
**Experiencing Perinatal Depression/Anxiety in New Zealand 2019-2021 Survey Results**

**Compiled by Kristina Paterson, General Manager of Mothers Helpers in April 2022**

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**Introduction**

This survey was shared via our Facebook page and a post boosted to reach New Zealand women aged between 18 and 45 with newborn children or toddlers. An invitation to participate was also sent to our database which included mothers that had or had not engaged in our service and midwives, counsellors, General Practitioners, plunket nurses, social workers and other clinicians. To get a better ethnic representation, we approached members of the Hauora Coalition requesting that they pass on the survey to clients who were pregnant or had young children. The collector was opened on the 17th March 2022 and closed on the 25th April 2022. People were asked to only participate if they had experienced perinatal depression/anxiety between 2019 and 2021.

201 women participated in the survey. Of these, 81% were NZ European/Pakeha, 9% were Maori, 3% were Pasifika, 5% were Asian and 11% were 'Other' - a mix of British, European, American, Middle Eastern, Latin American, Australian and African or South African. 41% were aged between 30 and 35, 31% between 35-40 and 17% between 25-30. The remainder fell into the 20-25 or 40-45 age group. No one was under the age of 20. Location-wise, this was spread throughout all DHB catchment areas with the exception of South Canterbury. The areas most represented were Waitemata (21%), Auckland (17%), Waikato (9%), Canterbury (9%), Counties Manukau (7%), Hutt Valley (7%), Bay of Plenty (6%), Capital and Coast (5%), Mid Central (4%) and Northland (4%). Throughout this presentation of the survey results, you will see direct quotes from participants. While the term "woman" and "women" are used liberally throughout the presentation of these results, I want to acknowledge and recognise those participants who do not identify as female or are gender-fluid.

| **Baby #** | **2015 %** | **2019 %** | **2021 %** |
|---|---|---|---|
| First | 78 | 78 | 61 |
| Second | 42 | 46 | 32 |
| Third | 13 | 12 | 10 |
| Fourth | 3 | 6 | 5 |
| Fifth | | 1 | 2 |
| Sixth | | | Less than 1 |
| Seventh | | | Less than 1 |

## Onset of Symptoms versus when they were picked up

We decided to ask about the onset of symptoms versus when they were picked up, got help or were formally diagnosed with depression/anxiety. Previously, we asked what age baby was when symptoms began and what age baby was when they were picked up. In 2015 and 2019 we found two-thirds of women experienced a significant delay in diagnosis following the onset of symptoms:

| **Age** | **2015 Onset Sx %** | **Diagnosis Sx %** | **2019 Onset Sx %** | **Diagnosis Sx %** |
|---|---|---|---|---|
| Pregnancy | 34 | 10 | 37 | 14 |
| First 6 weeks | 29 | 5 | 46 | 15 |

| | | | | |
|---|---|---|---|---|
| 7-12 weeks | 24 | 30 | 10 | 15 |
| 3-6 months | 6 | 17 | 4 | 19 |
| 6-9 months | 4 | 10 | 3 | 15 |
| 9-12 months | 3 | 27 | 1 | 16 |
| 12-18 months | 0 | 0 | | 3 |
| 18 months + | 0 | 1 | | 4 |

In 2015, 63% women experienced perinatal depression/anxiety during pregnancy or within the first six weeks post-partum. Just 15% of those women were picked up during that time. In 2019, 83% of women experienced perinatal depression/anxiety during pregnancy or within the first six weeks post partum. 29% of these women were picked up during that time, showing that there has been very little improvement at all since 2015 in early identification of Perinatal Depression/Anxiety.

In this survey, we wanted to have better clarity around how long the delay in diagnosis is for women. Our findings confirmed previous research that the majority of women experienced first onset of symptoms during pregnancy (42%) and within the first six weeks post-partum (37%) and the bulk of the remainder before six months post-partum (17%). Participants reported the delay in diagnosis as follows:

| **Delay of Diagnosis following onset of Sx** | **%** |
|---|---|
| Within 1 month | 22 |
| Within 2 months | 10 |
| Within 3 months | 13 |
| Between 4 and 6 months | 14 |
| Between 7 and 9 months | 6 |
| Between 10 and 12 months | 7 |
| Between 12 and 18 months | 5 |
| More than 18 months | 6 |
| I was never diagnosed or received help | 17 |

It's difficult to put a number on what would be considered a "reasonable timeframe" before a woman is picked up for perinatal depression/anxiety. For those that experience it without help or treatment, one month feels like a long time. Some clinicians would argue that symptoms need to be experienced for two months before a diagnosis is warranted. What we can see from this table is that two-thirds of women (68%) are experiencing delays in diagnosis beyond that two-month mark and more than 50% are experiencing significant delays with 17% never diagnosed or receiving of help/treatment.

**Risk Factors and Assessment**

Results indicate that respondents had the following risk factors:

| **Risk Factor** | **% of respondents** |
|---|---|
| Young mother (under 22yo) | 5 |
| Single mother | 4 |
| Relationship/marriage problems | 26 |

| | |
|---|---|
| Financial difficulties | 27 |
| Previous episode of depression/anxiety/mental illness | 59 |
| Genetic family history of depression | 45 |
| Poor family support | 42 |
| Traumatic birth experience | 55 |
| Breastfeeding problems | 47 |
| Sick baby (including colic/reflux) | 35 |
| None | 4 |

The 2015 Survey showed that 96% of respondents had risk factors. In the 2019, survey results showed that 99% respondents had risk factors. In 2022, survey results showed that 96% had risk factors. The results in all three surveys in terms of percentage of people with risk-factors experiencing perinatal depression/anxiety is very comparable. The only difference of note was that of financial difficulties which rose by 8% since the last survey – potentially influenced by the Covid-19 pandemic. Despite having these risk factors, 49% were not assessed at all during pregnancy (an improvement on previous years) and 36% were not assessed at all post-partum.

Assessment comparisons:

| Assessed by | % in 2015 post-partum | % in 2019 during pregnancy | % in 2019 post-partum | % in 2022 during pregnancy | % in 2022 post-partum |
|---|---|---|---|---|---|
| Never assessed | 34 | 61 | 41 | 49 | 36 |
| Midwife | 28 | 25 | 39 | 35 | 42 |
| Plunket | 21 | | 27 | - | 24 |
| GP | 43 | 18 | 24 | 20 | 23 |
| MMH | | 15 | 16 | 10 | 17 |
| Mothers Helpers | - | 1 | 1 | 3 | 3 |
| Health Improvement Practitioner | | | | 2 | 1 |
| Other | | 10 | 13 | 8 | 6 |

**Information about Perinatal Depression/Anxiety**

We asked when women were given information about Perinatal Depression/Anxiety.

| Time they were informed | % Given information about PNDA in 2015 | % Given information about PNDA in 2019 | % Given information about ANDA in 2019 | % Given information about ANDA in 2022 | % Given information about PNDA in 2022 |
|---|---|---|---|---|---|
| Never | N/A | 11 | 69 | 54 | 13 |

| | | | | | |
|---|---|---|---|---|---|
| During Pregnancy | 58 | 45 | 19 | 32 | 49 |
| Post-partum | 38 | 35 | 4 | 7 | 36 |
| At the time they went for help | 50 | 62 | 14 | 19 | 54 |

The number of those that were never informed about PNDA has remained relatively consistent but the number of those who have never been informed about ANDA has dropped by 15%. It still remains the majority however at 54%. Information about ANDA during pregnancy has also improved by 13% but it's still the vast majority (68%) that are still not informed about Antenatal Depression/Anxiety during their pregnancy – one of the most common times to develop depression/anxiety during perinatal stage. Similarly, information about Perinatal Depression/Anxiety during pregnancy remains low with 51% reporting they were not informed during that time. Furthermore, those who were given information, just 23% found it to be very informative, 37% felt the information was OK, while 21% found it was only a little informative and 10% felt it was not at all adequate.

Once diagnosed, we asked what treatment options were given to the respondents and we compare the 2015 and 2019 results with the 2022 results below:

| **Treatment** | **% given this option in 2015** | **% given this option in 2019** | **% given this option in 2022** | **% accessed treatment in 2015** | **% accessed treatment in 2019** | **% accessed treatment in 2022** |
|---|---|---|---|---|---|---|
| Prescription medication | 92 | 91 | 77 | 83 | 70 | 55 |
| Herbal/natural medication | 8 | 8 | 7 | 23 | 17 | 16 |
| Diet | 24 | 21 | 29 | 29 | 22 | 27 |
| Exercise | 42 | 42 | 43 | 47 | 41 | 47 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Counselling | 69 | 73 | 71 | 57 | 56 | 65 |
| Support Groups | 48 | 39 | 40 | 27 | 30 | 29 |
| www.depression.org.nz | | | | 27 | 16 | 10 |
| Assistance from Mothers Helpers | | | | 9 | 15 | 30 |
| Maternal Mental Health | | | | | | 37 |
| Community Mental Health | | | | | | 8 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Crisis Team | | | | | | 9 |
| Health Improvement Practitioner | | | | | | 6 |
| None | | | | | | 7 |

Most of the results are very similar between 2015, 2019 and 2022 with some very interesting differences. First, 77% were given the option of prescription medication – reduced from previous years where more than 90% were given this option. There is also been a slow decline in the number of people taking prescription medication – 83% in the 2015 survey now 55% in the 2022 survey. While information about counselling has remained consistent with 71% given information on this, uptake of counselling has increased by 9% in recent years. It is also worth noting that there seems to be a steady decline in those accessing the depression.org.nz website since the 2015 survey.

**Impact of Perinatal Depression/Anxiety**

| **Impact** | **% in 2015** | **% in 2019** | **% in 2022** |
|---|---|---|---|
| Relationship/marriage problems – strain/fighting | 66 | 57 | 66 |
| Relationship/marriage breakup | 9 | 9 | 8 |
| Difficulty bonding with baby | 51 | 55 | 42 |
| Overwhelming anxiety and isolation | 83 | 95 | 91 |
| Guilt and low self esteem | 83 | 86 | 81 |
| Irritability/moods/emotions affecting friendships and relationships | 83 | 87 | 80 |
| Unable to carry out basic cares for yourself | 40 | 51 | 49 |
| Unable to carry out basic cares for baby | 19 | 11 | 17 |
| Thoughts of suicide | 41 | 46 | 44 |
| Thoughts of harming baby | 22 | 16 | 17 |
| Self-harm | 16 | 12 | 13 |
| Suicide attempt | 8 | 4 | 2 |
| Shouting at baby | 33 | 39 | 32 |
| Physically hurting baby | 3 | 4 | 3 |
| CYFS/Oranga Tamariki had to take baby for a time | 0 | 1 | 1 |
| Hospitalised (psychiatric unit) | 8 | 8 | 2 |

When we look at these outcomes, we can see that there is not a lot of change between 2011-2020 (the timeframe these three surveys cover). In keeping with what we know from research, this may be in part due to the ongoing gaps in education, assessment and the delays in diagnosis and treatment.

It is worth noting that out of the 201 participants, just one had Oranga Tamariki take their child for some time – a number that is consistent across the nine-year time frame covered by these surveys. This is a common fear amongst mothers that if they reach out for help or they are honest about their symptoms that they risk losing their child to the state. This survey clearly shows this to be rare.

**Feedback on Clinicians and Services: How are we doing in relation to Maternal Mental Health and specifically, perinatal depression/anxiety?**

Drawing from the data from the 2022 survey, we turn our attention to clinicians and services, reporting on the average rating given by the 201 participants. Participants were given the options to rate their experience of a clinician/service as excellent, very good, good, fair or poor. We gave each of these a rating of 5 (excellent) to 1 (poor) to find the average score. Since Tangata Whenua were under represented in this survey, we have compared their overall average scores and shared *all* their comments along with Pasifika and Asian communities to give them more of a voice. We also look at overall statistics to see how well clinicians/services are delivering information on perinatal depression/anxiety, and how well they are assessing for perinatal depression/anxiety.

**Midwives – average score: good (3.3/5)**

**Tangata Whenua average score: good (3.3/5)**

194 participants accessed this service.

<u>What's working well?</u>

In the 2019 survey, 19% of participants were informed by their midwife about antenatal depression/anxiety. Now in this 2022 survey 33% report that their midwife informed them of antenatal depression/anxiety – a growth of 14%. In the 2019 survey, 53% of participants were informed of postnatal depression/anxiety. In this 2022 survey, 58% were informed of postnatal depression/anxiety – a growth of 5%.

There has been a 10% increase in midwives assessing women for antenatal depression/anxiety between 2019 and 2022, and an 11% increase in assessments of women for postnatal depression/anxiety between 2015 and 2019, and then a plateau with a slight 2% increase between 2019 and 2022.

<u>Where is improvement needed?</u>

Midwives providing information and assessments for perinatal depression/anxiety is improving but at a slow pace and in small measures (these surveys span across a 12 year period).

Of the 194 participants, 67% were not informed of antenatal depression/anxiety. 42% were not informed of postnatal depression/anxiety.

Of the 194 participants, just 71 were assessed by their midwife for depression/anxiety during pregnancy and 85 postnatally. Despite 96% of participants possessing risk factors for perinatal depression/anxiety, 64% of participants were not assessed by their midwives for perinatal depression/anxiety during pregnancy, 44% were not assessed by their midwife postnatally.

***"I had overall a good experience but was able to identify and advocate for myself due to my history and understanding as I work in mental health. For someone without this I think more emphasis is needed on awareness, education and identification of mental health needs" – Pasifika Participant from Auckland DHB***

***"I was too embarrassed to mention it to anyone really. I did raise it with my midwife as I felt close enough to her. But didn't bother with gp as thought they could only offer depression medication. And I was unaware of any other services and organizations that could help" – Pasifika Participant from Auckland DHB***

**Child Birth Educators – average overall score: good (2.5/5)**

**Tangata Whenua – average score: good (2.5/5)**

124 participants accessed this service.

In this 2022 survey, just 19% said that they were informed of Antenatal Depression/Anxiety from their Antenatal classes and 49% informed of Postnatal Depression/Anxiety. Information on Antenatal depression/anxiety has not greatly improved in the last 5 years with a previous score of 18% and information on Postnatal depression/anxiety has actually decreased by 12% (previously 61%). Since suicide is the leading cause of maternal deaths in Aotearoa, good quality information about signs and symptoms of perinatal depression/anxiety and where to go for help is vital to our antenatal education.

**Plunket/Well Child/Tamariki Ora – average score: good (2.6/5)**

**Tangata Whenua average score: good (2.8/5)**

182 participants accessed this service

Although perinatal depression/anxiety most commonly occurs during pregnancy and the first six weeks post-partum (prior to the involvement or handover to Plunket/Tamariki Ora) this survey shows that 55% of participants were informed by Plunket/Tamariki Ora of postnatal depression/anxiety. This is however, reduced from previous surveys where 61% of participants were informed of postnatal depression/anxiety by their Plunket/Tamariki Ora nurse.

Perhaps what is most surprising is that despite Plunket adopting a PHQ-2 plus a third question depression assessment (which is meant to be carried out on all mothers under their care), of those that accessed this service just 27% said they were assessed for postnatal depression.

***"I was lucky enough to have the medical professionals I was surrounded with constantly remind me to be aware of my moods in case they declined further & that it was likely they would. Plunket was best at really spelling out that there was help out there & perhaps so most that I needed it. Mothers helpers were wonderful & really helped get the ball moving. My midwife helped manage my mood while I was pregnant & my mood didn't decline that quickly after birth so she probably wasn't around when I was at my lowest. My GP is so wonderful & we continue to work towards my recovery" – NZ Maori Participant from Tairawhiti DHB***

**GP – average score: good (3.1/5)**

**Tangata Whenua average score: good (2.7/5)**

181 participants accessed this service

A mere 17% of the 181 participants that accessed their GP during the perinatal stages learned of antenatal depression/anxiety from their GP and just 36% were informed about postnatal depression/anxiety by their GP. Just 20% of participants were assessed for antenatal depression/anxiety, and 23% for postnatal depression/anxiety. Given that a six-weeks post-partum now covers baby and an holistic physical and mental check-up with mum, it is surprising that these statistics for postnatal depression/anxiety assessments are not higher and it indicates that GP's are (in the majority of cases) leaving this out of their postnatal check-up.

It's difficult to know whether the reduction in recommending prescription medication (92% in the 2015 survey and 91% in the 2019 survey respectively to now 77%) is due to there being a greater awareness around best practice or whether it's been an increase in mental health options or a mixture of both. The recommendation for counselling has not greatly changed over the 12 -year period these surveys cover, with just a slight decrease in this recommendation since the last survey by a few percentage points. Since 2019, the Government has rolled out the new Access and Choice mental health service connected to medical centres and perhaps this goes some way towards explaining the reduction in prescription medication recommendations as GP's have other funded mental health resources to lean on?

**Health Improvement Practitioner (HIP) – average score: fair (2.4/5)**

**Tangata Whenua average score: poor (1.0/5)**

24 participants accessed this service.

**Health Coach – average score: fair (2.0/5)**

**Tangata Whenua average score: poor (1.0/5)**

12 participants accessed this service

Of the 24 that accessed the HIP service, 3 said they were informed about antenatal depression/anxiety and 11 said they were informed about postnatal depression/anxiety. 4 said that they were assessed for antenatal depression/anxiety during pregnancy and 2 said they were assessed for postnatal depression/anxiety postnatally. Health Improvement Practitioners (clinicians that may be a social worker, psychologist or mental health nurse) are part of the multi-million dollar rollout the Government has invested in response to the Mental Health Report, yet there seems to still be a low number of these mental health professionals informing and identifying depression/anxiety amongst women during the perinatal stages.

***"Many of those services are not available in my rural area. I did not see my GP at any time and probably wouldn't have talked about my mental health with him even though I like him and the GP service" – NZ Maori Participant from Northland***

***"Services need to be available to women for much longer and proper assessment carried out earlier. Health improvement practitioner was terrible and didn't give any advice on anxiety/depression or where to get help when I was at my most vulnerable. I was given breathing exercises."***

**Mothers Helpers – average score: very good (3.6/5)**

**Tangata Whenua average score: very good (3.9/5)**

88 participants accessed this service

***"My experience with Mothers Helpers both with individual counselling and a support group was excellent from the get go. I love what you do, and why you do it, and wholeheartedly support your advocacy of mothers with pre and post natal depression. Thankyou for the care you have shown me and my family, it has transformed what could have been a very different journey and meant my kids have their mum around to nurture and support them because I am healthy."***

***"Thank you Mothers Helpers" – NZ Maori Participant, Mid Central DHB***

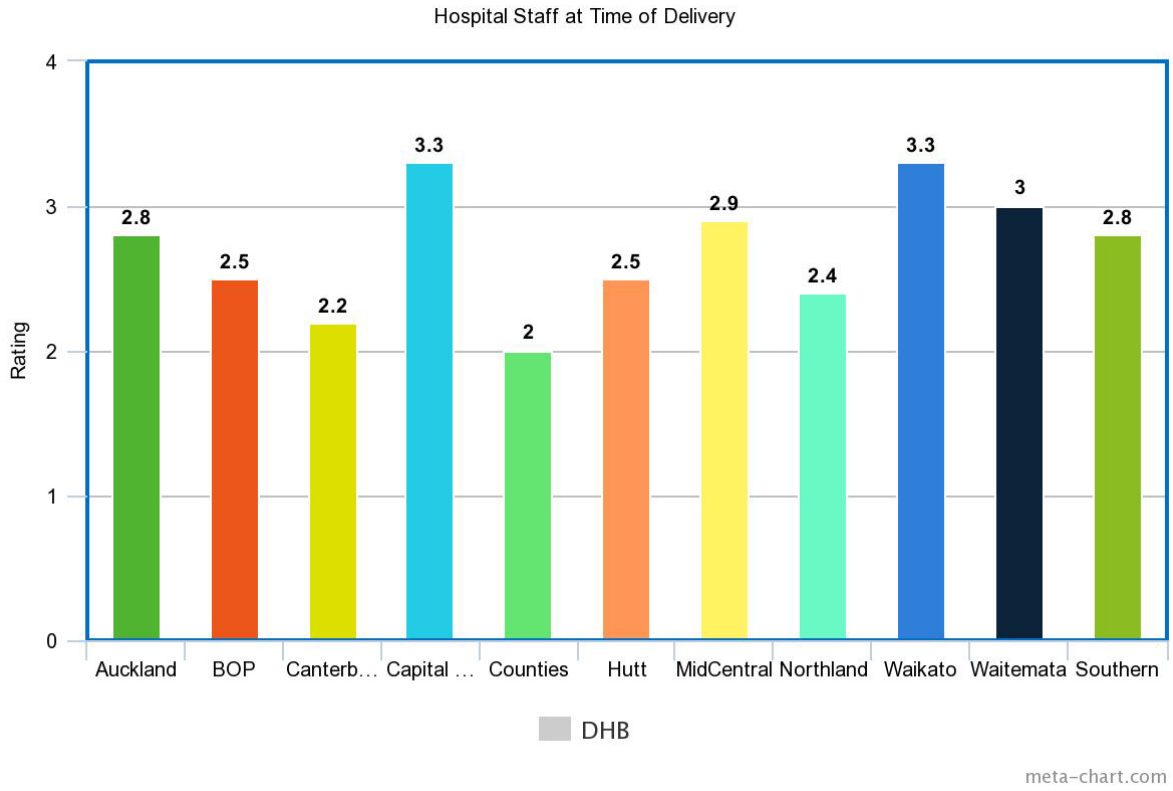
**<u>How are our District Health Boards doing with Maternal Mental Health?</u>**

**Hospital Staff at the time of Delivery overall average score: good (2.8/5)**

**Tangata Whenua overall average score: fair (2.2/5)**

176 participants accessed this service.

The following average scores are from DHB's who had 5 or more participants who accessed that service. They had the option of rating it excellent, very good, good, fair or poor (please note – scores of 2.5-3.4 are considered "good" and scores 1.5-2.4 are considered "fair":




***"I experienced a stillbirth in my first pregnancy, because of that my mental health was very closely monitored by all medical staff. I was incredibly lucky for the amazing care I received from everyone I dealt with" – NZ Maori Participant from Hutt Valley DHB***

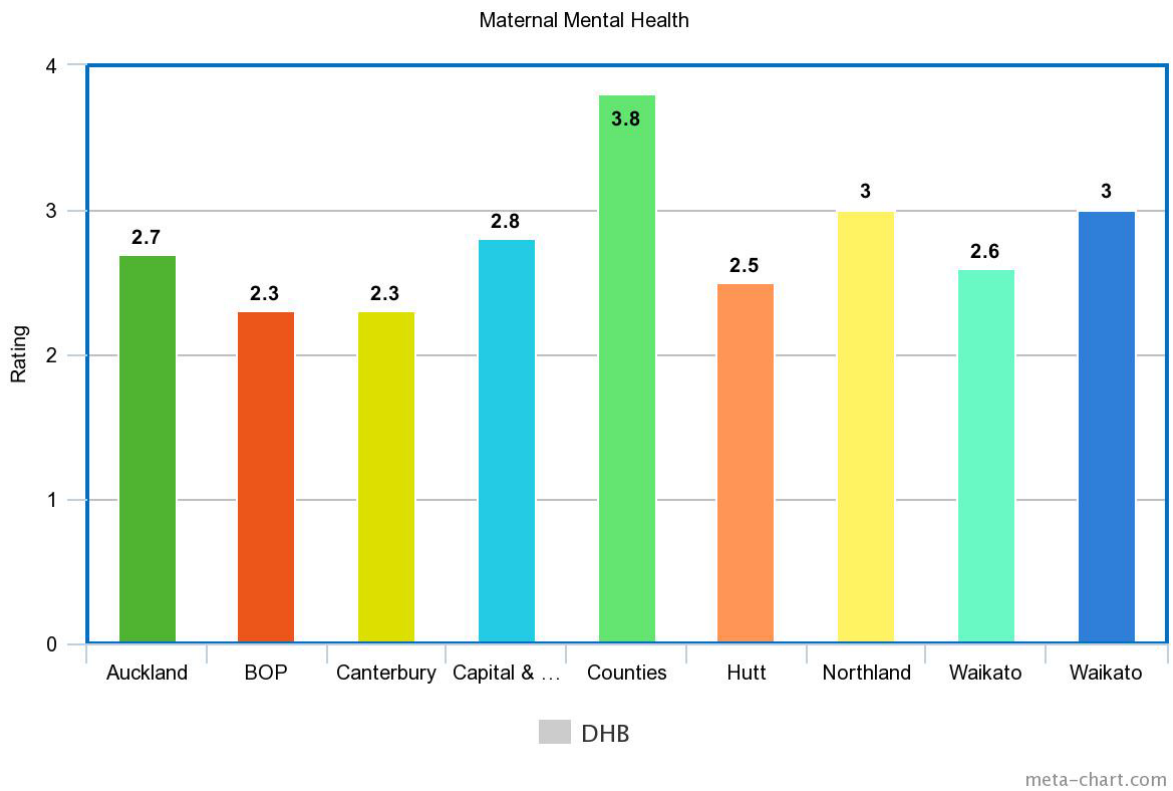
***"My hospital experience led to me having perinatal depression, I had no support in the hospital as a first time mum, I felt judged by the hospital staff re my milk supply (the midwife kept saying my baby is starving and will become brain damaged) and nurses in NICU made horrible comments about how my baby shouldn't be in the unit and that there are other babies who need the space more, not even realizing no parent want their child to be in NICU. My hospital stay was horrendous and I think I'll scar me for life everytime I think about my child getting sick and needing to go to hospital I become extremely angry and anxious" – Asian Participant from Auckland DHB***

**Maternal Mental Health – average score: good (2.8/5)**

**Tangata Whenua overall average score: fair (1.9/5)**

106 participants accessed this service

The following average scores are from DHB's who had 5 or more participants who accessed that service. They had the option of rating it excellent, very good, good, fair or poor (please note – scores of 2.5-3.4 are considered "good" and scores 1.5-2.4 are considered "fair":




***"Maternal mental health declined the referral despite current antenatal depression, history of postnatal depression, complex pregnancy related to premature labour, [history] of preterm birth" – NZ Maori Participant from Waitemata DHB***

***"Horrible traumatic experience in the mental health sector support was understaffed and super rude" – NZ Maori/Pasifika/Pakeha Participant from Canterbury DHB***

***"I am rating Maternal Mental Health as poor as I was only assessed over the phone once and deemed ineligible for support as my symptoms were not severe enough during pregnancy, but of course they later got worse and then I could not access help as [my] child was too old" – NZ Maori Participant from Waitemata DHB***

***"Maternal mental health was the most appalling service I have ever experienced and resulted me laying a formal complaint. It took over 2 months for them to even make initial contact, at which point the receptionist tried to diagnose my severe pelvic issues that plagued my two pregnancies as a result of being raped as a child - without me ever disclosing any form of sexual abuse had ever happened to me as a child or otherwise!! She was so rude, condescending and inappropriate, and I felt like there was no where left to turn for help after being so rudely dismissed by the one place I had hoped would help you pull me out of that dark place I was in. I am so grateful I was able to access private mental health care, but disgusted to think of how many women suffer at the hands of our horrific public system that is underfunded and understaffed" – NZ Maori Participant, Waitemata DHB***

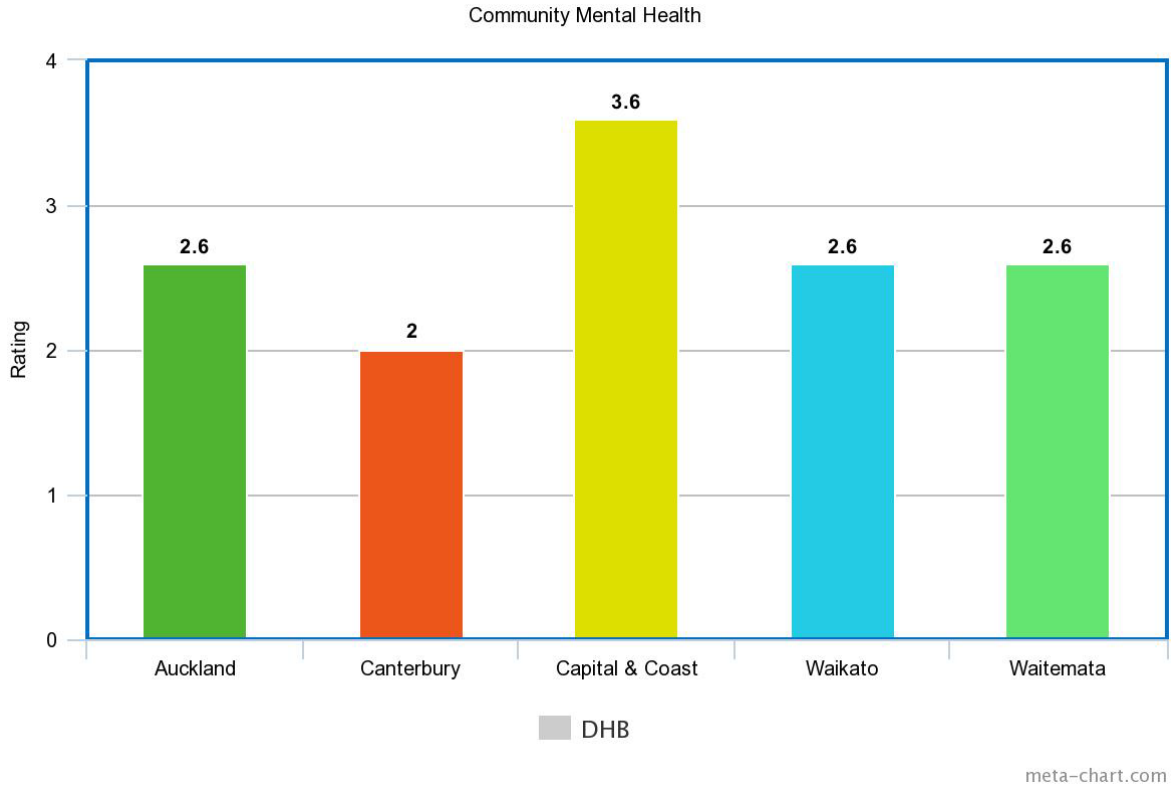
***"Maternal Mental health didn't get round to giving me an appointment until my baby was 5.5Months old! I was referred when she was born!" – Latin American/Pakeha/African Participant from Auckland DHB***

**Community Mental Health – average score: fair (2.4/5)**

**Tangata Whenua average score: fair (1.5/5)**

48 participants accessed this service

The following average scores are from DHB's who had 5 or more participants who accessed that service. They had the option of rating it excellent, very good, good, fair or poor (please note – scores of 2.5-3.4 are considered "good" and scores 1.5-2.4 are considered "fair":

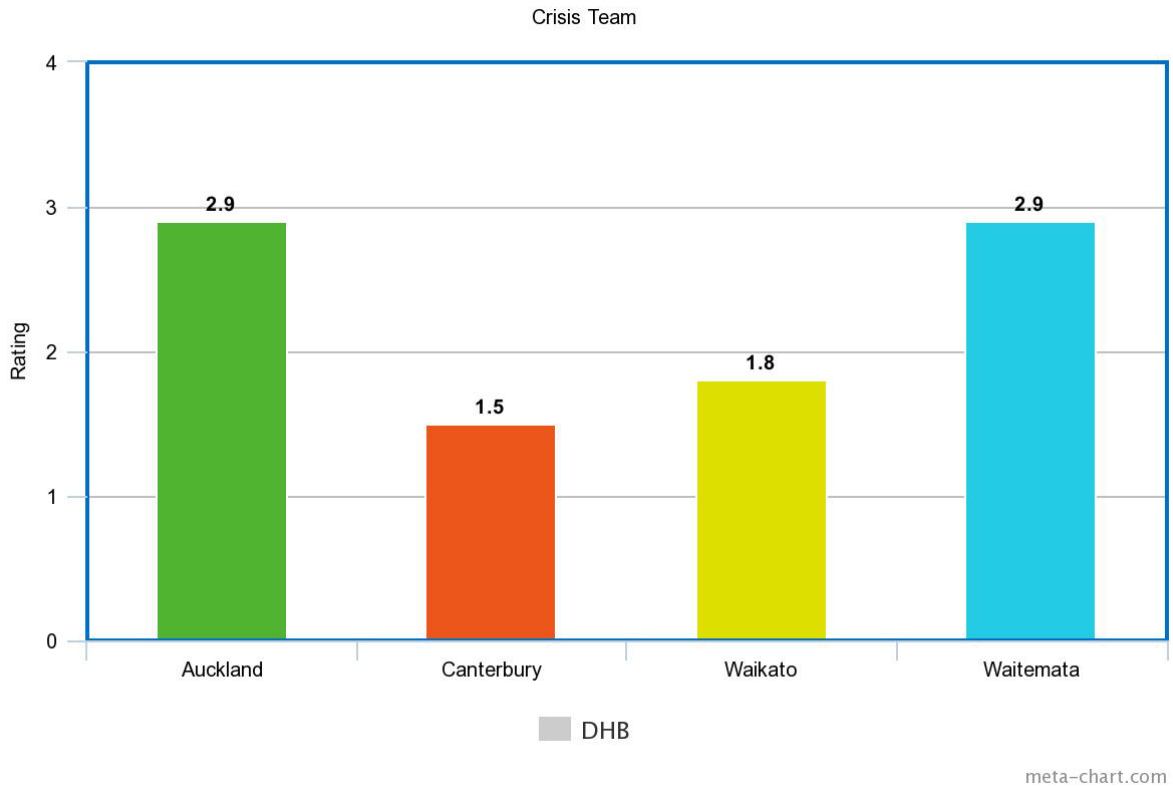



**Crisis Team – average score: fair (2.4/5)**

**Tangata Whenua average score: fair (1.6/5)**

37 participants accessed this service

The following average scores are from DHB's who had 5 or more participants who accessed that service. They had the option of rating it excellent, very good, good, fair or poor (please note – scores of 2.5-3.4 are considered "good" and scores 1.5-2.4 are considered "fair":




***"I wish that they help a bit fast[er] and give the right medication in the first sight" – Asian Participant, Waitemata DHB***

## Themes from Participants' Comments

In addition to what has already has been explored in terms of information, assessment and identification of perinatal depression/anxiety – we looked to the participants' comments to see what other themes came through to learn what contributed towards a good or a poor experience of a clinician or service. While there is a lot of content, we felt it was very valuable feedback that gave us a lot of understanding as to how services might be improved.

### Genuine Listening to Concerns

Participants described good experiences where they felt heard and cared for:

***"My GP was a life saver. She listened. She cared. She took the time to help fully inform me on supports available and followed up often to check."***

Participants described poor experiences when they did not feel heard or their concerns were disregarded by clinicians:

***"My midwife almost laughed at me when I said I was experiencing anxiety. She never took me seriously even though she knew I was on medication for anxiety through my pregnancy."***

***"PMH didn't listen to me, didn't communicate with me and failed to help me actually causing severe problems for me personally due to a choice they made."***

***" The maternal mental health assessment I had from a nurse over the phone was condescending and left me crying physically painful tears. He said I was 'just a tired mum, I probably just need a few hours help from a charity'. I needed much more than that."***

Some participants could sense that the clinician did not want her to be honest about how she was feeling:

***"My midwives didn't seem to take it seriously, may have thought just baby blues and asked leading questions to encourage me to say I was fine."***

**Access**

We had a significant number of comments with regards to difficulty accessing services. One barrier that repeatedly came up was "not being unwell enough" to access Maternal Mental Health services:

***"I was referred to Maternal mental health but they rejected my referral because I wasn't bad enough. The doctor never followed up after I went to her for help."***

***"After seeking out support from Plunket, the GP and Maternal Mental Health I was told repeatedly that there was nothing that could be done to support me unless I was going to harm my baby. I was unable to care for myself and feed or care for my baby but was given absolutely no options for support from anyone."***

***"The maternal mental health team only helps those with 'severe' depression/anxiety so those of us who aren't classed as severe get 'discharged' and are looked after by who?"***

Some participants' mental health was clearly severe yet described how the complex criteria that is different in every service prevented them from getting help. Other participants with severe symptoms found they fell through the gaps by never being contacted:

***: "I had a 4 month old baby. After multiple Drs appts nobody was prepared to help me. I turned up to multiple agencies for mental health… A Maori organisation for pregnant and new mums crying telling them I was suicidal and I wanted to end my life!! …The Maori organisation for pregnant mums sent me a Txt saying sorry we can't help because your baby isn't a new born."***

***"My midwife referred me to maternal mental health after my first son was born for the 2nd child right at the start of my pregnancy. Even though I heard voices etc and generally not mentally well I never heard anything back..."***

Another barrier was finding funded services for mild-moderate perinatal depression/anxiety:

***"Once I reached out for help I was told there would not be any funding for counselling or support services unless I was an absolute extreme case. I don't think that's my GP's fault, and I really appreciated the holistic advice she gave me around diet, lifestyle and exercise as well as medication. I think it's a bigger funding and support issue that affects all maternity services, not just the mental health aspect."***

One participant highlighted that funding was available to them because they were eligible for a WINZ counselling subsidy, but completing the administration process and paperwork for this while depressed was too complicated and challenging:

***"I desperately needed the help of Mothers Helpers. I could not afford it but was eligible for free support from winz. However I was told "to fill in a form and give to winz". Dealing with winz when you feel 100% strong is stressful, daunting and hard. So when you feel at your absolute lowest it is impossible to wait 1hr on hold for winz and explain your situation. This is what stopped me from getting the help I desperately needed. I just didn't have the strength to deal with winz. If there was someone at Mothers Helpers who could be a support person with this it would make the world of difference."***

A number of participants talked about not being informed of low-cost services they were eligible for and the difference it made when they were informed:

***"At no point - no one gave me [Mothers Helpers'] number - I had to find them myself and so glad I did."***

***"I found Mothers Helpers and it turned everything around. Why had I not been introduced to them sooner? They educated me on what was going on, made me show up, stuck by me, gave me support and trained me to live differently. They quite literally saved my life."***

***"This time, when I reached out to the GP he was really wonderful. I had held off having had a negative experience in the past. I was not deemed at risk enough to gain help from the Maternal Mental Health team but they did recommend Mothers Helpers to the GP which was incredibly helpful to me."***

**Wait Times**

***"Maternal mental health psychologist was the one service that helped me the most but I had to wait months to see a psychologist. If the service happened within a few weeks it would have saved me so much unnecessary suffering."***

**Attitude or Treatment from Staff**

Participants highlighted the difference it made when they were treated with kindness and understanding by knowledgeable clinicians:

***"My midwife was fantastic. I wish I could have kept her for more than six weeks after birth. So understanding and recognised the symptoms of anxiety/depression long before I'd figured out what was happening to me."***

***"We are so thankful to have a representative from Family Success Matters, Uaita assigned to us. What a kind, wise, non judgemental, proactive and gentle social worker."***

They also highlighted the significant impact it had on their mental health when clinicians did not treat them with kindness or understanding:

***"Hospital nurse's comments when I first woke up to my 1st baby after giving birth had a negative effect on me asking for help [and] contributed I believe quite hugely to my response to my postnatal anxiety. If she knew I was at risk for anxiety and depression she might not have made comments such as … 'oh you expect me to grab the baby for you' when I asked for***

*help on what to do for 1st time hearing baby cry and 'your a mum now and we are not a hotel you have to get things yourself' when I asked where to get the food."*

*"The way that the crisis team spoke to me was appalling. They are standoffish, rude and made me feel stupid for reaching out for help."*

*"My hospital experience led to me having perinatal depression, I had no support in the hospital as a first time mum, I felt judged by the hospital staff re my milk supply (the midwife kept saying my baby is starving and will become brain damaged) and nurses in NICU made horrible comments about how my baby shouldn't be in the unit and that there are other babies who need the space more, not even realizing no parent want their child to be in NICU. My hospital stay was horrendous and I think [will] scar me for life every time I think about my child getting sick and needing to go to hospital I become extremely angry and anxious."*

**Informative**

Some of the participants talked about how helpful it was to have clinicians who were knowledgeable about perinatal depression/anxiety and knew where to refer them for more support:

*"After a week at home started going downhill mentally and [received] help from my GP who referred me to Maternal Mental Health. They were amazing, very supportive and informative. They checked in with me regularly and gave me options of therapy and places I could go for respite care."*

*"Talking to Mothers Helpers was critical in realising what I was experiencing wasn't normal and I needed help. ..The Edinburgh scale…was an excellent tool to use when talking to my GP seeking a referral to the mental health team."*

*"Joanne Rama of the ADHB was the most amazing help and support in terms of the information and holistic view she provided [for] pregnancy and early parenting. I was married and left a DV relationship when my baby was 5 weeks old which was the main cause of the anxiety I had and I realized I needed more support and got referred by a lovely lady at the hospital when I brought my baby in as I needed to get her checked and I was very panicked. I then got referred to maternal infant mental health service Kimiora and they supported me for 11 months and have discharged me recently."*

**Overworked Staff**

*"Once I had given birth hospital staff were understaffed and I felt like I was a burden on people they didn't seem to want to help me. After having a cesarean I left the hospital in less than 12 hours and went to birth care where the treatment was horrible."*

*"Plunket were terribly short staffed and I barely saw them. My baby wasn't gaining weight and they still didn't see me which was a big factor in my depression and anxiety. I ended up just going to my GP for baby weigh ins and monitoring."*

*"Midwife was overworked and dropped my care soon after birth despite my having ongoing complications. Never signed me off and started ghosting me despite having scheduled appointments."*

*"While I was given excellent support by my midwife it was clear that she was under immense pressure and overworked and was forced to choose how to prioritize her patients."*

*"I've rated Maternal Mental Health as fair because they were so understaffed that as my case was not as severe as some (I guess?) there was very little care given. No counselling, a few texts asking if I had suicidal thoughts, and that was about it. I was in their office, crying my eyes out, severly depressed, had episodes of yelling at baby and they told me I needed to get some sleep. They need more funding and resource to help women like me.. it was shocking."*

**A Client-centred Mental Health Service**

Participants talked about needing a consistent and reliable service:

***"The nurse would change/cancel appointments at short notice, which was a trigger for my anxiety when organizing two children under two."***

Participants talked about needing a service that was sensitive and focused on their needs:

***"The nurse talked about herself a lot, and there was never a clear action plan of how to help myself (stressed about our rental, struggling to buy in the 2020-2021 climate and she talked about how she did it and "hopefully next time I see you you'll be buying."***

Participants talked about needing a service that helped them to make small, realistic, practical steps towards their goals:

***"Psychologist would say "you need more time to yourself" but there was no plan as to how to make that happen with very limited support. So I just felt worse and stressed."***

Participants talked about needing a service that helped them to identify contributing factors to their depression/anxiety and gave them tools to manage it themselves:

***"I found Mother's Helpers when I hit my lowest point of feeling horrible. There are some days that are hard but they helped me change my way of thinking and understanding of what may be causing it. For me it was lack of sleep."***

***"Mother's Helpers were extremely effective - I sought their help very early on and the talk on the phone was enough to give me clarity about what I needed to do to address my symptoms… The counsellors were very knowledgeable and listened very well and supported me with a plan to get back on my feet. I still use the strategies they gave me to this day."***

Participants talked about needing a service that is free of charge with a short wait-time:

***"I had two short periods of anxiety/depression for which I got help from Mother's Helpers twice - once during pregnancy and once after giving birth. My GP also gave me advice on medication. Other services were not required… I felt very supported by the fact that the phone consultation occurred free of charge and so soon after I reached out for help."***

**Participants talked about needing a service that was relevant, inclusive and current/up-to-date:**

***"I opted out of Plunket with my third baby because I can't stand the service they give. The questions they ask and the advice they give is out of date, uncomfortable, judgemental and I hardly know any one who actually enjoys visits with their Plunket nurse. It's more of an inconvenience than anything else. Most mamas just stick with them to have their babies weighed and measured. I wish NZ would just get rid of Plunket and create a new inclusive, supportive, educated program for mama and pepi."***

**Participants talked about needing a service that checked in with them regularly:**

***"My mental health has started rapidly declining and I'm struggling asking for help and although I have a wonderful helpful partner I feel I can't keep only relying on him, so if someone was able to reach out every once in a while it would help take the strain off us."***

*"The team at Maternal Mental Health were incredibly supportive, available 24/7, checked in with me regularly and I am so grateful. With their support my birth plan and post birth care plan were drawn up and followed by the hospital. I had a c section and had to go to Birthcare for 2 nights, the care at Birthcare was TERRIBLE - non existent. I only saw midwives for pain medication twice per day, had no check ins of any other type and was stuck in a tiny room (level 4 lockdown) with no access to visitors or fresh air. I cut my stay short by 24 hours because it was too stressful being in there and I wanted to be home with my 3 year old son and family support."*

**Need for Practical Help/Respite**

*"There needs to be more practical support for new mothers with depression/anxiety. How can we get out to see and speak with a Counsellor?"*

*"The midwife, GP and Plunket are very good - for the baby and with babycare. I just don't think they know what to do for the mother. Probably a society problem ... my parents and my friends all worked full time. I was alone and didn't have a community to help with practical things like holding baby while I slept or showered. I couldn't sleep when my baby slept because they only slept 30 mins at a time and needed rocking and swaying. I remember the plunket lady watching me try get my baby to settle pacing and holding them in all sorts of positions ... they cried with colic for her entire visit. She said she was sorry for me, wished she could do something, felt bad for leaving but our time was up. I had no respite."*

*"Maternal mental health especially Fiona on the North Shore was amazing. Sorting out respite for me to help deal with my PTSD from birth trauma and postnatal anxiety."*

**What Respondents thought were the Biggest Gaps in Services**

| Gaps | % of respondents in 2015 Survey Results | % of respondents in 2019 Survey Results | % of respondents in 2022 Survey Results |
|---|---|---|---|
| Insufficient practical support | 59 | 73 | 73 |
| Insufficient information prior to birth | 41 | 66 | 59 |
| Insufficient information about help/resources available | 58 | 60 | 59 |
| Insufficient monitoring of my depression | 44 | 55 | 48 |
| No one screening or assessing me for depression/anxiety | 38 | 54 | 46 |
| Not given a full range of treatment options | 41 | 48 | 38 |
| Unable to access funded counselling | Not asked | 47 | 54 |
| No one referring me for help when they identified I was at-risk or experiencing depression/anxiety | Not asked | 43 | 38 |
| Insufficient information after birth | 37 | 43 | 49 |
| No information on where to go for help if I needed it | 41 | 42 | 39 |

These results show that from the perspective of women experiencing Perinatal Depression/Anxiety, gaps have only changed slightly over an 11-year period (2010-2021): a 7% drop in participants saying there was insufficient information prior to birth, a 7% drop in participants saying there was insufficient monitoring of my depression, an 8% drop in participants saying no one screening or assessing me for depression/anxiety, a 10% drop in participants saying they were not given a full range of treatment options and a 5% drop in no one referring me for help when they identified I was at-risk or experiencing depression/anxiety. At 73% insufficient practical support remains as the highest recognised gap by women with perinatal depression/anxiety. Insufficient information about help/resources available has also remained unchanged over an 11 year period. Unable to access funded counselling has risen by 7% and insufficient information after birth is identified as a gap that has steadily increased since the first survey.

## Conclusion

In this survey we are able to see that there has been a slight improvement in assessment and information around perinatal depression/anxiety but it still remains a significant gap in Maternal Mental Health – leading to two-thirds of women experiencing delays in diagnosis (ie. beyond two months after symptoms began) and therefore, experiencing delays in treatment. These delays have now been recorded over a period of 11-years and go largely unchanged. We know that delayed diagnosis in perinatal depression/anxiety means a higher risk in severity of illness and greater risk to her child's behavioural, emotional and cognitive development in utero and a greater risk that her child will develop learning difficulties, addictions, mental health issues, and delinquency.

Participants rated community services such as Child Birth Education (antenatal classes), GP, Plunket and Midwives as "good" and the Mothers Helpers service as "very good" and this was echoed in ratings by Tangata Whenua. However, Health Improvement Practitioners scored "fair" overall with Tangata Whenua rating them as "poor."

With DHB Services, the overall score for Hospital Staff at the time delivery was "good" with Capital & Coast and Waikato DHBs sharing the top score while Counties had the lowest score. The overall rating for Maternal Mental Health was "good." Counties Manukau got the highest rating while Canterbury and BOP shared the lowest rating for Maternal Mental Health. The overall rating for Community Mental Health was "fair" with Canterbury having the lowest rating and Capital & Coast having the highest scores. The overall rating for the Crisis team was "fair" with Canterbury and Waikato DHB Crisis team having the lowest scores while Auckland and Waitemata DHB had the highest scores. Tangata Whenua agreed with the overall score for Community Mental Health and the Crisis team but also rated their experience with Hospital Staff at the time of delivery and Maternal Mental Health as "fair."

Participants gave a lot of insight into what contributed to a poor experience of a clinician/service and what contributed to a good experience of a clinician/service and I have worked this into the Recommendations segment.

## Recommendations

Based on these survey results, Mothers Helpers makes the following recommendations (many are unchanged from the recommendations from previous years since we have not seen a significant improvement in results from this survey to previous years):

### Education of Mothers

Education of expecting parents (and support people/whanau) about perinatal depression/anxiety (both antenatal and postnatal) needs to be included in as a standard part of antenatal classes and midwifery care. Specifically, this should include risk factors, signs and symptoms of perinatal depression/anxiety, how to access the Edinburgh Postnatal Depression Scale and where to access help.

### Training of Midwives and other clinicians

Mothers Helpers recommends the mandatory training of midwives on Perinatal Depression/Anxiety since they are the most commonly chosen Lead Maternity Carer in New Zealand and they support women during the time when PNDA most commonly occurs – that is, during pregnancy and the first six weeks postnatally. However, the training of Child Birth Educators, Plunket, Tamariki Ora or well child nurses is equally prudent for ensuring women do not fall through the gaps. Since the recent mental health approach is for the public to present to their GP practice to access a Health Improvement Practitioner and Health Coach for their mental health, it is imperative that HIP's and Health Coaches are trained in Perinatal Depression/Anxiety too.

These clinicians need to be trained in onset and symptoms of perinatal depression/anxiety, how to screen and assess for PNDA (including the use of the Edinburgh score) and how PNDA is best treated as well as accessing existing pathways and services.

### Universal Screening of Mothers

A high number of women experience risk factors for perinatal depression/anxiety as evidenced by the data in the three consecutive surveys presented by Mothers Helpers, yet women can experience PNDA without any risk factors. This is because the perinatal stage is

considered a time where women are most vulnerable to developing depression/anxiety. Best practice recommends screening of all mothers to ensure early intervention and we agree that delays in diagnosis and treatment could be prevented if this were in place and designated to the discipline most accessed by women perinatally – their lead maternity carer.

Funded mental health services in the form of Health Improvement Practitioner and Health Coaches associated with the GP practice makes no difference to maternal mental health if there is screening is not occurring. GP practices have the ability to carry out recalls on all of their patients and we would recommend to all Health Improvement Practitioners that they are pro-active in their role to check the Edinburgh scores of women during pregnancy and at the time of their six-week check with baby. Those scores will identify women early and present them with the opportunity to speak to a clinician about the results and receive further help and support. Without screening women during the perinatal stages, Health Improvement Practitioners rely on referrals by the Lead Maternity Carer. If neither is screening, the delays in treatment remain regardless of whether a mental health service is funded or not.

**Clear Pathways**

There has always been confusion for clinicians and consumers alike when it comes to where to go for help. Criteria for Maternal Mental Health secondary services differs between each DHB resulting in clinicians trying out a referral for every woman presenting with perinatal depression/anxiety and therefore overloading the system with referrals – or the opposite, not referring anyone at all with the belief that it will be declined. Not only has this not been helped by consistency through the District Health Boards but also by the changing criteria (based on level of demand) by Maternal Mental Health. There has also been confusion around what alternative services are available.

Since the Government has opted to fund the model where Health Improvement Practitioners and Health Coaches provide mental health support, this is a pathway that needs to communicated clearly to clinician and consumer. In turn, Health Improvement Practitioners need to be fully informed of the local criteria for Maternal Mental Health as well as alternate Maternal Mental Health services in their local area who provide free or low-cost specialist services. These pathways need to be communicated in a clear and simple way to clinicians and consumers alike.

**Funded Therapeutic Services for all women with PNDA**

Under the current model, Primary Health Organisations have the ability to contract and put funding towards specialist services providing a mental health package of care. It is our view

that Maternal Mental Health comes under a specialist service rather than generic mental health care. The issues they experience are too specific their role as a new mother/parent to be lumped in with generic mental health services. Talk therapies and peer support need to be able to address those specific issues appropriately.

Our current model makes no demand on any Primary Health Organisation to earmark any funding towards maternal mental health. Therefore, specialist funded counselling or group therapy services are available in a few areas in New Zealand but not all. We recommend that Government demands that all Primary Health Organisations have a specialist service contract in place for Maternal Mental Health alongside screening and clear pathways communicated to clinicians and HIPS to access that service.

Those with a low-income and a diagnosis of depression/anxiety can access subsidised counselling through WINZ, however the vast majority in our experience and as evidenced by some of the feedback from participants in this survey is that they don't tend to access that which they're entitled to. The process requires that they fill out forms including having to first complete a Disability Allowance application before then completing a Counselling Subsidy application form. Both forms require the GP to complete a portion of it and either they send it off to WINZ or they require the patient to come in for an appointment or collect it and take it to WINZ. Parents of young babies with depression find this process overwhelming and often give up half way through. Rather, the process should be between GP and WINZ or the counsellor and WINZ similar to accessing ACC counselling, the paperwork is between the counsellor and ACC where it is the responsibility of the counsellor to file it.

**Client-centred**

This is the first time we have given space for participants to comment on their experiences and this has been an incredibly insightful and valuable exercise. The participants talked about how their experience of clinicians/services can be transforming or a traumatic experience such was the impact to their mental health. If their experience was poor, they were less trusting of other services and less inclined to be honest about how they were feeling or engage in their service.

Based on the overall ratings and ratings given by tangata whenua, all services need to improve the experience of their consumers, however we draw attention to the low ratings for the Hospital Staff at time of delivery, Maternal Mental, Community Mental Health and the Crisis Team . Early reports of the experience of Health Improvement Practitioners and Health Coaches by these participants are also concerning. Therefore, all clinicians and services can learn from the feedback given by participants in this survey and we recommend all clinicians and managers of services engage in meaningful discussion on the feedback that has been given and reflect on what steps they might take to improve their service in each of these areas. Please note that these recommendations are alongside the call for improving education and assessment of perinatal depression/anxiety:

- **Genuine Listening to Concerns:** good listening skills, taking them seriously rather than disregarding/dismissing their concerns, genuinely wanting to hear how they are doing rather than using it as a tick-box exercise or being afraid of their honest answer about their mental health.
- **Access:** having access to help regardless of the severity of their mental health, being followed up within a short timeframe following referral, being informed of what therapeutic services are available to them that are funded/free or low-cost including Mothers Helpers (nationwide) rather than simply saying they don't meet the criteria and leaving them without options.
- **Attitude or Treatment from Staff:** understanding, warm and welcoming, kind, non-judgmental, supportive of their reaching out for help.
- **Informative:** knowledgeable about perinatal depression/anxiety, providing education, informing of helpful tools and resources for support
- **Resourcing overworked midwives and plunket nurses:** with this under-staffing and under-resourcing of services, women feel like a burden and experience minimal contact or even absence of care and follow-up
- **A mental health service that is client-centred:** a consistent and reliable service that is sensitive and focused on their needs - checking in with them regularly. A service that helps them to identify contributing factors to their depression/anxiety and gives them tools to manage it. A service that helps them to make small, realistic, practical steps towards their goals. A service that is relevant, inclusive, current and up-to-date. A service that provides or can access practical help/respite.

**Summary**

This survey combined with previous surveys spanning 11 years explores the experiences of women who have had perinatal depression/anxiety in Aotearoa New Zealand. These surveys have consistently identified gaps in education and assessment for perinatal depression/anxiety as well as access to funded therapeutic services for women who do not meet the criteria for Maternal Mental Health. This has led to delays in diagnosis and treatment. A lack of access to funded therapeutic services places them and their children at greater risk. Participants of this survey rated their experience of community services including Child Birth Educators, Midwives, GP's and Plunket as "good," Health Improvement Practitioners and Health Coaches as "fair" or "poor" and the Mothers Helpers service as "very good." They rated Hospital Staff at time of delivery and Maternal Mental Health as "good" or "fair" and Community Mental Health and the Crisis Team as "fair."

In response to the feedback of participants, Mothers Helpers recommends training clinicians in perinatal depression/anxiety – particularly Midwives, Plunket, Health Improvement Practitioners and Health Coaches. We also recommend that standardised education on PNDA is delivered to mothers in antenatal classes and midwifery care. Further, we

recommend the universal screening for depression/anxiety of women during the perinatal stage by midwives and Health Improvement Practitioners. Mothers Helpers recommends that funded therapeutic services tailored towards Maternal Mental Health (rather than being lumped in with generic mental health services) are made available to all women experiencing perinatal depression/anxiety alongside clear pathways communicated to both clinicians and consumers alike.

Participants have also indicated that their experience of a service has the ability to greatly impact their mental health. Their mental health is supported when they experience a service that they can access easily with a short wait-time, that genuinely listens to their concerns, treats them non-judgmentally with warmth, kindness and understanding, is attentive and informative. They want a mental health service that is consistent and reliable, a service that is sensitive and focused on their needs - checking in with them regularly. They want a service that helps them to identify contributing factors to their depression/anxiety and gives them tools to manage it, a service that helps them to make small, realistic, practical steps towards their goals. They want a service that is relevant, inclusive, current and up-to-date that provides or can access practical help/respite.