

Highlights 2010 - 2011	2
Acknowledgements.....	2
Partnerships and Networks.....	2
Chief Executive Officer's Report	2
Chairperson's Report	2
PANDA Life Members.....	2
PANDA's Board.....	2
National Consumer Advisory Committee Report	2
Professional Advisory Panel Report.....	2
Helpline Counselling Report.....	2
Volunteer Programs Report	2
National Perinatal Depression Helpline	2
Home-Start Program Report	2
Perinatal Depression Services Database.....	2
PANDA Website www.panda.org.au	2
Supported Playgroups and Parent Group Initiative, DEECD	2
Events and Fundraising Report	2
PANDA Resources/Projects.....	2
Audited Financial Report 2010 - 2011	2
Appendix 1: PANDA.....	2
Appendix 2: Organisational Chart 2010 - 2011	2
Appendix 3: Feedback from the online survey	2

Organisational Development

- Recruitment of a Communications Manager to develop and implement PANDA's Communications Plan, aimed at supporting PANDA's promotional and national awareness raising activities.
- Exploration of PANDA's need for larger premises, with a needs analysis and market search undertaken. This has provided opportunities to reflect on PANDA's need for premises that support the culture of the organization. Plans underway for expansion by the end of 2011.
- Approval by the Department of Health and Ageing for additional funds to support PANDA's need for larger premises.
- Successful national media campaign conducted during Postnatal Depression Awareness Week in November 2010. This annual campaign has been increasingly flanked by media activities throughout the year that help to promote PANDA and perinatal mental health.
- Completion of a formal sponsorship agreement, with the support of Mallesons, for use with external sponsors and partners.

Governance:

- Completion of and adoption at the last AGM of the new Constitution for PANDA that particularly strengthened the inclusion of men in the membership categories and PANDA's vision and mission statements.
- Completion and adoption of the new Policy Governance document to support the work of the Board.
- The Board's completion of the Strategic Plan for 2012 – 2015, setting the future directions for the organisation.

Victorian Government Funding

- The Victorian Government approved the allocation of PANDA's long standing Mutual Support Self Help funding to new initiatives. This allowed us to:
 - establish the Home-Start Program with families with perinatal depression and anxiety,
 - recruit a Community Education Coordinator to manage PANDA's education and training activities in the community and perinatal mental health sector
 - allocate additional volunteer coordinator hours to support the volunteer recruitment and training activities in Victoria.

National Perinatal Depression Helpline

- Implementation of the project plan for the roll out of the National Perinatal Depression Helpline, seeing additions of new staff across the organization and extension of the hours of operation of the Helpline.
- Growth in the number of new calls to the Helpline from across Australia, as well as an increase in the number of outgoing and ongoing follow up calls, demonstrating a greater engagement of callers with the service.
- Increasing numbers of calls coming from states and territories other than Victoria.

- Commencement of a review of the procedures of the Helpline with a view to implementing work practice improvements and evaluation strategies.
- Training of two senior staff to be qualified Applied Suicide Intervention Skills Training (ASIST) trainers to enable PANDA to conduct this vital training internally for Helpline staff and volunteers.

Database and Website

- Huge growth in the usage of the PANDA website following the launch of the new site and the online Victorian Perinatal Depression Services Directory.
- Increased support for PANDA's Facebook page providing an additional tool for communication with families with perinatal depression and other stakeholders.
- Growth in the number of services listed on the Perinatal Depression Services Database, both in Victoria and nationally, supporting the referral work on the Helpline.

Events and fundraising

- Planning for and the launch of the inclusion of PANDA as a beneficiary of the Priceline Sisterhood. Joining 5 other Australian charities PANDA has been given a huge opportunity for national promotion through the Sisterhood, as well as a number of fundraising activities.
- Donation from the Berwick Opportunity Shop who have again provided PANDA with a donation of \$3,000 from the proceeds made through the sales in the shop throughout the year.
- Ever increasingly successful fundraising events, adding to PANDA's funding sources, despite the climate of economic restraint.



DVD

- PANDA and the Gidget Foundation entered into a legal partnership in the ownership of the DVD **Behind the Mask; the Hidden Struggle of Parenthood**.
- Completion and release of the DVD with distribution throughout Victoria and NSW, with some sales in other states and territories.
- The DVD captures many years of expertise and wisdom within PANDA and Gidget Foundation and is a wonderful asset in promotion and training for perinatal mental health.

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
KMA20
Australian Securities Exchange
The family and friends of Louise Litis
Berwick Opportunity Shop
Sponsors and donors for all PANDA events
DonorTech
Boolo babe
Pamper Boxes
4GL

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
Australian Business Theatre
Third Row Films
Fresh Dynamics
Global Talk
Our Community
Yates Partners Chartered Accountants
Media Key
From the Heart WA

Chief Executive Officer's Report

When I think back to the PANDA I joined at the beginning of 2004 and PANDA today I am amazed. Nearly 9 years ago PANDA occupied the back rooms of another organisation and had a handful of staff and volunteers, very dedicated and passionate about PANDA but tired and overwhelmed with making ends meet. Now we have close to 30 staff, 40 volunteers, a vibrant Board and premises that are too small! What an exciting few years has passed since 2004 and I am thrilled to see PANDA's growth.



An Annual Report is an important way to capture the activities and growth of an organisation and each year at PANDA has shown an ever increasing level of activity. This year, as I sat to put together the Highlights for 2010 – 2011, I found it hard to keep it focussed. Obviously the greatest highlight for PANDA, arguably in its history, has been the commencement of funding from the Australian Government for the National Perinatal Depression Helpline.

Equally worthy of celebration, though, is the very first call made to a mother with postnatal depression by a newly trained Telephone Support Worker. A great deal of effort goes into recruiting and training the very best people into this voluntary role, men and women who have been buffeted by the lived experience of perinatal depression and anxiety. Well recovered by the time they join PANDA, they are often seeking an opportunity to build their confidence. The nervousness and anticipation that goes into making their very first call is enormous. But with all journeys into new territory the rewards are worth it. The celebration of this achievement is really important and it is gratifying to see our volunteers blossom. This is not unlike PANDA's journey over the last year.

It has also been an interesting time in the broader world that PANDA lives in, providing PANDA with opportunities for leadership and partnerships.

- The transition to the use of the word perinatal in the sector, used to describe the spectrum of depression and anxiety during the antenatal period (pregnancy) as well as the postnatal period (first year after baby's birth). Extensive education of the community will need to follow.
- The National Perinatal Depression Initiative (beyondblue) has continued to support significant development in perinatal mental health across Australia with the passing of the new NHMRC Guidelines for Perinatal Mental Health Care and the activities unfolding in all the states and territories in antenatal and postnatal screening, new pathways to care, training of the workforce, research and promotion of awareness.
- Establishment of the Pregnancy Birth Baby Helpline, providing 24 hour access to helpline support for issues related to the perinatal period. PANDA's federal funding is provided under this initiative and it has been great to see the successful roll out of the Helpline.
- The resources and capacity of consumer organisations in other states of Australia have continued to grow, albeit slowly. It has been a pleasure to be able to support and watch these sister organisations, particularly in Western Australia, Sunraysia and NSW, as they consolidate their governance and infrastructure to ensure their role as vital service providers is sustainable.
- The development of the Charter of Peer Support with six other Victorian agencies within the Mutual Support Self Help Network, has been exciting work in further defining peer support and the role it plays within mental health care more broadly.

A big part of the journey this year for PANDA has been the consolidation of our finances and financial processes, integrating the new funding streams provided by the Australian and Victorian Governments. We have also focused on diversifying our sources of funding with greater inclusion of external fundraisers and completing state and territory authorities to fundraise. In one short year we will be commencing negotiations for the renewal of PANDA's funding agreements, planning is well underway to ensure a successful outcome.

Last year I wrote about the impact of change and growth on PANDA's culture of "nurturing, safe, friendly, connected, helpful, leadership, intimacy, quality, space for humour, input of each person is valued, family friendly, always learning and more". A year down the track with the addition of 15 new staff from external recruitment processes, I think we can say that PANDA's culture has been strengthened and PANDA has blossomed, as you will see in the reports within this Annual Report.

PANDA's greatest assets are its staff and volunteers. The growth of PANDA would not have been possible without their dedication and skills. Some days I watch in awe as the skills and expertise of PANDA's staff, in a wide range of roles, are demonstrated. From refining the complex back end of websites and databases, to planning and running fundraising events; from undertaking a risk assessment and management plan to keep a mother and her baby safe to running a successful workshop for health professionals; from establishing a new home-visiting program from scratch to setting up new payroll systems – PANDA's people are awesome. Many thanks to you all for your dedication, skills and expertise.

Of greatest importance to PANDA is the functioning of the Board. PANDA has been blessed over recent years with the calibre of the people on the Board as well as the leadership provided by them. This year we farewelled Christine Greenhatch from her role as Chairperson, very ably replaced by Susie White. The current Board has only ever supported the work of PANDA with a wonderful balance between consolidating PANDA's governance and strategic planning with supporting new initiatives and innovation. The Board's adoption of the Policy Governance framework has ensured that this will continue within strong governance guidelines for a long time to come. I would like to thank all members of the Board for their support of me in my role as CEO and their fantastic stewardship of PANDA.

Belinda Horton
Chief Executive Officer

Chairperson's Report

I am pleased to provide my first report as Chairperson of PANDA following the resignation from the Board of Christine Greenhatch, as her term ended. Board members were unanimous in their praise of and gratitude for Christine's work as Chairperson over the past three years. I am pleased to report that the Board has granted Life Membership with PANDA to both Christine and former Chairperson, Max Dumais, in recognition of their contribution to PANDA as an organisation. Without the work of these two people, PANDA most certainly would not be in its current excellent situation. I am pleased to report that the current Board has continued their work in the growth, development and consolidation of our organisation.

Board members during the year 2010 – 2011:

Nicki Batagol	Board Member
Wilma Gallet	Board Member
Heather Lyon	Board Member
Kerrie Mason	Board Member
Dr George McGillivray	Board Member
Max Nichols	Treasurer
Anna Briggs	Secretary
Gwen Schwarz	Deputy Chairperson
Susanne White	Chairperson

As a Chairperson, it is pleasing to note that the responsibility for the work of the PANDA Board has been shared by all Board members. For example, during the 2010 – 2011 year, Heather Lyon led the Board in continuing to refine our governance role as we supported Belinda Horton, our valued CEO, in restructuring PANDA and recruiting new staff and volunteers, all of which has been necessary to fulfil our agreements with both the Victorian and Federal Governments.

In recent months, Wilma Gallet has facilitated the Board's work in developing a new strategic plan to address the changes which are required to maintain our services at the current high level and to continue to promote awareness of perinatal mental health issues and ways in which families can receive assistance. We are extremely grateful to Wilma for her work in leading us through development of the plan which will be published and widely available.

Dr George McGillivray has taken responsibility on behalf of the Board to manage our Professional Advisory Panel (PAP). This Panel has two main functions – for individual members to be available to the CEO for advice and to promote PANDA's services within their particular fields of work. The Board is extremely grateful to George for his introductions to some very special people and to all those people who have agreed to take up this role for PANDA.

Nicki Batagol joined the Board towards the end of 2010 and in the first months of 2011 agreed to take responsibility for revising the Terms of Reference of our National Consumer Advisory Committee (NCAC). The aim of the review is to ensure its role is both satisfying for Committee members and able to provide a truly national consumer perspective. Both Anna Briggs, who commenced the NCAC review and Nicki are to be commended for their work on behalf of the PANDA Board and people around Australia with experience of perinatal mental health issues.

As PANDA is expanding as an organisation, more space is needed to house our services and to provide a safe and healthy working environment. Gwen Schwarz has been central to our exploration and negotiation for a fitting office space for PANDA in 2012 and beyond, while Kerrie Mason has represented the Board on the Home-Start Steering Committee, an exciting new area of service delivery for PANDA.

Anna Briggs has fulfilled the position of Secretary in a highly professional manner. All Board members have been impressed with Anna's expertise and timely management of her role.

Max Nichols has been our Treasurer for three years and has decided it is time for retirement from this role. Max, ably supported by Victoria Mackinnon in a contractual role, has overseen significant changes in all of PANDA's financial management systems and processes during the past twelve months. I wish both Max and Victoria well as both retire from their roles with PANDA.

During this past year, PANDA has been very excited to be chosen by Priceline as a beneficiary of its Sisterhood. This partnership will enable continuing development of awareness about perinatal mental health among the general public as well as providing some financial support for PANDA. Similarly, our thanks are extended to Jody Allatt and Silla Moller from the Bellevue Project and the amazing volunteers from the Berwick Opportunity Shop for their fundraising efforts in support of PANDA over the past year. Fundraising activities such as these enable PANDA to develop resources and undertake some value-added activities which are beyond those funded by our wonderful Government contracts.

In closing, I wish to acknowledge and note our strong appreciation of the continuing support provided to PANDA by both the Victorian and Australian Governments, enabling our organisation to provide assistance and information to families experiencing perinatal mental health problems. Lastly, on behalf of the Board, I extend my sincere appreciation to our CEO, all staff, volunteers and supporters, for their contributions to PANDA over the past twelve months.

Susanne (Susie) White
Chairperson

2011 sees PANDA welcoming two new Life Members, to join our Founding Life Member Ann Lanigan.

Max Dumais – PANDA CHAIRPERSON 2006 – 2008 and 2009

In early 2006, Max Dumais was asked to take a lead in rebuilding PANDA at a time when the governance structures of the organisation had collapsed. Max set about recruiting Committee of Management members with experience in governance of not-for-profit organisations and an interest in PANDA's work.

Throughout 2006, 2007 and 2008, Max presided as Chairperson of PANDA, bringing new Committee members on board and, along with the CEO, began negotiations with the Federal Government on developing PANDA's support to people experiencing perinatal depression through funding for a national helpline.

Max was largely responsible for what has now become PANDA's Annual Lunch and sought to establish a number of other fundraising activities.

Max's drive and energy together with his charismatic style enabled PANDA to develop and flourish during a very challenging period.

Christine Greenhatch – PANDA CHAIRPERSON 2009 - 2011

Christine Greenhatch joined PANDA's Committee of Management in 2008, bringing her extensive knowledge and experience in governance and representing consumer issues.

Christine took the role of Chairperson of PANDA in 2009. Christine's political acumen, diplomacy and exceptional people skills, were influential in helping to position PANDA as the leading organisation in the field of perinatal depression.

She oversaw PANDA's negotiations with the State and Federal Governments, providing significant support to the CEO as PANDA commenced its development of the National Perinatal Depression Helpline and an expanded support role with consumers in Victoria.

Christine has encouraged PANDA's incorporation and implementation of a rigorous governance approach and was specifically responsible for recruitment of a number of our current Board members.

Christine has been instrumental in the expansion of PANDA's fundraising and our recent success in this area.

An introduction to members of the Board:

Chairperson: Susie White



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

As both a mother and grandmother, Susie 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.

Susie is a registered psychologist, former secondary school teacher and current 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 organisations, particularly in the Local Government, Social and Community Service and Health sectors. Much of her work in organisational change has concentrated 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.

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: Max Nichols FCPA

Max joined the board in 2007 and had held the position of Treasurer during this time.

His interests include adventure travel, bushwalking and cycling and he has a partner Kate, who shares in his interest in these activities, along with 3 children and 2 grand daughters.

Max is a CPA and has had over 30 years experience in the areas of accounting and corporate treasury. His expertise in corporate treasury was in the areas of financial risk management, global cash management, foreign exchange risk management and derivatives.

His involvement in accounting and cash management has been very useful in assisting the set up of PANDA's accounting and reporting systems. He has monitored the organizations cash positions and performance budget to ensure PANDA could meet its obligations effectively.

Secretary: Anna Briggs

Anna Briggs joined PANDA’s Board of Management 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: George McGillivray

George McGillivray 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.



Board Member: Heather Lyon



With a particular interest in effective governance and leadership Heather’s experiences in Senior Management in state government and non government organizations – ten as a CEO in Queensland and Victoria - equip her well to work with fellow PANDA board members to guide organizational performance. Heather’s qualifications include Diploma of Education, Diploma of Administration, Company Directors’ Diploma, a Graduate Diploma in Education Studies, a Bachelor of Arts and coaching and mentoring qualifications. Memberships of two national, five local and one business board have ensured a PANDA board member for five years. Heather is very excited about the new opportunities stable funding has given PANDA.

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: Nicole Batagol

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



Nicki is a Management Consultant specializing in global transformation change programs. Over the past 15 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 organization.

When Nicki is not busy working or looking after her 3 and 5 year old, she enjoys skiing, running, yoga, pilates and travel.

Board Member: Wilma Gallet



Wilma Gallet has a breadth of social policy experience in senior management positions within the public and community services sectors. Her specific area of expertise is employment services and she was the founding CEO of The Salvation Army Employment Plus. She now works as a social policy consultant in a range of areas including suicide prevention, homelessness, employment services and family services. She has a passion to see quality, professional programs that support people during difficult times and brings them a sense of hope. She has been a member of the

PANDA Board since 2007. Wilma has a Masters in Social Science and other qualifications in Business Administration, Adult Education, Human Resource Management and Quality Management.

National Consumer Advisory Committee Report

PANDA established the National Consumer Advisory Committee (NCAC) in 2008 as an important development to expand PANDA's service delivery nationally. The committee was formed from consumer representatives in Victoria, New South Wales, South Australia and West Australia. Each of these members provided consumer, carer and community perspectives in relation to perinatal depression and anxiety. The NCAC operated under a Terms of Reference with specific objectives, roles and responsibilities. Members met both formally and informally discussing their personal experiences in their own States and considering a comprehensive set of issues brought to them by the PANDA Board. Since it was launched, the NCAC has been instrumental in providing a national consumer perspective to PANDA.

In 2010, PANDA received funding from the Australian Government to provide the National Perinatal Depression Helpline. This exciting development has resulted in the extension of service delivery for the Helpline as well as the development of a national database to refer callers to their local services. As PANDA has expanded its service delivery, so too has the contribution that people affected by perinatal depression and anxiety can make. As such, the role structure of the NCAC is changing to provide a strong national voice for consumers, understand areas of concern across states and ensure that the service is provided equally to all consumers. A new Terms of Reference has been drafted and will be implemented in the next year.

Nicole Batagol
Chairperson
National Consumer Advisory Committee

Professional Advisory Panel Report

The Professional Advisory Panel, chaired by George McGillivray, has progressed slowly over the last year. Its role is to ensure that PANDA has a well developed network of professionals with specific expertise, who can support, enable and facilitate PANDA's operations. We have welcomed a new member of the panel, an obstetrician with significant background in perinatal mental health, with plans for the addition of new members from a range of professional groups over the coming year.

The current members of the Panel are:

Dr. Fiona Judd – Perinatal Psychiatrist
Dr. Klara Szego – Perinatal Psychiatrist
Miralde Bartlett – Maternal and Child Health Service
Dr. Janet Duke - Obstetrician

The Panel provides PANDA with an opportunity to strengthen its partnerships within the perinatal mental health sector as well as to promote the role of PANDA. Further growth of the Panel and involvement of its members is keenly anticipated.

Helpline Counselling Report

We are thrilled with the developments of the past year which have included not only the introduction of new staff but also a sense of settling into roles which feel a bit less 'green' a year on.

Fantastically, the Telephone Counselling team has grown to 3 Senior Clinical Supervisors, 9 ongoing professional counsellors, and 1 casual who is available to backfill on the Helpline when a Telephone Counsellor is on leave. This has enabled every day of the week to be staffed by at least 4 Telephone Counsellors who are available to respond to callers from 9am – 7pm. The robust staffing numbers has also enabled Telephone Counsellors to provide regular follow up support and service coordination to callers with high needs as well as an immediate response to callers experiencing a crisis or who are at risk. Their access to a clinical supervisor at all times allows the Telephone Counsellors to undertake their work with callers within a professional framework of debriefing, formal, informal and group supervision.

Our telephone counselling staff bring such a myriad of skills, and professional and personal wisdom into their support of PANDA callers. Some of our staff have come through the ranks as volunteers and other have been recruited externally so bring a fresh perspective and knowledge from other work places which we have been incorporating into our PANDA work practices. We also have a wonderful male telephone counsellor who brings a skilled and gentle, 'male' perspective to the support of men and women ringing the helpline. With this diverse mix of counsellors, who also share the call workload with our amazing group of peer support volunteers, we constantly refine the integration of our consumer model of peer support with the professional counselling skills.

For those who came through as a volunteer this was a more organic process but for others coming into PANDA it has been a learning experience from both sides, with becoming comfortable with appropriate self disclosure and providing peer support, if helpful for the caller. This can be contrary to the training many of us receive which suggests self disclosure is a no go zone. It has been wonderful to watch the telephone counsellors open up and feel comfortable in sharing and valuing their own personal experiences with our callers.

As Senior Clinical Supervisors, we have been providing monthly individual supervision to our Telephone Counsellors as well as group supervision every six weeks. Group supervision has provided a space for reflective practice and case discussion, drawing on the collective wisdom of our group of counsellors and has also been a wonderful forum to get to know each other and to learn from each other. We have used different models of group supervision including narrative peer support, play therapy and facilitated case presentation, as well as a vibrant discussion around the role and definition of peer support in counselling.

Spring is in the air, we are moving to light, brighter, bigger premises at the end of the year and have a brilliant team to deliver the best model of care we can to all of our callers.

Danni Scheelings

Julia Brumley

Jane Bakos

Senior Clinical Supervisors

Volunteer Programs Report

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.

As the Helpline program expands and the number of volunteers increases there is greater demand on the Volunteer Coordinators. In May we welcomed another Volunteer Coordinator to the team to enhance our capacity to provide support, guidance and supervision to all of the volunteers. It is anticipated that the volunteer program will further develop over the next year with the additional staffing.

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. Below are some responses to the question, "What is the most enjoyable part of your role?"

Being linked with an organisation that is professional in every way and the people are friendly, inviting and everyone wants to do their best

The feeling that I am really helping our callers, relationships with other volunteers/staff, and everything I've learned.

Fantastic work environment, lots of support, meaningful work!

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

National Perinatal Depression Helpline

PANDA has been providing counselling, referral and support helpline 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.

Perinatal depression occurs at the time of pregnancy and in the early years after the birth of a baby. These are significant mental illnesses that cause significant disruption to the journey into parenthood for both the new mother and father, placing stress on developing family relationships and a threat to the healthy beginnings for children. Women and their partners need early access to high quality interventions and services. Equally as important for recovery is access to support and mentoring for the new parents to build their confidence and resilience as parents, the key to sustainable recovery.

Following is a snapshot of the work of the National Perinatal Depression Helpline during the 2010 – 2011 year.

1. Number of Calls

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 1: Number of initial and follow up calls

	2009	2010	Jul 10-Jun 11
Initial support calls	898	1478	1623
Follow up support calls	4248	6096	8007
TOTAL	5146	7574	9630

2. Origin of calls from states and territories

The following figures show the percentage of calls within Victoria compared to other states and territories combined over the previous four years. There has been an 8% increase in the number of calls to the Helpline from states and territories other than Victoria, an outcome of promotional activities nationally.

Table 2: Victoria compared to other states and territories

STATE	2007	2008	2009	2010	Jan-Jun 11
Victoria	93%	91%	88%	67%	59%
Other states and territories	7%	9%	12%	33%	41%

Following are the figures for the state of origin of initial calls to PANDA and follow up calls during the reporting period.

Table 3: State of origin of calls

STATE	INITIAL CALLS		FOLLOW UP CALLS		TOTAL	
	Jul-Dec10	Jan-Jun11	Jul-Dec 10	Jan-Jun11	Jul-Dec 10	Jan-Jun11
Victoria	467 calls (57%)	468 calls (58%)	2,433 calls (63%)	2496 calls (60%)	2,900 calls (62%)	2964 calls (59%)
New South Wales	162 calls (20%)	159 calls (20%)	586 calls (15%)	742 calls (18%)	748 calls (16%)	901 calls (18%)
Queensland	79 calls (10%)	66 calls (8%)	334 calls (9%)	366 calls (9%)	413 calls (9%)	432 calls (9%)
Western Australia	68 calls (8%)	61 calls (8%)	319 calls (8%)	294 calls (7%)	387 calls (8.4%)	355 calls (7%)
South Australia	27 calls (3%)	25 calls (3%)	150 calls (4%)	128 calls (3%)	177 calls (4%)	153 calls (3%)
ACT	6 calls (0.7%)	17 calls (2%)	11 calls (0.3%)	52 calls (1%)	17 calls (0.4%)	69 calls (1.5%)
Tasmania	5 calls (0.6%)	8 calls (1%)	1 call 0.03%	78 calls 1.8%	6 calls (0.1%)	86 calls (2%)
Northern Territory	3 calls (0.4%)	2 calls (0.3%)	3 calls (0.9%)	14 calls (0.3%)	6 calls (0.1%)	16 calls (0.5%)
TOTAL	817 calls	806 calls	3,837 calls	4,170 calls	4,654 calls	4,976 calls

From the above data it is possible to conclude that:

- There has been an increase in total call traffic by over 320 calls during the reporting period, largely due to increase in ongoing support.
- The number of new callers to PANDA has dropped by 11 during the reporting period, probably due to the seasonal impact of holiday periods (January and April).
- There has been an increase in the number of calls from all states with the exception of Western Australia and South Australia.
- Of particular note is an increase in calls from the ACT, Tasmania and Northern Territory

3. Perinatal Mental Health

3.1 Status of diagnosis:

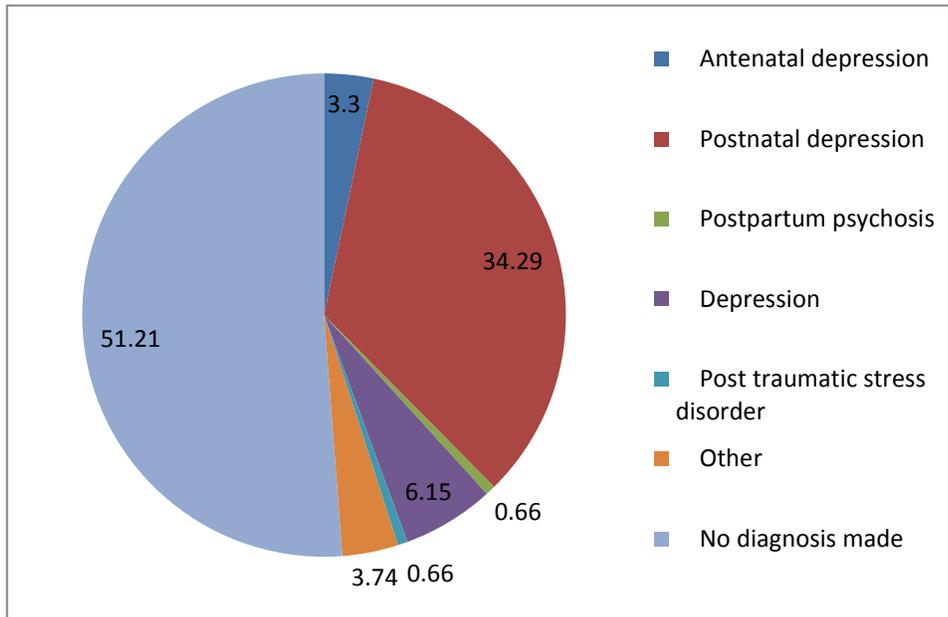
Over 51% of callers report not having a diagnosis at the time of their initial call to PANDA. It is PANDA's objective to ensure that all callers receive a physical and mental health assessment by a General Practitioner to establish a clear picture of their mental health status.

Of those who have a diagnosis at the time of the initial call close to 50% have postnatal depression followed by general depression and antenatal depression. A very small number reported being

diagnosed with Postpartum Psychosis as well as Post Traumatic Stress Disorder - anecdotally we would conclude that this number should be much higher.

Over time other presenting issues can become apparent with the caller such as Bipolar Disorder, Borderline Personality Disorder and adjustment difficulties.

Diagram 1: Status of diagnosis at the time of the initial call (percentage)



Of those callers with a diagnosis, 65% were diagnosed by their General Practitioners and 15% diagnosed by their Psychiatrist. Significantly less callers had been influenced by their own or their family's view of their mental health – 9%, previously sitting at 20% being 'diagnosed' by family members or the consumer themselves.

3.2 Presenting issues

The callers present with many symptoms that are discussed as a part of the assessment processes undertaken by the Telephone Counsellors and Telephone Support Worker Volunteers, including:

- Physical: exhaustion, fatigue and lack of energy
- Emotional: feelings of depression, anxiety, crying and feeling overwhelmed
- Cognitive: poor concentration, unclear thinking, negative and obsessive thinking
- Relationships: strained relationships (64% of callers), poor attachment with baby, relationship breakdown
- Social: isolation (44%), withdrawn (22%) and difficulty being with friends
- Risk to self, baby or others: presence of suicidal ideation, self harm, child protection concerns or significant mental health symptoms

Home-Start Program Report



Following approval from the Department of Health (Victoria) and in keeping with PANDA's peer support model on the National Perinatal Depression Helpline, PANDA has established a volunteer home visiting program based on the Home-Start Program (UK). Working with parents with mild to moderate perinatal depression, the trained Home-Start volunteer is matched with a family for weekly visits to assist them to overcome the impact of their transitional difficulties or depression and anxiety. This includes befriending, helping with practical tasks, supporting the parent's relationship with their child(ren) and linking families into community services. The volunteer, who is usually a parent and may have experienced perinatal depression, acts as a mentor and friend to the family and strong, lasting relationships are often formed.

Home-Start Program

Home-Start has been evaluated in the UK and Australia with the key feature of the program being the establishment of the trusted confidante relationship. This relationship has been found to be effective in alleviating anxiety and enhancing the mother's well-being; this in turn has the potential to enhance parenting. (Everingham 2006).

A body of research shows that parental sense of competence is central to positive parenting (Jones and Prinz 2005). Parents who trust their ability to deal with their child are warmer, more responsive and accepting toward the child (Gondoli and Silverberg 1997).

Parents who lack a sense of competence show less adequate parenting, tend to withdraw from interactions with the child and give up addressing child problem behaviours altogether.

Home-Start increases maternal sense of competence by means of assisting and emotionally supporting mothers, rather than on teaching the mothers concrete ways of handling the child. It is based on Bandura's theory of self-efficacy: people are more likely to act when they believe both that they are capable of carrying out a given action and that this action will accomplish a desired goal (Bandura 1997).

Extrapolating from this general idea, it is expected that when parents believe that they are capable of positive parenting and that their actions will positively affect their children's behaviour, parents are more likely to exhibit positive parenting skills. Therefore, the increase in maternal sense of competence is seen as an important mediating link between the Home-Start Program and changes in parenting behaviour. (Dekovic et al 2010)

PANDA's Home-Start Program

The Home-Start Volunteers are usually parents or grandparents, who are aware of the challenges of raising a family. They undergo comprehensive training and appropriate background checks before they can visit a family, usually weekly for 2-3 hours. The families accepted into PANDA's Home-Start Program are referred from the Helpline and are experiencing transition difficulties to mild – moderate perinatal depression and anxiety. They are usually experiencing other aspects of stress and isolation, feeling vulnerable and exhausted. The Home-Start Volunteers provide friendship in the home with the backup support of the Coordinator of the Program.

The development of the program has been supported by a Steering Committee that comprises a range of professionals with links to the field, including Department of Health representatives and Bapcare's two Home-Start Program Coordinators. The Committee has provided PANDA with invaluable advice and practice wisdom to support the planning and implementation of the program.

We are looking forward to the growth in the program over the next year with increasing numbers of families being linked with home visiting volunteers.

Betti Gabriel
Home-Start Coordinator

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Perinatal Depression Services Database

In 2009 PANDA was funded by the Victorian and Federal Governments as part of the Victorian response to the National Perinatal Depression Initiative. The funding provided resources to build the online **Victorian Perinatal Depression Services Directory**, to further document and promote pathways to care. This directory was made available to health professionals and service providers through the PANDA website in June 2010.

(View the Victorian Perinatal Depression Services Directory <http://panda.org.au/service-directory>)

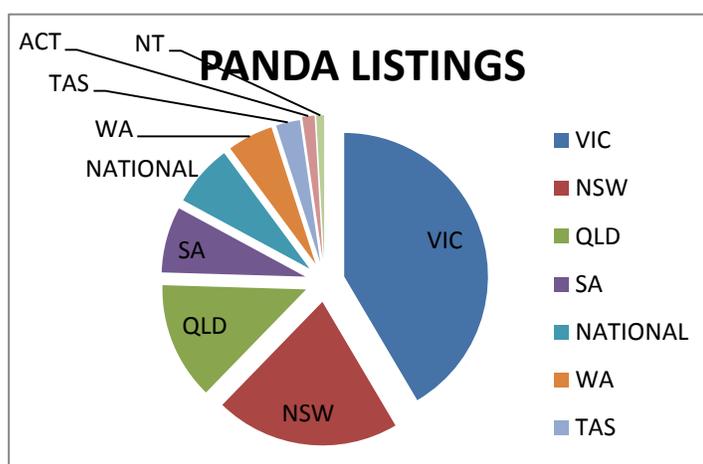
Once the Victorian Services Directory was completed PANDA began using the existing database structure to further build the **National Perinatal Depression Services Database** to support the expansion of the National Perinatal Depression Helpline.



At the end of May 2010 PANDA's database program, Infocom, contained approximately 550 PANDA entries, 90% of which are Victorian services.

Twelve months later there has been a significant addition to the PANDA listings which now number 1590. Inroads have begun to be made into mapping and adding other states' services. See the table and diagram below.

STATE	PANDA LISTINGS
ACT	22
NSW	330
NT	14
QLD	210
SA	118
TAS	43
VIC	660
WA	82
NATIONAL	111



There is still much work to be done to adequately map the services in other states. The database however, will always be in a state of flux, and requires many hours each week to ensure that it stays as strong as possible.

Samantha Tassie
Database Manager

The PANDA online presence continues to grow and it is rewarding to see that visits to our new website have increased by 211.58%ⁱⁱ since Sep 2010. We also continue to receive positive feedback regarding the usability and look of the new website even though it has now been publically live since March 2010. With the constant addition of new material and revision of existing content we have seen our home page access 33,464 times compared to only 12,319 times for the previous year.

Our fact sheets have always been an important part of PANDA's service delivery, and it is important that they are easily accessible, especially as we have national coverage. Twenty percent of all clicks from our Home page are to our fact sheets; now in pdf format for downloading and viewing. Not all traffic comes directly through our home page but regardless of this, total visits have increased. An example of this is the traffic that the website receives through the Victorian PND Services Directory which has been accessed over 1000 times since becoming publicly available.

During the first few months of 2011 time was taken to improve our search engine optimisation with a review of all metatags and Google rankings. The impact of this review has seen traffic via Search Engines to our website increased by nearly 63%. Given that Google supplies over half of the traffic to our website this has been an important result. Traffic from referring sites equates to nearly 18% of total website visits and is supplied predominantly via Beyond Blue, the Victorian Government's Better Health Channel and PANDA's own Facebook page.

As we see watch the constant expansion of social media into the business world PANDA has managed to keep in step with its Facebook page, which continues to grow. We currently have over 1400 likes (which equates to fans in the old terms). The Facebook page is used to not only promote PANDA services, events and associated activities but also to nurture the many users who are predominantly experiencing perinatal depression or anxiety. This community is very active and posts related to self care and recovery attracts a higher percentage of feedback.

In the coming year PANDA plans further enhancement of the website with new items to be made available such as e-cards, affirmation cards and podcasts. It will also involve the continual refinement of existing features so that we continue to increase awareness of PANDA's specialist services.

Samantha Tassie
Website Manager

¹ All figures given obtained from the Google Analytics report of the PANDA website for period 1 Oct 2010 – 1 Oct 2011

Supported Playgroups and Parent Group Initiative, DEECD

Well what can I say, it has again, been another busy year. With the growth of PANDA so too have the calls, enquiries and partnerships PANDA has developed within the community and local agencies.

Over the last year PANDA has seen the Supported Playgroups and Parents Groups Initiative Program (SPPI) grow to great heights.

- The second of the Community Information Forums on 'Wellbeing during Pregnancy and Parenting' was held in Caroline Springs in July 2010, partnering with key local agencies. Feedback from consumers showing the information was really well received.
- PANDA was a partner with Playgroup Victoria for the SPPI Playgroup conference held in August 2010. It was great to be able to get perinatal mental health information out to such a large and engaged audience.
- Parenting after Postnatal Depression was the third professional development workshop held and delivered for the 2010 year with approx 60 participants in attendance at the Hawthorn venue. May 2011 saw the first of these workshops being delivered to over 40 participants, who explored the topic of 'The Antenatal Period'.
- Talks on perinatal mental health were delivered to playgroups in Kinglake and Marysville areas providing support after the Black Saturday bushfires.
- Over the year, five PND Group Facilitators Network meeting were held engaging with over 100 network members.
- From February 2011, attendance at the South Metropolitan Region Network (SMR) meetings, has given a deeper knowledge and understanding of playgroups and assisted with forging new partnerships and networks in the region. The network has also given direction to training to be delivered to SPPI coordinators and facilitators for early 2012.
- Attending the SPPI Aboriginal Beststart forum, titled 'Getting the Message Out' has given more of an understanding of the issues surrounding our Indigenous Australians.

As you can see it has been a full and exciting year for getting information out around all things perinatal mental health. I am looking forward to 2012 year being as eventful and informative for community members, workers and PANDA alike.

Frances Eyre
SPPI PND Coordinator

Events and Fundraising Report

Fundraising and external events continued to be a key focus for PANDA in the 2010/ 2011 financial year. Recurring events, independently run fundraisers and cause related marketing saw us raise over \$45,000 to support PANDA's services, and raise awareness of perinatal depression in the broader community.

Our key events in 2010/2011 included:

2010 Annual Lunch in Memory of Louise Litis: This was the third year this event was held, with PANDA hosting over 310 guests at the Zinc Function Centre Federation Square. The focus of the event is to raise awareness of perinatal depression and honour Louise's memory. Through the generosity and support of all who attended, PANDA raised over \$14,000.

Night Off-Night Out 2011: The Night Off-Night Out event was a fantastic success. This was our eighth ladies only event held at the Powerhouse Function Centre Albert Park on 6 May 2011. The dinner was attended by 377 guests and raised \$10,008.

Also for the first time, PANDA also encouraged the broader community to hold independent fundraisers events of which PANDA would be the chosen beneficiary for funds raised. Two such events were held which include:

Mums Day Out: Nadine a mother contacted PANDA and wanted to hold a fundraising event. In September 2010 the Mum's Day Out was held at the Hampton Rovers Football Club. This day was focused on pampering and building knowledge about the signs of perinatal depression. It raised \$1000 for PANDA.

Winter Solstice Ladies Lunch – 21 June 2011: The Bellevue Project ran its first independent fundraiser on the 21st of June 2011 a ladies lunch, themed around the Winter Solstice and held at the Sandringham Yacht Club. It was a fabulous event attended by 220 women that raised \$10,700.

PANDA also embarked in a long term strategic relationship with Priceline. As part of the 'Priceline Sisterhood' campaign, PANDA is one of six national charities that receives financial support and in-store presence in Priceline stores across Australia. Consumers have the opportunity to regularly purchase selected items in store, of which a percentage of sales go to PANDA and they also have the opportunity to donate funds to PANDA directly in specific months via the donation boxes on the counter. In the 2010/2011 year Priceline donated over \$ 10,000 to PANDA, a fantastic result given the campaign only commenced in 2011.

Anna Christofidis
Office Manager

Mandy Eres
Communications Manager

DVD: Behind the Mask: The Hidden Struggle of Parenthood

PANDA embarked on an ambitious project with our NSW colleagues from the Gidget Foundation. January 2011 saw the completion and release of the end product of this project - **Behind the Mask: the Hidden Struggle of Parenthood**.

The DVD is the shared vision of PANDA and the Gidget Foundation. After two years of planning, filming and refining, the stories of Australian families who have lived with and recovered from perinatal depression and anxiety have been beautifully and poignantly captured on film.



The DVD was professionally produced by Australian Business Theatre (ABT) and funded by the Gidget Foundation and the Victorian Government under the National Perinatal Depression Initiative. The content has been developed by PANDA and Gidget Foundation through wide consultation with health professionals and consumers. It includes the stories and educational input of mothers and fathers, doctors and allied health workers, creating an emotionally engaging and informative DVD that is relevant to both consumers and health care providers.

The mission of this unique DVD is to unveil the lived experience of many parents with perinatal depression and anxiety who live behind masks of secrecy and shame and to urge parents to seek help. The DVD presents real life stories from parents together with reflective insights from experts and health professionals. These personal stories bring the reality of perinatal depression and anxiety to life, deepening our understanding of the illnesses while providing practical ideas to assist in recovery.

Both PANDA and the Gidget Foundation are committed to the key messages of the DVD:

- *being a parent of a new baby is an amazing and wonderful journey but one that brings many challenges*
- *it is vital for parents to feel able to discuss any struggles they encounter at this time and to seek appropriate help rather than suffer in isolation*
- *perinatal depression and anxiety are identifiable and with early support and treatment most women and men recover fully*
- *health professionals working with new parents will gain valuable insights about perinatal depression and anxiety and treatment options*

The film is intended for use by:

1. Health professionals working with men and women in both antenatal and postnatal settings. It can also be used as a tool to help parents recovering from perinatal depression and anxiety.
2. Educators involved with workshops and training medical students, nurses, midwives, allied health professionals and medical practitioners.

It is presented in two parts:

- Part 1 focuses on the journey for new mothers and fathers from pregnancy to the early days of parenthood. It is an honest conversation about the challenges and emotions of becoming a new parent and would be ideally used in antenatal education sessions, new parents groups and parenting preparation.
- Part 2 focuses on the early changes that parents experience as perinatal depression and anxiety begin to develop. It explores the causes and symptoms as well as support and treatment options. It is intended for parents living with perinatal depression and anxiety involved with perinatal depression support and therapeutic groups, mother and baby units and educational programs.

Charter of Peer Support

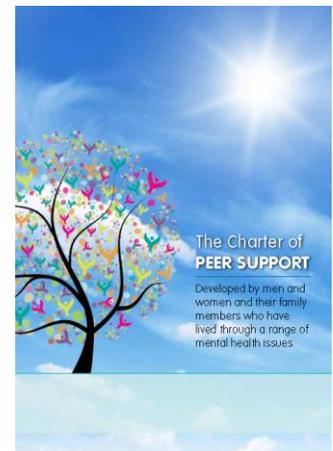
The following speech was made by Belinda Horton, CEO, at the launch of the Charter of Peer Support, 2011.

I have been at PANDA since the beginning of 2004 after working for many years in a range of health organisations as an Occupational Therapist. Prior to coming to PANDA I had very little understanding of the role of volunteers in an organization like PANDA or of this concept peer support. A product of the medical community, daughter of a GP and physio, sister of a medical specialist, granddaughter of 3 doctors – I was most comfortable thinking about perinatal mental illness from the role of professional expert.

I soon learnt that part of my role at PANDA involved representing PANDA on the Mutual Support Self Help Network, whatever that was? I wasn't sure at first if I would have time to meet with other agencies that had little to do with perinatal mental health. It took some time for me to understand this Network and why we were coming together.

I learnt that mutual support self help was a wordy way of saying sharing our lived experiences, all the things that PANDA's many volunteers had been doing for over 20 years. I learnt about peer support – that the power of talking to someone that has been there, who has experienced some aspect of where you are now, can be the single most inspiring thing to do. Proof of recovery as we say, at a time when you believe life is hopeless.

I learnt that peer support is not something to be feared or mistrusted, that it did not have to threaten the domain of professionals, that it is hugely complementary. I learnt that if I was open to the stories of peer support volunteers and allowed myself to be influenced by their passion and mission to prevent the pain of others I would be working in the most authentic and connected workplace of my career. The accountability of an organization to its peer support volunteers is the best Continuous Quality Improvement Plan ever!



The seven agencies that make up the Mutual Support Self Help Network, come together as leaders in peer support with over 220 years of experience between us, thanks to the support of the Victorian Government. These years of service involve many, many stories of change and inspiration shared by people living with a wide range of potentially devastating and debilitating mental illnesses.

No where is the role of peer support more evident than in rural and regional Victoria. Often in the absence of professionals and health services, peer support volunteers are providing perhaps the only support services in the community. Groups and meetings run for people with a range of mental health issues by people who have recovered from the same issues can be a lifeline. Most of the agencies in the Network have this far reaching impact on families living in remote communities throughout Victoria.

And so to the Charter of Peer Support. During my time at PANDA I have seen many glossy policy documents about mental health, as I am sure you have too. I don't recall ever seeing a glossy policy document that talked about the power of peer support in the mental health field – its role or contribution, how to include it in service delivery, or the importance of investing resources.

The Mutual Support Self Help Network wanted to change this, to balance the scale of glossy policy documents. And so was born the idea of the Charter of Peer Support. We wanted to capture the views of those who have lived through and with a range of mental health issues, how they viewed the power of peer support, what they would want funding bodies and mental health organisations to know and do about peer support. It has been such a privilege to work with the 12 consumers and carers who wrote the Charter.

We also wanted to continue to educate the sector about peer support and provide an avenue for government, funding bodies and organisations to commit to this vital part of recovery and wellbeing. Modelled on the Charter of Mental Health from Leicestershire in the UK, the Charter of Peer Support is made up of key statements and the implications they bring with them. Please take the time to read the Charter and provide your support and signatures.

The peer support sector does continue to struggle with an age old problem – how do we promote what we know works when we struggle to develop the necessary evidence base? We hope that the Charter contributes to strengthening the evidence base for peer support. The Centre of Excellence in Peer Support, also being launched today, will continue this vital promotion of the need for greater research and evaluation of peer support, to make sure that people know how important it is to those living with mental health issues. The collection and sharing of resources, research and information within the Centre of Excellence in Peer Support will continue to contribute to this growing body of knowledge and evidence. Another initiative of the Mutual Support Self Help Network under the lead of ARAFEMI – congratulations.

Our belief is that peer support is growing in recognition and needs to be a stronger part of the mental health sector in the future. This will need a greater understanding of the power of peer support services and commitment and investment in sustainable peer support services.

Thank you to my colleagues within the Mutual Support Self Help Network, you are an inspiration.

(Anxiety Recovery Centre, ARAFEMI, Eating Disorders Foundation of Victoria, GROW, PANDA, The Compassionate Friends)

Audited Financial Report 2010 - 2011

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

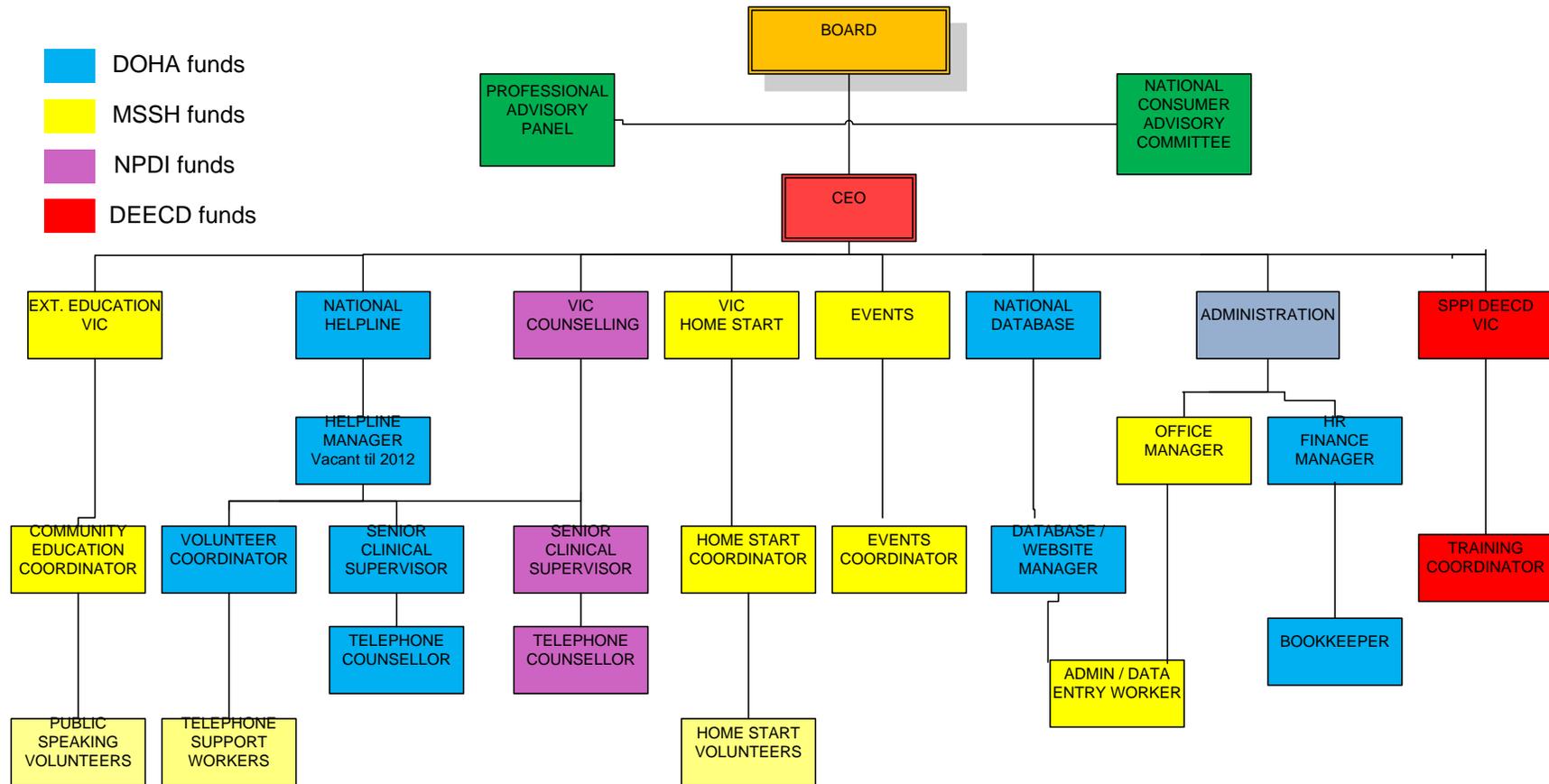
PANDA is committed to a community where perinatal depression and anxiety are recognised and the impact on women, men and their families are minimised through acknowledgement, support and education.

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: Organisational Chart 2010 - 2011



Appendix 3: Feedback from the online survey

The following quotes have been taken from responses posted on PANDA's web-based feedback survey in answer to a range of questions about their experience of contacting PANDA and their outcomes.

I really liked that all the lovely girls at PANDA would phone me once a week it was nice to know I had that support on a weekly basis. They gave me strength to make better choices and gave me confidence in myself that had been lacking for a long time. They also gave me some tools to be more open with my husband and communication between us has improved. PANDA is an absolute god send and I can't thank you all enough. PANDA also reassured me that it sounded that I was doing a great job with my kids which can often go unnoticed so that was also wonderful. I feel know I can make better and clearer choices about myself and my family and that is priceless.

Initial contact with PANDA was fantastic. I was a blubbering mess but the person who took my call was very understanding, empathetic and re-assuring. It was great having someone there to listen. A counsellor then contacted me shortly after who provided me with contact details of physicians in my local area.

I have been fully supported by the PANDA counsellor & felt I have been given more support by PANDA than anyone else I have sought support from for my postnatal depression.

Each person I spoke to was kind, sincere and empathetic. It was a tremendous help to talk to people about how I felt and to have those feelings essentially justified. This was a tremendous help as when I first contacted PANDA, I thought I was losing my mind and that I was not a good mum for not coping with my two kids. To hear that you are not alone in those situations is always a comfort.

PANDA not only assists during times of crisis and has counsellors available to talk you through scary episodes but also give you contacts with other vital services, such as GP's, psychologists, and after hours help lines such as life line. I personally found this amazing and along with the follow up calls, which reminded me that I was not alone, were just so appreciated

Feedback from the online survey

The most special feature for me is the follow-up calls, which I felt were really warm. It is different from most other hotlines that normally have only one-way contact.

PANDA also helped me get out of the "rut" of sad feelings and get help.

PANDA assured me that it is nothing wrong to seek help at a hard time like this in life, and I don't feel powerless and guilty to get help I deserve anymore. Also I was encouraged to be positive in day to day life including looking after myself physically and emotionally

I see life in such a positive way I feel now I'm living a better quality of life after contacting PANDA.

I understand my feelings better which has enabled me to cope with them. I was at the point where I could not handle anything when I first contacted PANDA.

PANDA helped me with my family situation in that my partner took my concerns seriously when he realised I had felt the need to phone and speak to PANDA. He was supportive of the support services that PANDA recommended

PANDA saved my life as I was suicidal and they were the only organisation providing consistent care at the time

PANDA's services could be improved by being a 24/7 helpline. Usually meltdowns happen on an evening or a weekend when services are closed

I still have a long way to go but out of all support services I sought, PANDA has helped the most and made me see there is light at the end of the tunnel

I think it takes a lot of courage to reach out for help and talk to someone about what you're experiencing, I feel positive about myself for doing so!

Now I am back in control of my life my reactions to all situations are calmer. I feel more confident in myself than I have felt for the last couple of years. I can make clearer decisions and I can be more assertive without being angry but still have my point heard. I get more enjoyment out of life and I'm getting a lot of enjoyment out of the small things. I'm being more realistic and appreciating what I've got which is how I used to be before PND. I feel brighter and I'm happier to socialise as I had been avoiding people for a while. It's nice to get reacquainted with all my friends and I feel I can share a more cheerful me. Family life is calmer and happier. Life is great!!