

Senate Inquiry Submission

Perinatal Depression – the Importance of Early Detection and Intervention

Submitted by the beyondblue National Postnatal Depression Program, which has just completed a three year National study of 40,000 women giving birth across Australia, involving all states and territories (NT education only), private and public sectors, non English speaking and Indigenous women.

Overview – Why is this Important and why now?

- Postnatal Depression (PND) affects 14% women; for many this begins antenatally and is thus now termed Perinatal Depression
- Perinatal Depression is associated with
 - o Higher depression rate in partners;
 - o Developmental and cognitive delays, attachment problems and behavioural difficulties in the children - this includes potential effects of depression and anxiety in pregnancy on the developing fetus;
 - o Long term negative educational and mental health consequences for the children;
 - o Higher risk of child abuse and child death;
 - o Suicide is the equal leading cause (with haemorrhage) of maternal death in Australia.
- Childbearing women have many contacts with health services before and after their baby is born; those at risk or in need of support can be identified, hence allowing for early detection and intervention.
- We now have a unique opportunity to take the beyondblue PND program forward, to achieve lasting change for all Australian women and their families in this crucial area of perinatal mental health.

What are the problems?

- Current perinatal services are spread across many areas of the health department with inadequate coordination.
- There are significant disparities between states in terms of perinatal mental health policy.
- Where such policy does exist (eg NSW) there disparities in different parts of the state between policy and implementation.
- There are disparities between private and public systems.
- Overemphasis on physical health to the exclusion of emotional health in routine care.
- In general, research shows that

- If depression is not routinely asked about, over 50% are missed, with increased risk of negative consequences for mother, partner and offspring, highlighting the need for universal screening as implemented by the beyondblue program;
- Depression is common and one episode increases the risk of subsequent episodes and chronic illness;
- Depression has high economic cost for the individual woman and her family, as well as for state and federal health, education and financial support services.
- Our research shows that Australian women
 - Are reluctant to seek help for themselves;
 - Are reluctant to take antidepressants;
 - Readily accept emotional health/screening for depression if included in routine antenatal and postnatal care;
 - Will readily accept simple information which can help them better identify depression;
 - Will accept, engage and are more satisfied with postnatal supports when delivered in this way.
- Our research also shows
 - Psychosocial assessment and care can be introduced into routine care;
 - Psychosocial assessment and care is acceptable and feasible if supported by training of health professionals such as midwives, GP's and child health nurses;
 - Training improves knowledge and confidence in managing women with perinatal depression;
 - Primary care health professionals are able to manage a majority of cases of perinatal depression;
 - Ways of decreasing the time pressures felt by health professionals in managing these cases needs further work;
 - Lack of a policy or national standards for routine psychosocial assessment and local referral pathways constrains health professionals who see the urgency of implementation of assessment of women as part of routine care.

What Needs to Be Done?

- Perinatal emotional health care needs to be a number one priority of the health agenda, for the emotional health and stability of current and future generations of Australians
- Psychosocial assessment with appropriate referral and linkages and staff support needs to be a routine part of perinatal care; NSW has developed an Integrated Perinatal and Infant Care plan which we support as a model that can be used to underpin national policy, but this needs to be further developed with information packages and education for a number of health professional groups that come into contact with perinatal women, and be adapted across different settings and states

- Increased support, particularly with a mother-infant focus but that also includes the father and wider family, needs to be developed.

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