereby they also access the services of general practitioners (GPs) and allied health professionals, use of these services is likely to be reduced through participation in PANDSI programs.

Just as the *Clinical Practice Guideline*[5] emphasises the importance of prevention, so PANDSI plays a vital role in screening women for perinatal mental health disorders, provision of psychosocial and therapeutic support and identifying appropriate referral pathways for clients with severe disorders. Through these practices PANDSI actively prevents the escalation of depression and anxiety which would lead to people requiring extensive assistance through the Perinatal Mental Health Consultancy Service or inpatient facilities. Instead, PANDSI guides clients along pathways to recovery preventing negative impact upon their own health and that of their families and children.

The waiting list to access PANDSI services regularly grows to 4 weeks and pressure persists on the organisation's capacity to meet demand. Already exceeding its annual targets for Telephone Support and Intake interviews by 50%, PANDSI requires additional financial support to meet identified needs, especially those of partners and pregnant families.

Numerous factors can contribute to the development of postnatal depression and anxiety, with a key factor being the experience of a traumatic birth, or disappointment in the birthing experience (such as not having a natural birth as planned due to complications). Birth rates have been steadily rising in the ACT, and it should be noted that just over 30% of these births are by caesarean section, with a further 15% of vaginal births using instruments.

The recently released draft *Review of Continuity of Care Midwifery Programs CHWC* confirmed that evidence supports continuity of midwifery care programs leading to fewer caesareans and other interventions in birthing for low risk mothers[6]. This would suggest that such programs and the adjunct use of the Birth Centre may promote greater wellbeing amongst parents, and hence act as a preventative measure for the development of perinatal mental health problems.

In addition, it would be valuable for parents to have an opportunity to debrief about the birthing experience with a midwife in the hours or immediate days following the birth. This would allow questions about treatment during the birth, unexpected procedures or outcomes to be explained and would validate the parents' experiences.

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

[6] Davis, D. and Grimes, A., Centenary Hospital for Women and Children: Review of Continuity of Midwifery Care Models, Draft, December 2018.

Prevention of escalation can also be achieved through early identification of a mental health issue. The current *Canberra Hospital and Health Services Clinical Guideline: Perinatal Emotional Wellbeing - Assessment and Management of Perinatal Mental Health*[7] recommends screening for perinatal mental health issues with the Edinburgh Postnatal Depression Scale (EPDS) and the Perinatal PsychoSocial Assessment (PPSA) at a woman's first contact with maternity services during pregnancy and at six to eight weeks after birth, with additional screening as needed. Notably the *Guideline* states that if time doesn't permit screening at the initial visit, then it can be delayed until the next visit.

PANDSI considers it to be essential that screening for perinatal mental health vulnerabilities occur at the first appointment a pregnant woman has with a health professional. These screenings should continue to occur at regular periods of time antenatally as an expected part of visits with the midwife or doctor. As a past history of mental illness can be strong indicator of perinatal mental health issues, special effort should be made to ensure that women reporting such a history receive this regular screening. Regular screening should also be extended to the father or partner, particularly if there is a pre-existing issue, so as to foster increased perinatal mental health awareness, and to enable appropriate assessment of their own mental health.

To ensure the best possible screening, support and referral practices all midwives, GPs, obstetricians and Maternity and Child Health (MACH) nurses will need to be appropriately educated in perinatal mental health. It is important that this education and screening occur across both the public and private health sectors.

Frequently the identification of a potential problem either by a health professional, or through self-identification, leads to a visit to a GP. It is therefore essential that all GPs are educated to recognise, respond to and appropriately refer anyone presenting to them with perinatal mental health issues.

In many cases a referral to PANDSI will be the appropriate way forward, others will require the development of a Mental Health Care Plan with access to psychologists or other allied health professionals. Currently this access is limited to ten Medicare claimable visits per year. We recommend that the ACT Government advocates to the Federal Government to increase the number of claimable visits to a psychologist to improve access when it is needed.

Antenatal classes also provide an excellent opportunity to educate parents on perinatal mental health in a non-threatening manner, adopting a family centred approach. Many classes currently offered in the hospital setting focus on birthing and feeding, but neglect to take the opportunity to discuss what is normal and what is not with regards to mental health and emotional wellbeing both in the lead up to birth, and afterwards. PANDSI recommends that all antenatal classes incorporate these elements. Understanding and engagement in such classes may be enhanced by utilising peer education. This could be provided by PANDSI Champions sharing their lived experience and alerting pregnant families to potential triggers, as well as explaining what strategies personally assisted them in overcoming their problems.

All Canberra residents who birth locally are offered an initial home visit by a MACH nurse, and then ongoing consultations to follow development at the various health centres. The MACH nurses carry out a vital role in the ACT's maternity services, and may be the only health professional in regular contact with a new family. This places MACH nurses in a unique position to monitor the emotional wellbeing of families, and to identify any potential issues.

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[7] ACT Government Health, *Canberra Hospital and Health Services Clinical Guideline: Perinatal Emotional Wellbeing - Assessment and Management of Perinatal Mental Health*, Document CHHS15/115, issued 1/05/2015.

The current MACH Child Health Checks Schedule[8] recommends screening with the Maternal Perinatal Psychosocial Assessment (PPSA) tool at the 1-4 week check and then with the EPDS at 6-8 weeks. We understand that the MACH service is currently stretched to capacity and recommend additional funding so as to support a series of home visits at 6 days, 6 weeks and 16 weeks with a specific focus on the health of the mother and family rather than the usual emphasis on the baby's growth and development.

Currently there is no dedicated unit in Canberra for mothers requiring residential mental health care. PANDSI recommends that such a unit be established for women to access both antenatally, and where possible, with their baby after the birth.

Much has been done over the past few years to break down the stigma surrounding mental health issues. However, one area that remains poorly recognised, funded and supported is the perinatal mental health of both women and men. PANDSI recommends that the ACT Government funds a sustained awareness raising program using social and traditional media to increase understanding of perinatal mental health at a population level, and to increase the number of people seeking help and therefore improve family wellbeing overall. Such a campaign could assist in dispelling myths surrounding concepts of perfect parenthood, and relieving the additional pressure that perpetuation of such myths places on families.

With social isolation being a well established risk factor, and a growing understanding of the barriers that various cultural beliefs can pose to recognising and seeking help for perinatal mental health problems, it is important that a greater focus be placed on the care of ACT's multicultural communities.

In 2017 the majority of families birthing in Canberra lived towards the edges of the city, notably in Gunghalin, West Belconnen and southern Tuggeranong. Whilst 68% of the ACT's population is Australian born, only 62% of those living in Gunghalin were born in Australia. The area has the highest population of both Chinese and Indian born residents in the Territory. Gunghalin and Belconnen share the largest population of African migrants in Canberra[9]. Similarly, Gunghalin and Tuggeranong are home to the largest number of Canberrans who report speaking English either not very well, or not at all.

To better support these communities, information needs to be made available in a variety of community languages. Media campaigns need to reflect the diversity of the community, and short videos in different languages need to be produced for social media campaigns targeting those lacking skills in English.

The perinatal mental health of women and their partners should be recognised as an integral part of the delivery of maternity services in the ACT. The opportunity to prevent development or escalation of issues through awareness raising, opportunistic screening and other mechanisms will improve the wellbeing of local families in addition to providing long term savings to the health system and workforce productivity.

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[8] ACT Government Health, Canberra Hospital and Health Services Clinical Procedure: Maternal and Child Health Procedures in the ACT, Document CHHS18/107, issued 16/03/18.

[9] Department of Health, *Demographic data collected by PHNs*, http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Demographic_Data

Recommendations

- That continuity of care midwifery programs be continued and expanded, with ongoing support for the Birth Centre;
- That parents to have an opportunity to debrief about the birthing experience with a midwife in the hours or immediate days following the birth;
- That screening for perinatal mental health vulnerabilities occur at the first appointment a pregnant woman and her partner has with a health professional, and continue to occur at regular periods of time antenatally as an expected part of visits with the midwife or doctor, whether in the public or private system;
- That all midwives, general practitioners (GPs), obstetricians and Maternity and Child Health (MACH) nurses be appropriately educated in perinatal mental health;
- That the ACT Government advocates to the Federal Government to increase the number of claimable visits to a psychologist for people with a Mental Health Care Plan;
- That all antenatal classes include education in mental health and emotional wellbeing in the lead up to birth and afterwards;
- That additional funding be provided to MACH nurse services so as to support a series of home visits at 6 days, 6 weeks and 16 weeks with a specific focus on the health of the mother and family rather than the usual emphasis on the baby's growth and development;
- That a dedicated unit in Canberra for mothers requiring residential mental health care be established for women to access both antenatally, and where possible, with their baby after the birth;
- That the ACT Government funds a sustained awareness raising program using social and traditional media to increase understanding of perinatal mental health at a population level, and to increase the number of people seeking help and therefore improving family wellbeing overall. information needs to be made available in a variety of community languages. Media campaigns need to reflect the diversity of the community, and short videos in different languages be produced for social media campaigns targeting those lacking skills in English.