



SUBMISSION: GIDGET FOUNDATION AUSTRALIA

Select Committee on reproductive, maternal and paediatric health services in Tasmania.

25 January 2024

In Australia, perinatal depression and anxiety affects one in five mothers and one in ten fathers, impacting around 100,000 expectant and new parents each year.

Many new parents will also experience adjustment disorders, and distressingly, maternal suicide is one of the leading causes of death amongst expectant and new mothers.

In this submission Gidget Foundation Australia highlights:

- The role of education and training in recognising and responding to perinatal mental health presentations.
- The continued demand for free and low-cost perinatal mental health service provision to support equity of access.
- The importance of stepped care and improved integration between physical and mental health referral pathways.
- The value of telehealth in facilitating equity of access to perinatal mental health services for all Tasmanian families.

Gidget Foundation Australia recognises and honours all people with lived experience of perinatal mental ill-health, and their loved ones who provide care and support. Lived experience is at the heart of everything we do, and we acknowledge these experiences with compassion and respect. We are truly grateful to those who choose to share their stories and we acknowledge those who carry these stories quietly. We are committed to supporting Tasmanian parents and their communities, providing the foundations for intergenerational mental wellbeing.

ABOUT GIDGET FOUNDATION AUSTRALIA 🌸

Gidget Foundation Australia is a not-for-profit organisation that exists to support the emotional wellbeing of expectant and new parents, promoting awareness, driving advocacy, education and service delivery to prevent and treat perinatal mental health issues through early detection and early intervention.

To meet the increasing demands for specialist perinatal mental health services Gidget Foundation Australia has developed a comprehensive suite of services to assist all new and expectant parents to access care in the right place, at the right time, and at a level best suited to their support needs.

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Gidget Foundation Australia exists to support the emotional wellbeing of expectant and new parents to ensure they receive timely, appropriate and specialist care.

These services include individual psychological consultations (with no out-of-pocket expenses) via the **Gidget House®** and **Start Talking** programs. The **Gidget House®** model provides specialist face to face psychological interventions for clients diagnosed with, or at risk of developing postnatal depression and anxiety. The **Start Talking** program provides these specialist psychological supports via telehealth.

Clients accessing the service via a mental health care plan and GP referral are eligible for up to 10 bulk-billed psychological treatment sessions per calendar year under the Medicare Better Access Initiative. Clients are also eligible to access the **Gidget Perinatal Support Centre** 24/7 perinatal support through our partnership with Sonder) during their period of care.

Other programs developed and delivered by the Foundation are **Gidget Village®** group treatment programs, **Gidget Virtual Village®** online virtual support groups and **Gidget Emotional Wellbeing Screening Program** early intervention screening delivered in person by a Gidget Midwife.

As the leading national provider of perinatal mental health services, Gidget Foundation Australia is committed to supporting, expanding and nurturing the workforce. We currently contract and support 145 perinatal specialist mental health clinicians to deliver psychological services to our growing client base across Australia. Our workforce includes clinical psychologists, registered psychologists, mental health accredited social workers, mental health nurses and occupational therapists.

The Gidget Foundation Australia workforce continues to expand as more join through our innovative workforce development initiative, the *Perinatal and Infant Mental Health Training and Development Institute* supported by Sydney North PHN through the Australian Government's PHN's Program, NSW Health and the Commonwealth Government.

GIDGET FOUNDATION AUSTRALIA STEPPED CARE MODEL 🌸

At Gidget Foundation Australia we offer a stepped model of care to facilitate flexible access to a range of healthcare supports and resources, from low intensity self-help supports, through to high intensity clinician led interventions. This stepped-care model allows clients to engage in care which is person-centred, needs driven and evidence informed for at risk, and mild through to moderate clinical presentations.

A blend of face-to face, telehealth and online resources allows Gidget Foundation Australia to support new and expectant parents across Australia, facilitating access by reducing both the individual and systemic barriers to care, including cost, availability and accessibility. It also allows clients to be stepped up or down in their care, based on changing clinical circumstances and support requirements.

ABOUT OUR NAMESAKE *Gidget*

Gidget was the nickname of a vibrant young mother who tragically took her own life while experiencing postnatal depression, a diagnosis that she kept close to her heart. Together, her loving family and friends created Gidget Foundation Australia determined that what happened to *Gidget* would not happen to others.

Gidget left the world too early, though she has left a remarkable legacy. In the words of *Gidget's* Mum, Sue Cotton, "Gidget Foundation Australia came into being because of *Gidget*, but it's not about my little girl anymore. Gidget Foundation Australia is all about the other 'Gidgets' and guys out there suffering. Let's all do whatever we can to get them to start talking."

INQUIRY RESPONSE

Gidget Foundation Australia (GFA) would like to make submissions in relation to the following points of inquiry, with particular reference to perinatal mental health care service delivery.

- Adequacy, accessibility and safety of services in relation to:
 - Birth trauma
 - Workforce shortages
 - Perinatal mental health services
- Disparities in availability of services and outcomes between:
 - Tasmanians living in rural, regional and metropolitan areas
 - Tasmanians experiencing socio-economic disadvantage
- Recommendations on State Government actions to ensure perinatal mental health services meet the needs of Tasmanian parents, families and children

These submissions are presented below.

a) adequacy, accessibility and safety of services for Tasmanian parents and their children in relation to:

(iii) Birth Trauma

There is no single criterion which defines a traumatic birth.

Birth trauma emerges from an interaction between the individual, their care journey, and the complexities of their birthing experience. This makes the provision of accessible, trauma-informed care critical for every birthing parent, given the role of negative care provider interaction in the development of PTSD (Simpson & Catling, 2016).

Access to safe, high-quality care to support parents experiencing birth-related trauma is a key aspect of perinatal healthcare. With 1 in 3 women describing their birth experience as traumatic,

comprehensive care which addresses the psychological, physiological and relational implications of this trauma on a parent and infant must be considered by health care providers.

The provision of trauma informed care is critical to helping women feel safe, heard, and supported during labour, birth and postpartum care. Delivery of trauma informed care requires both organisational and practitioner support in establishing policies, procedures and models of care which are client-centred, compassionate, and respectful.

Trauma-informed care also requires acknowledgement of the importance of individual agency in decision-making at all stages during the maternity journey. It acknowledges the importance of obtaining genuine informed consent and engaging in collaborative decision making across all points of care, including emergency care.

Recommendation: Improved education and training focused on communication and the importance of obtaining genuine, informed consent during labour, along with a more balanced approach to weighting physical and psychological wellbeing when assessing and responding to obstetric risk is urgently needed.

In smaller maternity services across Tasmania limited access to specialist training means healthcare workers may be unable to adequately identify predisposing and precipitating factors or identify early signs and symptoms of birth trauma. They are also less likely to be able to respond confidently and empathically, or provide appropriate advocacy for women in their care, particularly during difficult births and obstetric emergencies. The inadequate availability of workforce skills in the delivery of trauma informed care can also be exacerbated by high staff turnover and system-wide workforce shortages.

Recommendation: Upskilling the workforce to ensure all maternity care providers have the necessary knowledge, skills and training to deliver trauma informed care is critical to reducing the impact and prevalence of birth trauma.

A lack of follow-up care arising from early discharge due to bed capacity in stretched services can also rob parents of the opportunity to process their birth experiences. This process results in reduced opportunities for interactions with a variety of healthcare professionals in the hospital setting, and can hinder timely referral for physical and psychological symptoms emerging in the days following delivery. Adequate resourcing of Tasmanian maternity units is critical in addressing this issue.

Recommendation: Policies which favour early discharge over informed consent should be actioned only when there is no clinical justification for an extended stay with regard to both physical and psychological care.

Financial limitations and extensive wait times when accessing wrap-around care post discharge, including postnatal physiotherapy and perinatal mental health support, are also barriers to holistic trauma-informed care. Metro-centric resourcing of maternity care also limits access to specialist services for parents in rural and regional communities.

Recommendation: Development of models of care which focus on universal antenatal and postnatal screening, access to a primary care provider, and improved access to wrap around maternity service provision for all communities is essential for the provision of timely recognition and response to trauma.

Having an opportunity to explore complex emotions and make sense of distressing thoughts and feelings is an important step in birth trauma recovery and should begin with supportive discussions on the maternity unit. The World Health Organisation recommends follow-up care at between two and three days, and again between seven and 14 days (WHO 2022), with screening for both physical and mental health concerns occurring at this time.

Without access to specialist care, physical birth trauma may be misdiagnosed or missed entirely, with 10% of women with birth injuries having delayed diagnosis of over a year. Psychological trauma may also remain unrecognised, or may be exacerbated by misdiagnosis, leading to infant attachment challenges and other comorbid mental health issues, including suicidality.

Recommendation: Preventative parent education during antenatal classes needs to ensure parents are equipped to recognise and respond to both physical and psychological birth trauma symptoms experienced by themselves, or their partner.

Recommendation: Screening of birthing parents for physical symptoms, and both birthing and non-birthing parents for psychological symptoms at the six-week GP check should also be routine.

Early detection through multiple access points and stepped models of care is critical to ensuring all Tasmanian families can access support appropriate to their clinical needs and individual circumstances. Early intervention not only helps manage physical symptoms, but it also reduces the likelihood of significant comorbid psychological impacts associated with birth-trauma, including perinatal depression and anxiety (PNDA), and post-traumatic stress disorder (PTSD).

Gidget Foundation Australia recognises the importance of adequate, accessible and safe perinatal mental health support for Tasmanian parents experiencing birth trauma, and has responded through the implementation of three care pathways:

- Telehealth counselling, which enables free specialised psychological support to parents across Tasmania.
- Face to face counselling at the Hobart based Gidget House (opening in 2024). This physical footprint helps create visibility and ultimately aims to destigmatise psychological support for new and expectant parents.
- Dedicated referral pathway and psychological support for parents specifically identified by Tasmanian Health as experiencing birth trauma.

Additionally, Gidget Foundation Australia's stepped care model ensures targeted safe, accessible pathways into the service at the level of intervention required at the time. Parents can connect by accessing lower-intervention services, including online resources, podcasts, and peer support groups,

stepping up their care to group therapy programs, or one on one psychological support, as and when required. Limiting barriers to care through stepped entry points into the service also provides opportunities to identify and support Tasmanians who may be vulnerable to or have experienced birth trauma.

(iv) Workforce shortages

Workforce challenges continue to impact the delivery of timely, affordable and accessible perinatal mental health care nationally, with Tasmania experiencing additional challenges in attracting and retaining the workforce needed to support timely access to care. Extended wait times associated with workforce shortages are exacerbated by an increasing demand, which year-on-year continues to outpace training rates for specialist perinatal mental health clinicians. Peak psychology bodies, including the Australian Psychological Society, continue to voice concerns about ongoing workforce shortages which impact the capacity of the sector to meet the growing demand for psychological support.

Workforce shortages also continue to challenge already under-resourced communities in rural and regional areas, with some mental health positions vacant for extended periods. Developing a workplace value proposition which attracts and retains qualified staff is a key challenge for organisations providing services in rural and regional Tasmania and requires significant innovation and resourcing.

To ensure equitable and efficient resourcing, access to specialist perinatal mental health care should be needs driven, with stepped care models used to ensure efficient and effective allocation of finite resources. Access to low intensity self-service supports should complement high intensity clinician led services to ensure all parents have access to the right care, at the right time. An emphasis on preventative mental health resource allocation should also be prioritised.

Recommendation: Prioritising funding to embed stepped care offerings into perinatal mental health services will support specialist clinicians in care delivery and enable efficient allocation of clinical resources.

Effective resource allocation should also look to leverage education and training opportunities to expand the size, scale and scope of practice of the existing workforce. Enabling clinicians to work at the top of their scope expands the expertise of the workforce, allowing existing resources to meet growing demand.

Recommendation: Effective resource allocation should be needs driven, with education and training opportunities designed to support top of scope service delivery across a stepped care landscape.

Allocation strategies should be informed by data on mental health trends, service utilisation rates, and patient outcomes. This data-driven approach supports objective and informed decisions for optimal resource allocation.

Community engagement, and the development of an alternate workforce should also be explored, with peer workers, volunteers and consumer advocates supporting trained professionals in service navigation and delivery.

Gidget Foundation Australia is committed to ensuring perinatal mental health services are accessible and equitable for all Australians and has embarked on an innovative Workforce Development Program (WDP) to address workforce shortages. The program provides intensive perinatal mental health training and supervision to support mental health clinicians to expand their scope of practice in the perinatal space. Support is tailored to the professional development needs of the clinician and is provided as a cost-free, flexible workplace training program.

The WDP supports a range of disciplines, including mental health accredited nurses, social workers, occupational therapists, and registered and clinical psychologists. Supervisor training is also offered to experienced perinatal mental health clinicians within our existing services to facilitate workforce succession planning. The first clinician offering in-person services at the new Hobart Gidget House will be a WDP clinician.

Workforce challenges across Tasmania have resulted in gaps in affordable, specialist supervision and training opportunities. The development and delivery of innovative programs designed to enable a scaled increase in scope of practice can help address this issue, in parallel with overall workforce growth strategies and delivering timely care to clients.

(vi) Perinatal Mental Health services

Ensuring equitable access to perinatal mental health services is essential for the provision of effective and appropriate perinatal care and plays a critical role in improving the mental health and wellbeing of Tasmanian families. Establishing a clear understanding of the barriers faced by parents seeking access to perinatal mental health services is fundamental to improving equity of access, and to the development of efficacious models of care.

For expectant and new parents who are experiencing, or at risk of developing a mental health disorder, accessing appropriate care can be challenging with a range of individual and societal factors contributing to this. Providing appropriate access points to care throughout the perinatal period can support the immediate and ongoing health and wellbeing of the entire family unit.

Recommendation: Routine mental health screening should be embedded in antenatal and postnatal care, with multidisciplinary teams established in all outpatient maternity services to provide collaborative and holistic care.

For many new parents, stereotypes and stigma around who gets PNDA and why, can create barriers to accessing timely appropriate care. Improving access to primary healthcare professionals who can provide culturally sensitive, routine assessment of mental well-being during antenatal and postnatal consultations is critical to improving the accessibility of entry points. All primary care perinatal clinicians across Tasmania should have foundational training in recognising and responding to perinatal mental health presentations in both birthing and non-birthing parents. Expectant parents

should also have access to appropriate information and education around symptom recognition and support services to reduce stigma and normalise help-seeking.

Recommendation: Improved training for primary care providers in recognising and responding to perinatal mental health presentations should be prioritised to facilitate improved ease of access to existing care pathways. This training should be available to all public and private primary care providers across maternity and early childhood health services.

Recommendation: A statewide focus on community education and advocacy is required to increase understanding and awareness of perinatal mental health disorders and support appropriate self-referral.

Accessing perinatal mental health services at a time when family incomes may be reduced, and household costs have climbed can be financially challenging for many parents. Ensuring new parents have access to free, or low-cost services reduces financial barriers to mental health care. Additionally, the establishment of universal community care options which cover the spectrum of perinatal presentations, from low through to high intensity support, will help reduce financial barriers for parents with complex needs.

Recommendation: Parents experiencing perinatal mental ill health often require access to regular care over an extended period of time. Consideration should be given to the funding of models of care which can top up access beyond the 10 sessions currently available through Medicare.

Unfortunately, access to perinatal mental health services based on geographical location is inconsistent across Tasmania, and not reflective of need. While some communities and populations have access to local primary, secondary and tertiary services, others have very limited options and face longer wait times for this care. They may also experience briefer interventions and shorter episodes of care to help ration limited resources. Increasing access to needs-based care through hub and spoke service provision should be a priority, particularly in poorly resourced communities. Priority should also be given to the establishment of new services in locations which are currently poorly resourced, with telehealth services used to provide both direct care and specialist consultation liaison for local services.

Access to wrap around care that supports psychosocial wellbeing and addresses the social determinants of health can also improve equity, with early referral and upstream interventions critical to the delivery of genuine gains in health equity. Creating entry pathways and access to services for new and expectant parents with elevated risk and vulnerability factors should also be prioritised.

Recommendation: Priority should be given to the establishment of free and low-cost perinatal mental health services in locations which are currently poorly resourced, with models of care and treatment duration matched to complexities in presentation.

Recommendation: Models of care should provide sufficient scope to effectively treat and resolve perinatal mental health disorders. Ensuring all parents have access to affordable treatment of

sufficient intensity and duration to address complex perinatal presentations is critical to the wellbeing of families across Tasmania.

According to the Australian Bureau of Statistics, 5,498 births were recorded in Tasmania in 2022. With 1 in 5 women and 1 in 10 men experiencing PNDA alongside rising rates in birth trauma (1 in 3), the need for increased perinatal mental health services across the State is self-evident. Approximately 1700 new and expectant parents in Tasmania will receive a diagnosis of PNDA each year. Universal screening is a crucial factor in early detection and intervention of perinatal mental health disorders.

Perinatal mental health presentations are highly nuanced, with many parents not receiving appropriate or timely care as a result. This can have long term impacts on the mother, father, infant, partner and the wider family system. Supporting parents through the perinatal period supports longer term advantageous outcomes for children into adulthood, as evidenced by the Adverse Childhood Experiences (ACE) study (Felitti et al, 1998). Additionally, effective support reduces relationship conflict and breakdown, increases focus on overall wellbeing and strengthens parent-infant attachment.

(b) Disparities in the availability of services, staffing and outcomes between:

(i) Tasmania and other Australian states and territories;

Limited tertiary perinatal and infant mental services (PIMHS) exist in Tasmania when compared to larger states such as NSW and Victoria, where regional areas generally have specialist PIMHS clinicians offering support to families.

Tasmania has three Child and Adolescent Mental Health services in the North (Launceston), South (Hobart) and North West (Burnie) which include access to PIMHS support. The PIMHS services provided are inconsistent across these areas however, with the Antenatal Mental Health Clinic only offered in the South, and the Perinatal Mental Health Liaison CNC in the Northwest.

As in other Australian states and territories, Tasmanian parents have access to perinatal mental health counselling and parenting support via helplines and telehealth services. Access to perinatal and infant psychiatry appears to be more limited than it is in some mainland states, where the Statewide Outreach Perinatal Assessment program is available for NSW parents, or the Telehealth Perinatal Psychiatry Consultation Service for Mums and Mums-to-be in rural WA.

Tasmania does not have any residential parenting programs for parents and infants commensurate with those available in larger states such as NSW and Victoria. However, Child Health and Parenting Services (CHaPS) offer day services for parenting support in the North, West and South.

The opening of the Hobart Gidget House (planned for 2024) makes Tasmania the 4th state to secure a local location under Gidget Foundation Australia's national expansion plan to provide in-person services Australia-wide. Other states with at least one existing face-to-face service include NSW, Queensland, and Victoria.

(ii) Tasmanians living in rural, regional and metropolitan areas;

In general, the prevalence of perinatal depressive disorders does not differ across rurality but there are concerning differences in access to specialist services and levels of parental stress (Galbally et al., 2023).

As in most Australian states and territories, acute and specialist perinatal and infant mental health services, including mother baby units or parenting residential programs, are situated in capital cities. In Tasmania, Hobart has a mother-baby unit for mothers experiencing mental health challenges, including postnatal depression and anxiety.

Families living in rural, and regional areas continue to experience challenges in accessing timely, appropriate and affordable mental health care services at levels commensurate with those available to families residing in cities and major metropolitan areas. The gap in service provision is evident across primary, secondary and tertiary services, with access to specialist referral services most problematic.

Perinatal mental health presentations which include complex psychosocial issues, can be particularly challenging outside metropolitan areas. A lack of access to wrap around support services to manage child protection concerns, substance use, family violence, housing issues and isolation, places enormous pressure on service providers, diluting the effectiveness of clinical interventions, and contributing to burnout and role turnover.

Recommendation: Increased support for NGOs and private providers delivering services in rural and regional areas is required to ensure sustainable service delivery amid current challenges associated with workforce isolation, workforce shortages and high levels of burnout and turnover.

Travelling away from home and social networks to access the appropriate service is a significant challenge for parents with infants and can be a barrier to accessing services.

Telehealth services have significantly improved accessibility to mental health care, particularly for those living outside of major service centres, or those who have difficulty accessing care at a fixed location. The ability to consult with a mental health practitioner, regardless of their location has also improved equity of access, allowing isolated consumers to access specialist care. Telehealth has also enabled practitioners working in rural and regional locations to access specialist support, providing shared care pathways which strengthen safety and quality of care.

Recommendation: Telehealth models of care should provide sufficient scope to effectively treat and resolve perinatal mental health disorders to ensure all parents have access to remote support at levels commensurate with clinical need.

For expectant and new parents with perinatal mental health disorders, even in metropolitan areas, telehealth improves accessibility and continuity of care at a time when leaving the house can be challenging and might otherwise trigger a break in care. When offered as a blended service to this cohort, telehealth brings the best of both worlds to service delivery, with the flexibility and accessibility of telehealth, backed up by the relational support of face-to-face care.

Telehealth services have been shown to be both cost effective, and efficacious, delivering clinical outcomes commensurate with in-centre care. However, for complex presentations, the need to ensure access to local supports remains critical to the safety of this service delivery model, making communication and collaboration with local service providers, including GPs, essential for risk management in telehealth care. Best practice training in online service delivery should also be embedded in all established educational programs to promote workforce competence and confidence in using this mode of service delivery.

Recommendation: Strengthening the provision of telehealth services through collaborative care from local providers should be prioritised to ensure right time, right place care and equity of access for all families, including those with complex presentations.

While telehealth services can help plug gaps in service delivery regionally, and have certainly improved access to specialist care, the lack of choice for families living in these locations remains problematic across Tasmania. Access to provision of face-to-face services remains gold standard and should be facilitated where possible.

Recommendation: Significant investment and capacity building across rural and regional services should be prioritised to ensure equitable access to perinatal mental health care for all Tasmanian families.

Tasmanian parents can access fee free individual and group telehealth counselling services in the perinatal period at Gidget Foundation Australia.

(iii) Tasmanians experiencing socio-economic disadvantage;

Many new and expectant parents who experience socio-economic disadvantage or vulnerability struggle to access timely, affordable specialist care. This is particularly the case for First Nations people, culturally and linguistically diverse (CALD) people, LGBTQI+ people, young people and people with a disability.

First Nations people The perinatal period can be challenging for Aboriginal and Torres Strait Islander women due to the medicalised model of pre, and postnatal care. Past and ongoing impacts of transgenerational trauma, grief, loss, alienation from kinship, and other factors predispose Aboriginal and Torres Strait Islander parents to greater complexity and risk of psychological distress during the perinatal period.

Recommendation: Development of culturally informed models of pre and postnatal physical and psychological care delivered within local communities is required to improve health outcomes for First Nations parents.

People from culturally and linguistically diverse (CALD) backgrounds Despite approximately 29% of the resident Australian population being born overseas and almost half of Australians have a parent born overseas 48.2% (Australian Bureau of Statistics, 2021), healthcare systems continue to disadvantage CALD communities. Parents from CALD communities may experience difficulty in

identifying and asking for support during the perinatal period due to differing concepts of health and illness, and cultural expectations and norms.

Parents from CALD communities may also experience discrimination linked to race or ethnicity. Limited training for healthcare staff around cultural humility can result in reduced rates of psychological screening and a poor understanding of how screening can be effectively utilised in CALD communities. Lack of timely access to interpreters also creates challenges for health care providers and consumers where there are language/ cultural barriers.

Recommendation: Improved training for healthcare workers around delivery of culturally safe care, along with increased access to appropriately trained interpreters is needed to improve service accessibility among CALD parents.

LGBTQI+ expectant and new parents still face discrimination on a macro and micro level in relation to conception, pregnancy, birth, and parenting. Within the medical system, information and resources often contain non-inclusive language and focus on support processes geared towards heterosexual couples. This may be a barrier to seeking support.

Recommendation: Ensuring health care providers are trained and knowledgeable in working with the LGBTQI+ population, along with improved access to appropriate information and resources is required to reduce barriers to care.

Young parents, particularly adolescents, are more likely to report mental health difficulties and a history of previous trauma. For young people, depression, lack of partner support, poor pain management and infant complications contributed to either a negative perception of birth, or acute stress ([Anderson & Connolly, 2018](#)). Risk factors are further heightened for adolescents in culturally or linguistically diverse communities, and those with limited psychosocial and financial support.

Parents with an intellectual disability experience marginalisation and may struggle to have their individual needs and informed consent adequately factored into maternity care procedures. Using a person-centred model of health care provision not only reduces marginalisation of this population, but also supports informed decision-making, which can be more challenging for parents with intellectual disabilities. Women with intellectual disabilities are more likely to experience pregnancy and birth-related complications and need to be supported at a level appropriate with both their physical and psychological needs. Providing information in accessible formats is also key and should be addressed through public policy and communication design.

Parents with a physical disability also need better access to person-centred maternity care. Women with physically disabling conditions need expert support around birthing options, anaesthesia, and aftercare. They also need access to equipment and facilities designed to optimise autonomy, agency and self-reliance (Pavlidou and Sarantaki, 2021). This heightens the vulnerability of this community and care should be taken to ensure that services consider the needs of those with physical disability.

Financially distressed parents can also struggle to access services, either via telehealth, or in person. Access to telehealth services can be impacted when people do not have phone, internet or computer access, or when they cannot find a confidential space or childcare for their appointment. Driving long distances or limited public transport may also be a barrier to accessing in-person services.

In considering the accessibility and cultural safety of perinatal mental health services, it is important to acknowledge that while First Nations, CALD, LGBTQI+, young people and people with disability are all vulnerable population groups, they are also unique communities with diverse health challenges, and concerns.

Recommendation: Investment in the development and delivery of comprehensive cultural competency training for perinatal mental health clinicians should be prioritised to facilitate improved access to safe care pathways for First Nations, CALD, LGBTQIA+ people, young people and people with disability.

First Nations, CALD, LGBTQI+ people, young people and people with disability can experience greater difficulty accessing health care services due to barriers associated with poor health literacy, limited financial resources, language challenges, prejudice and stigma, cultural misconception and a history of trauma. Supporting safe care requires services to address both the barriers to access, and the cultural appropriateness and inclusivity of the care provided.

Providing culturally safe care can present challenges for healthcare services. The creation of culturally safe environments requires organisations to establish policies, systems and processes that promote the importance of self-determination and consumer-centred care. It also requires individuals to reflectively evaluate their clinical practice to identify cultural bias and acknowledge differing views and beliefs. Access to appropriate education and training is critical in supporting the development of culturally safe and inclusive practice, but it can be cost and resource-prohibitive for small organisations to provide. Cultural competency training should be accessible and readily available to all perinatal mental health service providers and should be supported through the establishment of publicly funded training and implementation resources.

Recommendation: Cultural safety should be supported through policies and practices that encourage the creation of a diverse and tolerant workforce which is educated and informed and is collectively committed to consumer centred care and universal equity in health service delivery.

(c) Recommendations and actions for the State Government to ensure services meet the needs of Tasmanian parents, families and children.

Additional recommendations not contained elsewhere in this submission, include:

Recommendation: In delivering on informed choice, healthcare workers should seek to collaboratively address how women are consulted around their care, including both routine care and escalation of care during emergency situations. Such consultation should look at all aspects of care, including pain relief, interventions and support partners. It should also encompass aftercare, including supported choices around feeding, discharge and follow-up care in the community.

Recommendation: Improved step-up and step-down care, alongside better integration of physical and mental health referral pathways and direct referral between treating practitioners is needed to improve care navigation and continuity of care.

Recommendation: Trauma informed care should be included in the teaching curriculums of all obstetric and maternity care training programs.

Recommendation: Government leadership on the establishment of colocated services and multidisciplinary care pathways should look to bring public, private and NFP service providers together to support integrated community-based perinatal care.

GIDGET FOUNDATION AUSTRALIA STEPPED CARE MODEL 🌸

At Gidget Foundation Australia we offer a stepped model of care to facilitate flexible access to a range of healthcare supports and resources, from low intensity self-help supports, through to high intensity clinician led interventions. This stepped-care model allows clients to engage in care which is person-centered, needs driven and evidence informed for at risk, and mild through to moderate clinical presentations.

A blend of face-to face, telehealth and online resources allows Gidget Foundation Australia to support new and expectant parents across Australia, facilitating access by reducing both the individual and systemic barriers to care, including cost, availability and accessibility. It also allows clients to be stepped up or down in their care, based on changing clinical circumstances and support requirements.

GOVERNANCE AT GIDGET FOUNDATION AUSTRALIA 🌸

Gidget Foundation Australia is committed to delivering safe, high quality perinatal mental health care to new and expectant parents. Through advocacy, education and research, the Foundation also supports the development of a skilled workforce and a health-informed community.

Gidget Foundation Australia is governed by a passionate and committed Board of Directors, who donate their time, energy and professional expertise to support the Foundation's mission. The Gidget Board has overall responsibility for establishing and monitoring the governance of the organisation to ensure equity, accountability, and transparency in service delivery, while also providing leadership and stewardship across the organisation.

The Board is supported by a number of key committees and working groups which operate in an advisory capacity, informing policy and process, and providing operational oversight of both compliance and performance. An emphasis on membership diversity and lived experience leadership, and participation ensures a culture of consultation and inclusivity underpins delivery of current and emerging models of care.

Safety, quality and clinical care standards are overseen by the **Clinical Governance Committee**, to ensure the maintenance of clinical standards, quality and safety, and that ethics and risk are appropriately monitored and addressed. The Committee's membership and experience is diverse and represents a range of stakeholders including lived experience, psychologists, mental health nurses, general practitioners, obstetrician and gynaecologists and pharmacists. The Clinical Governance Committee provides independent advice and expertise to support both Executive and Board decision-making.

Gidget Foundation Australia's First Nations, LGBTQIA+ and Disability Working Groups are also cross representative of external volunteers with lived experience in each area and staff members. These groups inform inclusive practice across both the clinical and corporate functions of the organisation, fostering a culture of safety and belonging for all.

Gidget Foundation Australia clinicians are provided with access to regular individual and group supervision, with clear clinical escalation pathways for ensuring excellence in clinical services delivery. Professional development is also supported through ongoing access to monthly education, training and seminar presentations and bi-annual perinatal focused conference for continuing education.

For more information on Gidget Foundation Australia visit gidgetfoundation.org.au

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