



# Annual Report 2012—2013





## ***Values statements***

### ***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.

### ***Connections***

We value connections, relationships and close association with families, community and each other.

### ***Experienced***

PANDA is a progressive organisation and we value our history of providing support based on our lived experience.

### ***Inclusivity***

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.

## ***Vision***

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

## ***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.

## ***Strategic Plan 2012—2015***

This strategic plan outlines the key strategic priority areas for the development of PANDA for the next 3 years. These are:

- Corporate Development
- Service Development
- Community Development
- Partnership Development



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## *Highlights 2012—2013*

### *Organisational Development*

Consultation and finalisation of the organisational **Code of Conduct** for Board members, staff and volunteers. It is intended to help guide decisions, behaviours, procedures and systems in a way that respects the rights and responsibilities of all PANDA Board members, staff and volunteers, and contributes to the welfare of our stakeholders.

Consolidation of all finance and HR functions throughout the organisation, particularly in the lead up to the **cf[Ub]gHcb** restructure. Thank you to the wonderful work of Victoria and Narelle in ensuring all finance and HR procedures have been robust and compliant in this significant process.

Completion of the Deloitte Access Economics study and report on the **Economic Costs of Perinatal Depression in Australia** (November 2012).

Commencement of a full review of PANDA's organisational **policy and procedures manual**, due for completion and implementation in October 2013.

Wonderful work within the Home-Start Program under the leadership of Betti. The work of the Home-Start volunteers in the provision of befriending and in-home support has resulted in clear and measurable benefits for the mental health and wellbeing of women and their families.

Continued focus on the PANDA Strategic Plan and Board and organisational activities.

### *Staff and Volunteers*

This has been a year for consolidation of staff roles within all programs evidenced by increasing skill and confidence in all areas of service delivery.

Development of a senior leadership team to support the planning for the organisation restructure towards the end of the year, enabling multiple perspectives to be heard to ensure the best outcomes for all PANDA staff and volunteers.

Continuation of the exceptional caliber of volunteers recruited and trained within all PANDA programs throughout the year, with the support of volunteer and program coordinators. Thank you to Heather, Julie, Kathriye and Betti.

### *National Perinatal Depression Helpline*

The implementation and consolidation of the Helpline Manager role has been a real highlight this year. Jenni has brought extraordinary skills, expertise and wisdom to her role as Helpline Manager in leading clinical and peer support service delivery and in managing Helpline staff. This was particularly evident in her leadership in the latter part of the year with planning for the restructure of the Helpline. Many thanks Jenni.

Demand for Helpline services has remained constant throughout the year and callers have benefitted from the extended hours of the Helpline. Thanks to all Telephone Counsellors and supervisors Danni, Jane and Julia.

Implementation of the Biopsychosocial and Risk Management Framework for all Helpline staff and integration into the Telephone Support Worker volunteer training program. Supported consistent practice and outcomes for all callers.

Completion of Midwifery Masters research into the views and experiences of callers to the PANDA Helpline. This external study identified incredibly positive experiences. 100% of respondents felt their concerns were taken seriously by PANDA staff and volunteers.

Commencement of the external evaluation of the Helpline as a part of PANDA's federal funding.



## *Highlights 2012—2013 Cont'd.*

### *Communications, Website and Social Media*

Sam Tassie's portfolios within PANDA have seen the greatest growth and diversification from Database and Website Manager to inclusion of social media, PR and multi-media. PANDA now regularly communicates through a range of channels, reaching a much broader audience with key messages and education. Sam's work has been a real highlight this year, thank you Sam, and Belinda and Peta.

Very successful PR and media campaign in Postnatal Depression Awareness Week in November 2012. Most extensive media coverage and social media presence reaching all states and territories.

Working with government strategist and PR company to undertake the **Million Mums in May** campaign, an email campaign highlighting PANDA's need for additional funds to maintain and grow Helpline service delivery.

Early stages of development of PANDA's new **How is Dad Going?** website as an outcome of the **Father Inclusive Practice Working Group**. Due for completion in August 2013 the website will provide information for dads as carers and for their own mental health in the perinatal period.

### *Partnerships*

Ever growing and increasing strength of partnerships with sponsors, donors and fundraising. This has been achieved through successful events, strengthening reputation and profile as well as delivering within these partnerships. Only possible due to the wonderful work of staff—Anna, Lisa, Sam, Antoinette.

Participation in a number of external networks and working groups to support the initiatives of the wider perinatal mental health sector. These have resulted from PANDA's growing leadership role within the sector and strengthening reputation in service delivery.

Stronger relationships with other consumer organisations within the perinatal mental health sector in Australian states and territories. Intention is to continue to strengthen these partnerships.

Increased support from external fundraising and promotion activities, including Priceline Sisterhood, ASX and Ripe Maternity Wear. Many thanks to these and our other wonderful supporters.

### *Community Education and Training*

Growth in the Community Education Program and SPPI Training Program, providing incredible opportunities for PANDA knowledge and training to be expanded throughout Victoria. Thanks to the great work of Sonia Le Fevre, Mary Edmonds and all the wonderful community education volunteers.

Following are some of the feedback comments from PANDA training sessions:

*"I will be looking for the 'red flags' and confirming that help can make a difference"*

*"I now understand what supports are available...I can de-stigmatise postnatal depression and anxiety"*

*"I now have more knowledge, more confidence, more enthusiasm on the subject not to make a difference and be the right person at the right time"*

*"I think I have a better appreciation of the prevalence of PND and how important playgroups can be in providing help"*

*"A huge amount of info with back up written materials for further study. Challenging at a professional and personal level"*



## *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  
Australian Securities Exchange  
The family and friends of Louise Litis  
Berwick Opportunity Shop  
Bellevue Philanthropy  
Sponsors and donors for all PANDA events  
DonorTech



## *Partnerships and Networks*

VICSERV (Psychiatric Disability Services of Victoria)  
Mutual Support Self Help Network  
Postnatal Depression Group Facilitators' Network  
Australasian Marce Society  
International Marce Society  
beyondblue  
Victorian Transcultural Psychiatry Unit  
Gidget Foundation, NSW  
M2K IT  
Global Talk  
My Cause  
Everyday Hero  
Our Community  
From the Heart WA  
Sunraysia Postnatal Depression Support Network (VIC)  
Peach Tree Perinatal Wellness Inc (QLD)  
PANDSI (ACT)  
Playgroup Victoria  
Australian Breastfeeding Association  
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 - DoH Victoria  
Research projects as invited (Associate Investigator)  
Australasian Marce Society Conference Organising Committee  
RANZ College of Psychiatrists - Kinsman Scholarship Selection Committee



## *Chairperson's Report*

In April this year, I was sitting in a coffee shop in Katoomba with a group of women who were about to walk a track in the Blue Mountains when one of the group from NSW overheard me talking about the success of the fabulous PANDA Annual Lunch which had been held the Friday before. On hearing I was connected to PANDA she burst into tears saying how our services had 'saved her daughter and her family' with firstly the website and then access to someone to talk to on the telephone. The mother had her own experience of postnatal depression and cried as she talked of the relief in finding a service for her daughter which she could access safely from her own home and which, she believed, had prevented her daughter going through the same dreadful experience she had years earlier. We cried together as she talked of her own sad experiences with postnatal depression 35 years ago when she could find no similar support.

I have long been proud of being a member of the Board of an organisation which I believe provides a fabulous support service. No doubt most of the staff and volunteers experience on a regular basis what I did on that day, but the experience has served to strengthen my resolve to find ways to explore all avenues to build PANDA and continue to expand its role in prompting awareness of perinatal depression and anxiety and providing support and access to services for women and men across Australia.

LaTrobe University's Mother and Child Health Research has been commissioned by PANDA to evaluate all aspects of our National Perinatal Depression Helpline. While this evaluation is a formal requirement of our federal Government funding agreement for the Helpline, we welcome the opportunity to explore ways in which our services can be improved. We also anticipate that the stories and data gained enable us to advocate to government and corporations for more funding to grow our services across Australia.

Another research highlight of the year was our study investigating the cost of Perinatal depression in Australia for which PANDA commissioned Deloitte Access Economics. We were thrilled that Mark Butler, Federal Minister for Mental Health, was able to launch this study in Postnatal Depression Awareness week in November 2012, adding to the growing base of information about the devastating effects on our economy which are produced by all forms of poor mental health.

During the past financial year, PANDA held the Annual Lunch in Memory of Louise Litis in October 2012 and Night Off Night Out in April 2013. Both events were very successful in terms of the spirit and atmosphere of the occasion as well as funds raised. We are currently planning a similar event in Brisbane for the 2013 Postnatal Depression Awareness Week to help raise awareness of postnatal depression and the profile of our services in that state.

I write of PANDA that 'we did this and that'. None of these activities would have been possible without the commitment and dedicated work of Belinda Horton, our CEO, in her leadership of the whole PANDA staff and volunteer team. The past year has seen the development of a senior leadership team which is providing support for Belinda's CEO role and enabling PANDA to enhance our profile while maintaining excellent service provision to callers and in our other educational and support programs.

Lastly and really importantly from an organisational perspective, I want to thank all Board members for their work and commitment to PANDA over the past twelve months. These people are also volunteers with busy work schedules beyond the time they commit to PANDA.

Board members during this time have been:

Damien Arnold	Treasurer
Nicki Batagol	Board Member
Anna Briggs	Secretary (resigned effective 4 <sup>th</sup> July 2013)
Wilma Gallet	Board Member
Kerrie Mason	Board Member
Gwen Schwarz	Deputy Chairperson
Susanne White	Chairperson
Fiona Woodard	Board Member

Anna Briggs, who ably managed the secretarial role for three years, resigned from the Board in June in order to devote more time to her children's kindergarten and school committee commitments. Our thanks to Anna from all PANDA people for her time as first a volunteer counsellor and then as a Board member and secretary. Anna's husband, Simon, has also contributed magnificently as a speaker on a number of occasions – most notably our Annual Lunch in April. He, too, deserves our recognition and appreciation for a job well done! We trust they will stay closely connected with PANDA for years to come.



## *Chairperson's Report Contd.*

As noted in my last Annual Report, PANDA has instituted a Finance, Audit and Risk (FAR) Committee. The Board members of the FAR Committee are Treasurer Damian Arnold, Gwen Schwarz and Fiona Woodard who joined the Board this year after a period of time as the community representative on the FAR. These three, along with Belinda Horton and Narelle Smith, our Accounting and Payroll Manager, have worked many long hours to ensure that the PANDA finances are well managed and that the organisation is compliant with all regulatory and business requirements.

Gwen Schwarz, our Deputy Chairperson has taken responsibility for ensuring the compliance of our Constitution with the revised Association Rules which PANDA will be adopting at its Annual General Meeting. Nicki Batagol has taken over the responsibilities of Secretary since Anna's resignation and is displaying a flair for the role with excellent minutes and organisation of timelines for PANDA's Strategic and Operational Plans. Wilma Gallet brings excellent connections, particularly with government and related bodies, to PANDA. She has been active in supporting us all in building on our relationships in these areas in recent months.

Kerrie Mason has brought an excellent set of skills to the Board for a number of years, especially in the Human Resource and Governance areas and she has maintained a clear and objective head in challenging situations. Unfortunately, she has so many commitments in her life with work and study as well as family that she has informed us that she will be resigning from the Board in the coming year.

Sadly, the past year saw a number of paid staff leave the organisation. While we were extremely pleased that the federal Government renewed funding to

PANDA for volunteer support on our National Perinatal Depression Helpline at the same level as previously, the funding did not cover the growth in services which had occurred over the previous three years. Consequently, May and June saw the senior management team undertaking a significant organisational restructure and a cutback in hours of service of the National Perinatal Depression Helpline. I trust that those whose positions were made redundant have left PANDA with good memories of their time with the organisation and I wish them well in all their future roles. As for the National Perinatal Depression Helpline, we are working very hard to ensure excellent telephone support across Australia for people experiencing perinatal depression.

We are really pleased that the Victorian Government has continued to provide funding to PANDA to enable follow-up support to Victorian callers who have more complex needs. As we have developed expertise and a national services database to provide more extensive support to these callers, we hope that other States may see their way clear over the coming months to provide some funds for these services in their own States as in Victoria.

I look forward to the next year bringing exciting news about developments with our Ambassador program and funding support from a range of new sources. In the meantime, I thank Belinda Horton and all people working with PANDA. I wish also to extend special gratitude to all those volunteers who give generously of their time and expertise to ensure that there is increasing awareness of perinatal depression and that those experiencing it are supported as effectively as possible.

**Susanne White**  
**Chairperson, PANDA Board**





## *Treasurer's Report*

As PANDA's Treasurer I am very pleased to report on the success of PANDA's financial operations for the 2012/13 financial year.

### **Overview of results**

The net financial result for the twelve months ending 30 June 2013 reports an operating surplus of **\$121,903**.

Income is reported at **\$2,088,903k** (2011/12: **\$1,604,632**) while expenditure is reported at **\$1,967,000** (2011/12: **\$1,403,311**).

The financial operations were characterised by a period of program development and the completion of a three year Government funding agreement. The significant results, and outcomes, are identified below:

### **Program Development**

PANDA's ability to continue to utilise government funding and other income opportunities has allowed it to not only continue to maintain its commitment to its core operations, but to also consolidate programs initiated in 2011 such as the **Home-Start Program** and the **Community Education Program**.

Continued funding is critical to the development of existing services as well as new forms of service delivery by PANDA such as 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 60% of total expenditure. At the end of the financial year PANDA was required to restructure its staffing as a result of decreasing Government funding into the 2013/14 financial year. While this will impact on the amazing level of support that is offered by the organisation, PANDA has been able to successfully ensure that its commitment to its services remains strong.

### **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 the PANDA activities but to also assist in the development of

its community programs and advocacy and research work. It is pleasing to report that donations, fundraising and sponsorship income remained very strong with income of \$148,956 (2011/12: \$161,865). The main fundraising activities throughout 2013 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, the support of Priceline through the Priceline Sisterhood is of particular importance. Through their many fundraising and awareness activities in stores around Australia they were able to generate \$47,386.75 of fundraising.

### **Consulting and Project work**

With the additional government funding reported in 2012/13 PANDA was able to increase its impact on mental health research. A comprehensive report was externally developed by Deloitte which assessed the impact of perinatal depression and the positive contribution of PANDA. The report will provide future benefit to not only PANDA but the mental health sector.

### **Advertising and Marketing**

In the 2012/13 year PANDA increased its commitment to marketing and advertising reporting expenditure of \$129,742 in comparison to the prior year of \$70,334. Such expenditure has not only enhanced its fundraising events but has also ensured PANDA has a more prominent 'brand' in the community.





## *Treasurer's Report Contd.*

### **Future Viability**

2013/14 represents a new round of a three year Federal Government funding agreement. The agreement will provide less 'real' funding, after adjustment for CPI increases. Such funding continues to be of critical importance and represents a significant proportion of total income, and ensures that PANDA is able to deliver its services. As a result of the new funding agreement it will be important for PANDA to effectively manage its services within the financial constraints but to also identify new funding opportunities.

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.

### **Concluding Comments**

As Treasurer and a member of the Board I continue to



The objective of the Finance, Audit and Risk Committee is to provide information that will assist the Board and the CEO in the discharge of their respective responsibilities specifically relating to exercising due care, diligence and skill in regard to all aspects of financial and non-financial reporting, internal control, audit functions, legislative compliance and organisational risk, through the provision of advice and monitoring.

Formed as a committee of the Board, the Finance and Risk committee assists the Board in overseeing the proper financial management of the organisation and to ensure that all significant financial and non-financial risks are identified and properly addressed on a timely basis.

Throughout the 2012/13 year the Committee's main

be impressed by the commitment of PANDA's staff, under the leadership of Belinda Horton, and the amazing support of its volunteers. I would also like to thank the finance staff, in particular the recently departed Victoria MacKinnon and Narelle Smith who diligently ensure the financial operations are well managed, have appropriate controls and provide the Board with timely and accurate reporting.

It is a pleasure to be involved with such an organisation that has such a positive impact in the community. While the 2013/14 year will be challenging as the organisation adjusts to changes in funding, I am convinced that it will continue to develop and remain committed to its incredible service delivery.

As the Treasurer of PANDA I commend the following financial statements and congratulate the organisation.

**Damien Arnold**  
**PANDA Treasurer**

### *Finance, Audit and Risk Committee*

priorities were to assist with management in establishing a key set of financial reports that assisted in decision making for the Board, develop and implement a budget that would reflect the changes in Government funding, selection of a new auditor and development of financial policies.

As the Treasurer I would like to thank the energy, encouragement and expertise of my fellow Committee members Fiona and Gwen, and the continued support and commitment of Belinda and her fellow staff Victoria and Narelle.

**Damien Arnold**  
**FAR Committee Chairperson**



## ***PANDA Board Members***

### ***Chairperson: Susanne White***

Susie 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, 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 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***

Gwen joined the PANDA Board in 2009 inspired by the support now available to those experiencing post-natal depression and the opportunity to contribute her expertise. She has a particular interest and commitment to corporate governance gained through some thirty years of providing strategic advice and leadership within the Victorian Government. Gwen is proud of the recognition afforded to PANDA by governments, the national program, and the enhanced corporate governance structures that encourage PANDA in its quest to provide superior and broader services for its clients.

As a recent grandmother, Gwen has been reminded of the pleasures and challenges a new baby brings to the

family dynamic and the potential effect on mothers, fathers, family and friends. She is heartened by the PANDA mantra to 'talk about it', a far cry from the approach during her personal journey.

Beyond her role as Deputy Chair Gwen is a member of PANDA's Finance, Audit and Risk Committee. In recent years she has expanded her endeavors through graduate studies, involvement in the Australia Africa Business Council and development of the ANZAC Trail in Israel.



### ***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 years' 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 he can assist in the continued development of financial reporting, controls and an effective and proactive finance committee.





## ***PANDA Board Members Cont'd.***

### ***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, later joining the Board in 2011 where she has held the position of Secretary since July 2013. Having been through her own personal experience, Nicki is committed to raising awareness of the impact perinatal depression and anxiety has on sufferers/families as well as the services provided by PANDA.

Nicki is a Management Consultant specialising in change management and transformation programs. Over the past 16 years, she has worked in Australia and London across a range of industries from corporate to public sector. When Nicki is not busy working or looking after her 5 and 7 year old, she enjoys skiing, boxing, yoga, pilates and travel.



### ***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, and 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 assist in raising 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 in-

dustries as diverse as adult education, tourism and chemical manufacturing. 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.





## ***PANDA Board Members***

### ***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 2012, 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.

### ***Board Member: Fiona Woodard***

Fiona Woodard has been a member of PANDA Board since December 2012. She holds a Bachelor of Business degree. Fiona has a long working history in the pharmaceutical and health industries in a range of roles, including finance, administration and operational strategies. She also has extensive history in coordinating and supporting a range of Boards and committees

and extensive experience as a volunteer with a range of organisations such as meals on wheels, sporting clubs and AIDS Council.

Fiona originally joined PANDA as a member of the Finance, Audit and Risk Committee as the community member, subsequently joining the Board in December.

## ***PANDA Life Members***

**Ann Lanigan** – PANDA Founding Life Member

**Max Dumais** – PANDA Chairperson 2006 – 2009

**Christine Greenhatch** – PANDA Chairperson 2009 - 2011



## *Chief Executive Officer's Report*

Throughout my ten years at PANDA there have been many governing principles that I have adhered to. This has been a year where these have been called into action more than any other. I want to highlight some of these principles that have been important this year.

### **Primary focus of all service delivery must be the needs of the consumer and their families:**

One of the wonderful outcomes of working in an organisation where the lived experience of perinatal mental health is honoured and truly integrated is the constant awareness we have of the needs of the women, men and their families we are here to help. Decisions made about programs and service delivery are always intended to be based on these needs.

Balancing this with available resources has been difficult this year as we approached the next funding agreement period. Even as we planned for reduction in service delivery we sought to provide the best and most comprehensive services to Australian parents and their families.

### **Measures of outcomes for service users including the absence of adverse outcomes:**

The nature of our service delivery makes outcome measures very challenging. How do we know that the callers to the Helpline go on to have positive mental health outcomes as a result of our work? Is there any way to know that the many health professionals we come into contact with change or improve their practices with parents with perinatal depression and anxiety as a result of our education sessions? Or how can we know if our public awareness and media campaigns are reducing stigma and making it easier for people to talk about perinatal depression and anxiety?

Sometimes the measure of this is the absence of adverse outcomes. From one end of the spectrum of negative feedback from service users or training participants to the loss of life of a mother or baby at the other end of the spectrum. Managing the risk of adverse outcomes is really important.

Ensuring staff and volunteers providing direct services are exceptionally well trained and supported is vital. We have worked hard this year to provide staff and volunteers with extensive training opportunities and refine our risk assessment and management skills.

It is important also that all key messages and training content are underpinned by evidence and theory and we have worked hard to remain informed by new de-

velopments. PANDA is committed to all of these risk mitigation approaches and many others to prevent adverse outcomes and ensure the best possible outcomes from our work.

### **Inclusion of peer support workforce and delivery of peer support services:**

I write often about the privilege of working with wonderful people who take the challenging lived experience of mental illness and turn it into a constructive contribution for the greater good of others. Peer support underpins PANDA's history and continues to be at the core of our ethos, culture and service delivery.

For PANDA much of our funding requires us to recruit and train peer support volunteers and to provide peer support services. We continue to strive to integrate this workforce and these services with the professional workforce at PANDA, and seek to always do better.

*“Whatever the future holds for PANDA this must remain at the very centre, the provision of services that are informed by the lived experience of perinatal depression and anxiety.”*

### **Organisational health and wellbeing:**

“A fish rots from the head down” - I no longer remember where I first heard this but it remains one of my guiding principles as a leader in this organisation. Leadership is ensuring that the organisation is as healthy as it can be so that all within it can be in the best possible health to continue to do the wonderful work that we do.

This has been hard this year due to personal losses as well as the challenges of budgetary limitations and an organisational restructure. Sometimes health and wellbeing can only be about intent and the effort to do the best we can with what we have at the time. I think we have achieved that at PANDA this year.

I would like to thank and acknowledge the work of the PANDA Board and the Finance Audit and Risk Committee who have steered PANDA through some tough processes, strengthening the organisation. Finally I would like to thank every one of our truly exceptional staff and volunteers. PANDA is the sum of all its parts, that is each of you, thank you for your great work.

**Belinda Horton**  
**Chief Executive Officer**



## ***Helpline Counselling Report***

2012-2013 has been a period of consolidation of Helpline systems and targeted development of counsellor skills sets. In March 2013 the PANDA Helpline *Biopsychosocial and Risk Management Framework* was launched at a Helpline staff-training day. This in-house professional development event provided the opportunity to take time out from practice, examine individual, professional and PANDA values, the interplay between each, and our service delivery framework. Staff were encouraged to reflect on practice with consideration of all stakeholders, and engage in robust discussions about the parameters of service delivery within the context of the Helpline.

Feedback on the first viewing of the Framework affirmed the importance of this major project:

*The Framework will help me to link action, education and intervention to assessment and have a strong knowledge base to draw on to support my practice.*

*The Framework balances risk well within the assessment process and the content allows for staff to be more aware of risk flags and have these conversations within the storytelling construct.*

*The Framework will assist me to conceptualise effective structure of calls and allow me to engage in consultation with senior staff within this structure.*

Complexity in the presentation of callers continued over the year with approximately 52% of callers to the Helpline presenting with complex needs (i.e., acute mental health; family violence; AOD use; trauma history; social isolation; risk of harm to self or infant/child). An audit of risk management practices and skill sets in late 2012 revealed the need to build a common understanding of the breadth and depth of routine risk assessment and evidence-based interventions. A targeted professional development schedule included in-house training in *Responding to Family Violence in the Perinatal Period* (Wendy Bunston); *Family Violence Common Risk Assessment Framework (CRAF)* (Swinburne and DVRC); and *Working with Adult Survivors of Childhood Trauma (ASCA)*. Based on the recently established and internationally acclaimed *Trauma Informed Practice Guidelines for Health Professionals*, the focus was on the key service delivery principles of safety, trustworthiness, choice, collaboration and empowerment.

***Wendy Bunston provided a wonderfully human and educational exploration of family violence as it relates to our work at PANDA: intergenerational trauma, FOO experiences, the effect on parenting and the neurological consequences on the developing infant. We walked away with a clear understanding of our role and responsibilities.***

Senior staff benefitted from bimonthly clinical consultations with Perinatal Clinical Psychologist Dr Renee Miller and a one day Professional Clinical Supervision Training with Michelle Bihary. Reports from Helpline staff indicated an increased consistency in clinical decision-making and clarity in the role of, and approach to, supervision and debriefing on the Helpline. PANDA's supervision policy remains a collaborative work in progress, bringing together Helpline specific definitions and parameters with professional association and industry guidelines, all within the context of a combined professional and volunteer workforce.

The first edition of *ENews* was launched in November 2012, providing an opportunity for the Helpline to strengthen communication with partners in the national perinatal mental health sector, promote the *National Perinatal Depression Helpline* and other PANDA programs to service providers and funding bodies nationally and to communicate the key learning and trends from the helpline to the perinatal mental health sector.

Progress has been made on strengthening the Helpline's practices to ensure more assertive service delivery to diverse groups and stakeholders such as fathers, same-sex attracted parents and families from CALD backgrounds.

During a lively and interactive session on *Working with lesbian, gay, bisexual parents and their children*, Jennifer Power from the Bouverie Centre (La Trobe University) encouraged Helpline staff and volunteers to identify and examine discriminatory assumptions, structural and service level barriers, and indicators of inclusive practice. The need for a PANDA Fact sheet addressing the unique needs of



## *Helpline Counselling Report Contd*

GLBTI callers was identified and we are in the final stages of community and sector consultation aiming for publication late 2013.

In preparation for the launch of the *How is Dad Going?* website planned for late 2013 much work was done in identifying the gaps in Helpline support for Dads.

Increased focus has been placed on actively and assertively seeking out carers and asking how partners are travelling. This family focused approach reflects PANDA's commitment to provide support and education to Australian families in the perinatal period.

One of the challenges with a workforce of part time employees and volunteers is building a team environment through shared experiences. Over the course of the year several initiatives addressed this challenge by turning routine organisational events into connection opportunities. Lunch was served at Helpline Meetings, encouraging staff to connect with colleagues in an informal yet work focused manner. Breaks in the *self-care room* provided opportunity for across organisation connection, and *PANDA lunch talks* provided an informal space for education and information sharing.

Seven hour shifts of telephone support and counselling is demanding work. Being emotionally present, cognitively engaged and tuning into own process requires skill, strong boundaries and an ongoing commitment to personal and professional growth. Having systems in place to support this work is crucial. PANDA Helpline staff were supported through monthly individual supervision, 6 weekly group supervision, and participation in a range of professional development workshops.

Systems have been established to share the knowledge acquired through professional development with colleagues via written reports and mini presentations. A challenge for the coming year is to carve out more opportunities for information and skill sharing while also meeting Helpline demand.

As the 2010-2013 funding cycle drew to a close a review of Helpline structures and staffing was undertaken. While projected funding was anticipated to remain constant, demand on the helpline increased significantly over the funding period. A change management process was undertaken, in consultation with staff, to ensure sustainable, fiscally responsible and risk averse service delivery. Throughout the process staff displayed professionalism, commitment and passion for the organisation. The 2013-2014 year commences with reduced hours of operation (10am – 5pm) and newly established structures and parameters to reflect confirmed funding levels and streams.

**Jenni Richardson**



### *Professional Development activities staff have attended over the past year:*

Resilience for Staff in Stressful Settings;  
Anxiety: An Interpersonal Approach;  
Anxiety and Panic: Techniques to blend evidence based approaches into individual Treatment;  
Complex Grief: When there is more to a loss;  
Compassion Fatigue: The cost of caring;  
Mindfulness: Integrating cutting-edge neuroscience and mindfulness skills in the treatment of Mental Health Disorders;  
Introduction to Family Therapy;

Working with Couples;  
Single Session Work;  
Schema Therapy;  
Child Abuse: A toxic heirloom;  
Techniques of Grief Therapy: Creative Practices for Counselling the Bereaved;  
Acceptance Commitment Therapy;  
Deactivating the Buttons: Integrating a trauma lens into a counselling framework;  
Introduction to DSMV.



## *Volunteer Program Report*

This year has been a particularly busy and productive year. The Volunteer Coordinator team has strengthened systems to manage our volunteer workforce more efficiently and consistently.

Over the last 12 months there have been 40 active volunteers working on the National Perinatal Depression Helpline, providing invaluable peer support and counselling to PANDA's callers. Our Telephone Support Workers come from a wide variety of personal and professional backgrounds. The one thing they share, however, is a commitment to strengthening community awareness about the impact of perinatal depression and anxiety and providing support and education to those women, men and families personally affected by it.

Intake for new Telephone Support Workers now occurs twice a year with training offered in February and July. As a result of our annual review process, Stage 1 training was extended from 8 to 10 weeks which gives our volunteers a total of 54 hours of training in which time they will make their first call. As Volunteer Coordinators, it is always rewarding to see volunteers emerge from training with new skills and knowledge they can then utilise on the Helpline.

Over the year we have collected the number of hours that volunteers contribute to the Helpline service, and the time they donate to training and professional development to assist them in their Telephone Support Worker roles. Volunteers delivered approximately 2621 hours of helpline service during the year, and attended 349 hours of training. The volunteers participated in 87 days of training over the year. The Helpline received 349 days of donated work over the year! Imagine the number of callers who have been assisted and supported during all these days.



This contribution is enormous and greatly appreciated.

During the year PANDA received 121 volunteer expressions of interest for one or more of the three volunteer roles available. Out of these 121 initial applications, 22 applicants completed stage 1 training between July 2012 and June, 2013 and are now active Telephone Support Workers. There are additional volunteers successfully completing training to take up Home-Start or Community Education roles. Many of the volunteers submitting applications heard about volunteering at PANDA from educational institutions that provide counselling/psychology courses, word of mouth or through the internet.

We have been able to schedule guest speakers for the professional development sessions throughout the year. These sessions are always extremely interesting and relevant to the role of the volunteers. We are very appreciative of the speakers who donate their time to share their knowledge with PANDA volunteers. Topics over the last 12 months have included same-sex parenting, alcohol and drugs, medication and breastfeeding, relationship issues, mindfulness, settling babies and risk assessment.

It is not all work and no play at PANDA. Our end of year function for volunteers proved to be very popular with a scrumptious high tea. This was a wonderful opportunity for volunteers across the organisation to come together and share their experiences and for senior staff to acknowledge the group's hard work and commitment throughout the year. We also celebrated National Volunteers Week on Wednesday 8th May with a luscious morning tea, and presentation of certificates for years of service. It was a most enjoyable way to say thank you to our volunteers.

It has been so rewarding for the Volunteer Coordinators to work closely with such dedicated and professional volunteers. We are always inspired by their commitment to PANDA and to a high standard of service delivery. We look forward to next year to continue supporting our team of amazing volunteers.

**Heather Mason**  
**Julie Keys**  
**Kathriye Strassnick**  
**Volunteer Coordinators**



## National Perinatal Depression Helpline Report

Up to June 2013 PANDA's National Perinatal Depression Helpline has been unique in its provision of outgoing and ongoing calls made to families from all states and territories as a part of the planned follow up service provision. There will be changes to the follow up capacity of the National Helpline from July 2013.

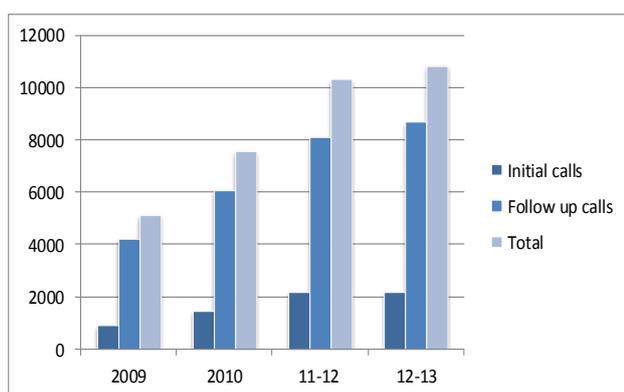
The frequency of calls and the duration of the ongoing support are determined by the needs and risks present within the family's situation. Two categories of calls

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 four 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.

### Call numbers — initial, follow up and total

CALL TYPES	2009	2010	2011-2012	2012-2013
Initial support calls	898	1,478	2,189	2,619
Follow up support calls	4,248	6,096	8,138	8,692
<b>TOTAL</b>	<b>5,146</b>	<b>7,574</b>	<b>10,327</b>	<b>11,311</b>



### Reasons for calls to the National Helpline

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

REASONS FOR INITIAL CALL	2012-2013
Support	57%
Postnatal Depression information	16%
Antenatal Depression information	3%
Referrals	9%
Find out about PANDA	8%
Follow up call	5%
Crisis intervention	2%

### 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.

STATES/ TERRITORIES	2007	2008	2009	2010	2011-2012	2012-2013
Victoria	93%	91%	88%	67%	55%	56%
Other states and territories	7%	9%	12%	33%	45%	44%



## ***National Perinatal Depression Helpline Evaluation***

In 2010 funding was provided to PANDA to expand its telephone based peer support service Australia-wide with appropriate capacity to accept referrals from the national Pregnancy, Birth and Baby Helpline. PANDA is required to engage an independent body to conduct an evaluation of the effectiveness of the National Helpline over the term of this project, with a specific focus on the resulting increased access to the telephone support service and:

- Telephone support
- Counsellor support
- Linkages and collaboration
- Support Services Database
- Assessment and referral

### **Mother and Child Health Research**

MCHR is a multidisciplinary public health research

## ***Victorian Counselling and Service Coordination Program Report***

The Victorian Counselling and Service Coordination Program sits within the National Perinatal Depression Helpline. We are enormously grateful to the Victorian government, who, under the *National Perinatal Depression Initiative (NPDI)*, provides funding for this program to ensure Victorian families with more complex needs do not 'slip through the cracks'.

While there are many specialist services available to families experiencing perinatal distress, obstacles to accessing help can be significant. On the Helpline we see a range of histories or presenting issues that impact a person's capacity to seek out and engage with services: complex social needs (family violence; alcohol and drug use; geographic or social isolation; economic hardship; CALD backgrounds); acute mental health; unresolved trauma; complex mental health history; complicated grief; risk to self or child.

The intensive assessment and support, and assertive referral and coordinated care delivered through the *Victorian Counselling and Service Coordination Program* focuses on a caller's engagement with appropriate specialist and general health services, with a view to increasing the odds of a better outcome for families, both in the short and longer term.

The professional counselling staff responsible for this service come from social work, nursing and counselling backgrounds and seek to work collaboratively with

centre in the Faculty of Health Sciences at La Trobe University. Established in 1991, MCHR has built a strong program of research addressing issues of major public health importance for mothers and infants. MCHR undertakes and interprets research on mothers' and children's health; contributes to policy development; provides advice and resources to researchers in related fields; and is involved in post-graduate and continuing education.

MCHR has extensive experience in health service evaluation and in the provision of policy advice at both state and federal government levels. A key outcome component of the research and evaluations we undertake is the provision of feedback to stakeholders. Final evaluation report is due in January 2014.

GPs, obstetricians, psychiatrists, psychologists, acute mental health teams, family centres, mother and baby units and Maternal and Child Health Nurses to maximise early intervention and ongoing engagement.

The perinatal period provides a unique opportunity for people who may have previously avoided seeking help to have regular contact with health professionals. We use this opportunity to provide a positive experience of help seeking, to educate and validate and instill hope for the family's future.

The *Victorian Counselling and Service Coordination Program* is well placed to continue to strengthen its vital role in the Victorian perinatal mental health sector. Staff professional development remains a priority, as does strengthening partnerships within the sector. Reciprocal referral arrangements exist with *Perinatal Emotional Health Programs (PEHP)* in several regions; *MBUs* (Mercy Werribee and Austin); and *Family/ Early Parenting Centres* (O'Connell; Tweddle and QEC) yet, as with any relationship, these require ongoing nurturing and engagement. Service delivery and consolidation of these partnerships will be the focus of the *Victorian Counselling and Service Coordination Program* in the coming year.

**Jenni Richardson**  
**Helpline Manager**



## Helpline Caller Feedback

“PANDA was a great first port of call for me. It was so convenient to talk to someone on the phone too - especially when you don't feel up to leaving the house. Non-judgmental and supportive service that seem to really understand the needs of new mums.”

“The woman I spoke with offered me the following when I called: empathy, calm manner, listened to me, asked gentle questions, offered great and practical, useful suggestions. PANDA rang back weekly for 2 weeks.”

“When I was in crisis it helped so much to be able to talk to people who understood what I was going through. I felt like I wasn't being judged and the women on the phone at PANDA knew I needed serious help before my family.”

“Believe in myself as my wife who suffered from depression was negative towards me and blamed me for the way she felt. As a result, I had lost confidence in myself.”

“A most important piece of information was on intrusive thoughts. Because the PANDA support worker offered that non-judgemental listening, and I felt able to disclose those thoughts to her, she was able to explain that a significant percentage of new mothers, and an even higher percentage of PND mothers have those thoughts, and she advised that they should be acknowledge as thoughts and not pushed down. I also found the fact sheets on the website helpful and viewed the Behind the Mask DVD.”

“When I first contacted PANDA, I was provided with written material that I found extremely useful to understanding what my wife, who was suffering from depression, was going through. Provided me with information on how to communicate with my wife how I felt about certain issues in our relationship.”

“Be able to talk to someone, to speak freely, with emotion and honesty. To be listened to patiently and to be HEARD and understood. Very impressed that my husband was offered an opportunity to call and talk about our/his/my situation.”

“1) Calling made me admit that I wasn't coping and needed help. 2) Counsellor advised me as to what to do next (see GP, mental health plan, emailed me list of counsellors in my area.) 3) Followed step 2 and the wheels got in motion. I felt immediate relief after calling the first time. THANK-You...even as I write this, 3-4 weeks after my first call I tear up at the thought of where I was then.....I have already come a long way and I am SO very grateful to you.....”

“Although other people I have spoken to have been supportive, when talking to someone who has been through the same experience you feel that they genuinely do understand. It also helps significantly because I did not feel I had to explain the entire detail of certain symptoms or feelings, because someone who has been through that experience has an inherent empathy.”



## *Home-Start Program Report*

In the last 12 months PANDA has run two Home-Start Training programs and trained 10 new volunteers. The volunteers reside in 11 different local government areas including: Banyule, Hobsons Bay, and Maroondah. At the end of June 2013 there were 20 Home-Start volunteers.

Over the last year the volunteers have worked over 1400 hours supporting families, and attending professional development opportunities and Home-Start events. One such event was the Home-Start National Volunteer Conference which was held in June in Kyneton. The volunteers from all three Victorian Home-Start schemes came together to learn more about 'The Circle of Security'.

Home-Start events are also held for the Home-Start families as well as the volunteers. A morning tea is held every couple of months where Home-Start volunteers and families come together for an informal chat and 'cuppa'. This provides families with an opportunity to meet other families also engaged with the Home-Start program, and gives them a sense of belonging to a larger group. The feedback from the families is that they really enjoy the morning teas and would like more of them.

We have supported over 30 families in 11 local government areas including Darebin, Monash, and Port Phillip. In the last 12 month period we received 25 referrals. Fifteen new families received Home-Start support. The reasons why some families do not receive Home-Start support may be due to not meeting the eligibility criteria; their circumstances may be too complex for the Home-Start program and therefore may be referred to Victorian Counselling and Service Coordination Program for more intensive support and advocacy. Other families who do meet the eligibility criteria, may not receive Home-Start support if there are no volunteers available. In these situations the families have been placed on a waiting list, whilst receiving support through the helpline. In many cases, when a volunteer has become available, the family's situation may have changed, and Home-Start support is no longer required.

The average amount of time a family is matched with a Home-Start volunteer is around 8 months. Some mums may only require Home-Start support for a couple of months during that 'transition to

parenthood' period, while others may require more ongoing support. As long as there is a genuine need and we are providing a benefit to the family, Home-Start support will be ongoing. Routine reviews are conducted by the coordinator with the family and the volunteer, to assess ongoing need.

Feedback from families has been very positive. Families report feeling supported, less isolated, and having an increased confidence in their parenting skills. The Home-Start visits give families something to look forward to; families are able to plan appointments with the knowledge that they will have a volunteer accompany them. Home-Start volunteers have been described as empathic, non-judgemental, helpful, and caring.

***“Home-Start has been pivotal in my recovery. The volunteer listened to my feelings and concerns and encouraged me. I felt supported and nurtured.”***

***“Home-Start is a fantastic program. It helped me feel less isolated as I have no family in Melbourne.”***



**Betti Gabriel**  
**Home-Start Program Coordinator**



## ***Community Education Program Report***

The theme for PANDA's Community Education Program in the last year has been GROWTH.

Some figures to start:

- 29 education sessions with parent groups
- 13 education/training sessions with health professionals
- 3 professional development workshops attended by just over 110 health professionals
- 14 weeks of training for new and existing Community Education Volunteers

PANDA's Community Education Program has grown massively from years past. There is a significant increase in all areas of education particularly with recurring engagements. Parent groups want us to return regularly to speak to new groups and organisations are making requests for staff education each year. We have also been more involved this year with CALD groups and providing education and personal stories to groups of refugee and migrant mothers.

The increased requests mean increased training. We now have 6 volunteers who have regular sessions with First Time Parent groups run through Maternal and Child Health. They have been trained to run a one hour session with first time parents which includes

PANDA service information, facilitated discussion around early parenting challenges and activities to explore signs and symptoms of postnatal depression and anxiety.

Training for new volunteers has been enhanced this year and the experience is noted by volunteers who have completed the training as 'healing' 'feeling more confident and settled'.

***"I feel stronger – like I've gone through another step of healing and strength."***

***"Really healthy and safe way of developing our talk."***

***"Essential role for our community of mothering."***

Our volunteers are exceptional people and I have a deep admiration for their strength and passion. A personal story is typically part of our education and it is without exception the most respected and memorable aspect of PANDA's training for both health professionals and parent groups.

**Sonia Le Fevre**  
**Community Education Coordinator**

## ***Supported Playgroups and Parent Group Initiative Training Report***

2013 saw the roll out of training for playgroup facilitators and coordinators in perinatal mental health in four sites across Victoria: Moe, Geelong, South Morang and Hastings. The training was well attended and all of the participants reported that they would be able to implement what they had learnt about postnatal and antenatal depression and anxiety into their playgroups:

***"I'll be more aware, I'll keep this training at the forefront of my mind to ensure my mums and dads are supported."***

***"I'll be more confident speaking and acting when I am concerned about someone."***

***"I think I have a better appreciation of the prevalence of postnatal depression and how important playgroups can be in helping."***

The Supported Playgroups and Initiative worker was also involved in a number of networking and promotional opportunities in partnership with Playgroups Victoria. These events provided the opportunity to increase awareness about PANDA's services and the PANDA training offered for playgroup facilitators and coordinators including:

Laying Down the Foundations, Playgroups Victoria Annual Conference, Preston

South-Eastern Victoria Region Regional SPPI network meeting, Moe

Koorie Playgroup Network Meeting, Mildura

Maternal Child Health Nurse Conference, Melbourne

**Mary Edmonds**  
**SPPI Training Coordinator**



## Website Report

**panda.org.au**

**howisdadgoing.org.au**

The past twelve months has been a busy time online for PANDA. As part of a software upgrade panda.org.au has been refined in many areas and information reviewed and updated. It is also in the process of development to meet the Mind Health Connect requirements for listing within their directories.

Alongside this work has been the recent creation and launch of the howisdadgoing.org.au website. This new online resource compliments PANDA's existing resources and fills a gap for community information specific to fathers. With the increasing number of men now being formally diagnosed with perinatal mental health issues howisdadgoing.org.au provides a unique and timely online information portal.

With the aid of PANDA Ambassador Matt Tilley, AFL footballer Darren Jolly and Family therapist Tim O'Leary PANDA has created this website for dads and dads-to-be with insights and personal experiences associated with caring for a partner with postnatal depression, how to look after their family and also how to look after their own mental health.

Howisdadgoing.org.au has already received high praise from the community, support services and health practitioners.

We hope it will become the same successful number 1 online resource for perinatal mental health as panda.org.au already is.

**Sam Tassie**  
**Website Manager**

## National Perinatal Depression Services Database Report

At the end of May 2011 PANDA's Infocom National Perinatal Depression Services Database contained approximately 1,590 PANDA entries, a large increase from the 2010 total of approximately 550.

In the past 12 months the Database team has worked diligently to once again significantly increase the PANDA listings available to Helpline staff and volunteers. PANDA now maintains approximately 2,349 listings. Many additional services have now been added to states other than Victoria and this growth can be

seen in the table below.

PANDA's Database continues to grow in depth of service listings and the team continue to work with the Helpline to ensure fact sheets and other relevant information is also available on the database.

PANDA's Victorian Service Referral Directory available through panda.org.au has also been used continually throughout the year, with an average of 50 people accessing the directory each week.





## Social Media Report

PANDA's facebook and twitter communities have continued to grow over the past year and show a consistent growth in user interaction. Both social media channels were used to successfully promote PANDA's Million Mums campaign in May.

PANDA has also extended its social media suite to include a presence on Instagram, Pinterest and YouTube. Instagram has provided another channel to promote PANDA events and Pinterest is used as an-

other online resource for PANDA publications, events and self care tips. The online video portal YouTube is used to host the numerous videos that make up the unique content on the new howisdadgoing.org.au site, and also provides access to the Behind the Mask DVD trailer along with other associated short videos.

**Sam Tassie**  
**Website Manager**

If you haven't already followed us online, we urge you to do so;



[facebook.com/pandaadmin](https://facebook.com/pandaadmin)



[@pandanational](https://twitter.com/pandanational)



[instagram.com/pandanational](https://instagram.com/pandanational)



[pinterest.com/pandanational](https://pinterest.com/pandanational)



[youtube.com/pandaorgau](https://youtube.com/pandaorgau)





## *Fundraising, Events, Sponsorship and Donations Report*

PANDA is delighted with the positive outcomes via PANDA-run events, independent fundraising and sponsorships with an incredible contribution to PANDA in the 2012/13 financial year.

Major sponsors The Priceline Sisterhood continue their extraordinary support with donations in 2012/13 totalling \$47,000. We have a number of wonderful partnerships with Ripe Maternity Wear, Mumma Bubba Jewellery, Berwick Opportunity Shop, and our annual lunch sponsor ASX. Our partnerships are crucial to the sustainability of PANDA and we immensely value our partners.

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

### **Events and Activities**

#### **April 2013 Annual Lunch in Memory of Louise**

**Litis:** We returned to our previous and much loved venue Z inc, Federation Square for PANDA's 2013 Annual Lunch in Memory of Louise Litis. We had 250 guests who were captivated by Alisa Camplin, Olympic Gold Medallist, OAM, Corporate Executive and Co-founder of Charity Finnan's Gift. She shared lessons she'd learned from sport, business and life with a forthright interview with our Ambassador and MC Matt Tilley. The lunch raised \$14,500 for PANDA, thanks to the generosity of our sponsors and guests.



Guest speaker Simon Briggs provided a valuable insight to the impact of postnatal depression on the whole family in a candid and moving story of his experience as a man supporting his family through his partner's illness.

PANDA's Annual Lunch in Memory of Louise Litis has become a fixture in professional calendars and provides specific opportunities for organisations and

the wider community to engage with and support PANDA.

#### **Night Off-Night Out 2012:**

The 9<sup>th</sup> Night Off-Night Out ladies' fundraiser, traditionally held in May, was moved to 16 November 2012 to incorporate it into Postnatal Depression Awareness Week. It was a fantastic success raising approximately \$5,500. With spring and summer in the air it was a fabulous night attracting 250 ladies who had a memorable evening! They were entertained by former Carlton player and popular MC Glenn Manton and Mix 101 radio presenter and DJ Stick Mareebo had the dance floor full all night.

Our major sponsor Priceline continues to support us with splendid gift bags full of wonderful products as well as the ever popular Priceline Princesses who pamper our guests with mini makeovers, they are an incredible drawcard for the ladies.

#### **Winter Solstice Ladies Lunch – 30 May 2013:**

Bellevue Philanthropy was disappointed to have to cancel the Winter Solstice luncheon in Sandringham due to a clash of dates with other Bayside events. We hope to work closely with Bellevue Philanthropy in 2014 and ensure that the event becomes viable once again.

**Priceline Sisterhood Partnership:** The Priceline Sisterhood continues to be an important and highly valued strategic partnership for PANDA. Priceline donated over \$47,000 to PANDA in 2012/13 financial year.

The funds were raised via cause-related marketing, where a percentage of sales from specified products were given to PANDA; and donation boxes in stores during designated months. Priceline also promoted PANDA in its stores, on its website and in Priceline Sisterhood advertising.



**Simon Briggs, Annual Lunch**



### *Fundraising, Events, Sponsorship and Donations Report Cont'd.*

**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 \$14.3k was donated to PANDA in 2012/13 through these online channels, thanks to the commitment and initiative of independent fundraisers.

We are receiving regular requests to fundraise and support PANDA. We have many varied events in the last 12 months including a poker game fundraiser in

Queensland and Winchelsea Baby and Children's market in Victoria. These additional funds come from passionate community members who want to make a difference to PANDA. The fundraising kit that was launched last year helps to prepare individuals with the knowledge on how to progress with their fundraising event and is proving to be a vital document.

**Anna Christofidis**  
**Office Manager**





*Audited Financial Report 2012—2013*



## *Appendix 1: 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.

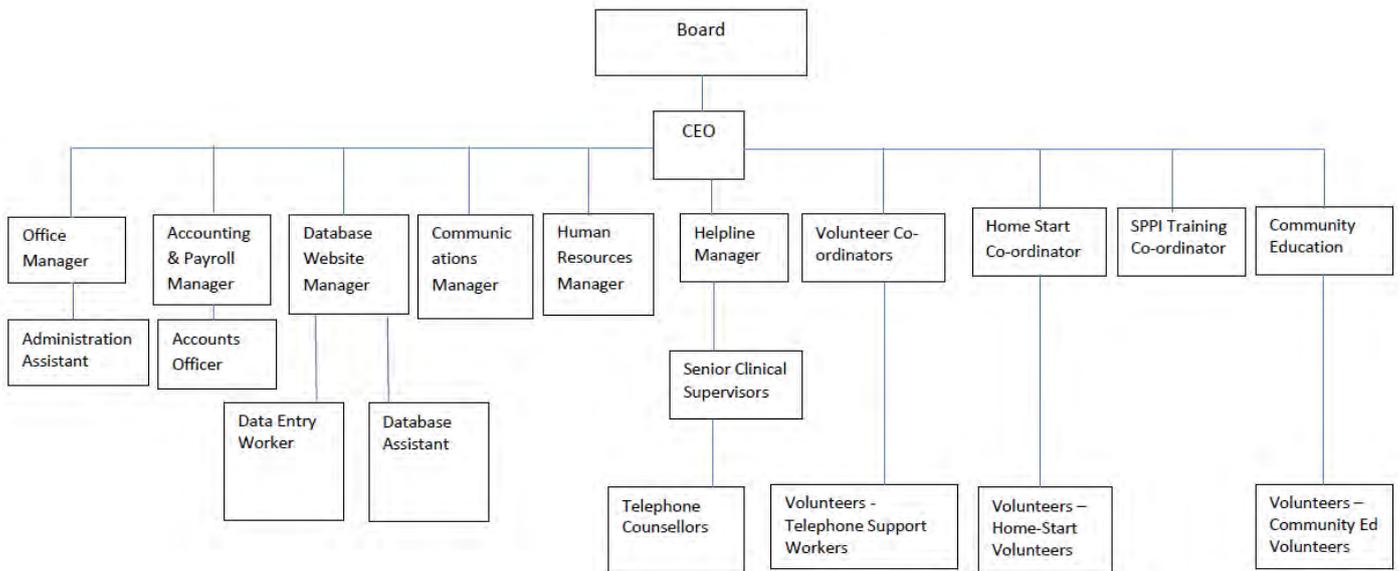
### **The History of PANDA**

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.



*Appendix 2: Organisational Chart 2102– 2013*





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.



**PANDA**  
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**Fitzroy North Victoria 3068**

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**Website: [www.panda.org.au](http://www.panda.org.au)**  
**Mail: [info@panda.org.au](mailto:info@panda.org.au)**  
**Helpline: 1300 726 306**