COPE

Centre of
Perinatal Excellence

The perinatal period, which includes pregnancy and the year following the birth of a baby, is a time of great change in a woman's life placing her at significantly greater risk of developing emotional and mental health disorders.

The most common mental health disorders are depression and anxiety. Australian research indicates that up to ten percent of women (one in ten) will experience depression during pregnancy, and this increases to almost sixteen percent (one in seven) in the months following the birth of a baby[1].

Rates of anxiety are likely to be at least as high in the perinatal period[2].

Less common severe mental health disorders such as puerperal (postpartum) psychosis and bipolar disorder arise or recur and can place both the mother and baby at significant risk.

"It was the worst experience of my life. Worse than grief, worse than loss…there was nothing I could do about it and I was scared it would last the rest of my life."

The impact of mental health disorders during pregnancy and in the year following

Whether mild, moderate or severe, maternal mental health problems are known to have a significant impact – on all members of the family and the community.

When considering the financial cost to the community, the immediate cost of not treating depression and anxiety for births in one year is well in excess of $500M[3] (Box 1).

The personal impact of mental health disorders on the expectant or new mother

Depression and anxiety make it extremely difficult for new and expectant mothers to get through the day, let alone manage during pregnancy or respond to the needs of their infant or attend to other children. Many depressed mothers describe feeling no joy, like they are down a black hole, numb, detached, alone and unable to cope or interact with their baby or their life[4].

"All I wanted to do was to just crawl into bed and stay there, on my own, and everyone to go away – including my baby and my mum."

Those experiencing anxiety describe inner turmoil, overwhelming fear, constant worry that something was wrong with their baby and a disconnection between mind and body.

"I was very scared, I gradually lost the plot completely – constant panic, I thought I was going to die – and that they would lock me up and take away my baby."

Not only are these disorders highly debilitating for the mother, but mental health conditions can have more widespread detrimental effects on the developing fetus/baby and partner.

The impact of mental health disorders on the fetus/infant

We know that infant development is optimised when the infant is in a healthy and nurturing environment during pregnancy and postnatally. There is however emerging evidence suggesting that persistent maternal distress, depression and/or anxiety may have negative effects on the developing fetus and/or infant[5-8] in its first year of life[9-12].

These potential impacts vary greatly from one infant to another – with some children remaining unaffected. Importantly the research highlights the crucial need to minimise these potential impacts, through early identification, support and effective treatment.

Costs to the community in 2012

KNOWN COSTS

- Increased complications and poor birth outcomes ($200m)
- Direct treatment service and pharmaceutical costs ($79m)
- Reduced workforce and economic participation ($45m)
- Productivity loss and absenteeism ($310m)

UNKNOWN COSTS

- Costs associated with higher incidence of childhood illness
- Behavioral problems, mental illness and ADHD in childhood, adolescence and adulthood
- Delayed educational attainment in children
- Double the rates of conduct disorder/juvenile justice
- Marital breakdown/income support

Box 1

The personal impact of mental health disorders on the father and family

New and expectant fathers are also at significantly greater risk of becoming distressed at this time[13].

Depression in fathers in the postnatal period is associated with later development of mental health disorders in their children[14] and also increased distress and the risk of health disorders for the mother.

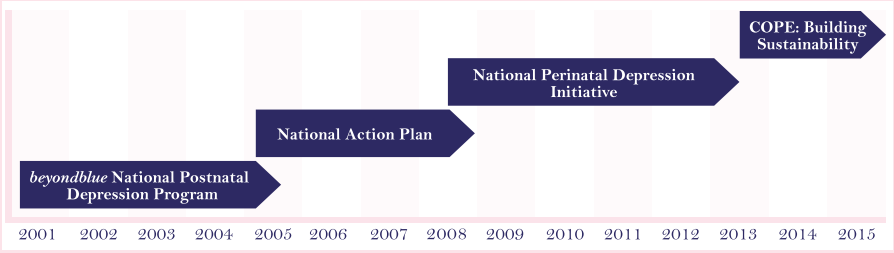
Those fathers living with, and supporting their wife/partner with a mental health disorder, are at increased risk of developing depression or anxiety themselves[15]. Many fathers describe experiencing grief and loss due to the lost emotional connection with wives/partners and a failure to have a joyful experience as a new father[16].

"The person I had known for years was just gone…she didn't respond to me or anyone."

For those women who experience severe forms of depression, anxiety, or other severe mental health conditions, admission to a psychiatric hospital setting is usually required to provide ongoing monitoring and treatment. This can be highly distressing for partners and family members and can cause significant disruption to the family unit.

Australia's response to date:

Australia has become a world leader in the area of perinatal mental healthcare. This has stemmed from significant investment in research[1], planning[17], and progress through the implementation of national screening and provision of support and care for pregnant women and new mothers under the National Perinatal Depression Initiative (NPDI)[18].



Current Challenges

Despite our great advances in Australia – many challenges remain.

1. **LOW LEVELS OF AWARENESS IN THE COMMUNITY**
   There is very low awareness of mental health problems that may occur during pregnancy[19]. Even commonly known conditions such as postnatal depression are misunderstood and generally confused with hormonal changes (the baby blues) or considered to be a normal part of pregnancy and having a baby. As a result, early symptoms are not recognised and treatment is not sought – ultimately increasing the risk that the condition will become more severe, and have widespread impacts on others.

2. **HIGH LEVELS OF STIGMA**
   One of the biggest challenges pertains to the high levels of stigma that currently exist – particularly amongst women themselves who may be finding it difficult to cope or are experiencing the symptoms of an emotional or mental health problem (self stigma).

   Becoming a parent is a time filled with hope and expectations. Women particularly, desire a perfect mother-baby experience from pregnancy through to the birth, breast-feeding and the months following. When these expectations do not become a reality, many women deny they need support or that they may be experiencing a mental health problem. Furthermore, women often place great expectations on themselves to live up to these ideals of motherhood. Many do not want to be seen as not coping and as a result do not speak up, seek or accept support, for fear of being viewed as 'a bad mother'[4].

"I wanted the experience to be so much – I wanted to make it lovely for everybody, so I kept playing the part. I felt like an actress in a role until I couldn't hold it together any longer."

"Although I started to feel like I wasn't coping, I didn't want to acknowledge it. I didn't want to be the one to say 'I can't cope' because I had an expectation of myself, as did others, that I would be the best mother in the world to these little girls."

3. **NEED FOR TRAINING AMONGST HEALTH PROFESSIONALS**
   The low levels of awareness coupled with high stigma highlight the key role of health professionals to engage sensitively with women and take the opportunity to assess mental health risk and status when delivering care in the antenatal and postnatal periods.

4. **ABSENCE OF EFFICIENT METHODS OF SCREENING, NATIONAL DATA COLLECTION AND RESEARCH**
   Currently all screening in Australia is undertaken using pen and paper methods which is placing significant demands on health professionals. Furthermore there is currently no national approach to collecting data to evaluate the impacts of screening outcomes for women, or ways of evaluating the effectiveness of treatments received. This needs urgent attention so that we can undertake vital research to ensure women are receiving timely, effective and appropriate treatment.

5. **INADEQUATE PATHWAYS TO CARE AND SUPPORT IN THE COMMUNITY**
   While the type of care or support needed varies from person to person, it is important that women and their families know where they can access information, support and effective treatment[20]. Health professionals also need to know where they can refer women for support and treatment following screening.

COPE: Centre of Perinatal Excellence

There is a clear need for a dedicated focus on perinatal mental health. In response to this, COPE will work in collaboration with others to achieve our six COPE objectives

GOAL 1: SUPPORT AND ADVISE THE NATIONAL PERINATAL DEPRESSION INITIATIVE (NPDI)

COPE works closely with all governments and *beyondblue* to continue the successful implementation of Australia's National Perinatal Depression Initiative across Australia.

GOAL 2: SUPPORT HEALTH PROFESSIONALS TO DELIVER BEST PRACTICE

COPE works to embed Australia's Clinical Practice Guidelines[19] through the development of innovative, practical tools, training and educational resources. Guided by the latest research evidence, these tools will support health professionals in the delivery of effective screening and management of perinatal emotional and mental health disorders.

GOAL 3: NATIONAL DATA COLLECTION AND ANALYTICS

In response to the absence of national data systems to track and evaluate the outcomes of screening, COPE will work with corporates and government to revolutionise current practice surrounding screening to inform practice.

GOAL 4: RAISE AWARENESS, UNDERSTANDING AND REDUCE THE STIGMA

Using innovative approaches to disseminate high quality, evidence based information, COPE educates new and expectant parents to inform and empower them to access safe and effective support and treatment. We also work with stakeholders to develop and implement targeted campaigns and strategies to raise awareness and, importantly, combat stigma.

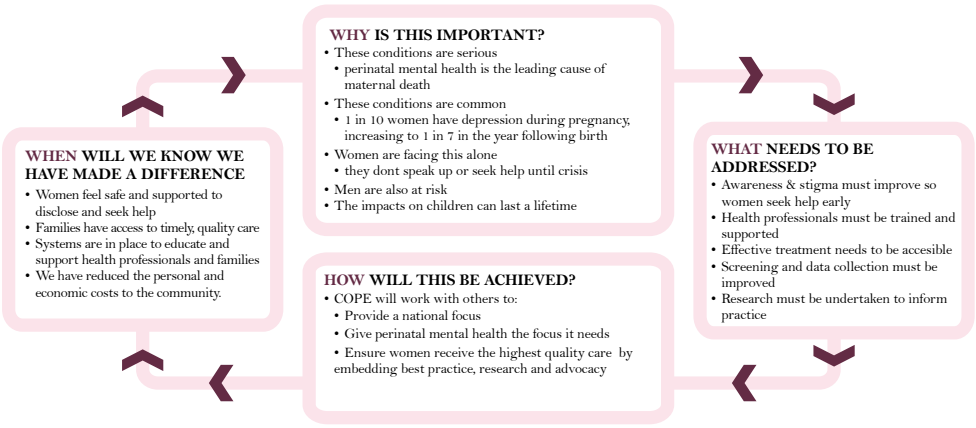
GOAL 5: INTEGRATION WITH SUPPORT SERVICES

COPE works with the range of local and state-based treatment and support services across the country to further promote pathways to effective treatments and support in the community, and ensure cohesive integration of these services into care.

GOAL 6: RESEARCH AND ADVOCACY

All work undertaken by COPE will continue to be informed by high-quality, evidence-based research. Through our ongoing work with leading experts and stakeholders, COPE works with others to undertake the much-needed research to inform future directions.

COPE Rationale



SUPPORT US

There are many ways that you can support COPE in our work. This may be in the form of donations, which can be made directly to COPE, workplace giving or undertaking community and corporate support and sponsorship activities.

Alternatively why not consider fundraising for us by participating in an established event (e.g. fun run) or holding your own fundraising event (e.g. mother's group morning tea, girls night, baby shower).

JOIN US!

Join us in our mission to raise awareness, reduce stigma and improve outcomes for women, infants and their families. You can get involved by joining us on twitter or facebook, donating and becoming part of our growing momentum.

"Unfortunately, there is still a stigma around depression generally, but I think particularly amongst women. We can be our own worst enemies - especially when it comes to motherhood. We need to stop giving each other a hard time and come together with love and support".

Together we can work to reduce the debilitating and often devastating impact of perinatal mental health disorders for women, infants, their families and the community.

Find out more about how you or your organisation can become involved, connect with us and be part of making a difference.

COPEorg

facebook.com/COPEorg

www.cope.org.au

info@cope.org.au

www.givenow.com.au/COPE

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