Submission to the Queensland Parliamentary Inquiry into Mental Health Services

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Peach Tree contact:
Viv Kissane
Founder/CEO
e: [redacted]
m: [redacted]

Summary

Peach Tree welcomes the Parliamentary Inquiry as a much-needed advocacy opportunity for Perinatal and Infant Mental Health (PIMH) services in Queensland. Peach Tree implores the Queensland Government to urgently address:

- the shortage in specialist PIMH workers across the mental health, alcohol and other drug and Suicide Prevention sector.
- the shortage in specialist PIMH treatment and support services across the spectrum of health services, including acute inpatient beds, hospital and health services, perinatal mental health (PMH) care teams, and community-based services.
- the inequitable access and unaffordability of specialist perinatal mental health treatment services, particularly for minority populations, including regional and remote, LGBT+ and First Nations people, and lower socio-economic populations.
- the need for increased investment in PIMH measures to enhance health and wellbeing outcomes for Queensland families.

Introduction

Peach Tree is a Brisbane community-based perinatal, infant, and early parenthood mental health support service. Founded in 2011 by mothers with Lived Experience (LEx) of perinatal mental health (PMH) challenges, Peach Tree is a not-for-profit organisation delivering an innovative Peer-led model of service. Peach Tree's service delivery model provides essential targeted mental health support, parenting education, and social inclusion opportunities for mothers, fathers, and carers of children aged 0–5 years.

Peach Tree currently operates three Parent Wellbeing Centres located in Brisbane North (Geebung), Brisbane South (Mt Gravatt), and Moreton Bay (Caboolture). Using a "village building" approach, our Parent Wellbeing Centres:

- deliver, on average, 16 Peer-led group sessions weekly.
- receive approximately 350 referrals every year (from health professionals and self-referrals).
- average 3,500+ attendances annually.
- provide valuable connections and pathways to parents experiencing stress and mental health concerns.

Peach Tree's Peer-led model of service is a valuable strategy for mental health promotion, prevention, and early intervention, providing important and effective peer support along the continuum of PMH care needs. This model ensures Peach Tree's services are responsive to the needs of our community, while strengthening relationships within the sector and fostering a culture of inclusivity and safety for all.

Responding to the Terms of Reference

The economical and societal impact of perinatal mental illness in Queensland

The perinatal period (conception through to early parenthood) is arguably one of the most vulnerable times of life, with parental mental health challenges concerningly prevalent throughout all Australian communities:

- 80% of women will experience "baby blues" (a period of low mood associated with hormonal changes postnatally, which is of short duration and different to postnatal depression).
- 1 in 10 women in pregnancy experience depression.
- 1 in 5 mothers experience postnatal depression.
- 1 in 10 fathers experience postnatal depression.
- 1 in 500 mothers develop postnatal psychosis.
- 1 in 200 mothers are diagnosed with bipolar disorder.
- 1 in 3 mothers identify their birth experiences as traumatic.
- Suicide is the leading cause of indirect maternal death within 12 months of a baby's birth.[i]
- 50% of new parents will experience adjustment disorders.
- 92% of couples experience conflict in the 12 months after a baby is born.
- Current statistics do not account for comorbidity of existing mental health conditions such as OCD, personality disorders (complex trauma), eating disorders, etc., indicating that mental health challenges during the perinatal period are far more prevalent than realised.
- Social isolation and loneliness are major contributing factors to perinatal emotional distress.
- 74% of mothers do not seek help from health services until symptoms are acute to severe.[ii]

- The annual economic impact of untreated PMH concerns in Australia is currently estimated at $877 million.[iii]

Early life experiences impact lifelong mental health outcomes. It is relatively common for children to experience, or be at risk of experiencing, poor mental health. Being raised by one or both parents with an untreated mental illness is considered an Adverse Childhood Experience (ACE) resulting in negative mental health implications over the trajectory of a child's life. Evidence indicates the first 2000 days of life are a critical period, with interventions during this time resulting in significant improvement to children's early life experiences, mental health, and physical development.

Peach Tree emphasises the importance of supporting mental health from infancy by enabling and empowering parents, carers, and communities to meet the physical, emotional, and social needs of infants and young children.

The impact of COVID-19

Emerging evidence of the COVID-19 pandemic is demonstrating a significant impact on pregnant women and new parents. Higher rates of depression and anxiety are occurring, with several contributing factors such as physical isolation, increased household and childcare duties, relationship conflict, health and financial concerns, and an overall fear over the state of the world and bringing a baby into it[iv]. Additionally, escalation of domestic and family violence incidence and polysubstance use/abuse is reported.

Overall, parents have found the experience of parenting during 'lockdowns' highly challenging, affecting most aspects of their lives, including practical, emotional, relational, and occupational. The burden is particularly heavy when compounded by already existing PMH challenges.

The current needs and impacts on the mental health service system in Queensland

Through the *Maternity to Home Wellbeing Program*, the Federal Government has invested significant funds ($36.6 million) to embed national universal screening and identification of perinatal mental illness through the iCOPE digital platform. Further, under the perinatal *Emerging Priorities Program*, it has funded the Karitane *Connect and Care* program ($10 million), providing a triage and referral telephone service. National funds have also been allocated to continue and expand the PANDA national hotline ($8 million) which plays an important PMH triage and referral role.

It is now of critical importance that the Queensland Government invests in specialist PIMH services to provide treatment and support for those individuals identified through screening, and to ensure adequate services are available to meet and manage demand.

It is widely agreed within the sector that existing PMH service levels are insufficient to meet current demand. Anticipated future demand will inevitably create additional stress on an already-overwhelmed service system. Recent demand for mental health support services must not be underestimated, including for parents continued disruption to previously established recovery strategies such as:

- engaging socially and connecting with other parents
- establishing a routine with regular playdates, self-care activities, child-care, etc
- accessing various support services
- ability to openly share and discuss the "parenthood load" and resulting repercussions.[v]

Services including PMH hospital health service (HHS) teams, PANDA, Gidget Foundation, and other private-practice perinatal psychologists are reporting longer than normal wait times for parents. Free, bulk-billed, or low-cost talking therapy is increasingly difficult to find, with many single income families not able to afford gap fees. Perinatal psychologists self-report the Medicare Benefits Scheme (MBS) pricing provides no income incentive for them, and therefore bulk-billing PMH treatment options for families are limited.

While telephone and digital screening and triage appear direct and sensible in the current environment, evidence shows simply increasing awareness and identification of PMH concerns without expanding the actual capacity of services will have negative outcomes. Parents who gain awareness of their mental health challenges but do not have access to appropriate follow-up care are at risk of becoming further isolated.

Opportunities to improve economic and social participation of people with mental illness through comprehensive, co-ordinated, and integrated mental health

Parents struggling with their mental health during pregnancy and early parenthood are often facing complex and challenging circumstances. Perinatal care is usually fragmented and disconnected from the wider health care system, resulting in depersonalised, uncoordinated support for physical health, mental health, and wider psychosocial needs.

Where screening does occur and risk factors for PMH challenges are detected, many parents either do not access mental health services or do not engage in treatment. Masking of such challenges and related symptoms to health professionals is primarily associated with the stigma, either self- or society-imposed, surrounding what having a PMH illness means for parents[vi]. Increasing service and treatment uptake is only possible if people are made aware of such issues and the stigma associated with accessing support is reduced. The recent Productivity Commission's report into Mental Health states: 'Tackling stigma across the community would likely mean more new parents would seek help when they need it. A social inclusion and stigma reduction focus is required to ensure prevention, early detection and intervention.' [vii]

The lack of symptom identification for parents during the perinatal period potentially results in increased experiences of self-harm, poor physical health, breakdowns in relationships, unhappiness in the parental role and, for some, less capacity to nurture their infant.[viii] Parents identified as experiencing, or at risk of experiencing, PMH challenges require more than solely mental health support. There is growing evidence showing isolation and loneliness are major risk factors for depression, including during the perinatal and early parenthood period. Such findings suggest a potential benefit from developing interventions that seek to strengthen parents' support networks to help reduce potential distress.[ix]

Significant improvements are still required in the PIMH space to meet the needs of Queensland families and communities.; however, this reform can be achieved only through integrated care, requiring the collective action of local, state, and federal governments, public, private, and NFP sectors, industry, and beyond.

Services (including alcohol and other drugs and suicide prevention):

- **across the care continuum from prevention, crisis response, harm reduction, treatment, and recovery;**
- **across sectors, including Commonwealth funded primary care and private specialist services, state funded specialist mental health services, non-government services, and services funded by the NDIS;**

Service delivery of PMH support must cater to the needs of mothers, fathers, carers, infants, young children, and families by providing a variety of options. Alongside individual mental health services, the PMH sector requires specialist mother–baby units, outreach/day programs (including respite), targeted mental health group programs, parenting education, and social inclusion activities.

Peach Tree recommends the Queensland Government urgently addresses the paucity of PMH services within Queensland Hospital and Health services, including:

- perinatal specialist inpatient services (mother–baby units, respite services)
- outpatient perinatal mental health teams
- infant mental health clinicians
- appropriate and safe venues for parents (with infants and young children) to present when experiencing heightened distress and/or suicidal intent, including alternative high needs support options to emergency departments (ED)
- accessible services for rural and remote areas.

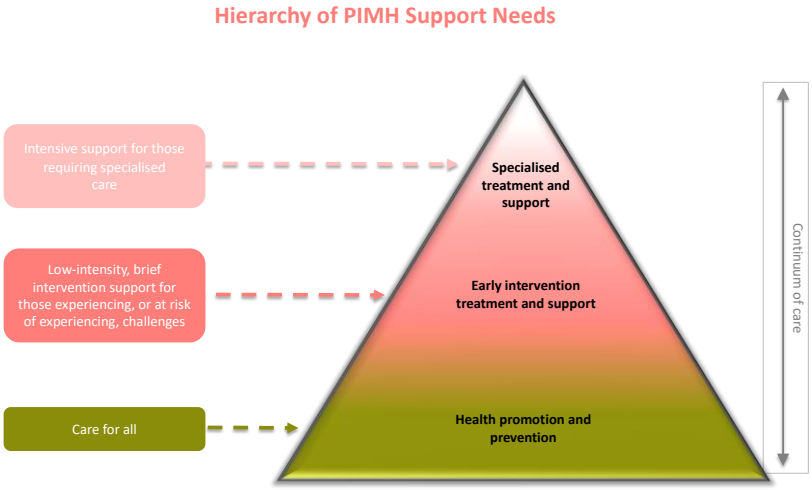
These services are absent in many HHS catchments, and where available they urgently require additional funding to increase capacity to meet demand. The Non-Government Organisation (NGO) sector is also underfunded, with many regions within Queensland in desperate need of community-based PIMH services.

The experiences and leadership of people with lived experience of mental illness, problematic substance use, and suicidality and their families and carers

Peach Tree is a leader in PMH Lived Experience (Peer) Workforce development. Our 10 years of utilising a PMH Lived Experience Workforce to develop, deliver, and evaluate services have ensured our intimate understanding of the unique needs for supporting PMH Peer Workers., including recruitment, training, professional development, supervision, and ongoing support. The National Mental Health Consumer and Carer Forum (NMHCCF) outlined the critical role of peer workers 'in the transformational changes necessary to develop recovery-oriented mental health services and systems'. Employing peer workers in the mental health system significantly resets the balance of power and advances greater equity, rights, and justice for parents and families.

Many parents experiencing PMH challenges seek non-clinical, emotional wellbeing support from PMH Peer Workers, providing parents with a unique opportunity to speak openly and honestly with others who have experienced perinatal emotional wellbeing challenge(s). Providing a complementary support option, Peer-led postnatal wellbeing programs offer connection opportunities for vulnerable mothers who may otherwise feel isolated and alone. Self or externally imposed stigma, barriers to help-seeking behaviours, and maternal inability and / or reluctance to identify with mental health challenges and symptoms highlight the crucial need for PSW-led services during this vulnerable life stage. [x] PMH Peer Workers are an under-utilised asset that have great potential to bolster the sector to ensure parents and families have more accessible and timely support. The most integral impact a PMH Peer Workforce could have in the current climate is provision of interim PMH support options for those parents wait-listed to access clinical and therapeutical treatment.

The mental health needs of people at greater risk of poor mental health



Infants and young children (aged 0–5 years) are a vulnerable population and at increased risk of poor mental health outcomes when they have a parent with untreated perinatal mental illness. Experiences in infancy are particularly important because they affect the development trajectory, with identified risk factors, and harmful experiences and events leading to mental health problems[xi].

Identifying parents who are experiencing, or at risk of experiencing, PMH concerns is, therefore, vital. Approximately 23% of Australian children live in families where at least one of their parents has or has had a diagnosed mental illness[xii]. Children from families affected by parental mental illness are at 60% greater risk of experiencing mental health struggles compared to other children.[xiii] Enhanced connections with parents using a PMH Peer Workforce while providing treatment and support options is an effective strategy in promoting the wellbeing of infants and children.

Many new parents are under-prepared and lacking in knowledge of deemed 'normal' infant behaviour, particularly regarding sleep and settling. This results in unrealistic expectations for parents, with gaps between such expectations and the reality of early parenthood transitions directly impacting emotional and mental wellbeing outcomes for both parents and infants.
If parents are not treated within the perinatal period, cognitive delays have been identified in children as young as four years of age. This can lead to mental health issues for children later in life and significantly underestimates the emotional and financial impacts. Therefore, minimising risk factors and supporting the best possible mental health outcomes for infants and young children is crucial in prevention and de-escalation of associated adult mental health symptoms.

How investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support

Urgent attention to and investment in PIMH across the full continuum of care is needed. Investing in PIMH care will significantly improve health and wellbeing outcomes for Queensland families, including long term outcomes such as:

- improved overall health and wellbeing of young Queensland families (quality of life)
- reduced economic burden of perinatal mental illness
- reduced burden on health, education, youth justice, child safety systems
- positive impact on local neighbourhoods and communities, and
- increased awareness of PIMH, reducing stigma.

Recommendations

Peach Tree makes the following recommendations to the Parliamentary Inquiry:

Recommendation 1:

Address workforce shortages in specialist perinatal and infant mental health (PIMH) services

a. **Development and implementation of a Perinatal Mental Health (PMH) Lived Experience (Peer) Workforce training and professional development program**

b. **Funding support for clinicians (e.g. mental health nurses, occupational therapists, psychologists, and social workers) to upskill in perinatal and infant mental health specialisation/s**

Health professionals providing care to expecting parents, new parents, and parents of young children should have appropriate training and skills particular to this specialised area of practice. An integrated workforce strategy is required to offer a solution that resolves both immediate need and longer term supply of suitably qualified and trained PMH professionals.

Using a PMH Lived Experience (Peer) Workforce is an excellent health promotion, prevention, early identification and intervention strategy. Additionally, peer support is evidenced to be effective along the entire continuum of care, providing valuable connection, validation, safety, and a place of belonging for those parents with higher acuity of mental health symptoms.

The willingness, integrity, and aptitude of PMH Peer Workers in sharing their lived experience of perinatal emotional wellbeing challenge(s) is a unique and complementary addition to clinical professionals, community services, and program delivery.[xiv]

While broader mental health peer work qualifications exist (e.g. Certificate IV in Mental Health Peer Work, IPS, PeerZone), training specifically understanding the unique complexities of Lived Experience (Peer) practice currently does not exist in the perinatal mental health area. To fill this gap, Peach Tree has internally developed PMH Peer Worker training and currently applies training and supervision frameworks around the Peach Tree PMH Peer Workforce. Standardisation of PMH Peer Worker training and supervision requirements will ensure services facilitated can confidently fulfil the needs of attending parents while also supporting the peer worker themselves. A training framework specifically focused on the PMH Lived Experience (Peer) Workforce will also contribute to the broader education and capacity-building of peer workers within the mental health sector.

Establishing training and professional development, including communities of practice, for PMH Peer Workers would increase personal confidence and skills for delivery of:

a. mental health support services in a variety of health settings (e.g. hospital and community)
b. parenting programs and mental health literacy (education) workshops
c. social inclusion ‘villages’ to reduce loneliness and social isolation for parents and families.

There is increasing evidence to support the important contribution PMH Peer Workers make to the mental health workforce. A PMH Lived Experience (Peer) Workforce could work independently (e.g. Peach Tree) or could be integrated in a range of positions throughout the broader health system, including (but not limited to:

- Service navigation
- Peer Educators/Trainers
- LEx researchers
- Peer Mentors/Team Leaders
- Peer Human Resource Managers
- Consumer Representatives
- Advocacy (individual and systemic)
- Peer Counsellors
- Program Managers
- Peer Content Creators
- Peer Facilitators
- Mental Health Advocates/Spokespersons.

Professionalisation of the PMH Lived Experience (Peer) Workforce will reduce sector stigma and support recognition across the mental health workforce and community, helping lived experience (peer) workers to be better integrated into multidisciplinary care and other team settings.

Incentives need to be provided to encourage health clinicians to undertake training to specialise in PIMH. All health professionals (regardless of discipline) who interact with expecting parents, new parents, and parents with children aged 0–5 years should have a minimum knowledge and skill set to appropriately respond and care for this cohort.

Recommendation 2:

Caring for Mothers with Complex Trauma

a. **Development of specialist multi-disciplinary Perinatal Mental Health Community Team to service emotionally dysregulated parents and infants**
b. **Implementation of Mother–Infant Dialectal Behaviour Therapy (MI-DBT)**

The recent Productivity Commission Report highlighted that while the Australian Government has introduced universal screening for new parents (which will lead to increased diagnosis), there are insufficient referral pathways—there are now many helplines and triage services, but few referral pathways. It was further highlighted that supports are not always easy to find. Women have reported they do not know how to navigate the system and become overwhelmed.[xv]

Various key reform reports have raised the importance of investing in multidisciplinary models of service delivery outside of the MBS, to give the Australian population access to holistic healthcare and remove the current siloing approach that causes discipline friction.

A PMH Community Team would involve a small multi-disciplinary team, working together to provide integrated care for a parent and their infant. Teams would include a Perinatal Clinician (ideally including a Mental Health Nurse Practitioner), an Infant Practitioner, and a Peer Support Worker. Using a person-centred approach, care could include:

- service navigation
- group mental health education workshops
- infant care advice (bonding and attachment)
- social inclusion activities
- gateway to referral pathways.
- care co-ordination
- individual talking therapy/counselling
- day-to-day living skills
- physical health activities

Evidence shows that Dialectal Behaviour Therapy (DBT) is an effective therapy for treating those with complex trauma.; however, in the perinatal period, this therapy needs to be tailored to specifically address the mother–infant dyad. Dr Anne Sved Williams from the Helen Mayo Clinic (South Australia) has created an evidence-based Mother–Infant (MI) DBT framework and has been successfully running this program through the community NGO Neami National. Peach Tree recommends a similar approach be taken here in Queensland.

This type of support service is especially needed for women who have experienced Complex Trauma. When women have not mastered regulating their own emotions, helping an infant to settle may feel unmanageable, and a crisis rapidly develops. A mother with BPD/ERD may find infant care stressful, overwhelming, and difficult to sustain, so the infant remains unsettled and the mother's confidence in her parenting declines.[xvi]

Recommendation 3:

Specialist perinatal services for parents experiencing acute perinatal mental illness and/or suicidality

a. **Establishment of Mother–Baby Inpatient Beds and Hospital-to-Home service**
b. **Alternative crisis/acute care options to hospital ED for parents**

Specialist state-wide acute services are urgently needed. These units provide specialist care for women who require admission to hospital for significant mental health difficulties (such as severe depression, psychotic illness, eating disorders. etc.), *without being separated from her infant.* Specialist treatment options including EMDR, TMS, and ECT should be affordable and accessible for all who need it. Additional funding for 'Catherine House' at the Mater Hospital would enable more public beds to be available in addition to the four beds currently at the Gold Coast Lavender Unit. Further options for public hospital mother–baby units are needed to service other regional areas of Queensland.

There is currently no service which supports mothers leaving hospital inpatient services to exit and transition back into home and the community. Peach Tree is in early piloting stages of the 'Connecting Parents to Pathways' service, which would help mothers adjust and feel more secure returning to everyday life after hospitalisation.

Suicidality in the perinatal period is highly stigmatised and, for most parents, the fear of child safety services prevents them reaching out for help. Additionally, sitting for hours in an ED waiting room with infants/young children while experiencing a mental health crisis is highly unappealing and inappropriate. Work needs to be done with alternative to ED programs such as Safe Space and the Way Back Support Service to ensure these spaces are welcoming for parents and children. Mother–baby units need to be funded and resourced to accept suicidal emergency presentations. Awareness raising around child safety

interventions needs to occur to reduce stigma and fear, and reframe this service as supporting parents to be the best parent they can be under their current circumstances.

Recommendation 4:

Delivery of parenting programs and early intervention measures to increase parenting confidence and enhance parent/infant relationships

The National Children's Mental Health Strategy highlights the importance of empowering families to promote mental health and wellbeing as part of routine parenting. The importance of community-based approaches to health are also emphasised. Parenting programs should be promoted to all families at key developmental stages as a way of supporting child development.[xvii]

The perinatal period offers an opportunity to provide parents with education and guidance to support them in building strong, positive relationships with their children in infancy and in later years. According to a review conducted by the National Health and Medical Research Council (2017), the costs of providing antenatal and postnatal education and support to parents are outweighed by substantial benefits, including improved mental health for parents and children. There are benefits from programs that are offered to all parents, as well as interventions that target vulnerable groups.

In 2017 Peach Tree was allocated Lead Site funding by Brisbane North PHN to pilot and evaluate our Sunshine Parenting Program (SPP). The SPP is a six-week evidence based, early intervention parenting program, for postnatal mothers at risk of or experiencing postnatal depression and anxiety symptoms. Using trained LEx peer workers, the program delivers manualised content addressing contributing factors to emotional and mental wellbeing while parenting an infant. A robust external evaluation of the program evidenced improved outcomes of clinical and statistical significance for program participants[xviii]. Due to the success of the pilot, Peach Tree consequently became a Low Intensity (Brief Intervention) commissioned provider by Brisbane North PHN. More recently, Peach Tree has also become a commissioned service with the Brisbane South PHN to deliver the same program. Peach Tree now delivers the SPP across Brisbane North, Brisbane South and Moreton Bay regions and has had over 500 postnatal mothers referred into the program.

The Sunshine Parenting Program is one of the programs Peach Tree recommends and can be rolled out further across the State. This program should be free and accessible for any women who are at risk of or experiencing mild depression and anxiety symptoms as an early intervention to prevent further escalation of symptoms. The Circle of Security Parenting Program is another program that is internationally acclaimed and highly evidenced based. Peach Tree recommends this program should be completed by all persons who are expecting a baby or caring for an infant 0 – 5 years of age.

Recommendation 5:

Expand Parent Wellbeing Centres' where individuals and families can access treatment and psychosocial services in a safe, non-judgmental trauma informed environment.

All parents deserve and are entitled to be able to access the help and support they need to raise healthy families, regardless of race, gender identity, sexuality, financial position etc. Parent Wellbeing Centres would ensure equitable access to free support and act as a gateway to other services (including primary health care). Gateways to mental healthcare should be accessible, affordable, and empower people to make informed choices between a range of service and provider options that are evidence-based and clinically recommended for the individual, given their condition and circumstances.[xix]

The National Children's Mental Health Strategy proposes a model of integrated child and family wellbeing services. This model could provide:

- Information and evidence-based resources
- Parenting programs for families and carers
- Assessment and treatment planning for those referred by a primary care provider
- Multidisciplinary team care for those with complex needs. A multidisciplinary team would work together to support children and families with a variety of needs.

Peach Tree opened the doors to our first Parent Wellbeing Centre in October 2017. We have now replicated the centre across two additional locations in Brisbane. While these centres are still being established and not yet reaching their full potential (due to funding and resource constraints) they are laying solid foundations to become places where parents can seek and receive specialist PIMH integrated care, in compassionate, stigma-free environments.

Our Parent Wellbeing Centres can accommodate clinical, allied health, peer support, and other community-based services to provide expecting parents and existing parents of infants aged 0-5 years the treatment and psychosocial support they need to

be emotionally and mentally well. This model of care focuses on increasing support for mothers, fathers, and caregivers to improve emotional wellbeing while increasing parenting efficacy and confidence. Through provision of early intervention opportunities for parents, caregivers, and infants, long-term improvements can be made in future developmental, physical, cognitive, emotional and social wellbeing outcomes.

People experiencing social isolation are more likely to have higher levels of distress and mental ill-health and more likely to experience social exclusion. Parent Wellbeing Centres improve the ability of people with perinatal mental illness to participate socially and experience inclusion. Social inclusion is an important part of Peach Tree's service delivery model. Peach Tree provides social inclusion activities which are complementary to our mental health support programs, to help build a "Village" environment so that isolated parents feel they have somewhere to belong, where they can be open and honest about their parenting experiences. Our internal safety and quality controls, incorporating evaluation and feedback, indicate Parent Wellbeing Centres':

- successfully integrate both formal and informal treatment and support options for parents experiencing perinatal mental illness
- Reduces social isolation and loneliness that often accompanies and exacerbates experiences of mental illness
- Increases uptake of services by providing "soft entry" pathways into mental health and other relevant wellbeing services
- More mothers and fathers being connected into services, treatment and support
- Increases early intervention opportunities
- Increases parenting confidence and capability
- Improves infant mental health outcomes and lifelong trajectories, by working on parent-caregiver relationships in the critical First 2000 days.

Conclusion

Only through the provision of PMH Peer Worker lived-experience support provided through a variety of modalities, including Parent Wellbeing Centres, can Peer-led services and wellbeing programs create a safe, non-judgemental, and empathic space for parents within communities. An integrated approach across all levels of professional and organisational contributions to the PMH continuum of care can effectively and efficiently be complimented by the proven value of Peer-led support options ensuring parents' feelings of safety in seeking help during this vulnerable life period. Such collaborative support provides a much-needed sense of security for parents, enabling identification of emotional wellbeing challenges and PMH symptoms where they may otherwise be overlooked. This, in turn, supports parents to feel validated and heard allowing and encouraging parental self-efficacy and confidence. Integrated success along the PMH continuum of care will result in positive short- and long-term outcomes for those most in need - parents, their infants, and families.

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