Annual Report
2011—2012
PANDA’s Values

**Availability** – We are dedicated to being there for people, listening to their stories and providing hope.

**Nurturing** – As a caring organisation we seek to nurture individuals and families.

**Connectedness** – We value connectedness to families, community and each other.

**Experienced** – PANDA is a progressive organisation and we value our respected history of providing support through lived experienced.

**Inclusiveness** – PANDA aims to create an inclusive community where everyone is respected and valued.

**Empowerment** – We are committed to fostering help seeking behaviours, building capacity and empowering individuals through raising awareness and providing information and support.

**Integrity** – PANDA consists of passionate, committed, professional people who live out our values.

All of these values are to be incorporated in elements of the overall communications strategy.
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Highlights 2011 — 2012
Organisational Development

- Thanks to the support of the Australian Government we finally achieved the move to premises that could comfortably fit the expanded PANDA and National Perinatal Depression Helpline. Following a market appraisal we ended up staying close to home – we extended into the first floor of our building in Nicholson St in December 2011.

- We have been working to strengthen communication channels throughout the organisation, especially given the degree of change and the part time nature of the staff and volunteer workforces. This includes the intranet for regular postings of news and information, as well as a range of regular minuted meetings.

- After the finalisation of the PANDA Communications Plan, staff and the Board have operationalised the plan to be a living guide for the internal and external communications and public relations activities of the organisation.

- Visit by Craig Allatt, whose partner committed suicide after experiencing postpartum psychosis. Craig spent two days with PANDA staff and volunteers, observing the work of the Helpline in particular. Craig left with us his observations as well as recommendations for increased inclusion of fathers and the carers of women with perinatal depression and anxiety.

- Annual Postnatal Depression Awareness Week - this annual campaign plays an important part in fulfilling PANDA’s vision and mission but also promoting the PANDA services. In 2011 we estimate we secured $1.5 million of media coverage to raise awareness of perinatal depression. Each campaign requires a defined theme/hook and key messages, media release, interview schedules and talent.

Governance

- Completion and adoption of the Board Policy Governance document to ensure the Board is well informed of its responsibilities and governance role.

- Positive and collaborative relationship between the Board, CEO and senior management of the organisation.

  “I have just completed my training and I found it exceeded my expectations in the level of support, material covered and practical skills fostered.”

  “Amazing to see how an organisation in the helping field can function effectively, in keeping with caring for both the staff and the clients.”

Staff and Volunteers

- We have welcomed a lot of new staff and volunteers in a range of roles, as well as maintaining a long term and stable workforce. It can be very challenging when there is a lot of change and growth but the PANDA staff and volunteers have worked well together to ensure a positive outcome for all.

- In keeping with our commitment to ongoing development of staff a budget for external professional development was allocated to each staff member. In addition a wide variety of guest speakers provided valuable internal training sessions.

- Development of the role of Helpline Manager in preparation for recruitment into the role in July 2012.
Highlights 2011 — 2012

Victorian Government Funding

- Consolidation of all programs funded by the Victorian Government through the Mutual Support Self Help funding stream of community mental health sector.

- **Home-Start Program** - has exceeded targets providing in-home support for more than 20 families living with perinatal depression. The Program matches a trained volunteer and a mother at home for befriending, mentoring and support.

- **Community Education Program** - with very little promotion PANDA is invited to conduct approximately 40 talks, lectures and group discussions per year to groups of health professionals, students and consumers. This program includes volunteers who have been trained in public speaking (new training program) to tell their personal story of perinatal depression and is supported by the new role of Community Education Coordinator.

- **Volunteer Coordination** – this role undertakes the majority of the processes required to select, recruit and train new volunteers for PANDA’s programs.

- **Victorian Helpline Counselling Program** – additional hours of telephone counselling role to support Victorian families living with moderate to severe perinatal depression and anxiety, in partnership with Victorian perinatal depression service providers.

National Perinatal Depression Helpline

- The **Helpline Development Project** was undertaken for four months, following the Helpline Review in 2011. While there is more to do to complete all the tasks of the project plan the ongoing development and strengthening of the Helpline and clinical practice and supervision is clearly defined.

- The middle of 2012 saw a full complement of Helpline staff after a number of recruitment rounds. It has been significantly beneficial to integrate the skills and knowledge of new staff into the practices of the Helpline.

- Providing research studies to two Midwifery Masters student from the Mother and Child Research Centre at La Trobe University. One study conducted a follow up survey with Helpline callers of their experiences making contact with the Helpline, and the study looked at the responses to the online feedback survey for the Helpline. Results of both studies are due before the end of 2012.

PANDA Website and Social Media

- **Website Number 1** Achievement of Number 1 ranking internationally for the website, for women with postnatal depression. A huge achievement for PANDA that resulted in a public relations campaign to promote the ranking and website.

- **Social Media — Facebook and Twitter**— PANDA’s Facebook page has taken an increasingly important role alongside the PANDA website, for promotion of PANDA and perinatal depression. Linked to Facebook is the new PANDA Twitter account, providing access to a huge audience we would not normally access. Both are managed by the Database and Website Manager and form the platform for further expansion of online services.
Highlights 2011 — 2012

Events and Fundraising

- Strengthening of all events and fundraising activities, including building online donations capacity through external websites
- Consolidation of partnerships with external companies for the purpose of promoting PANDA’s Helpline, raising awareness of perinatal depression and anxiety and raising funds;
  - ASX and the Annual Lunch
  - Bellevue Philanthropy and the Winter Solstice Ladies Lunch
  - Priceline and Night Off Night Out PANDA function
  - Ripe Maternity Wear – promotion of the Helpline in 8 stores nationally
- Achievement of a Guinness World Record as one of over 260 people eating breakfast in bed at the same time, in Martin Place, Sydney—gorgeous in pink!!
Acknowledgements

PANDA acknowledges and thanks the following Government Departments, groups and organisations, for their vital financial support as well as promotion of PANDA:

- Department of Health and Ageing, Australian Government
- Department of Health, Victorian Government
- Department of Education and Early Childhood Development, Victorian Government
- Ripe Maternity Wear
- Priceline Sisterhood
- Bellevue Philanthropy
- KMA20
- Australian Securities Exchange
- The family and friends of Louise Litis
- Berwick Opportunity Shop
- Sponsors and donors for all PANDA events
- DonorTech

PANDA’s partnerships and relationships with all stakeholders are vital to the organisation’s ongoing viability.

We thank you all!!

Partnerships and Networks

- Playgroup Victoria
- Australian Breastfeeding Association
- VICSERV (Psychiatric Disability Services of Victoria)
- Mutual Support Self Help Network
- PND Group Facilitators’ Network
- Australasian Marce Society
- International Marce Society
- Victorian Division of General Practice
- Victorian Transcultural Psychiatry Unit
- Gidget Foundation NSW
- Fresh Dynamics
- Global Talk
- Our Community
- Yates Partners Chartered Accountants
- Media Key
- From the Heart WA

- Perinatal and Infant Mental Health Advisory Group - Queensland
- Pregnancy Birth Baby Helpline Peer Support Reference Group - DOHA
- Perinatal Psychotropic Medicines Information Service - Victoria
- Perinatal Mental Health Experts Advisory Group – Department of Health, Victoria
- Research projects as invited (Assoc. Investigator)
- Participation in VEA DVD on perinatal depression
- Australasian Marce Society Conference Organising Committee (3 conferences)
- VTPU CALD reference group Department of Health, Victoria
- DEECD SPPI Research Reference Group - Victoria
- RANZ College of Psychiatrists - Kinsman Scholarship Selection Committee
- Mental Health Advice Line Reference Group (Closed)
2011 — 2012 has seen PANDA continue its journey along the path of becoming a ‘grown up’ organisation. One that presents well to the Australian community and all other stakeholders, that fulfills it obligations at all levels.

I believe we need to be constantly questioning what defines a ‘grown up’ organisation. It must be different for every organisation but I know that at PANDA there is a shared vision that includes:

- a commitment to strong governance throughout the organisation, especially in relation to the Board and senior management;
- robust financial management to ensure the juggle between what we want to do and what we can do is successful and protects PANDA’s long term viability;
- a skilled and professional workforce of staff and volunteers, our greatest assets, that are cared for, valued, supported and invested in;
- living and well maintained policy and procedure documentation; and
- quality and consistent service delivery that is recognised as being informed by specialised and expert knowledge.

Having worked in health and community sectors for close to 30 years I have come to learn about the incredible power and joy of working in an organisation like PANDA that can be grown up and still be true to its roots and the wisdom of the lived experience of perinatal depression and anxiety and the needs of families.

The majority of PANDA’s funding is provided for the delivery of peer support services — our long term funding from the Victorian Government and our new funding from the Australian Government. It is still gratifying for me that peer support in the perinatal mental health sector has been recognized and resourced through these funds. It is also an honour for PANDA to be supported to do what we love to do and what we do best.

Peer support for PANDA is sharing the lived experience of perinatal depression and anxiety. This is less about self-disclosure and sharing gory stories of mental illness and more about practice, resources and education activities being informed by the richness of knowledge, wisdom and proof of recovery. Recovery for PANDA is about growth and resilience, as well as the traditional definition of the alleviation of symptoms of mental illness.

There is a second part of our peer support at PANDA. The perinatal period is fundamentally about transitions to parenthood and the beginnings of families. But for many Australians it can be a collision of ‘here and now’ stressors and ‘old stuff’ that can change the way that families evolve and grow. It is a privilege for us all at PANDA to know that being a ‘grown up’ organisation can still mean we can preserve the role that PANDA plays in providing a safe space for the enormous stories of distressed parents and families to be told and heard, as well as avenues for others to hear the stories of hope and recovery.

“Ultimately the goal is to ensure that PANDA is ‘grown up’ and still be able to be ‘governed’ by the people we are here to serve and responsive to the ever-changing needs of Australian families living with perinatal depression and anxiety.

This is my charter as the Chief Executive Officer of PANDA.”

It has been a challenge this year, personally, to hold this charter and the stewardship of all the vital components of PANDA as a ‘grown up’ organisation. As my own family grows up and the five members change and find their way we have faced extraordinary challenges this year. I want to thank the Board for their incredible support provided to me throughout these months and their respect for my need to take care of my own little family and trust I would honour my role at PANDA.

Thank you also to the wonderful staff and volunteers at PANDA — I am honoured to be your CEO and to work with you all to continue to ‘grow’ PANDA and to save and enhance the lives of mums, dads, babies and children.

Finally, a particular highlight for me this year has been the amazing support PANDA has received from our ongoing and new partners and supporters — a massive validation of perinatal mental health and of PANDA. Financial support for PANDA is incredibly important, but so too is the support we receive for the promotion of PANDA, our services and raising awareness. Thank you!!

Belinda Horton, CEO
2011 – 2012 has been another exciting and very special year for PANDA and your Board. Board members have worked really well together with all members taking on specific roles and actively fulfilling their responsibilities.

Board members during the year 2011 – 2012:

- Nicki Batagol, Board Member
- Wilma Gallet, Board Member
- Heather Lyon, Board Member (resigned October 2011)
- Kerrie Mason, Board Member
- Dr George McGillivray, Board Member
- Anna Briggs, Secretary
- Damien Arnold, Treasurer
- Gwen Schwarz, Deputy Chairperson
- Susanne White, Chairperson

When I asked one of these Board members what stood out for her as a highlight, she pointed to a document detailing all actions and people responsible for the implementation of the PANDA Strategic Plan, which was provided at the last AGM, saying that we not only plan to do things, but we actually do them!! We all congratulate Anna Briggs who took the major lead on documenting this operational plan, working closely, of course with Belinda Horton – our fabulous CEO.

As PANDA has continued to take a more national role through our national Helpline, the Board has revised the Terms of Reference and roles of PANDA’s National Consumer Committee (NCC) and National Professional Panel (NPP). These two panels have replaced PANDA’s National Consumer Advisory Committee (NCAC) and the Professional Advisory Panel (PAP) which both had a more Victorian focus. In moving to a more national focus, the Board is keen to acknowledge and thank all those who have assisted us in participating on both the NCAC and PAP and we hope they will continue to be interested in and supportive of PANDA and its work. The newly established NCC, with Nicole Batagol as its Chair, is now in a position to alert PANDA to the issues and concerns of consumers in every state and to raise these concerns in the appropriate forums. We are also hoping that the NPP membership will both alert relevant professional groups in every state to PANDA and its services and, in return, alert PANDA to professional issues pertinent to perinatal mental health across Australia.

All Board members and our CEO thank Dr George McGillivray for his work with the original Professional Advisory Panel and more recently, on development of the National Professional Panel.

George is resigning from the Board after providing PANDA with a significant commitment of his time, expertise and professional links. I personally have valued George’s participation and especially his wise questioning of reports, plans and processes.

We welcomed Damien Arnold as our Treasurer in recent months and he has taken on his role with great enthusiasm. With Damien’s arrival we have been able to establish a very strong Finance and Risk (FAR) Committee which has spent many hours ensuring our compliance with quite complex funding arrangements. In relation to our financial issues, I want to acknowledge the brilliant work and support which Victoria Mackinnon has provided to PANDA and the Board both in a staff and consultant role over the past years. Lastly, in relation to Finance, I wish to acknowledge the expertise and enthusiastic support of Fiona Woodard as a co-opted community member of the FAR Committee.

Gwen Schwarz has continued to support PANDA in a range of important ways. She ensures that Board documents are consistent and that we are always compliant with our Constitution. She has also taken a key role on behalf of the Board in PANDA’s exciting research initiative in engaging Deloitte Access Economics to investigate the cost of perinatal depression in Australia. We anticipate that the research report will be publicly released in Postnatal Depression Awareness week in November 2012. We believe that the information gleaned from this research will provide another building block in addressing the issue of perinatal mental health. I invite all PANDA stakeholders to keep an eye open on the research front, as we are hoping to continue our research efforts in the coming year.
Strong networks are critical to supporting and promoting a not-for-profit organisation like PANDA to do its work in assisting all those affected by perinatal depression. Over the past months, Wilma Gallet has taken a magnificent role in expanding our networks by assisting the Board and CEO in developing our Government and Key Organisations Communications Strategy. The aim of this strategy is to build awareness of perinatal depression and especially to build an interest in supporting PANDA. We invite all those members and friends with an interest in PANDA to extend our strategy by bringing our organisation to the attention of people in Government and other key organisations.

As PANDA has grown, a range of personnel issues and those relating to organisational structures have arisen and we have been fortunate to have Kerrie Mason who has brought her expertise in HR to the Board. Kerrie has also served as our representative on Home-Start Steering Committee over the past two years.

I reported last year that PANDA is supported by many friends who raise funds on our behalf. We are fortunate as we continue to be blessed with the support of Priceline through the Priceline Sisterhood program, by Jody Allatt and Silla Moller from the Bellevue Project, those wonderful volunteers from the Berwick Opportunity Shop and Ripe Maternity Wear.

As I wrote last year, I do wish to acknowledge and thank the Victorian and Australian Governments for their continuing support – both in advice as well as the essential funding! Funding from both levels of Government enables PANDA to provide our highly valued assistance and information to professionals and most importantly, to families experiencing perinatal mental health problems.

I cannot close my report without noting a really exciting piece of news which all Board members heard about when we received an email from Belinda on 2 January this year saying she had just been informed that an article published in the Archives of Women’s Mental Health has reviewed all websites internationally which provide support and information to women with perinatal depression, and they have rated PANDA’s website number 1 in the world!!!! This piece of news demonstrated what most of us already knew – that we have a wonderful team at PANDA who really ‘know their stuff’ and how to provide information in a way which is really helpful for those affected by perinatal mental health issues.

Susanne White
Chairperson

“And so I close this report, knowing I speak on behalf of all PANDA Board members, when I extend my appreciation and gratitude to Belinda Horton - our CEO, all staff, volunteers and supporters, for their many, varied and valuable contributions to PANDA over the past twelve months.”
Treasurer’s Report

As PANDA’s Treasurer I am very pleased to report on the success of PANDA’s financial operations for the 2011/2012 financial year.

Overview of results

The net financial result for the twelve months ending 30 June 2012 reports an operating surplus of $201,320. The positive result continues to build from the 2010/2011 year.

Income is reported at $1,604,633 (2011: $1,314,507) while expenditure is reported at $1,403,313 (2011: $1,067,684).

The financial operations were characterised by a period of consolidation and program development, following a year of significant growth in 2011. The significant results and outcomes are identified below:

Program Development

PANDA’s ability to retain and attract additional funding and other income opportunities has allowed it to not only continue to maintain its commitment to its core operations, but to also allocate funds for the development of new programs throughout 2012 such as the Home-Start Program and the Community Education Program.

The development of programs represents a consolidation of existing services as well as new forms of service delivery by PANDA to include in-home support and assistance and community education.

Staff and Resources

The growth of the operations was also extended to PANDA’s staff, volunteers and resources. The majority of income generated is allocated to staffing, which makes up almost 70% of total expenditure. In the past two years staff employed by PANDA has grown from a Full Time Equivalent of 5 to 16. The majority of new positions were created in 2011, and in 2012 the following new positions were created: Communications Manager and Helpline Manager.

In 2012 PANDA was also able to expand its premises to now include both levels of the Nicholson Street building. This has provided staff and volunteers with some much needed space and will ensure future occupancy requirements will be met.

Sponsors

The generous support by fundraisers is greatly appreciated by PANDA. The continued corporate and community support of the organisation is essential to maintain not only the high level service of PANDA’s activities but to also assist in the development of its community programs, advocacy and research work. It is pleasing to report that donations, fundraising and sponsorship income increased by $53,897 to $161,865, an increase of 50%.

The main fundraising activities throughout 2012 continued to include the PANDA Annual Lunch in Memory of Louise Litis in April and Night Off-Night Out in November.

While all fundraising is appreciated, special acknowledgement needs to go to three of our key fundraisers – Ripe Maternity Wear, Priceline and Bellevue Philanthropy. PANDA has a long standing relationship with Ripe Maternity Wear that has provided much needed funding support as well as valuable promotion through their retail and online promotions of PANDA.

More recently, the generous support of Priceline, through the Priceline Sisterhood, is of vital importance to PANDA, with their many fundraising and awareness activities in stores around Australia. Thanks also to Bellevue Philanthropy and their Winter Solstice Event which contributed to PANDA’s fundraising revenue.
Future Viability

2012/2013 represents the third and final year of current Federal Government funding. Such funding represents a significant proportion of total income and ensures that PANDA is able to deliver its services. It is of critical importance that PANDA achieves a timely completion of its negotiations with the Government for further funding into 2103/2014 and beyond.

Part of PANDA’s objectives for 2012/2013 is to continue to build on its evidence based model which will demonstrate the contribution by PANDA to the sector and community.

On behalf of the Board, I would like to thank the Federal Department of Health and Ageing and the Victorian Department of Health and Department of Education and Early Childhood Development for their generous and on-going support of PANDA.

Systems

The 2011/2012 year was also characterised by the strengthening of the financial systems and processes. Under the leadership of Belinda Horton (CEO) and Victoria Mackinnon (Finance Manager) the financial controls and reporting have continued to be developed. As the Treasurer, I thank the finance staff for their diligence in ensuring that the financial operations are well managed, have appropriate controls and provide the Board with timely and accurate reporting.

Concluding Comments

After only being appointed to the Board recently, I have had to quickly develop my knowledge of the financial operations and the activities of PANDA. Throughout this ‘learning curve’ I have continued to be impressed by the support and dedication of PANDA’s staff, volunteers and Board members. It is a pleasure to be involved in such a committed organisation that is clearly providing an essential community service.

As the Treasurer of PANDA I commend the following financial statements and congratulate the organisation on a year of consolidation, growth and program development.

Damien Arnold, CPA
Treasurer

“I have continued to be impressed by the support and dedication of PANDA’s staff, volunteers and Board members.”
PANDA Board Members

Chairperson: Susanne White

Susanne White has been a long serving member of PANDA’s Board and is currently Chairperson of the Board. She was Secretary for five years and was Chair of the National Consumer Advisory Committee from its inception.

As both a mother and grandmother, Susanne is acutely aware of the joys and challenges around the birth of babies and their early years, especially for those managing the challenges of distance from close family members and other supports.

Susanne is a director of The Resolutions Group P/L. She provided consultancy in organisational development, community consultation and professional education for twenty years with Social Biology Resources Centre prior to The Resolutions Group. She has worked with management, staff and stakeholders of many different not-for-profit organisations on organisational change, concentrating on strategic planning, and the cultural and structural changes necessary in organisations to address the barriers preventing people with disabilities participating to their full potential in their communities.

On a more personal level, in recent years, Susie has developed a passion for rowing in 8’s and 4’s and spends many hours paddling on various waterways, and especially the Yarra River.

Deputy Chairperson: Gwen Schwarz

Over 25 years Gwen Schwarz provided strategic advice and leadership within the Victorian Government. She held senior business development, strategic and corporate planning positions for the Departments of Infrastructure and Treasury, and the Building Commission. Earlier in her career Gwen focused on major capital works projects contributing to the revitalisation of Southbank and central Melbourne.

In recent years her endeavours have expanded through PANDA as a member of the Board, the Australia Africa Business Council, development of the ANZAC Trail in Israel and a Masters in Urban Horticulture.

Treasurer: Damien Arnold

Damien joined the Board in 2012 and has had the position of Treasurer since this time.

Damien is a CPA and has had over 15 year’s experience in the areas of financial and management accounting, and finance management. He has worked extensively in the not-for-profit sector as both a finance manager and Board member.

Damien is very excited to be a member of the Board and hopes to assist in the continued development of financial reporting, controls and an effective and proactive finance committee.
PANDA Board Members

Secretary: Anna Briggs

Anna Briggs joined PANDA’s Board in 2009 and has held the position of Secretary since late 2010. With a degree in Psychology, Anna’s interest in mental health issues became more personal after she suffered severe postnatal depression following the birth of her first son Sam in 2008.

While fortunate enough to be diagnosed and treated early, she experienced some of the stigma and misinformation associated with mental health issues.

Following her recovery, Anna joined PANDA with the aim of offering a consumer perspective to the Board and working to ease the transition to parenthood for men and women living with perinatal depression, and their families.

Anna works part-time in a marketing and communications role and enjoys spending time with her family, cooking and running.

Board Member: Nicki Batagol

Nicki joined PANDA in 2010 as a volunteer public speaker for community groups and public events, and joined the Board in 2011. Having been through her own personal experience, Nicki is committed to talking openly about her story in the hope that it will ‘personalise’ perinatal anxiety and depression, reduce the stigma and raise awareness of the impact on sufferers/families as well as the services provided by PANDA.

Nicki is a Management Consultant specialising in global transformation change programs. Over the past 16 years, she has worked in Australia and London across a range of industries from corporate to public sector and is currently working part-time leading a strategic workforce program for a global organisation.

When Nicki is not busy working or looking after her 4 and 6 year old, she enjoys skiing, running, yoga, pilates and travel.

Board Member: Wilma Gallet

Wilma has a breadth of experience in senior management positions within the public and community services sectors. She established The Salvation Army Employment Plus and as the founding CEO, was responsible for creating and building this enterprise from a zero base to the largest community provider of employment services under the Government’s Job Network umbrella. She has been a key policy influencer in the area of social reform and employment services and participated on a number of senior government committees and forums, including the Welfare Reform Consultative Forum (2001-2003), established by the Minister for Employment and Workplace Relations and the Minister for Family and Community Services to provide advice to government on welfare reform initiatives. She has extensive experience in working in a range of areas including suicide prevention, homelessness, employment services and family services.

In January Wilma was appointed by the Prime Minister to the Australian National Council on Drugs for its 2012–2014 term. She has a Masters in Social Science and is currently a PhD candidate at Melbourne University, focussing on policy and practice responses to complex social problems.
PANDA Board Members

Board Member: Kerrie Mason

Having two sons, and as a working mother, Kerrie has experienced the differing demands of motherhood. Being very aware of the increased challenges of postnatal depression for both sufferers and their families, on becoming aware of our services and plans for the future, Kerrie joined PANDA in the hope that she could make a positive contribution to the management of our organisation and in assisting to raise awareness in the wider community of the issues and support available.

Kerrie has worked in the community, small-medium business and corporate sectors across a variety of industries as diverse as adult education, tourism and chemical manufacture. Her work has included development and implementation of training, business administration and transformation, quality assurance and people management solutions.

Following 10 years working with Human Resources teams in corporate and not-for-profit organisations, this year Kerrie became a full time Psychology student, focussing on Organisational Behaviour and Communications.

Board Member: George McIllivray

George McIllivray has been a member of the PANDA Board since 2007. He is a Paediatrician and Medical Geneticist practicing in Melbourne.

He has specifically assisted the CEO in establishing PANDA’s Professional Advisory Panel of health care experts.

George has personal experience of postnatal and antenatal depression and anxiety after his partner was treated for severe symptoms following the birth of their first child.

PANDA’s Life Members

Ann Lanigan – PANDA Founding Life Member

Max Dumais – PANDA Chairperson 2006 – 2009

Christine Greenhatch – PANDA Chairperson 2009 - 2011
National Consumer Advisory Committee

PANDA at its foundation is a consumer organisation and has relied on the commitment, hard work and passion of volunteers. In 2008, the National Consumer Advisory Committee (NCAC) was established to provide a national consumer perspective to PANDA. The committee was formed from consumer representatives in Victoria, New South Wales, Queensland, South Australia and West Australia. Each of these members provided consumer, carer and community perspectives in relation to perinatal depression and anxiety.

Higher levels of government funding in recent years and the extension of the PANDA service delivery to provide a National Perinatal Depression Helpline and a comprehensive services database across all states has created a new imperative for consumers to provide a strong and united voice for perinatal depression and anxiety nationally. As such, the role and structure of the consumer committee was revised in 2011 to keep pace with the evolution of PANDA.

In August 2011, the National Consumer Committee (NCC) was re-launched. The revised purpose and objectives of the NCC have been aligned with PANDA’s strategic priority areas and relevant key goals as described in the 2012-1015 Strategic Plan. The NCC will continue to provide a national voice for consumers and support PANDA to understand areas of concern to consumers nationally so that the service is provided equally to all consumers across Australia. Importantly, members of the NCC will now include existing state-based consumer organisations and PANDA will work in partnership with these organisations to promote the service provided by PANDA and strengthen the capacity of the state to respond to and support people experiencing perinatal depression and anxiety.

The next 12 months will be focused on increasing the membership of the NCC, targeting the existing state-based consumer organisations and implementing the revised Terms of Reference.

Nicki Batagol
Chairperson

National Advisory Panel

PANDA’s National Advisory Panel has been reviewed this year and will take on a new look in 2013. Since the Panel’s establishment in Victoria in 2009, PANDA has benefited from the existence of the Panel and the support, skills and reputations of its members.

With the growth of PANDA to a national organisation the needs of our organisation have changed and we plan to respond to our new role by developing new structures for the national representation of our organisation and the services it delivers.

As a result, the PANDA Board decided to discontinue the Professional Advisory Panel in its original form and to re-establish the Panel with stronger representation from professional groups from all Australian states and territories. The objective for the Panel will ensure that PANDA has a:

- well-developed national network of Panel members that champions, promotes and represents PANDA and PANDA’s interests within a range of forums to target particular professional groups.

The members of the Board and the CEO thank the Victorian professionals who have been prepared to be available to assist PANDA and look forward to the new look Panel in the future.

George McIlivray
Chairperson
The past year has seen further professionalisation of the Telephone Counsellor workforce with 13 part-time staff now employed to meet the often complex needs of callers seeking support, information and referrals for perinatal depression and anxiety. Staff come from a variety of allied health backgrounds, and, as a group, offer a depth and breadth of knowledge and experience that maximises both capacity and quality of service delivery.

A collaborative approach is adopted with staff and telephone support workers supporting each other in practice with the single aim of providing a timely, empathic and professional support service to callers to the National Perinatal Depression Helpline and Victorian Counselling Program.

On average 500 incoming and outgoing calls are made per month with approximately 43% of these calls involving what we would term ‘complex presentations’ requiring either a crisis response or ongoing intensive support. Many steps have been taken to ensure we can meet this demand through staffing numbers and ongoing professional development.

In keeping with PANDA’s commitment to provide a responsive service, and to address increase in both volume and complexity of caller presentations, the Shift Supervisor role has been developed. This senior intake role serves as first point of contact for callers accessing the Helpline and involves management of practice and work flow through call prioritisation, allocation, risk management and in shift debriefing and supervision. A review of this role was undertaken in March 2012 and feedback from both staff and volunteers was positive with areas for improvement identified and actioned: increased communication between senior staff undertaking the role and clinical practice consolidation. Streamlining internal processes has had a direct impact on service delivery through responsiveness and consistency of practice.

June 14, 2012 saw the completion of the Helpline Development Project undertaken by the CEO and representatives from both the counselling and volunteer programs. The aim of this project was to review and strengthen the procedures and quality practices of the Helpline in six key areas: workflow management, caller management, staff, quality, technology and service eligibility. A significant outcome was the identification of the need to document the theory and practice framework that embedded risk assessment within the overall biopsychosocial assessment process.

This has led to the development of a ‘Biopsychosocial and Risk Management Framework – Assessment and Interventions’, the updating of high needs protocol, and development of documentation related to assessment, review and the shift supervisor role.

The coming year will see many of the recommendations from this project implemented while ensuring continuity of service delivery and staff support.

PANDA counsellors work within a specialised theoretically sound framework, guided by policies and practices developed with the consumer front of mind. This is the foundation of our service delivery.

Telephone counselling is a highly rewarding yet intense undertaking and the wellbeing of staff is a priority on the Helpline. In addition to daily shift supervision all telephone counsellors engage in individual clinical supervision once per month and group supervision every six weeks. Telephone counsellors, with the support of their supervisor, identify areas for growth and seek professional development opportunities to meet their needs.

The past year has seen our counsellors participate in a range of external workshops covering theoretical approaches and specific clinical issues (e.g., ACT, DBT, CBT, solution focused therapy, family therapy, couple therapy, addiction, sleep and attachment, depression and anxiety, risk management, grief and loss).

As this knowledge is acquired and shared amongst staff and volunteers the challenge comes with deciding how best to incorporate new information and skills into our existing service model to enhance service delivery on the National Perinatal Depression Helpline.

Danni Scheelings
Julia Brumley
Jane Bakos
Senior Clinical Supervisors
During the year there have been 65 active volunteers providing peer support and counselling via the National Perinatal Depression Helpline. This figure includes 36 new volunteers who undertook training during the year and have commenced duties on the Helpline as Telephone Support Workers. To cater for the increased demand on the Helpline after going National, we conducted 4 training programs during the year for the first time. This increased volunteer recruitment has enabled us to manage the volume of calls and to provide a timely follow up service.

We have continued to conduct meetings for the Telephone Support Workers every month. Topics covered this year include: sexual abuse, cognitive behavioural therapy, mindfulness, medication in relation to breastfeeding and pregnancy, mental health services and crisis assessment teams, domestic violence and the impact of losing a baby on families.

These meetings are usually well attended and provide relevant information and strategies to use when supporting callers.

Volunteer retention continues to be an area to be monitored. During the year 17 volunteers resigned from their roles. The majority of these were due to changes in family or study/employment commitments. Almost a third of these were recruited into staff roles. The volunteers on the Helpline are very often making career changes and are able to build skills and experience at PANDA, enhancing the opportunities for securing paid employment in the sector.

The movement of volunteers into additional employment /study is anticipated, so ongoing recruitment and training is required.

At the end of the year a volunteer satisfaction survey was administered which gathered good qualitative data. The results were generally very positive, with the majority of respondents stating their satisfaction with the training and support offered. When asked what they had gained from being a volunteer at PANDA, 94% identified new knowledge, 89% identified new skills, and satisfaction, and 83% had increased confidence. When asked to describe the most enjoyable part of the volunteer role?

“Enjoy processing through case notes and speaking to callers. Enjoy the stats process and enjoy the learning from extra training, i.e. seminars/ASIST.”

The survey also provided some valuable suggestions to assist us to improve our program and the experience for volunteers.

PANDA is continuing an exciting journey of refining and consolidating the volunteer program to accommodate growth and development of additional volunteer programs.

We are very grateful for the dedication of our volunteers and the professional, supportive and caring way that they perform their roles as telephone support workers. PANDA certainly attracts a high calibre of volunteer which is reflected in the quality of the service provided.

Heather Mason
Julie Keys
Kathriye Strassnick
Volunteer Coordinators
PANDA’s Helpline is unique in its provision of outgoing and ongoing calls made to families as a part of the planned follow up service provision. The frequency of calls and the duration of the ongoing support are determined by the needs and risks present within the family’s situation.

Two categories of calls are recorded, the initial call made by the person and the follow up support calls made by PANDA to the person. Following is a record of the number of initial and follow up calls during the last three years, showing a significant increase in the number of calls in and out of the Helpline during this time, in particular since the commencement of the national coverage of the Helpline in July 2010.

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial support calls</td>
<td>898</td>
<td>1478</td>
<td>2189</td>
</tr>
<tr>
<td>Follow up support calls</td>
<td>4248</td>
<td>6096</td>
<td>8138</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>5146</td>
<td>7574</td>
<td>10327</td>
</tr>
</tbody>
</table>

“Gave me a first step. Really listened and reassured me there was something I could do and told me how to begin, exactly what I needed (the person must have really been listening).”

**Origin of calls from states and territories**

The following figures show the percentage of calls from within Victoria compared to other states and territories combined, over the previous five years. There has been a steady increase in the percentage of calls coming from other states and territories. It is anticipated that this upward trend will continue to increase as a result of the Helpline promotion activities.

**High Needs Callers**

The Helpline has seen an increase in the number of calls presenting to the Helpline that are assessed to be high needs. The overall reduction in follow up calls provided during the reporting period could be attributed to the greater demands presented by this group of callers.

Following are the figures for initial and follow up calls to high needs callers during the reporting period, compared with the previous reporting periods.

<table>
<thead>
<tr>
<th></th>
<th>INITIAL CALLS</th>
<th>TOTAL CALLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Needs callers</strong></td>
<td>351 calls</td>
<td>1996 calls</td>
</tr>
<tr>
<td><strong>Jul – Dec 11</strong></td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Jan – Jun 12</strong></td>
<td>533 calls</td>
<td>48%</td>
</tr>
<tr>
<td><strong>45%</strong></td>
<td><strong>2439 calls</strong></td>
<td><strong>48%</strong></td>
</tr>
</tbody>
</table>

**Reasons for calling the Helpline**

The staff and volunteers record the primary reason for the caller’s initial contact with the Helpline. These are categorised as follows (percentages):

<table>
<thead>
<tr>
<th>Reason</th>
<th>11—12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>59%</td>
</tr>
<tr>
<td>Postnatal Depression information</td>
<td>16%</td>
</tr>
<tr>
<td>Antenatal Depression information</td>
<td>3%</td>
</tr>
<tr>
<td>Referral</td>
<td>11%</td>
</tr>
<tr>
<td>Find out about PANDA</td>
<td>5%</td>
</tr>
<tr>
<td>Follow up call</td>
<td>4%</td>
</tr>
<tr>
<td>Crisis intervention</td>
<td>2%</td>
</tr>
</tbody>
</table>

**High needs callers during the reporting period**

**Origin of Helpline calls — Victoria compared to other states and territories**

<table>
<thead>
<tr>
<th>STATE</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victoria</td>
<td>93%</td>
<td>91%</td>
<td>88%</td>
<td>67%</td>
<td>55%</td>
</tr>
<tr>
<td>Other states and territories</td>
<td>7%</td>
<td>9%</td>
<td>12%</td>
<td>33%</td>
<td>45%</td>
</tr>
</tbody>
</table>
What the callers say about their experience of calling the PANDA Helpline...

PANDA were incredibly helpful in meeting my needs. My call was answered promptly and I was treated with empathy and respect. The counsellors were able to sympathise with me and they listened without judgement. As I was really struggling they even made phone calls on my behalf. They also took the time to talk and did not hurry me on the phone. The follow up phone calls and support have also been invaluable. PANDA are an amazing organisation.

Calls are always answered by someone who is sympathetic and helpful. When I have called and been very upset, I've been able to speak to someone quickly.

The follow up that you do is absolutely wonderful. I have felt so supported. As well as knowing that I can call the helpline anytime, it is so comforting to see the PANDA number come up on my phone - there have been times when a counsellor has called me at just the perfect time - when I really needed someone.

Calling PANDA was the best thing I ever did. I did so at my sister’s insistence. I thought it was just for people who wanted to hurt themselves or their baby and I didn't feel this way. But I did feel a detachment and I felt the baby didn't love me. Talking things through and having someone truly listen to me made me realize that I was a good mum. I was doing a good job and the way I felt wasn't bad. I could change things.

I was able to talk and work through my concerns and worries and even discover things that were playing a part in my situation I wasn't aware of. The relief I felt after the initial contact was incredible. It was so good to have my thoughts and feelings validated rather than hear opinions or someone else's story as you do with friends and family.
The Helpline Development Project (HDP) grew out of work undertaken by both Dorothy Ford in June 2011 and the senior Helpline team in Sept 2011. Both pieces of work sought to review and strengthen the procedures and quality practices of the Helpline. This work was then developed by the CEO into a HDP Project Plan that outlined the development work to be undertaken via the project. The Project ran for 16 weeks between February and June 2012.

**Terms of Reference**

The overall Terms of Reference were developed by the Project Team at the initial project meeting and were as follows:

- To review, further develop and implement the Helpline Development Project Plan from September 2011.
- To communicate regularly with organisational staff and volunteers regarding the progress of the project and any decisions made.
- To facilitate channels for feedback from Helpline staff and volunteers.
- To seek further information or recommendations as required from Helpline staff and volunteers on complex issues in the event decision making is unclear.
- To be charged with authority to make decisions within the scope of the project plan.
- To plan for the implementation of the HDP outcomes, to commence at the conclusion of the project.

The greatest challenge for team members was delivering on tasks within set timelines due to the operational demands of the Helpline. The HDP Coordinator sought to fulfill the role according to the above, regularly managing the tension between delivering on the priorities of the Project Plan and the priorities of the Helpline.

Many of the planned activities were undertaken during the Project. The HDP Coordinator reported on the Project at staff, Helpline and Board meetings, as well as completing the final Report at the conclusion of the Project.

**The Project Process**

The team worked together to:

- Identify the gaps.
- Pull together existing resources, documents and procedures.
- Identify the practices and systems that require further documentation.
- Define the template and terminology of the policy and procedure documentation.
- Plan for implementation of changes at conclusion of the HDP project.

**The Project Plan**

The work was divided into 6 categories to ensure all aspects of the Helpline were included in the HDP:

- Caller Management
- Workflow Management
- Service Eligibility
- Quality
- Technology
- Staff and Volunteers

Within each category, there were individual areas of work to be done which was then prioritised. This process not only grouped the areas of work together but prioritized which area required attention in a systematic fashion.

**Project Outcomes**

The HDP succeeded in creating both a snapshot of where the Helpline is currently as well as a vision for what makes a quality Helpline Service.

Jane Bakos
Helpline Development Project Coordinator
In the last 12 months PANDA has run four Home-Start Training programs and trained 22 volunteers. The volunteers reside in 14 different local government areas including: Manningham, Maribyrnong, and Darebin.

We have supported 18 families in 11 local government areas including Bayside, Brimbank, Maroondah, and Wyndham.

Volunteers have worked 1186 hours collectively, visiting families as well as participating in ongoing training and professional development.

The common themes amongst the families recruited into the program are isolation and lack of family support. The Home-Start volunteers have been able to fill that gap by providing practical and emotional support. Their role has included: providing peer support, interacting with the children and giving mum a break, accompanying families to appointments, and assisting with minor chores.

One of the most rewarding experiences is being able to support mothers during their pregnancy and being there during this time, as well as following them through the whole transition of becoming a parent, and providing support in the very first days at home with baby. Some mums will only need us for a short time, like a couple of months, while others may need a volunteer more long-term.

We have routine reviews with families and volunteers at 4 weeks, 3 months and 6 months after being ‘matched’.

The feedback has been very positive; it is great to see the growth in the mothers’ confidence to the point where they feel they don’t actually need their Home-Start volunteer any longer, but still enjoy the visits and have formed a lovely relationship.

This being said, we jointly make the decision with mum and volunteer about when it is time to cease involvement from the program. We do this very sensitively and gradually, so that everyone is happy. The family is able to re-engage with the program if the need arises in the future.

To date 2 families have exited the program whilst 2 others are currently going through that transition.

Home-Start has given PANDA an opportunity to provide services to families beyond the Helpline and it has been an invaluable experience, hopefully a sign of more to come.

Betti Gabriel
Home-Start Program Coordinator
PANDA Website Report

The past 12 months have continued to see a steady increase in visitors to the PANDA website.

- Website Visits up 27%; 60,552 in the past 12 months.
- 62.9% of all visits new visitors and 37.1% returning visitors.
- The total number of page views on the PANDA website is up 19%; 187,227 in the past 12 months.

The website traffic comes from 3 main sources
1. 67% from search engines
2. 19% directly
3. 14% referrals from other sites.

The top 5 referring websites to PANDA are
1. betterhealth.vic.gov.au (up from 3)
2. babycenter.com.au (up from 4)
3. facebook.com (down from 1)
4. beyondblue.com.au (down from 2)
5. blackdoginstitute.org.au (no change)

We have also seen a significant increase in access to the PANDA website via mobiles (this includes tablets) with this mode of traffic increased by 183%. Towards the end of last year the website gained a mobile friendly view which also assists this mode of website viewing.

The website's top 5 landing pages (a visitors first pageview) are;
1. The home page - www.panda.org.au
2. PANDA Fact Sheets (an increase of 41% in overall pageviews)
3. Recovery Stories
4. About PND
5. Recovery from PND

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3. Recovery Stories
4. About PND
5. Recovery from PND

Notes on data
- All figures are in the past 12 months.
- Figures are rounded to the nearest whole number.
- Figures include unique visitors only.

Congratulations PANDA

Number One website internationally

For all websites providing support and information to women with perinatal depression worldwide

As published by the Archives of Women’s Mental Health

Staff and Volunteer Intranet

Finally PANDA Staff and Volunteers have access to an online Intranet that provides easy access to event information, meeting minutes, internal news, research findings and our media presence.

The Intranet is slowly being shaped into PANDA’s main internal communication and information portal. There are many plans for its continued development in the next 12 months.

Sam Tassie, Website Manager

PANDA and Social Media

We have continued to increase our Facebook presence and currently have 1959 Likes with a currently weekly reach of 799 individuals.

PANDA also launched itself into the Twitter world in March 2012 and currently has 186 followers. Both social media channels provide further promotional opportunities and we intend to strengthen our presence on these channels throughout the next 12 months.
It has been another year of growth for PANDA’s referral database. Last year we reported a total of 1590 listings. This has now increased to a total of 2047 individual listings maintained by PANDA. The table and diagram below show how this increase is spread across each state’s listings.

The database however, will always be in a state of flux, and requires many hours each week to ensure to verify the quality of the listings. The past 12 months was used to build in regular data integrity checks and protocols while continuing the ongoing work of mapping the services in all states within Australia.

The Victorian Perinatal Depression Services Directory publicly available through PANDA’s website averages 35 visits a week, and continues to increase the listings available.


**Sam Tassie**  
Database Manager

<table>
<thead>
<tr>
<th>STATES</th>
<th>PANDA LISTINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>35</td>
</tr>
<tr>
<td>NSW</td>
<td>375</td>
</tr>
<tr>
<td>NT</td>
<td>27</td>
</tr>
<tr>
<td>QLD</td>
<td>273</td>
</tr>
<tr>
<td>SA</td>
<td>268</td>
</tr>
<tr>
<td>TAS</td>
<td>66</td>
</tr>
<tr>
<td>VIC</td>
<td>721</td>
</tr>
<tr>
<td>WA</td>
<td>124</td>
</tr>
<tr>
<td>National &amp; Multi State</td>
<td>158</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2047</strong></td>
</tr>
</tbody>
</table>

**PANDA listings 2012**
A successful year of fundraising via PANDA-run events, independent fundraising and sponsorships contributed enormously to PANDA in the 2011/12 financial year.

Major sponsors The Priceline Sisterhood and Bellevue Philanthropy both increased their donations in 2011/12 and we will continue to nurture and strengthen these partnerships along with Ripe Maternity Wear.

Events and sponsor promotions also continued to drive awareness of and engagement with PANDA, and issues around perinatal depression.

Events and Activities

Annual Lunch in Memory of Louise Litis — October 2011 and April 2012

PANDA’s 2011 Annual Lunch in Memory of Louise Litis was again held at Zinc in Federation Square where popular MC Matt Tilley entertained the crowd of 200. The lunch raised funds for PANDA, thanks to the generosity of guests.

In discussion with principal event promoter ASX, PANDA moved the 2012 lunch forward to April due to the high number of annual general meetings and other demands on businesses in October. The venue was also changed to the Grand Hyatt to refresh the lunch appeal.

Despite concerns that two events in six months would diminish attendance, guest numbers rose to 226 and raised over $16,862.55. The fifth annual lunch also attracted both new corporate guests and new supporters, including The Australian Ballet.

PANDA’s Annual Lunch in Memory of Louise Litis has become a fixture in business calendars and provides specific opportunities for men and business people to engage with and support PANDA.

Night Off-Night Out 2012

Following the rescheduling of the 2012 Annual Lunch, PANDA’s annual Night Off-Night Out ladies’ fundraiser, traditionally held in May, was moved to 16 November 2012 to incorporate it into Postnatal Depression Awareness Week and ensure it could be successfully managed with PANDA’s available resources and staffing.

Winter Solstice Ladies Lunch, June 2012

Bellevue Philanthropy hosted its second annual independent Winter Solstice luncheon in Sandringham on Thursday 7th June, raising $20,000 for PANDA – almost double the amount from the previous year. Around 170 women enjoyed this fabulous event and were entertained by writer and comedian, Catherine Deveny.

Independent Online Fundraising

PANDA’s partnerships with My Cause and Everyday Hero enables individuals to participate in events or run their own and manage all donations to PANDA online. Over $7527.00 was donated to PANDA in 2011/12 through these online channels, thanks to the commitment and initiative of independent fundraisers.

PANDA also received additional donations from individual supporters who ran independent events in their local areas. To encourage and facilitate independent fundraising activities, PANDA has developed a Fundraising Kit.
PANDA’s annual Postnatal Depression Awareness Week Public Relations campaign has grown each year and our 2011 campaign produced the strongest results-to-date, generating an estimated $1.5 million in media coverage, including: six national television stories, 55 radio interviews and a piece in The Australian newspaper.

The 2011 campaign theme was ‘Watch and Act’ (Watch those around you that have had a baby, know the signs of postnatal depression and act if you think there is a problem).

The campaign highlighted the incidence of postnatal depression in men and offered personal accounts from a man and women who had experienced and recovered from postnatal depression, along with PANDA CEO Belinda Horton and as spokespeople.

The PR and media relations campaign supports our mission to educate the community about perinatal depression and the support PANDA provides.

Lisa Knott
Communications Manager

Supported Playgroups and Parent Groups Initiative Report

Over recent years the activities of the PND Project Training Coordinator within the Supported Playgroups and Parent Groups Initiative (SPP) have outstripped the capacity of the role. We have successfully worked with a number of communities within Victoria to strengthen their awareness of perinatal depression and anxiety and develop strategies for responses within the community.

A particular highlight of the program in 2011 was trialling a training package with playgroup service providers in Dandenong.

“Yes I have more understanding of and how to recognise postnatal depression and the way to approach people about it.”

The feedback from the training was very positive and supported the plan for the state wide roll out in 2012—2013, with a focus on PANDA’s partnership with Playgroup Victoria and promotion of perinatal depression support groups.

Sonia Le Fevre
Community Education Coordinator

Community Education Program Report

PANDA has increasingly become recognised as a leader and expert in perinatal mental health and is being sought by a range of health professionals to deliver specific training based on our years of experience. PANDA is recognised as professional and expert in families experiencing difficulties after the birth of a baby. We know mothers and fathers particularly well. Our skills and knowledge as counsellors and a service that has daily contact with families in perinatal distress is being shared.

PANDA is privileged to be supported in this work by a team of 8 exceptional people in the Public Speaking Volunteers.

They share their stories with mothers groups, support groups and health professionals with dignity and honesty. The addition of the lived experience to our perinatal mental health education sessions makes the difference between just listening and education that makes an impact and has the potential to transform.

In the last financial year we have delivered 17 public speaking engagements and 9 education/training session to professionals, as well as 3 successful professional development all day workshops, attended by over 120 people.
Appendix 1: The History of PANDA

PANDA is a national not-for-profit organisation based in Victoria. In keeping with its founders’ commitment to mutual support self help services PANDA provides information to any person who is affected by perinatal depression and anxiety including partners and extended family members, and to any person who wants more information about these conditions.

PANDA produces and distributes accurate information about perinatal depression and anxiety to health professionals and the wider community, to ensure that those affected receive appropriate help as early as possible. This includes conducting professional development and training for health care workers.

The History of PANDA

PANDA began in the early 1980’s when two women with postnatal depression were introduced to each other by their Maternal and Child Health Nurse. Collectively the women decided to establish a support group and over time the organization of PANDA was established to cope with the demand for the need for the group.

In 1985 a Committee of Management was formed and in 1986 PANDA became an incorporated association. PANDA’s early structure was reliant upon women who had recovered from postnatal depression to train and commit to voluntary service in either facilitating support groups or providing 24 hour telephone support service from their homes.

As the need for support and awareness grew it became apparent that this type of support was invaluable to women and their families experiencing perinatal depression and anxiety. A review of PANDA was conducted in 1999-2000 that resulted in a more sustainable model of operation with minimal recurrent funding from the Department of Human Services. This model saw the establishment of a telephone support Helpline that was office based and available during business hours only, answering machines that provided information to support after hours callers and the cessation of facilitation of support groups by PANDA volunteers, replaced by a database of support groups run throughout Victoria by other facilitators.

PANDA’s Vision

PANDA is committed to a community where perinatal depression and anxiety are recognised and the impact on women, men and their families are minimised through acknowledgement, support and education.

PANDA’s Mission

PANDA’s mission is to:

Support and inform women, men and their families who are affected by perinatal depression and anxiety; and

Educate health care professionals and the wider community about perinatal depression and anxiety.
Appendix 2: PANDA Organisational Chart
PANDA has been providing counselling, referral, support and education services for Australian women, men and their families living with perinatal depression for close to 30 years. Much knowledge and wisdom has been gained about what is important for recovery from perinatal depression but also the building of strong, healthy families.