PANDA works each day to provide support, information and hope to families across Australia affected by perinatal mental illness.
PERINATAL MENTAL ILLNESS is common

As many as 1 in 5 expecting or new mums will experience perinatal anxiety or depression.

Perinatal anxiety and depression affects around 100,000 families across Australia every year.

Postnatal psychosis affects 1 or 2 new mums in every 1,000.

As many as 1 in 10 expecting or new dads will experience perinatal anxiety or depression.

MESSAGE FROM CHAIR AND CEO

PANDA began its life 35 years ago with a dream to make a difference to new mums experiencing postnatal depression. We have come a long way since those days and each year, we support tens of thousands of families struggling with their mental health during pregnancy and in the year following the birth of their baby. We are incredibly proud of the positive impact generated by our services. An independent assessment in 2018 confirmed that our National Helpline delivers $69.8 million in economic benefits per annum from an investment of $1.4 million. We know that our impact is even bigger as this figure does not include the far reaching benefits from our full suite of services which together raise awareness; reduce stigma and help families to recover from perinatal anxiety and depression and postnatal psychosis.

Each year another 100,000 families in Australia will face perinatal mental illness. We still have plenty of work to do to break down stigma and ensure all families get the help they need in a timely way. This Strategic Plan builds on the important foundations laid down over many years. It represents a shared vision developed by PANDA’s Board and management team, with input from our generous stakeholders and our Community Champions who have experienced the illness.

In 2019 our brief has grown as well as our resources, determination and skill. Our new Strategic Plan acknowledges PANDA as a credible, capable organisation which effectively represents the experiences of families across Australia impacted by this common and serious illness. We have strong aspirations to build on our capability, reputation and broad support base, and leverage our recent accreditation as a mental health provider to further develop our expert knowledge and ensure best practice.

Over the coming four years we will:
- continue to provide our life saving National Helpline and build our online information and support services
- support the many health professionals who work with families with perinatal mental illness
- use our expert knowledge of the experience of families across Australia to influence governments, planners and health services to provide the best possible responses to families experiencing perinatal mental illness
- commence exciting new work encouraging workplaces to support perinatal mental health and
- continue to amplify the powerful voices of our Community Champions to promote awareness of this illness and break down stigma.

PANDA could not do this work without our many supporters – our donors (small and large), our community fundraisers, our corporate and government funders and most importantly the many, many expecting and new mums and dads who share their stories with us and allow us to share these with the world. These honest and powerful stories remind us every day of the importance of our work.

We have a big job ahead of us and we are excited by the challenge and driven to succeed.

TERRI SMITH
CEO

NICKI BATAGOL
Chair
Afaf’s story

Afaf’s son’s birth was very traumatic and stressful. Her husband worked full time, so it was up to Afaf to do most of the caring on her own. At the same time she was also struggling with her changed circumstances – no longer working full time and having to care for a baby constantly.

One night when her son was about three months old Afaf suddenly woke up having a panic attack. Then when she heard her son stirring in his cot and went to settle him, she suddenly felt terrified to pick him up.

“I didn’t understand what was happening,” she says. “I woke my husband and said I can’t pick up our son. He didn’t understand. He picked up our son and brought him over to me but I freaked out and had another anxiety attack. From that point on I felt I couldn’t be alone with my son, I didn’t think he was safe around me.”

On top of the anxiety she was also feeling a strange numbness. She started thinking her son would be better off being raised by someone other than her, but she kept it to herself because she was afraid of being seen as a failure as a mum.

One evening the extended family was around for dinner and Afaf tearfully confided in her aunt what she had been feeling. Afaf’s aunt told her she might have postnatal depression, which Afaf had never heard of.

“I just thought I was going crazy. I started researching online and came across PANDA’s website. I looked at the symptoms of postnatal depression and realised I had nearly all of them. At that point I felt a lot calmer as I then knew what was happening, so it felt less scary and confusing.”

Things then started improving. Afaf started seeing a psychologist and was also prescribed medication that was safe for her to take while breastfeeding. She also printed out some fact sheets from PANDA’s website translated into Arabic for her husband to read.

“He had struggled to understand what I was going through as he had never experienced anxiety or depression himself and had little understanding of mental health, as he grew up in a Lebanese culture that didn’t discuss such issues. As soon as he read the fact sheets he understood much better what was happening.”

“It was a big learning experience for me and my family and a bit of a culture shock for them. But as soon as they learnt what I was going through they provided me with ongoing support and that really helped me in my recovery.”

For 35 years PANDA has been supporting individuals and families to recover from perinatal anxiety and depression, and more recently, postnatal psychosis. During this time we have helped hundreds of thousands of Australians get much-needed information, support and treatment to aid their recovery.

PANDA grew from a small community-based organisation with its roots in metropolitan Melbourne, started by a group of women who had experienced postnatal depression and wanted to assist other mums with the same experience.

Today, as a national organisation, we operate Australia’s only specialist National Helpline to support women, men and their families affected by perinatal mental illness. Each day we receive calls from right across the country from expecting and new mums and dads struggling with the transition to becoming parents. Every day those callers are supported by someone who really understands how they are feeling and who knows how to help them take the first steps to recovery.

Through more than 10,000 contacts via our Helpline every year we have built a unique and in-depth understanding of the experiences of people living with perinatal anxiety and depression and postnatal psychosis. We are committed to using this specialist expertise to improve the way governments, health providers and family services support individuals and families.

We know that many families still don’t know to look out for the signs of perinatal mental illness – and delayed understanding and treatment cause unnecessary suffering. PANDA is committed to raising community awareness about this common and serious illness.

We do this through national and local media, whether TV, radio, print or online, and through both national and community-based events. We also create and distribute critical information, resources and stories about perinatal mental health via PANDA’s websites, social platforms and other channels.

At the centre of all this work are our hundreds of Community Champions who share their own stories of perinatal anxiety and depression and postnatal psychosis to help other expecting and new mums and dads to find the courage to seek help.

Directed by the voices of our Helpline callers and our Community Champions, PANDA remains true to our origins. Many of our volunteers, staff and Board members have experienced perinatal anxiety or depression. They bring with them a passion for making a difference. Our passion combined with our commitment to effective operations ensures the best possible benefit to families across the country.

Today PANDA is proud to be a specialist national consumer organisation supporting the mental health of expecting and new parents right across this vast and diverse country.

PANDA has been supporting Australian families for 35 years and has helped hundreds of thousands of Australians get much-needed information, support and treatment for perinatal mental illness.

PANDA is a specialist national organisation that raises community awareness of perinatal anxiety and depression and postnatal psychosis and provides support services to families to assist in their recovery.
Perinatal anxiety and depression can occur anytime from the beginning of pregnancy through to one year after birth. It is a serious and common illness, affecting up to one in five expecting and new mums and one in ten expecting or new dads. Every year it sends potentially devastating ripple effects through 100,000 families across Australia.

Postnatal psychosis is an even more serious illness, although it is less common, affecting one or two new mums in every 1000 births. Postnatal psychosis causes a range of serious and frightening symptoms and nearly always requires hospitalisation.

Perinatal mental illness does not discriminate – it can happen to any new or expecting parent, regardless of their culture, background, sexual orientation, socio-economic status or gender. However it is still not talked about very openly. There is still a great deal of stigma around perinatal mental illness, and many of those affected feel isolated and ashamed about their feelings.

In fact, the persistence of stigma around mental illness often causes new and expecting parents who are experiencing difficulties to delay seeking help. Yet we know that early intervention is the key to addressing perinatal mental illness. The sooner those who are affected seek help, the sooner they can recover. With the right support and early intervention most women and men make a full recovery.

Left untreated, however, perinatal mental illness can leave women, their baby and their families vulnerable to a wide range of negative and lasting consequences. It can have a devastating impact on nearly every area of life, including:

- pressure in parenting when there should be joy
- difficulties connecting with the baby
- relationship difficulties and breakdown
- parentification of older children
- suicide and/or infanticide
- increased risk of their partner experiencing perinatal mental illness.

The pregnancy and the first year after birth is a crucial time of development for the baby. Improving mum’s (and dad’s) wellbeing is important for both parents and the baby.

We want to be sure that any parent suffering with perinatal mental illness can recognise what is happening to them and seek help as soon as possible. This is why raising awareness in communities right around the country about this serious and common illness is a key component of PANDA’s Purpose.
While the focus of PANDA’s work is expecting and new parents affected by perinatal mental illness our community is much larger than that. The diagram below shows the various components of PANDA’s community.

We need to share our awareness message across the entire Australian population and rely heavily on traditional and social media to achieve this. We need to reach state and federal governments and agencies with responsibility for planning, funding and impact of perinatal services as well as health professionals and family services who are providing local support for families. We also see Australian workplaces as an important ally because they have an opportunity to share information and to support their employees through pregnancy and after the birth of a new baby.

**OUR COMMUNITY**

**PRIORITY AREA 1: AWARENESS**
Widespread community awareness and understanding of perinatal mental illness

**OBJECTIVE 1.1** Increased, community-wide understanding of the signs, symptoms and impact of perinatal mental illness

**OBJECTIVE 1.2** Reduced stigma surrounding perinatal mental illness

**OBJECTIVE 1.3** Workplaces understand the impact of perinatal mental illness and provide support to expecting and new parents

**PRIORITY AREA 2: RECOVERY**
Everyone experiencing perinatal mental illness can access effective services

**OBJECTIVE 2.1** Effective screening for perinatal mental illness

**OBJECTIVE 2.2** Parents experiencing perinatal mental illness seek and receive support quickly

**OBJECTIVE 2.3** A range of accessible service models allow parents experiencing perinatal mental illness to access person-led, family focused care at the right time

**PRIORITY AREA 3: CAPABILITY**
Health professionals are supported, skilled and equipped to provide the highest standard of care

**OBJECTIVE 3.1** Perinatal mental health is valued equally to perinatal physical health issues by health professionals

**OBJECTIVE 3.2** Health professionals have access to high quality and evidence-based training and resources to deliver best practice perinatal mental healthcare

**PRIORITY AREA 4: POLICY**
Governments, funding bodies and policy makers are sufficiently informed to make evidence-based decisions

**OBJECTIVE 4.1** Informed health policy at regional, state and federal levels

**OBJECTIVE 4.2** Funding and investment decisions are based on expert knowledge, lived experience and accurate data
### Priority Area 1: Awareness

**Objectives**

<table>
<thead>
<tr>
<th>Objective 1.1</th>
<th>Increased, community-wide understanding of the signs, symptoms and impact of perinatal mental illness</th>
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<tbody>
<tr>
<td>Objective 1.2</td>
<td>Reduced stigma surrounding perinatal mental illness</td>
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<tr>
<td>Objective 1.3</td>
<td>Workplaces understand the impact of perinatal mental illness and provide support to expecting and new parents</td>
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### Priority Area 2: Recovery

**Objectives**

<table>
<thead>
<tr>
<th>Objective 2.1</th>
<th>Effective screening for perinatal mental illness</th>
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<tbody>
<tr>
<td>Objective 2.2</td>
<td>Parents experiencing perinatal mental illness seek and receive support quickly</td>
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<td>A range of accessible service models allow parents experiencing perinatal mental illness to access person-led, family focused care at the right time</td>
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### Actions

<table>
<thead>
<tr>
<th>Action 1.1</th>
<th>Continue to build awareness of perinatal mental health through traditional and social media drawing on PANDA’s Community Champions Program and knowledge from PANDA’s Helpline to promote local and national awareness raising</th>
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<tbody>
<tr>
<td>Action 1.2</td>
<td>Develop and implement a national campaign to raise awareness and understanding of the incidence and impact of antenatal anxiety and depression to ensure early intervention</td>
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<tr>
<td>Action 1.3</td>
<td>Continue to build PANDA Week to focus attention on perinatal anxiety and depression and promote PANDA’s services and expertise</td>
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<td>Action 1.4</td>
<td>Raise awareness of the impact and incidence of anxiety both during pregnancy and in the year after birth</td>
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<td>Action 1.5</td>
<td>Build targeted programs to increase awareness in underserviced and harder to reach communities</td>
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<thead>
<tr>
<th>Action 2.1</th>
<th>Continue to promote prevalence data to normalise perinatal mental illness and reduce stigma</th>
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<tbody>
<tr>
<td>Action 2.2</td>
<td>Maximise the Community Champions Program to amplify the voice of those who have experienced perinatal anxiety and depression and postnatal psychosis to reduce both stigma and barriers to seeking help</td>
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<tr>
<td>Action 2.3</td>
<td>Increase the diversity of Community Champions to better reflect the population of expecting and new parents in Australia</td>
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<tr>
<td>Action 2.4</td>
<td>Build the Ambassador Program to break down stigma</td>
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<td>Action 2.5</td>
<td>Increase the diversity of consumer stories in all promotions including PANDA’s websites</td>
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<td>Action 2.6</td>
<td>Develop and implement a program to work with expecting and new fathers to raise awareness and break down stigma about perinatal mental illness for fathers</td>
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<tr>
<th>Action 3.1</th>
<th>Develop resources to assist workplaces to promote awareness and understanding of perinatal anxiety and depression for expecting and new parents</th>
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<tr>
<td>Action 3.2</td>
<td>Engage workplaces to support the mental health of expecting and new parents</td>
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<tr>
<td>Action 3.3</td>
<td>Increase workplace awareness of PANDA’s services, information and expertise</td>
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<tr>
<th>Action 4.1</th>
<th>Advocate for effective screening for perinatal anxiety and depression</th>
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<tr>
<td>Action 4.2</td>
<td>Promote the importance of valuing mental health screening equally to physical health screening</td>
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<tr>
<th>Action 4.2</th>
<th>Continue to build the National Helpline as a key service where parents can seek support</th>
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<tr>
<td>Action 4.2</td>
<td>Support families through high quality website information drawn from consumer experience</td>
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<tr>
<td>Action 4.3</td>
<td>Promote Mental Health Checklist to support expecting and new parents to understand their perinatal mental health</td>
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<tr>
<td>Action 4.4</td>
<td>Use Helpline data to identify and advocate for service gaps</td>
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<tr>
<td>Action 4.5</td>
<td>Promote the need for awareness of postnatal psychosis so that symptoms can be recognised early</td>
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<th>Action 5.1</th>
<th>Expand Helpline model to increase accessibility and choice</th>
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<tr>
<td>Action 5.2</td>
<td>Continue to develop partnerships with key organisations to further develop capacity to support diverse communities</td>
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<tr>
<td>Action 5.3</td>
<td>Advocate for and facilitate consumer involvement in the development of local, regional and state based services</td>
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</table>
POLICY
Governments, funding bodies, and policy makers are sufficiently informed to make evidence-based decisions.

OBJECTIVES

OBJECTIVE 3.1 Perinatal mental health is valued equally to perinatal physical health issues by health professionals.

OBJECTIVE 3.2 Health professionals have access to high quality and evidence-based training and resources to deliver best practice perinatal mental healthcare.

OBJECTIVE 4.1 Informed health policy at regional, state and federal levels.

OBJECTIVE 4.2 Funding and investment decisions are based on expert knowledge, lived experience and accurate data.

ADVOCATING FOR BETTER SERVICES
Contributing the voice of affected individuals and families to the way perinatal services and perinatal mental health services are planned and provided is an important role for PANDA. PANDA’s unique understanding of the real experiences of those affected by perinatal mental illness is leveraged to influence government, health organisations and health professionals nationally and in states and territories.

With a unique national overview from PANDA’s Helpline we make it our business to speak up for better services and care. National and state governments will continue to be an important target, as will national and state based conferences where we will present the lived experience to audiences of health professionals.

We will also continue to distribute tailored messages to thousands of health professionals via e-newsletter, direct email and traditional and social media, emphasising the importance of listening carefully to the concerns of their patients and providing a safe space for those potentially affected by perinatal mental illness to share their concerns and know they will be heard.

ACTIONS

3.1.1 Build the capability of health professionals to support early identification and treatment of perinatal mental illness
3.1.2 Undertake research into the consumer experience of perinatal care and the models of care which result in optimal outcomes for parents experiencing perinatal mental illness

3.2.1 All Australian pre-service midwife and Child and Family Health Nurse training to include PANDA’s perinatal mental health unit as an assessable component
3.2.2 Explore opportunities for inclusion of consumer voice in pre-service GP training
3.2.3 Contribute to health professional development opportunities to share PANDA’s unique knowledge and consumer experience
3.2.4 Engage with professional bodies/colleges etc to facilitate access to consumer input for ongoing professional development
3.2.5 Expand opportunities for promotion of PANDA’s consumer and health professional resources including to GPs, obstetricians, mental health professionals, midwives and Child and Family Health Nurses

4.1.1 Amplify the consumer voice and facilitate opportunities for consumers to contribute to perinatal policy development and planning
4.1.2 Develop a comprehensive, national consumer participation program
4.1.3 Influence all Primary Health Networks to consider the lived experience of perinatal mental health in regional planning and service provision

4.2.1 Contribute to all relevant national and state consultations to promote consumer experience of perinatal mental health
4.2.2 Use lived experience, traditional research and economic impact to influence federal and state funding decisions
4.2.3 Identify key knowledge gaps about lived experience of perinatal mental health and seek funding/partnerships to address these gaps
4.2.4 Develop and promote a State of the Nation report to document the lived experience of perinatal mental health across Australia
Case Study

Postnatal psychosis is a serious mental illness that affects one to two new mothers in every 1000. It is a potentially life-threatening condition that nearly always requires hospitalisation. And for Wollongong mother Gabrielle Micallef, it consumed her first months of parenthood – twice.

After the birth of her first boy, Gabrielle knew she wasn’t feeling right, but as a new parent learning the ropes she had no way of knowing what was normal and what was not. “I felt my mood plummet. I became teary, felt very overwhelmed and had no confidence in myself to care for this vulnerable little human,” she says.

Gabrielle’s GP prescribed medication and referred her to a psychologist, but she continued to worsen. She remembers shutting down. She became a shell of her former self. She stopped talking and eating. Sometimes her thoughts were racing, at other times she just felt completely numb.

“I could barely function. Engaging in basic care for myself and my baby was impossible. I pushed my poor beloved husband away. The illness made me not want to trust him and my mind had me believing that he was doing ‘bad’ things behind my back and also wanted to harm the baby.

Gabrielle received psychiatric assessment and treatment relatively quickly. But recovery was painfully slow. The scariest psychotic symptoms started to subside with medication, but she continued to suffer ongoing symptoms of depression and anxiety. She felt exhausted, depressed and lacked confidence in herself and her skills as a mother.

With support from friends, family and her church Gabrielle finally made it through the darkness. But it wasn’t her last experience of postnatal psychosis. After a period filled with renewed hope and optimism, Gabrielle became pregnant again. This time she was sure she’d be prepared – but despite all their preparations and awareness the illness descended again. Gabrielle again experienced delusional thoughts and struggled to function. This time she ended up in a psychiatric ward.

“It was extremely frightening and I felt like a prisoner. I wasn’t with my young baby and that completely tore me apart. I couldn’t believe I’d won the postnatal psychosis lottery twice.”

Gabrielle has recovered now, and looking back, she can take positives out of her experience: “Even though postnatal psychosis comes out of the blue and is scary, painful and traumatic, it is treatable and you can recover. There is hope.”

As a consumer-led organisation with genuine specialist expertise informed by the experiences of people affected by perinatal anxiety and depression and postnatal psychosis, PANDA has a crucial role in representing these experiences to improve outcomes for families across Australia.

To ensure our voice is truly driven by the experiences of real people affected by these illnesses, and to place the consumer experience as central to all our communications and advocacy, PANDA draws on the following strategies:

- We share data from PANDA’s National Helpline and other program areas to highlight the authentic experience of perinatal anxiety and depression in Australia.
- Where possible we use the personal and inspirational stories of women or men affected by perinatal anxiety and depression, including our Community Champions.
- We use direct quotes from those we support to bring to life the real experience of perinatal anxiety and depression and to provide hope for those currently struggling with the illness.
- We also draw on individual feedback from Helpline callers and input from PANDA’s Community Champions and Community Education Volunteers.

These strategies are used in developing PANDA’s key communications including resources (website material, brochures and information sheets), media comment, policy statements, health professional training and general advocacy.

There are also many other symptoms not listed here. If you experience any symptoms or feelings that worry you for two weeks or more, please seek support.
To achieve our Strategic Priorities we will rely on the following enablers.

**OUR PEOPLE**
Attract and retain quality staff with a wide range of skills and experience to deliver PANDA’s important services
Engage our Community Champions, Peer Support Volunteers and Community Education Volunteers to support PANDA’s work

**OUR SUPPORTERS**
Build on existing funding support from federal and state governments, and explore further options for corporate and philanthropic support to ensure financial stability and expand our services

**OUR PARTNERS**
Collaborate with service providers, organisations representing specific target groups, researchers and health professional bodies to improve our work and extend our reach

**OUR KNOWLEDGE**
Draw on our internal and external research, and leverage the thousands of stories shared through PANDA’s Helpline to continue to build our expertise

**OUR TECHNOLOGY**
Explore opportunities provided by smart technologies to share information and maximise our reach and impact

PANDA relies on the wonderful generosity of many people and organisations to support the mental health of expecting and new parents struggling with the transition to parenthood.

We are supported financially by a number of organisations and businesses ranging in size from small owner-operators up to significant corporate players. We also join with business to help raise awareness by sharing our information and resources through their networks.

As a business, you can help raise awareness about perinatal mental illness by:
- Distributing PANDA’s information and stories through newsletters, websites and social platforms
- Sharing knowledge and stories within your organisation through your internal communications channels.

At PANDA we recognise that business has a critical role to play in helping expecting and new parents, both within their workforces and also in their wider networks, to better understand perinatal mental illness.

**HELP SUPPORT EXPECTING AND NEW PARENTS**
Each of our supporters, whether large or small, believes passionately in helping PANDA to support the emotional and mental health of expecting and new parents across Australia. By working with PANDA, they also receive a range of benefits including aligning with a health issue that affects 100,000 Australian families every year and demonstrating through their support a strong commitment to expecting and new parents.

We are grateful to the many small businesses that generously allocate a portion of their profits or fundraise to support our work and to the larger businesses who contribute significant financial support for components of PANDA’s work.

If your organisation or business sees the benefits of making a positive difference in the lives of mums, dads and families across Australia, please reach out to us today.

**DONATE, FUNDRAISE OR VOLUNTEER!**
As an individual there are also many ways you can get involved to support our crucial work:
- Make a donation
- Organise or attend a fundraising event such as a lunch, barbecue, dinner, cinema screening, trivia night, stall at a local market or a morning tea or picnic.
- Take part in fun runs or other physical challenges or sporting events
- Make regular gifts from your pre-tax income through your workplace.

If you have experienced perinatal mental illness, you can apply to join our PANDA Community Champions program. These fabulous mums and dads help us raise awareness, reduce stigma and share a message of hope and recovery.

**THE PRICELINE SISTERHOOD FOUNDATION**
The Priceline Sisterhood Foundation has been a generous and loyal supporter of PANDA’s for many years. We are particularly grateful to the Foundation for their financial support in enabling this comprehensive strategic planning process.
Clarissa's story

During the first three months after the birth of her second daughter, Clarissa found she wasn't feeling the same bond that she had with her first daughter. Her new baby, Madeleine, had trouble breastfeeding, which added to Clarissa's stress levels and affected everyone's ability to sleep.

“I felt frustrated that she wouldn’t feed properly or go to sleep when I wanted her to,” says Clarissa. “It was a shock to me how hard it was, and I just felt quite annoyed, like it was her fault. A bit resentful that she was keeping me up at night and all I wanted to do was sleep.”

Clarissa felt very emotional during these early days too. “I would get very upset and cry over the smallest things. I also needed more help than I had with my first daughter. I would lie in bed all day, leaving my husband to do most of the caring, just coming out to feed Madeleine then going back to my bedroom to disappear. I didn’t feel motherly at all. Just no connection.”

Clarissa increasingly started to feel like her kids would be better off if her husband raised them. “I felt like I wasn’t a good enough mum. I didn’t want to care for them, but I also didn’t want them to see me angry or depressed. I just wasn’t in the right frame of mind to raise them.”

It was at this point that Clarissa as well as those around her – particularly her husband and wider family – realised something was very wrong. Clarissa organised to speak with a counsellor she had previously seen, who suggested she might be experiencing postnatal anxiety and depression and might do well to see a doctor.

The GP confirmed this diagnosis and prescribed anti-depressant medication for Clarissa. Within a month or two, with the medication making a huge difference and Clarissa continuing to see her counsellor and GP, Clarissa felt she had things well and truly back on track.

“I started going out a lot more, connecting with others again and also rebuilding that bond with my daughters. Once I sought professional help things improved quite quickly actually. I suppose I was lucky that the medication helped so quickly, as I know it doesn’t always happen that way.”

Our Language

We know that language is powerful. The language we use is important because it helps change attitudes. We have given careful consideration to the language we use in this Plan.

The reasoning behind some of the key terms is described below.

**Antenatal** - this describes the period from conception up until the birth. We use this interchangeably with ‘during pregnancy’.

**Babies** - we all know what a baby is but sometimes in health services and research babies are called infants. We prefer the more inclusive term baby!

**Parents and Families** - we recognise that families come in all shapes and sizes and PANDA is here to support everyone. When we talk about parents and families we recognise that not all families have a mum and a dad. Single mums or single dads, LGBTIQ parented families and extended family groups are all included when we talk about parents and families.

**Perinatal** - while we generally steer away from medical terms in favour of common use language we do use the term perinatal. Perinatal describes the time from the beginning of pregnancy up to one year after the birth. We have also adopted this term in our name.

**Perinatal Mental Health** - this is what we are aiming for across the Australian community. We use this positive term to remind everyone that looking after your perinatal mental health is as important as looking after your physical health.

**Perinatal Mental Illness** - this is a broad ranging term which incorporates the range of mental illnesses that can be experienced during pregnancy and in the year after birth. While depression is the most well known of these illnesses, anxiety is at least as common and can have serious impact. Perinatal mental illness also includes the less common but very serious condition of postnatal psychosis.

**Postnatal** - while we generally talk about the year after birth we do also use the term postnatal because it is quite well understood in the community.

**Postnatal Psychosis** - is typically referred to as postpartum or puerperal psychosis in medical settings but for this serious and little known illness we use ‘postnatal’ as it is better understood.

**Pregnancy** - this describes the period from conception up until birth. We generally use pregnancy rather than antenatal (a more medical term).
National Perinatal Anxiety & Depression Helpline:

1300 726 306
Monday - Friday 9:00am - 7:30pm AEST/AEDT

www.panda.org.au
www.howisdadgoing.org.au