

Transforming the lives of parents and their infants

A PIRI concept paper on translating knowledge to practice



Defining the problem

According to Deloitte Access Economics, around 71,000 women and 25,000 men in Australia will experience perinatal depression in any given year¹. Currently, the needs of these parents are not being adequately met. This shortfall is a factor in the fear, despair, family breakdown, financial problems and marginalisation experienced by large numbers of people and which are largely hidden from wider Australian society.

The impact on the development of children of parents with untreated perinatal depression and anxiety is significant. Depression and anxiety in both pregnancy and postnatally are the leading cause of maternal death and disability. They affect fetal and infant development and the relationship between mother and infant and lead to increased likelihood of low birth weight or pre-term birth. These conditions can cause increased rates of emergency department presentations of children, as well as asthma, depression and behavioural problems which can escalate to substance abuse and crime. The effects on children can continue into adulthood, where reduced educational attainment and long-term health impacts incur significant costs. A recent UK analysis by the London School of Economics² has demonstrated that perinatal depression and anxiety together cost the equivalent of A\$148,000 for every case of perinatal depression (in the UK, this equates to £8 billion every annual cohort of births). Nearly three quarters of the economic costs are due to the enduring negative impact on children into adulthood rather than mothers themselves².

Perinatal mental health problems affect around 20% of women and up to 10% of men^{1,3}. They make up a total of over 20,000 years of life lost due to disability across the population of women and men affected in a single year in Australia. Meanwhile the stigma associated with perinatal ill-health means that women and men are frequently forced to hide the symptoms they are experiencing and avoid seeking diagnosis, treatment and care. Fewer than 50% of women seek or accept help, even when identified as depressed and only 10% receive adequate, effective treatment³. Impacts on other family members can be far-reaching, and may involve caring for the affected mother or child.

How the Parent-Infant Research Institute (PIRI) is addressing the problem

The work of PIRI is unique. PIRI supports all parents and their babies, prenatal to two years, to achieve the best possible start to life through activities designed to improve emotional wellbeing and optimise infant development. PIRI is a vigorous and innovative research institute with affiliations to the University of Melbourne and Austin Health, a major health service provider. PIRI's core work involves basic and applied research coupled with practical evidence-based parent-infant interventions and public health initiatives.

We are reducing the problems that arise from perinatal ill-health. PIRI's team has developed an international reputation in the field of perinatal mental health in the identification and treatment of depression and anxiety for new mothers and how to improve parent-infant relationships in difficulty, and in training professionals. Through PIRI's leading international research, our programs have been developed and evaluated in randomised controlled trials that validate their effectiveness. Having developed these resources, we are seeking to increase uptake and usage of PIRI's intervention programs.



71,000 women and 25,000 men in Australia experience perinatal depression in any given year



Lost life due to disability from perinatal mental health problems



Estimated total annual cost of perinatal depression

Perinatal mental health problems damage economies. In Australia, of the total annual cost of perinatal depression due to its impact on parents, 72% is attributed to lost productivity. People who are unable to resume work experience heightened stress, social exclusion and loss of self-esteem and confidence. It is a vicious cycle, as those with perinatal health problems find it harder to get work, get an education or contribute to family and community. Economic costs due to the lasting impact on children have yet to be calculated in Australia, but good evidence from comparable developed economies² suggests these costs will far exceed the more immediate costs due to parental depression and anxiety.

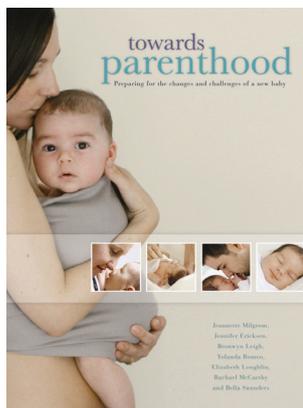
1. Deloitte Access Economics. 2012. *The cost of perinatal depression in Australia*. Report to the Post- and Antenatal Depression Association.
2. Bauer, A., Parsonage, M., Knapp, M., Lemmi, V., & Adelaja, B. (2014). *The costs of perinatal mental health problems*. London: London School of Economics and the Centre for Mental Health.
3. Gavin, N., Meltzer-Brody, S., Glover, V., & Gaynes, B. (2015). Is population-based identification of perinatal depression and anxiety desirable? A public health perspective on the perinatal depression care continuum. In J. Milgrom & A. Gemmill (Eds.) 2015 *Identifying Perinatal Depression and Anxiety: Evidence-based Practice in Screening, Psychosocial Assessment and Management*. Chichester: Wiley.



Reinventing research programs already developed by PIRI is not necessary. The challenge now is to ensure many more people benefit from the organisation's established body of work. Our range of support processes are called the PIRI Parent-Infant Programs. These programs are currently available in various localities and also through our nationally-based research trials. They have the potential to be translated to practice and to be available throughout Australia in a way that will transform the lives of parents and their infants. Our programs are brief and cost-effective. All programs have detailed manuals and are evaluated to prove their effectiveness. They include:

Towards Parenthood,

a self-help program for pregnant women and their partners preparing parents psychologically for the challenges of parenthood through information and activities to generate thought and reflection, conversation and communication between couples. The program reduces parenting stress and enhances mood. It may be augmented by telephone support and has been translated to local languages and used in Italy, Netherlands and the UK.



HUGS - Strengthening Early Attachment Relationships,

Our suite of HUGS modules are designed to treat disruptions of the mother-infant relationship and also address symptoms of depression and anxiety. Sessions help women re-engage with their infants. Based on the latest theory and evidence, therapeutic content is structured into a nurturing, play-based environment incorporating music and movement to strengthen mother-infant relationships. Our Community HUGS initiative is a therapeutic playgroup for vulnerable mothers and infants intended for delivery in community settings.

Mum Mood Booster

Internet Treatment, which addresses the unique needs of depressed postnatal women, including infant and partner relationships. MumMoodBooster consists of six interactive cognitive behavioural therapy (CBT) sessions as well as resources on communication skills, problem solving, stress management, baby's needs and the couple relationship.



Motivational Interviewing: Promoting Motivation, Empowerment and Readiness (PRIMER), a motivational interviewing intervention delivered by nurses that motivates postnatal women to take action for their own emotional health needs.

Electronic screening tool for professionals, our latest development is an integrated, best-practice screening system for depression in pregnancy and postnatally, deploying the latest digital technology to allow every new and expectant parent to be supported to a nationally consistent standard, including guided decision-support for clinicians.

Getting Ahead of Postnatal Depression, Designed to treat depression and anxiety in new mothers, nine sessions help women manage their mood with three couple sessions providing information and support to partners. An adaptation for women depressed during pregnancy is also available. The program has been successfully implemented worldwide and translated to Italian and French editions.

PIRI's other products include interventions for antenatal and postnatal depression; attachment-based interventions for premature infants and infants whose parents have a mental health condition; training programs for health professionals interested in delivering our interventions and workshops and presentations to increase community awareness of perinatal mental health. We have published books, films and other resources on preparing for parenthood.

A transformed future

PIRI's researchers and clinicians are committed to investing in strong, productive collaborations that translate high quality research into a brighter future for Australia's mothers, fathers and babies. For the lives of parents to truly benefit and for their infants to thrive, a transformed approach to perinatal emotional wellbeing and infant development is urgently required. A common problem with health and social service programs is that insufficient support is available to scale-up proven approaches. Many more families need access to the interventions that PIRI has developed and so we are redoubling our efforts to make this happen through three strategies:

1. Partnerships with organisations in new locations to enable them to build programs like Community HUGS into their work.
2. Training and support for the integration of improved methods into the work of clinical professionals, developing a network of professionals and organisations connected to PIRI's work.
3. Ongoing mentoring of partner staff, social marketing to ensure uptake by users of the services and to support long-term sustainability of services for parents in new locations.

The financial resources we have attracted to date have enabled PIRI to develop the range of programs described in this paper. We acknowledge the far-sighted commitment of many bodies in supporting our work, including Australian Rotary Health (ARH), NIH, beyondblue, Windermere, the Bupa Health Foundation, FaHCSIA (now the Dept of Social Services) and the National Health and Medical Research Council.

PIRI is a leader in developing and evaluating treatment programs to help parents make the transition to parenthood and to support the early parent-infant relationship. PIRI is now seeking your support for the essential work of translating research into practice in a way that will transform the lives of parents and infants across Australia.

For further information, please contact:

Professor Jeannette Milgrom

Director, Parent-Infant Research Institute (PIRI)

✉ Heidelberg Repatriation Hospital
300 Waterdale Road
Heidelberg Heights
Victoria 3081
Australia

☎ 603 9496 4009

🌐 www.piri.org.au