Real stories building knowledge and specialist perinatal mental health support
PANDA’s National Perinatal Anxiety & Depression Helpline conducts more than 10,000 conversations every year with women, men and families struggling with perinatal mental health issues. These stories provide a wealth of knowledge and understanding about this complex illness and drive our specialist perinatal mental health support services.
While PANDA commenced our work 30 years ago in Victoria, since 2010 we have operated at a national level both raising awareness of perinatal anxiety and depression and providing support services to affected families.

Perinatal anxiety and depression is a serious and common illness. Recognising symptoms, seeking help and receiving appropriate assessment, education, treatment and support minimises the risk of potentially devastating outcomes for new parents, their baby, the broader family unit and society. These devastating outcomes include attachment trauma, relationship breakdown, suicide and infanticide.

At the core of our work is PANDA’s National Helpline. This is the only national specialist perinatal anxiety and depression service.

In addition to PANDA’s National Helpline we also provide the following services:

- PANDA’s two websites www.panda.org.au and www.howisdadgoing.org.au provide important information and support for families across Australia. The heartfelt and compelling stories from women and men who have recovered from their experiences of perinatal anxiety and depression provide a vital source of hope.

- Secondary consultation to health professionals.

- Resource and referral information – for local support services throughout Australia, including support groups and health professionals.

- Intensive Support & Service Coordination Program – staffed by professional counsellors this program works with high need families to secure effective service options while also offering counselling / support. This program is provided across Victoria and in Metropolitan Adelaide.

- Health professional and community education activities (Victoria).

- Assistance setting up and supporting support groups and supported playgroups (Victoria).

- National awareness raising – targeted through the annual Perinatal Depression & Anxiety Awareness week but supported through public and media awareness raising activities throughout the year.

- New Community Champions Program building a national network of women, men and families affected by perinatal anxiety and depression to support local awareness raising.

- Online forums in partnership with SANE.

WHEN I WAS IN CRISIS IT HELPED SO MUCH TO BE ABLE TO TALK TO PEOPLE WHO UNDERSTOOD WHAT I WAS GOING THROUGH.
RISK IN THE PERINATAL PERIOD: KEY FACTS AND SOBERING STATS

Undetected
Postnatal depression is serious, prevalent, and treatable and most cases go undetected in current best-practice care (Milgrom & Gemmell, 2015).

Long term effects
Untreated perinatal depression and anxiety are associated with short and long term adverse consequences for the mother, her baby and the family (Marcus et al., 2011).

High risk time
The perinatal period is the time in a woman's life she is most likely to experience a mental health crisis. Internationally, 1 in 5 women will experience a perinatal mental health disorder within one year of the birth of a baby (Johnson et al., 2011).

Increased risk of maternal suicide
During the perinatal period women with depression are at increased risk of maternal suicide. In the postnatal period there is increased risk of infanticide, and decreased maternal sensitivity and attachment with the infant (McLearn, Minkovitz, Strobino, Marks, & Howu, 2006).

Suicide is one of the leading causes of maternal death in the first year after birth (Austin et al., 2007).

Antenatal risk
40% of women diagnosed with depression at 12 weeks post birth report having experienced symptoms during pregnancy. (Department of Early Childhood Development, 2013).

Around 30% of pregnant women with depression experience suicidal ideation (Gold et al., 2012).

Pre-existing mental illness
It is common for parents to experience a relapse in pre-existing mental health issues during the perinatal period. In PANDA’s last reporting period, 47% of National Helpline callers had a prior mental illness.

Family violence
Pregnancy has been identified as a time of high risk for women experiencing domestic violence (Gartland et al., 2011).

Over half of women who experience physical partner violence do so during pregnancy; one quarter first experience such violence from their partner while pregnant (ABS, 2013).
PANDA AS EXPERT

PANDA is in a unique position in Australia. Our daily conversations with families across the country from conception through to one year post birth, about general transition, anxiety or depression, and acute perinatal mental illness have given us extraordinary insight into this illness as well as the barriers to care faced by these vulnerable families at this critical life stage. We are committed to sharing this experience of the ‘lived experience’ of perinatal anxiety and depression to improve service responses for all.

Secondary consultation
PANDA staff regularly consult with health professionals across the country to support their management of patients with perinatal anxiety and depression. Through this work we are able to build the capacity of health professionals to respond to disclosures of perinatal distress. It is crucial that when new parents find the courage to discuss concerns about their emotional and mental health they receive a response that harnesses this moment of readiness.

Bringing a perinatal lens to mental health services
Some of PANDA’s work involves assisting general mental health practitioners and services to understand the significance of the perinatal period and its implications for effective support of families experiencing perinatal anxiety and depression. Context is crucial when providing mental health services to new parents. We are able to help mental health professionals to consider the needs of both the individual and the child to support appropriate outcomes for both parties.

Bringing a mental health lens to perinatal health services
While Maternal / Child health Nurses, midwives and obstetricians have strong clinical skills in perinatal health their training often focuses on physical health and so they will not routinely address psycho/social issues. In supporting these health professionals through secondary consultation we have learnt they are often not equipped with the confidence or skills to identify and respond to emotional and mental wellbeing.

Bringing a perinatal and mental health lens to general services
There is a lot of pressure on General Practitioners to be experts in everything. Through our Helpline we understand that while dealing with the general health of a mother (or mother to be) and child GP’s sometimes miss or minimise presentations of perinatal anxiety and depression. We have very positive engagement with GP’s seeking assistance in managing patients with perinatal mental health issues. We sometimes contact GP’s to let them know about our discussion with a mum so that they can be prepared for the patient’s next visit. Our support can help doctors understand that a vulnerable mum having difficulty leaving the house can struggle to face a busy doctor’s surgery and then face a very difficult conversation. Perinatal mental health is extremely complex.
PANDA’S NATIONAL HELPLINE: A UNIQUE PURPOSE

PANDA’s National Perinatal Anxiety & Depression Helpline is the only national dedicated perinatal mental health service. Funded in July 2010, it is unique in its purpose: to address the specific emotional and mental health needs of expecting and new parents and to minimise the risks of potentially devastating outcomes associated with unrecognised and untreated perinatal mental illness.

Callers to PANDA’s Helpline are supported by someone who really understands how they are feeling and knows how to help them take the first step to recovery. PANDA’s Helpline is run by an integrated workforce of professional staff and peer support volunteers. This ensures the service is effectively informed by people who have personal experience of postnatal anxiety and depression and has the additional benefit of providing a volunteer workforce to compliment the paid telephone counsellors.

Every day on PANDA’s Helpline we learn about the experiences of families across Australia as they deal with perinatal anxiety and depression. While perinatal anxiety and depression is common (affecting around one in seven expecting and new families) most families are caught completely by surprise when it happens to them. Unfortunately in many cases this means people are slow to recognise what is happening to them and therefore slow to seek help.

An outgoing follow-up service is crucial to PANDA’s service delivery model. These calls are generally taken by PANDA’s peer support volunteers. The perinatal period is one of high changeability and volatility. Perinatal and child health services are not set up to adequately respond to potentially emergent needs between routine appointments.

Outgoing Helpline calls focus on assessment and monitoring of biological/psychological and social contributing and protective factors, and provision of support in accessing referred services if obstacles have been encountered.

Many callers speak of difficulties in expressing their needs or in not having their needs and concerns taken seriously by health professionals. The Helpline provides a key role in helping to overcome these obstacles. Each caller is actively encouraged to talk to their GP and family/child health nurse.

Follow up also provides the opportunity to monitor any identified risk or emergent mental health concerns and revisit safeplans or the need for interventions.

HIGHLIGHTS OF PANDA’S HELPLINE ACTIVITY DURING THE FINANCIAL YEAR 2015-2016 (COMPARED TO 2014-2015)

- 21% Increase in total calls to & from the Helpline
- 44% Increase in new callers
- 200% Increase in advocacy/referral calls

"I felt supported, encouraged and listened to. The follow-up calls were very helpful as it was very difficult for me to make the first call, I probably would have not followed up on treatment if I was left to my own devices."
NATIONAL HELPLINE OVERVIEW:

The majority of callers to the Helpline are women. Most callers to the Helpline are calling after the birth of their baby. Given the high incidence of antenatal anxiety and depression we would like to reach more women during pregnancy.

While most callers are calling about themselves 13% are calling about their partner, family member or friend. A significant number of calls are from health professionals consulting about a patient.

A significant number of callers have a personal or family history of mental illness. 50% Personal mental health history 18% Family mental health history

Age of caller: Compared to birth data older mothers are overrepresented in callers to the Helpline.

Delay in seeking help
It is recommended that expecting or new mums and dads seek help if their symptoms persist for more than two weeks but many callers to PANDA's Helpline have waited much longer.

More than a quarter of callers to PANDA have not told their partner how they are feeling and two thirds of callers haven't told their GP about their perinatal anxiety and depression.

Expectations
59% of callers speak of significant distress created by the disparity between their expectations of new parenthood and the reality of their experience. Education about the reality of parenting is important to reduce this risk factor.
As a telephone based service PANDA is highly accessible to rural Australians. Our caller data shows rural callers in Victoria and NSW exceed the rural population average; and for Queensland, Tasmania and South Australia caller numbers closely match the rural/metropolitan population spread. There is room for greater access to PANDA’s core services for rural families in Western Australia and the Northern Territory. For Western Australia in particular the limitations in our service hours are a barrier to access.

PANDA’s ongoing support through the National Perinatal Anxiety & Depression Helpline can be a lifeline for isolated families. While some callers will need additional support a significant group find that initial and ongoing support from PANDA is enough to help them find their way to full recovery. PANDA’s capacity to normalise the experience and support the caller at this crucial time is an effective and cost effective intervention that has a positive impact not just on the mother and baby, but on the whole family.

“IT’S HARD HERE ON THE FARM BUT HAVING THEM CALL ME BACK MADE A HUGE DIFFERENCE.”
There is limited community awareness that men can experience perinatal anxiety and depression. While paternal postnatal depression is reliably estimated at one in ten fathers there are less conclusive studies of anxiety in fathers. This mirrors the lack of reliable anxiety data for women in the perinatal period.

Just 12% of callers to PANDA’s National Perinatal Anxiety & Depression Helpline are men. Of this group 65% make contact about their partner’s health and the remaining 35% about their own perinatal mental health.

Like many new mothers, men can also be impacted by the expectations of the great joy of bringing a new baby into the world. Like many women, some men will find the transition to their new role very difficult. As for maternal perinatal anxiety and depression, paternal perinatal anxiety and depression can impact the child’s future development.

Men from all walks of life, and all cultures, including those who generally feel confident and assured, can experience anxiety or depression as part of becoming a parent. However, it’s those men who feel unsupported or who lack information about what to expect with pregnancy or childbirth who are likely to be at greater risk.

A new look for dads

Last year we introduced a new branding look and feel for PANDA. A logical extension of this was the update this year of our How Is Dad Going resources, including a dedicated men’s website. These resources address the specific needs of dads – both dads supporting their partners with perinatal anxiety and depression and dads experiencing perinatal anxiety and depression themselves. We look forward to further developing these resources over the coming year.
COMMUNITY EDUCATION

Our Community Education Program currently runs only in Victoria. Through this program PANDA Community Education Volunteers draw on their personal experiences to raise awareness of perinatal anxiety and depression and to encourage people to seek help early for mental health issues. This peer support model is central to PANDA’s education and Helpline programs and ensures that the lived experience of those who have been affected by perinatal anxiety and depression is shared to provide connection and hope. It is also an important step in breaking down stigma which is too often associated with mental health issues and encourages people to seek help.

Our volunteers have the opportunity to speak in a range of forums including local ‘first time parent’ groups, playgroups and diverse community groups. Our volunteers have also shared their stories with local and national media. It takes enormous courage to share these personal stories.

We greatly appreciate the support and commitment of all our volunteers.

EDUCATING HEALTH PROFESSIONALS

Our Community Education Volunteers also play an important role in the education and capacity building of health professionals to more effectively identify and respond to families at risk of perinatal anxiety and depression. Their moving stories of recovery are a powerful way to bring to life the many faces of perinatal mental illness and the obstacles parents face in accessing support.

“BRILLIANT SESSION, CONTENT WAS VERY RELEVANT TO MY PRACTICE. INCLUSIVE AND MADE EVERYONE FEEL RELAXED. I ENJOYED THE USE OF REAL LIFE SCENARIOS, PRACTICE TIPS, LIVED EXPERIENCE STORY . . . UP-TO-DATE STATISTICS WERE VERY HELPFUL.”
PANDA’s workshop program this year reached more than 200 professionals (maternal and child health nurses, midwives, psychologists, social workers, counsellors, family support workers and GPs) seeking to learn more about perinatal anxiety, Fathers and non-birth mothers and complexity in the perinatal period. These workshops provided an important opportunity to share PANDA’s specialist expertise drawn from extensive daily contact with expecting and new parents and service providers across Australia. Community Education Volunteers are always a highlight of the day with their stories bringing a personal face to the evidence base that underpins the program.

2015-2016 has seen considerable development in the relationship with, and support offered to, Maternal and Child Health Nurses (MCHN) through the development and implementation of a core curriculum unit in the Postgraduate courses in Maternal Child Health Nursing at La Trobe University and RMIT. Combined with placement opportunities for these students PANDA is making an impact on the way Maternal Child Health Nurses seek to understand and respond to the emotional and mental wellbeing of families.

We also provided inservice professional development sessions at MCH centres on Risk in the perinatal period, Perinatal mental illness and recovery and How to have difficult conversations. Secondary consultation is a much sought after service offered to health professionals who may be unsure how best to support a patient presenting with perinatal distress. Secondary consultations have been sought by GPs, emergency department staff, MCH, family support and refuge workers, child protection and midwives.

SUPPORTED PLAYGROUPS

PANDA’s Supported Playgroups and Training Coordinator trains and supports playgroup and support group facilitators across Victoria to recognise and respond to parents who are at risk of, or experiencing perinatal anxiety and depression. These groups play an important role in the community and PANDA’s guidance, training and ongoing support helps ensure the facilitators are well placed to identify and assist parents who might be affected by perinatal anxiety or depression.

PANDA’s Online Group Facilitator’s Network has been developed in response to an increased need for networking and communication options for a diverse state-wide workforce with limited resources. Members participate in online discussions on issues related to perinatal anxiety and depression, its impact on parental and child wellbeing, and the importance of play and social connection. The practice forum is also used to discuss group process, practice tips, and to increase sector collaboration.
We want expecting and new parents to know that perinatal anxiety and depression is common and what the signs and symptoms are, so that if it affects them they can recognise it and seek help early. Early intervention is the key to early recovery yet still many families don’t recognise the symptoms of anxiety and depression in the perinatal period. So a key part of our work throughout the year is raising awareness of this important issue.

We are always looking for an opportunity to get our message across! While we always love to see PANDA’s messages in the traditional media we maintain an important focus as well on online media outlets.

Over the last year PANDA has had the opportunity to spread our important message through National television, local and State radio, National and State press and community newspapers.

Our Facebook and Twitter engagement have also provided rich opportunities to share messages. We love the immediacy of these platforms where people can contribute their comments and sometimes their experiences to the discussion. We have great support from online publications – an important information source for new mums. Mamamia, Essential Baby and kidspot have regularly reported important messages about perinatal mental health throughout the year.

We were pleased to lead two segments on national TV, on the Project and the other on Today Extra.
Perinatal Depression & Anxiety Awareness Week was established by PANDA in 2005. For more than ten years PANDA has been leading the perinatal mental health sector in promoting the Week as an opportunity to raise awareness about perinatal depression and anxiety – as well as raising PANDA’s profile as a perinatal mental health knowledge expert and specialist service provider.

In 2015 PANDA collaborated with a number of key sector partners to add an ‘A’ for Anxiety to the name of the week to create Perinatal Depression and Anxiety Awareness Week. This gave PANDA an opportunity to raise awareness about anxiety as a serious illness that affects up to half of those struggling with perinatal mental illness, as well as providing a more overt reference to the PANDA name.

Our 2015 awareness raising campaign reached nearly 4 million people in communities across the country via more than 400 media appearances. This breadth of coverage translated to significantly increased traffic through to our National Helpline, our website panda.org.au and howisdadgoing.org.au, which in a practical sense means more families supported through perinatal anxiety and depression.
LUNCH OUT LOUD:
STARTING IMPORTANT CONVERSATIONS AND RAISING MUCH-NEEDED FUNDS

In 2015 PANDA launched a new initiative to raise awareness about perinatal anxiety and depression and also funds for the ongoing support of expecting and new mums and dads suffering from anxiety and depression.

Lunch Out Loud was planned as a lead-in and to accompany Perinatal Depression and Anxiety Awareness Week, but also to function as an ongoing campaign to encourage individuals and organisations to get together around food – whether a picnic, a BBQ, a formal dinner or a large scale banquet – to talk ‘Out Loud’ to have open and honest conversations about the joys and challenges of parenthood.

Funds raised from the initiative would help ensure PANDA can continue to raise awareness about perinatal anxiety and depression and help ensure women and men seek help early and don’t suffer any longer than they need to.

We were excited to see a number of PANDA’s supporters get behind this new initiative and will build further on this in the coming years.

“One call to PANDA and my life was forever changed… For the first time I felt free to share how I was feeling and the horrible thoughts I was having. With support I was able to take the right steps in the next week to ensure that I got the help I needed instead of spiraling further and harming myself and beautiful daughter.”
PANDA works cooperatively with other services who share our commitment to making a difference for families affected by perinatal anxiety and depression. Working together we know we can make a greater difference.

**Our collaborations include but are not limited to:**

- beyondblue (Advisory Committees)
- Centre of Perinatal Excellence (COPE)
- Judith Lumley Centre (La Trobe University)
- Family Action Research Centre - University of Newcastle
- Parent Infant Research Institute (PIRI)
- Paternal Perinatal Depression Initiative
- Pregnancy Birth Baby Helpline
- Queensland Centre for Perinatal and Infant Mental Health
- SANE (online forums)

This article published in the Royal Australia and New Zealand College of Obstetricians and Gynaecologists shared information from PANDA’s Helpline for supporting women with anxiety and depression during pregnancy.

**Consumer Organisations**

PANDA also maintains a close relationship with consumer led perinatal support groups across the country sharing knowledge and resources to maximise outcomes for Australian families affected by perinatal anxiety and depression.
**PANDA’S BOARD & CEO**

**DOROTHY BELPERIO**
Dorothy is an experienced Health Executive, who has established a range of mental health and community services over her 20 years in the industry. In 2013 she founded Health Connexion, a business development and management consultancy, supporting service and system improvement. Dorothy is a member of the Australian Psychological Society, Australian Institute of Company Directors (GAICD) and Australian Institute of Management (FAIM). She was a 2010 Telstra Business Women’s Award Finalist, for leadership in developing mental health services in South Australia.

**TERRI SMITH-CEO**
Terris Smith was appointed CEO of PANDA in December 2014 bringing a commitment to developing PANDA’S role as a voice for families affected by perinatal anxiety and depression. Terri brings a wealth of experience to PANDA as an experienced not-for-profit executive. She has previously served as CEO of a professional health association, Deputy CEO/National Program and Policy Manager for Breast Cancer network Australia and Director of Client Services for Moreland Community Health Services.

**DR WILMA GALLETT CHAIRPERSON**
Wilma was founding CEO of The Salvation Army Employment Plus service and has a breadth of experience in senior management positions within the public and community services sectors. She has been a key policy influencer in social reform and employment services and has participated in numerous senior government committees and forums. Wilma brings extensive experience working in suicide prevention and family services. And, in 2012 she was appointed by the Prime Minister to the Australian National Council on Drugs for its 2012–2014 term.

**BEN LANNAN VICE CHAIRPERSON**
Ben joined the PANDA board in January 2015. A Partner at Pricewaterhouse Coopers, Ben brings over 17 years’ experience consulting in taxation matters to a range of corporations across industries. He is currently responsible for People at PwC Brisbane, including performance and culture change programs, staff communication and engagement. Ben is a Member of the Institute of Chartered Accountants Australia and the Tax Institute of Australia. He is deeply committed to helping families experiencing perinatal depression after supporting his partner through postnatal depression.

**NICKI BATAGOL SECRETARY**
Nicki has been a PANDA Board member since 2011 and Secretary since 2013. Nicki is a Management Consultant specialising in change management and transformation programs. Over the past 16 years she has worked in Australia and London across a range of industries from corporate to the public sector. Having been through her own personal experience of postnatal depression, Nicki is committed to raising awareness of the impact of perinatal depression and anxiety on families.

**MATTHEW STEWART TREASURER**
Matthew joined the PANDA board as Treasurer in January 2015. He brings over 40 years' experience in financial and management accounting across Not for Profit, university administration, manufacturing and the security industry to PANDA. His experience also includes project management, internal auditing, insolvency and mentoring SME Directors. Matthew was a Board member of Kangan Institute (Ministerial appointee) for 6 years and chaired the Audit and Risk Committee. FCPA AFAIM.

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PANDA IS GOVERNED BY A SKILLED BOARD WITH REPRESENTATION FROM FOUR AUSTRALIAN STATES. MANY OF PANDA’S BOARD MEMBERS HAVE BEEN PERSONALLY AFFECTED BY PERINATAL ANXIETY OR DEPRESSION.

**REBECCA KHAIR**
Rebecca joined the PANDA board in January 2015. Currently Senior Manager, Corporate Real Estate Strategy with AGL in Sydney, Rebecca has extensive experience in commercial property, in both legal and commercial roles, as well as in operational leadership. Since becoming a mother in 2012, Rebecca has developed a passion for promoting the care and wellbeing of parents during the perinatal period.

**SOPHIE O’SHAUGHNESSY**
Sophie O’Shaughnessy joined the PANDA board in 2013. She has over 20 years’ experience in advertising and marketing services, managing complex client relationships, creative and media teams. Following her personal experience of postnatal depression, Sophie’s focus shifted to the not-for-profit sector. She joined PANDA as a volunteer Telephone Support Worker and Community Education Volunteer ahead of completing the Australian Institute of Company Directors course.

Gwen Schwarz, Susie White and Fiona Woodard left the PANDA board when their terms expired at PANDA’s 2015 Annual General Meeting. Kellie Johnston stepped down from the PANDA Board in March 2016. We appreciate the significant contribution made to PANDA’s governance by each of these members.

I WOULD BE IN A VERY DIFFERENT PLACE RIGHT NOW IF NOT FOR THE COUNSELLORS THERE. ANTENATAL DEPRESSION IS SO HARD WHEN YOU FEEL ALONE AND DON’T KNOW WHERE TO GO.
PARTNERS AND SPONSORS

The support of partners and sponsors is critical to our work in the community, and we’re eager to develop successful long term relationships with like-minded partners, both large and small. Partners can assist us through financial, in-kind and pro-bono support.

By joining with PANDA you are directly contributing to the wellbeing of families around Australia. PANDA’s national profile, education and marketing programs provide our partners with numerous opportunities for brand promotion, unique ways to connect with parents, business and health professionals; and access to rich knowledge about perinatal anxiety and depression and the wellbeing of families.

As is the case with the families we help, no two partners are the same. We can work with you to develop a true partnership.

Partnering with PANDA brings lasting benefits to your organisation and to families struggling with perinatal anxiety and depression.

COMMUNITY FUNDRAISING

You can hold your own event or join in one of PANDA’s. Hosting your own fundraiser is easy. It can be as big or small as you want, from a Lunch Out Loud to a fun-run, or even a grand ball! Check out our Fundraising Ideas for inspiration. Download our Fundraising Kit from our website for everything you need to know to hold your own fundraiser for PANDA.

You can also set-up your own online fundraising page through our Everyday Hero page or our My Cause page, where people can follow you and sponsor or donate online.

Community fundraising supports PANDA by raising funds but is also a great opportunity to help us raise awareness of perinatal anxiety and depression.

Email us at info@panda.org.au or phone us on 03 9926 9090 if you would like to talk to someone about fundraising for PANDA.

INDIVIDUAL SUPPORT

You can support PANDA by making a tax deductible donation either through our website or by phoning our office. Some people make a one off donation while others give through regular donations or through a workplace giving arrangement.

Your support will help us continue to raise awareness of perinatal anxiety and depression to help ensure families seek help and recover.

A CALM NON-JUDGMENTAL EAR AND OFTEN A STRONG VOICE OF REASON WHEN I FOUND IT SO DIFFICULT TO FIND THAT IN MYSELF WAS EXACTLY WHAT I NEEDED TO HELP ME THROUGH SOME VERY DARK DAYS.
PANDA is supported by a number of government agencies and corporations. We could not continue providing specialist perinatal mental health services for the thousands of families who contact us every year without the generous support of:


All service data reported in this article is drawn from PANDA Client Data Package (CSS) or Service Record System (SRS)