PANDA AND PERINATAL DEPRESSION AND ANXIETY

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PANDA

- Established in the early 1980s by people who experienced perinatal depression, for support and community/professional education
- Integrated professional/volunteer service model – peer suppport model
- Managed by a Committee of Management, employs staff and volunteers to provide helpline, web-based and training services
- Funded by Victorian Departments of Health and Department of Education and Early Childhood Development; Federal Department of Health and Ageing; fundraising

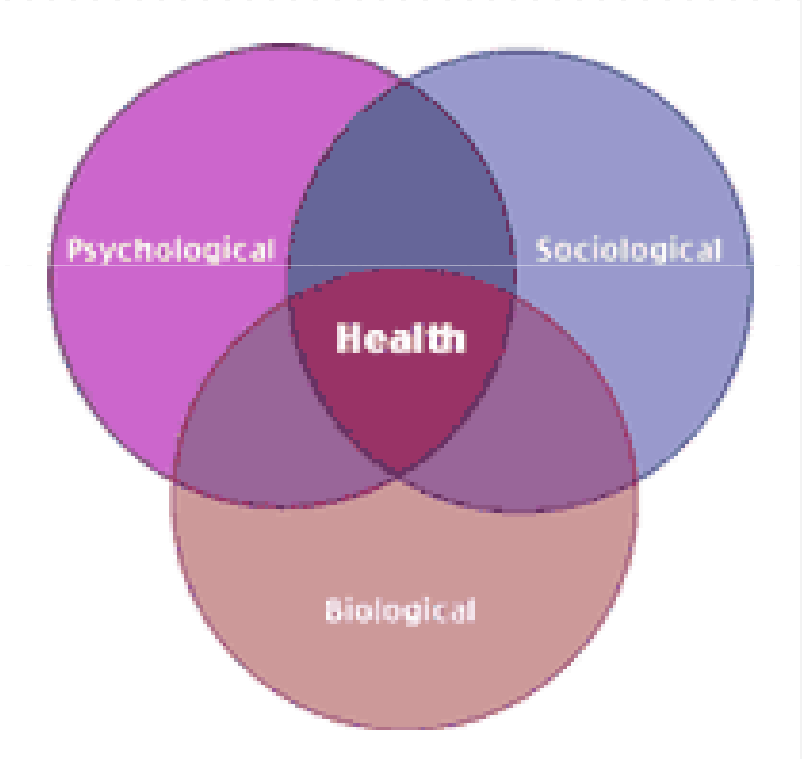
PANDA's Services

- Specialist perinatal depression helpline – national July 2010
- Resource and referral information - database of specialist PND services
- Information distributed to women and health professionals
- Website containing information and resources
- Assistance to health professionals and consumers in setting up support groups
- Information, education and training seminars for professionals and community groups
- Staff and volunteers as guest speakers for professionals and community groups

Objectives of PANDA's Helpline

- Single point of contact for specialist information, counselling and referral – accessible and acceptable
- Establishing caller's resources and preferences for care and recovery
- Source services and referrals to services – Database and investigations
- Educate caller about the use of services – access and barriers
- Provide follow up to ensure caller accesses, engages with and stays engaged with services
- Achieve significant and positive health outcomes for mental health of new parents, children and families

Biopsychosocial Model of Health and Illness



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Perinatal Depression

- Mental illnesses during pregnancy and after birth
- Significant interruption of transition to parenthood and new families
- Not good for the early lives of children
- Affects men and women – individually and as carers
- Important factors:
  - Continuum of severity of PND symptoms and dysfunction
  - Recovery can mean growth and change
  - Interventions need to address all areas and start early

Features of depressed parenting

- Poor understanding of the child
- Parenthood by proxy
- Poor management of stress
- Poor decision making skills
- Limited problem solving
- Poor motivation
- Impaired concentration
- Negative thought rumination
- Avoidance of the situation
- Isolation
- Sleep disturbance

What is most important?

- Early identification of perinatal depression and anxiety resulting in early access to coordinated care
- Consider the needs of the woman, partner, infant, children, extended family in practices
- Provision of information about perinatal depression, pathways to care and the process of recovery to the woman and her carers – informed consumers
- Provision of support to navigate the services and recovery

SPPI and PND

- Victorian Government's commitment to the optimal outcomes for children
- SPPI Guidelines identify the target groups – perinatal depression will be a feature of many families within these groups – often not diagnosed because of additional complex factors
- Perinatal depression and anxiety need to be identified and addressed in all local communities
- A coordinated response is important that provides a range of options for care and interventions

PANDA's role…

- PANDA has worked with a number of LGA's to help determine:
  - What are the needs of families with PND for support
  - What supports already exists in the community
  - What supports/programs are needed with a coordinated response (eg Municipal Early Years Plans)
  - What can PANDA provide to support this response?

Specifically…

PANDA has contributed to:

- PND network forums with key stakeholders
- Facilitation of professsional development sessions
- Training peers support workers
- Provision of PND resources – fact sheets, pamphlets, PND Support Group Guide
- Input into the development of PND support groups and supported PND playgroups
- 3 Community Information Forums
- 3 professional development workshops