



Protecting the mental health and wellbeing of our youngest Australians during COVID and beyond



## Pre-budget proposal

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Parent-Infant Research Institute (PIRI)

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## Protecting the mental health and wellbeing of our youngest Australians during COVID and beyond

It is well recognised that COVID has increased stress levels across the population. Vulnerable groups, such as new mothers and fathers have been placed at increased risk of mental health difficulties.

**What has not been recognised as an important public health issue, is that infants are also at risk of not developing optimally in these circumstances.**

Maternal depression and anxiety have a serious and negative effect in pregnancy on the developing fetus, and postnatally on the infant through a suboptimal mother-infant relationship. It has now been established that infants of depressed mothers are at higher risk of a range of behavioural and developmental difficulties in the short-term. These do not often resolve even when maternal depression has improved. There is an increased risk of longer-term problems such as attention deficit disorders, as well as the intergenerational transmission of mental health problems.

A major blind spot in public health initiatives is consideration of the infant when providing perinatal mental health services. Both the Productivity Commission's Inquiry into Mental Health Report (2020) and the National Children's Mental Health and Wellbeing Strategy (2021) highlight the importance of supporting the development of young children, to help them better cope with challenges arising from the environment they live in and provide tools to prevent future mental health problems. Unfortunately, services for children and adults are often managed separately.

*The psychosocial costs of perinatal depression to the community are estimated to be \$7 billion for every one-year birth cohort<sup>1</sup>, with the impact largely due to effects on children.*

To protect our infants, we need to not only provide treatments for maternal and paternal depression, but early intervention to redress the resultant attachment and other difficulties and give infants the best start to life. These are not widely available. The Parent-Infant Research Institute has well researched and internationally recognised programs to address these needs and support emerging referral pathways but many of these cannot be disseminated without funding.

**Investment in the early intervention programs developed by the Parent-Infant Research Institute will assist government to deliver this urgently needed support to build a brighter future for Australian families.**



## About PIRI

The Parent-Infant Research Institute (PIRI) is a not-for-profit, internationally recognised organisation and is the leading Australian organisation with a breadth of perinatal resources and high-level evidence-based intervention programs.

PIRI conducts research and is involved in translation of research to practice. PIRI's 20-years of ground-breaking work has gained national and international recognition and resulted in a suite of evidence-based programs that have and will continue to provide support to thousands of Australian mothers, fathers, children and their families. PIRI also leads the Perinatal Depression e-Consortium (PDeC) in partnership with Perinatal Anxiety and Depression Australia (PANDA), Monash University, Jean Hailes for Women's Health and Queensland University of Technology.

PIRI's online programs address existing gaps in treatments to support depressed parents as well as interventions for infant difficulties, to promote optimal development of our youngest Australians.

PIRI has recently rolled out a depression treatment (MumMoodBooster) for mothers with clinical symptoms, using innovative personalised programs for online use, with great success through the Mumpace initiative, particularly during COVID when access to services is difficult (see details below).

However, there is an urgent need to supplement this by securing funding to disseminate our evidence-based mother-infant programs which help repair bonding and other infant-related difficulties following maternal depression. Our latest program addresses depression in men.

Isolation in the perinatal period due to COVID has increased the need for our programs. **Digital technology provides an unprecedented opportunity to reach families everywhere due to interrupted access to healthcare services. Without additional funding to build on our successful dissemination of core programs we will be unable to support infants, increase our existing reach to women or offer fathers much needed support**

**Recommendations:** PIRI is seeking \$1,002,926, including \$613,191 for recommendations 1-3 and \$389,735 for recommendation 4.

- Roll out of our innovative, brief and effective online and telehealth mother-infant programs
- Delivery of online training program for professionals for community-based mother-infant interventions
- Extend the MumSpace Initiative to coach for parent-infant difficulties and increase reach
- Roll out a world-first online perinatal depression treatment program for dads.

*The sooner we can intervene the better, to improve the outcomes for parents and children. There is no time like now to meet the needs of families with new babies.*

## *1. Reducing the impact of COVID on new mothers and the serious consequences for the child.*

### The Problem

- Perinatal depression and anxiety are common and have devastating and costly consequences. Failure to detect and treat perinatal depression and anxiety incurs enormous social and economic costs. Overwhelmingly this is due to the impact of poor maternal mental health on the prospects of unborn children and young infants. Even relatively modest improvements in outcomes (10, 20 or 30% reduction) would be sufficient to justify the investment on value for money grounds. It has never been more crucial we invest in the earliest years to build a brighter future
- **There is an urgent need due to the stress of COVID to act now, as parents and infants are at greater risk of experiencing short and long-term effects on mental health**
- New mothers in particular have found the experience of isolation difficult and mental health problems have increased
- **The impact on the child is also enormous** with transmission of poor mental health that can persist to adolescence: effects on bonding, behaviour, learning, interpersonal development and social development
- To protect our infants, we need to not only provide treatments for maternal depression but early intervention to redress the resultant attachment and other difficulties and give infants the best start to life
- Currently the effect of depression on the mother-infant relationship is not targeted in traditional services, despite growing awareness by the Federal Government of the importance of the first 1,000 days for child well-being and the importance of addressing early difficulties to improve child development
- **There are currently no self-guided early intervention programs for mother-infant relationship routinely available to deal with the impact on the infant**
- In addition, whilst there has been a significant investment in perinatal mental health supports for depressed mothers, there is an ongoing unmet need increase the reach of accessible services to depressed new mothers. Currently there is a greater demand than available supports; statistics clearly show that we are still not reaching the majority of women.



## The Solution

PIRI has available a world-first, uniquely interactive perinatal depression program available online ([MumMoodBooster](#)). PIRI has also now developed supporting mother-infant programs to re-establish relationships affected by depression (HUGS).

Through 10 years of rigorous evaluation via RCTs, PIRI has developed both face-to-face programs and also innovative and personalised treatment programs delivered digitally for perinatal depression for new mothers. In particular, we have developed two highly effective e-Mental health programs for women with postnatal depression, based on cognitive behavioural therapy (CBT).

With support from the Australian Government Department of Health, [MumMoodBooster](#) (and Mum2BMoodBooster, the pregnancy version), is currently available via the [MumSpace](#) initiative, (MumSpace.com.au). This treatment program yields benefits comparable to face to face psychological treatment. Successfully trialled in Australian-based feasibility trials and randomised controlled trials (RCTs), it **produces a 4-fold increase in remission rates among moderate to severely depressed women compared to standard care**, with demonstrated translation into the real-world.<sup>2,3</sup> To date, the MumSpace website has seen over 120,000 visits and we have delivered our MumMoodBooster online depression treatment to over 6,000 Australian mums. This support has never been more critical given the COVID pandemic.

**However, it is critical to also provide interventions for the many babies negatively affected when a mother is depressed, as effects can be ameliorated with intervention.** Despite emerging triage and referral systems for expectant and new parents experiencing mental health problems, such online evidence-based treatments that can be easily disseminated are not readily available.

PIRI has addressed the impact on infants by developing early intervention programs to enhance mother-infant relationships. These program (HUGS: Happiness, Understanding, Giving, & Sharing and CHUGS: Community HUGS) support new parents to apply what decades of research has taught us about enhancing an infant's early experiences and the mother-infant interaction. The randomised controlled trials (RCT) of the HUGS and CHUGS (a Community version) interventions have demonstrated that the programs are successful in improving the quality of mother-infant relationships after postnatal depression as well as improving maternal depression, anxiety, and stress.<sup>4,5</sup>

With funding support, these online evidence-based programs can be immediately rolled out to reduce the intergenerational transmission of mental health problems and impact on wellbeing as well as costs.

At a conservative estimate, preventing just 1/3 of the lifetime impact of perinatal mental illness through successful treatment with MumMoodBooster returns an enormous future benefit to Australian parents, children and their families. Evaluations have demonstrated that \$1 invested in this early intervention saves the Australian economy \$39 (See attachment: Investing in the Earliest Years).



PIRI are seeking funding to facilitate the following recommendations:

1. Roll out of our innovative and effective online and telehealth mother-infant programs, both the self-guided e-HUGS program and telehealth delivery of our 4 session validated HUGS program. Funding to add e-programs that target the parent-infant relationship is essential due to the importance of the first 1,000 days. There is evidence that maternal depression in the perinatal period impacts on the infant with long term consequences for children. Currently this relationship is not addressed in traditional services. To address this need PIRI has developed HUGS, a mother-infant intervention through randomised trials
2. Delivery of the online training program for professionals for community-based mother-infant interventions (e-CHUGS)
3. Telephone support for women completing MumMoodBooster (MMB) and experiencing depression, anxiety as well parent-infant difficulties. This will extend the MumSpace Initiative through support workers to further assist parent-infant difficulties and increase reach. Increasing reach of our MMB program will also be achieved by expanding delivery options such as shorter programs, Mobile versions, partnerships with other online tools and enhancing user experience.



## The Budget

Activity/Project Component	Cost
<b>Project Management</b>	
<ul style="list-style-type: none"> <li>Project manager – 0.8 FTE (12 months)</li> </ul>	\$97,170
<b>Support Workers &amp; Training</b>	
<ul style="list-style-type: none"> <li>Coaching &amp; supervision</li> </ul>	\$91,000
<b>Expansion of website for infant material</b>	\$45,052
<ul style="list-style-type: none"> <li>Content writer – 0.4 FTE @ \$609.29 per day (6 months)</li> </ul>	\$29,244
<ul style="list-style-type: none"> <li>Graphic designer – 2 days @ 609.29 per day</li> </ul>	\$1,218
<b>Other staff costs</b>	
<ul style="list-style-type: none"> <li>LMS Technical Support (12 months)</li> </ul>	\$40,000
<ul style="list-style-type: none"> <li>Production and Audio-visual Content</li> </ul>	\$48,000
<ul style="list-style-type: none"> <li>LMS Programmer, Maintenance, Hosting</li> </ul>	\$46,200
<ul style="list-style-type: none"> <li>Psychologists</li> </ul>	\$80,000
Infrastructure Costs (15% of project costs)	\$71,682
<b>Advisory Group (6 people)</b>	
<ul style="list-style-type: none"> <li>Teleconferences x2 @ \$600 per teleconference</li> </ul>	\$1,200
<ul style="list-style-type: none"> <li>Travel: 6 people x1 meeting</li> </ul>	
<ul style="list-style-type: none"> <li>Return flights @ \$650 per person</li> </ul>	\$3,900
<ul style="list-style-type: none"> <li>Catering @ \$50 per person</li> </ul>	\$300
<ul style="list-style-type: none"> <li>Taxis @ 6 x2 @ \$120 per trip</li> </ul>	\$1,440
<ul style="list-style-type: none"> <li>Accommodation and meal 2 nights @ \$260 for 2 overnight members</li> </ul>	\$1,040
<b>Subtotal</b>	<b>\$557,446</b>
<b>GST</b>	<b>\$55,745</b>
<b>Total</b>	<b>\$613,191</b>





## The Benefits

- Added value: MumMoodBooster is currently receiving funding from the Federal Government for MumSpace. We are seeking value-added investment in our e-mental health products. All PIRI products are subject to rigorous research
- In addition to the Productivity Commission Report, The Victorian Royal Commission has also clearly identified the early years as a targeted area and highlighted the benefits of digital technology
- Investing in the earliest years is critical to the future health of our children
- Our proven track record will ensure a successful dissemination of our programs
- State of the art digital technology.

Please find attached information on the cost-effectiveness of our intervention programs.



## REFERENCES

1. Gidget Foundation, Perinatal Depression & Anxiety Australia (PANDA), Peach Tree Perinatal Wellness, and Perinatal Wellbeing Centre. *The cost of perinatal depression and anxiety in Australia, 2019, Report prepared by PwC Consulting: Australia.*
2. **Milgrom, J., Danaher, B.G., Gemmill, A.W., Holt, C., Holt, C. J., Seeley, J.R., Tyler, M.S., Ross, J. & Ericksen, J. (2016).** "Internet Cognitive-Behavioural Therapy for Women with Postnatal Depression: A Randomised Controlled Trial of MumMoodBooster". *Journal of Medical Internet Research, 18(3):e54.*
3. **Milgrom, J, Danaher, BG, Seeley, JR, Holt, CJ, Holt, C, Ericksen, J, Tyler, MS, Gau, JM, & Gemmill, AW (2021).** Internet and Face-to-Face Cognitive Behavioural Therapy for Postnatal Depression Compared to Treatment-As-Usual: A Randomised Controlled Trial of MumMoodBooster, *Journal of Medical Internet Research, 8;23(12):e17185.* doi: 10.2196/17185
4. **Holt, C., Gentileau, C., Gemmill, A.W. & Milgrom, J. (2021).** Improving the mother-infant relationship following postnatal depression: A randomised controlled trial of a brief intervention (HUGS). *Archives of Women's Mental Health, 24 (6), 913-923; doi: 10.1007/s00737-021-01116-5*
5. **Ericksen, J., Loughlin, E., Holt, C., Rose, N., Hartley, E., Buultjens, M., Gemmill, A.W. & Milgrom, J. (2018).** A therapeutic playgroup for depressed mothers and their infants: feasibility study and pilot randomised trial of Community HUGS. *Infant Mental Health Journal, 39(4), 396-409.*

## 2. Reducing the impact of COVID on new fathers.

The ongoing COVID situation has also seen the exacerbation of mental health difficulties for new or expectant fathers. Of particular concern is that ready access to effective, evidence-based supports are not generally available to fathers despite the Productivity Commission's recommendation for universal mental health screening of *both* new mothers and fathers, and the use of online treatments.

Our dedicated online cognitive behavioural therapy treatment program for depression, DadBooster, represents an important digital innovation for men experiencing perinatal mental health challenges during a time when they need it most.

### The Problem

- 1 in 10 new or expectant Australian dads experience perinatal depression; that is, almost 30,000 fathers in 2020, twice that of the general male population
- These men rarely access traditional support services, and their symptoms go largely unacknowledged and untreated - the COVID environment in health services has significantly exacerbated this
- They experience symptoms of lowered mood, loss of interest or enjoyment, sleeping difficulties, changes in appetite and weight, feelings of worthlessness and thoughts of self-harm, and many exhibit signs of anger, confusion, irritability and anxiety
- Perinatal men are at a **higher risk of suicide** than at any other point in their lifetime.
- Widespread COVID risk management protocols across existing support services have severed the only universal avenue new fathers may have had to receive support at this crucial time
- New fathers are at a greater risk of depression when the mother also has depression, and vice versa. This presents a cumulative risk to a new baby and its development; supporting both parenting partners is vital
- Depressed fathers are more likely to engage in **substance abuse and family violence** than non-depressed fathers again adding to the load of disadvantage for the new baby
- **A staggering 45%** of fathers don't know men can experience depression in the postnatal period and are therefore unlikely to understand how they are feeling and seek treatment for it
- Perinatal depression and anxiety have **serious impact** on men's lives, on their partners and babies and contribute a significant economic burden on the Australian health care system
- Yet no programs are currently available routinely to support new fathers.



## The Solution

PIRI has a program for men able to address the major gap in national services identified by the Commonwealth-commissioned Environment Scan of perinatal mental health services (2019), the recent Productivity Commission report (2020) and the recent Healthy Male Plus Paternal systematic review and stakeholder consultation.

DadBooster, the world's first online treatment program for men with postnatal depression, is in its final stages of evaluation as part of a gold-standard randomised controlled trial. Based on the proven and effective core cognitive behavioural components in the existing MumMoodBooster online treatment program for women (available on MumSpace.com.au), DadBooster will be integrated with existing services and care pathways, with extensive risk management protocols in place. Psychological treatments for perinatal depression, especially CBT, have a strong evidence base and are a recommendation of Australia's current national Clinical Practice Guideline.

DadBooster will be the core-component within our new one-stop website, DadSpace.com.au, that aims to centralised online evidence-based tools to support a range of emotional health needs and aim to maximise engagement of men. DadBooster represents an important digital innovation for men experiencing perinatal mental health challenges as a dedicated online CBT treatment program for depression and as part of DadSpace.com.au and will be supplemented by a wider range of mental health e-resources designed specifically to be non-stigmatising and engaging for men. However, without funding this program will be unavailable to Australian fathers.



## Recommendation

1. Delivery of the DadBooster program for men experiencing depression in the perinatal period
2. Expanding the mother-infant intervention (e-HUGS to include fathers)

### **PIRI are seeking:**

1. Funding for the national roll out and implementation of DadBooster website to new Australian fathers. Plans are in place to house the DadBooster program as the core component within the DadSpace.com.au website, a one-stop shop for perinatal tools and resources for new fathers. Universal interventions such as information and general parenting programs will also be made available.
2. Gaps exist in information related to the changes involved in becoming a new father, supporting a partner who may be experiencing their own mental health difficulties and in relational aspects of dealing with a baby and developing optimal father-infant attachment. Developing more comprehensive resources to address these gaps would need to be undertaken and linkages to what exists for fathers would also be made.



## The Budget

Activity/Project Component	Cost
<b>Project Management</b>	
<ul style="list-style-type: none"> <li>Project manager – 0.8 FTE (12 months)</li> </ul>	\$97,170
<b>Other staff costs</b>	
<ul style="list-style-type: none"> <li>LMS Technical Support (12 months)</li> </ul>	\$40,000
<ul style="list-style-type: none"> <li>Production and Audio-visual Content</li> </ul>	\$48,000
<ul style="list-style-type: none"> <li>Programmer, maintenance, hosting</li> </ul>	\$46,200
<ul style="list-style-type: none"> <li>Psychologists</li> </ul>	\$70,000
Infrastructure Costs (15% of project costs)	\$45,054
<b>Advisory Group (6 people)</b>	
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<ul style="list-style-type: none"> <li>Taxis @ 6 x2 @ \$120 per trip</li> </ul>	\$1,440
<ul style="list-style-type: none"> <li>Accommodation and meal 2 nights @ \$260 for 2 overnight members</li> </ul>	\$1,040
<b>Subtotal</b>	<b>\$354,305</b>
<b>GST</b>	<b>\$35,430</b>
<b>Total</b>	<b>\$389,735</b>