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SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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PARENT-INFANT RESEARCH INSTITUTE (PIRI)

Support for new parents and babies in New South Wales

Submission to the NSW Parliamentary Inquiry

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Support for new parents and babies in New South Wales: Submission from the Parent-Infant Research Institute

The Parent-Infant Research Institute (PIRI) welcomes the New South Wales Parliament's Inquiry into Perinatal Services. Our organisation works specifically in the area of perinatal *mental health* care and services. As such, we have commented on those items in the Inquiry's Terms of Reference which are most relevant to mental health care in the perinatal period. PIRI is dedicated to tackling perinatal depression, anxiety and their consequences through research and translating research evidence to practice. We recognise that prevention and very early intervention, from pregnancy and throughout the postpartum period and early infancy, is the ultimate upstream point of service delivery and key to interrupting the intergenerational impact of mental health difficulties.

We have compiled the following brief comments and suggestions relating to achieving the specific issue of improving perinatal mental health care.

We suggest how a stronger prevention and early intervention focus on perinatal mental health (and on very early infant development) could contribute to the vision of all Australians experiencing the best possible mental health throughout life.

Good mental health throughout life begins in the womb

A perinatal mental health focus is central to planning effective, comprehensive health services for new parents and babies. Approximately 100,000 new parents struggle with depression or anxiety each year. There is increasing international awareness that maternal depression in pregnancy has profound negative consequences on the fetus and on children's future wellbeing and development (see *Science* Vol 345, August 2014, special issue on parenting; http://www.1001criticaldays.co.uk and www.everyonesbusiness.org.uk).

Among mothers suffering either antenatal or postnatal depression and anxiety, children followed through infancy, adolescence and early adulthood have been found to have

substantially higher risk of enduring mental health, cognitive and/or behavioural problems (Capron et al., 2015; Glover, 2015; Milgrom et al., 2004; O'Donnell et al., 2014). Directly relevant to this, we have published the first evidence that treating maternal depression in pregnancy can promote better developmental outcomes in children (Milgrom et al., 2015). In addition, our 8-week antenatal treatment program is highly effective at treating pregnant women's depression and anxiety and includes the woman's partner.

- *It is imperative that every woman suffering from antenatal depression receives effective treatment at the earliest possible point.* Depression during pregnancy (antenatal depression) is the strongest predictor of postnatal depression and proven treatments are available

- *Prevention, identification and early intervention for perinatal mental health difficulties* provides a huge opportunity to protect and optimise the trajectory of infant development and this should be a key foundation of the wider health strategy for all new parents and their babies.

- *Failure to detect and treat perinatal depression and anxiety incurs enormous social and economic costs.* The London School of Economics recently reported an £8.1 billion cost to society of perinatal mental illness for every one-year UK cohort of births (Bauer et al., 2014). In Australia, the figures provided by Deloitte Access Economics (Deloitte Access Economics, 2012) for the total annual cost of perinatal depression are consistent with this on a per capita basis (but do not include the costs of the enduring lifetime impact on children).

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

Readily accessible interventions to support early mother-infant attachment and bonding are lacking in the current system. A secure attachment relationship with a responsive

caregiver is a fundamental requirement for healthy, optimal development in human infants (*Science* Vol 345, August 2014, special issue on parenting). The best scientific evidence shows that, even when maternal depression is treated successfully, this does not redress the damage and disruption done to early mother-infant relationships by perinatal mental health difficulties. The Parent-Infant Research Institute has a long track record in this area and has developed the specialised 4-session *HUGS* intervention to do just this. Women recovering from postnatal depression learn to build on skills developed in a CBT treatment program for depression. The *HUGS* (Happiness, Understanding, Giving, Sharing) program includes psychoeducation and direct intervention in the mother-infant interaction and act a short duration "booster" to change the negative trajectory of mother-infant interactions. *HUGS* has been successfully piloted and trialled (Milgrom, Ericksen et al., 2006; Milgrom and Holt, 2014) and a community version (Community HUGS) suitable for delivery in a range of non-specialist settings is also available.

- *A specific program of mother-infant interventions and supports is required to ensure the best start to life for infants in families affected by perinatal depression and anxiety.*
- *Treating the maternal depression is vital and necessary, but alone it is insufficient to protect children's developmental prospects.*

Impact of loss of Commonwealth funding (in particular, the National Perinatal Depression Initiative)

With the end of NPDI funding, there is an ongoing need to address the single the most pressing issue which is that most depressed women do not seek help or take up available treatments. *The majority of cases (60%) are not identified, and the vast majority (90%) never receive adequate treatment even when identified.* Perinatal depression and anxiety are common and have devastating and costly consequences. An evidence-based and specific strategy to increase early identification and link this to uptake of effective treatment of perinatal mental health and emotional problems is imperative. Screening for perinatal depression is Australia's national recommendation, but many professionals lack on-the-spot access to gold-standard guidance for interpreting, and acting on, women's screening results. PIRI has developed, and completed a pilot cluster trial, of an electronic

clinical decision support system (*PIRIMID*) that fills this major gap by guiding health professionals with on-screen prompts for interpretation of screening results and psychosocial information adhering to national guidelines. The system then allows the user to develop a structured management plan tailored to each client's needs and expedite onward referral to any necessary treatment. Pilot work with *PIRIMID* shows good uptake and user-satisfaction rates. Whilst current evidence shows that electronic perinatal depression screening is feasible, and there is an increasing trend towards screening for depression on digital platforms, *there has been insufficient attention paid to making sure that screening translates into increased treatment uptake and better mental health outcomes.*

2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes.

- **Safety and quality in perinatal mental health care**
  We see regular reporting on measurable indicators as central to ongoing improvement in perinatal mental health services.

- **Stigma and discrimination reduction**
  Stigma is one of the major reasons that men and women with mental health problems fail to seek effective help in the perinatal period.
- **The use of e-health technologies in a stepped-care model** lends itself to expanding access to evidence-based treatment services. The national MumSpace initiative, led by The Parent-Infant Research Institute, is a significant step in this direction for the perinatal mental health sector in Australia (mumspace.com.au).
- **Evidence-based and effective workforce training**, such as that delivered by our institute to every Maternal & Child Health Service in Victoria, is essential to the provision of adequate perinatal mental health care.

3. Opportunities for new and emerging technology to enhance support for new parents and babies

- Innovative e-mental health supports tailored for particular groups and vulnerable populations have an expanding evidence base with good results for efficacy and

cost-effectiveness. These will become an increasingly important part of future service delivery. This is particularly relevant to the perinatal mental health area as new parents often find it difficult to access traditional services and face-to-face clinics due to the demands of caring for an infant and the perceived stigma of perinatal mental health problems. The use of e-health technologies in a stepped-care, person-centered model lends itself to wider availability, accessibility and better coordination of treatment services. The Parent-Infant Research Institute, with federal funding, is currently leading the provision of perinatal e-mental health resources to Australian women through the *MumSpace* website (www.mumspace.com.au). These include the *MumMoodBooster* and *Mum2bMoodBooster* online depression treatment programs and a new smartphone app *MindMum*.

- Men also suffer from emotional and psychological distress in the perinatal period, but are very difficult to engage with any kind of support, help or treatment. Digital platforms may offer a more successful route to engaging men than traditional services.
- A direction that is likely to be very promising in extending the reach of effective perinatal e-mental health supports is to integrate online treatment programs like *MumMoodBooster* into primary care services. For example, enabling midwives, GPs and Maternal & Child Health nurses to support their depressed clients through such an online treatment, would provide these professionals with another effective, affordable care option.

4. Specific areas of disadvantage or challenge in relation to health outcomes for babies

Disparity in outcomes between rural, regional and metropolitan locations

- Perinatal women living in regional, rural and remote communities, including Indigenous Australians, often lack access to coordinated specialist services and trained mental health workers and this along with fear of stigma can contribute to disappointingly low rates of treatment. **The use of e-health technologies** in a

stepped-care model lends itself to expanding access to evidence-based treatment services irrespective of geography.

5. Models of support provided in other jurisdictions to support new parents and promote the health of babies: Identification of best practice

- **The best available research evidence** emphasizes the need for identification/screening programs that are integrated with pathways to care and coordinated with workforce training (Milgrom & Gemmill, 2014; Milgrom & Gemmill, 2015).
- **A focus on protecting the developmental prospects and future mental health of children:** there is a need to better emphasize the need to act as early as possible, not only from childhood but in pregnancy and early infancy, as the key to interrupting intergenerational transmission.

- **Ongoing funding mechanisms for original research into the improvement of perinatal mental health services, especially translational research, are key to identifying best practice, evidence-based approaches and bringing them into real-world services.** We believe that a key strategic direction lies in developing new knowledge and translating it into real-world settings to inform practice. Some key areas where we need to build a stronger evidence base include how to maximise the impact of depression screening efforts; whether digital screening platforms are cost-effective and result in better outcomes than current methods; basic knowledge about the incidence of anxiety disorders in perinatal women; and the incidence of mental health disorders in men.

- **New Clinical Practice Guidelines for Perinatal Mental Health**

  These offer the best evidence-based guidance available in the Australian context. However, the state of our knowledge in some areas means that strong evidence-based recommendations are not yet possible, and we must rely on a consensus of expert clinical opinion. Adherence to the national guidelines should be a key consideration in the delivery of perinatal mental health services. Guidelines should

be regularly updated to allow more robust recommendations when new evidence becomes available and researchers as well as clinicians, should lead and contribute to their revision.

Conclusion

We urge the Committee on Community Services to include a specific focus on improving perinatal mental health services, and integrated identification and intervention programs in this most crucial of areas. A focus on the more specific issues outlined above, which if successfully addressed would do much to underpin an efficient and effective perinatal mental health policy into the future. As perinatal mental health specialists, we would again emphasize that in planning for the good mental health of all Australians throughout life, the critical importance of perinatal care along with prevention and early intervention in the very earliest stages of life (conception to 2 years) must take a central place.

About The Parent-Infant Research Institute

At the Parent-Infant Research Institute, we have completed a substantial body of work addressing the above issues. Attached is an overview of our work in developing cost-effective screening and evidence-based treatment approaches and evaluations (Attachment 1: Transforming the Lives of Parents and Infants; Attachment 2: PIRI Programs). We have been engaged in perinatal mental health research across 2 decades, including close collaborations with *beyondblue* and other key stakeholders in the sector. During that period we have screened tens of thousands of perinatal women and developed new e-systems for screening, integrated with e-treatment, in a model suitable for widespread dissemination for self care and community based care. For example, our evidence-based online Mum Mood Booster program has been validated as an effective treatment for postnatal depression (Danaher et al., 2013) and an antenatal version, Mum 2B Mood Booster, has been developed. We believe that developments in e-health point the way for the future in terms of cost-effective, accessible treatment options. Our focus is on building resilience in families with targeted treatments (including recognition of the importance of not only mothers and babies, but father's mental health) and assessment of very early risk situations (maternal suicide or preventing trauma and maltreatment in

infancy). We have developed interventions using a range of delivery modes (individual, group, telephone, self-help, e-health) working closely with GPs and maternal and child health nurses. For example, *Towards Parenthood* is an evaluated, universal program addressing transition to parenthood that also helps to reduces emotional difficulties (Milgrom, Schembri et al., 2011). We also have a strong focus on prevention and workplace training.

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