Mental Health Network

Emerging Trends Post COVID-19 Restrictions for WA Families with Infants and Young Children

Perinatal and Infant Mental Health Subnetwork Steering Committee

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Contents

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Executive Summary

This report provides a snapshot of the concerns and thoughts of consumers, carers, health professionals and other community support workers of the emerging trends following the COVID-19 restrictions in Western Australia for families in the perinatal period with infants and young children. The following summarises the responses and recommendations that have arisen from the analysis.

Consumer / carer / support person group

Overall, the consumer group clearly expressed concerned about the increased anxiety, stress and isolation being experienced and its detrimental impact on families with infants and young children, even more so for families with special needs children. The use of information technology (videoconference, Telehealth, phone appointments and digital communication platforms) as a substitute for services and supports was welcomed, however, did not replace the face-to-face contact with health professionals, support workers and extended family and friends. This was evident in the frequency in which parenting support groups were raised and its importance to emotional health and wellbeing for new parents. Respondents were keen for improved access to, and provision of, mental health services, social support services and peer support requiring a commitment to increased funding and staff capacity.

Primary health worker group

Front line primary health workers, such as midwives and child health/infant mental health workers provided their clients with a level of reassurance in uncertain times and in the absence of other support services. The loss of client's social contact with family, friends, services and community connections was clear and very concerning for primary health workers. The use of technology provided alternative service delivery options and the opportunity for creative solutions to maintain support for new families. For some workers, however, this was also a frustrating experience with access, equipment and connectivity problems, as well as the need for upskilling in this new mode of delivering services.

There was support for establishing mental health service input as part of the antenatal care team, as well as earlier mental health support and intervention to prevent crisis situations, in the postnatal period. Changes to Commonwealth funded programs such as session extension for psychology services under the Better Outcomes and Mental Health Plan were also suggested.

Management / treatment worker group

Clinicians working with mentally unwell or vulnerable clients raised concerns about increased parental anxiety and the detrimental effects of isolation from family, friends and supports, as well as deterioration in their condition. The respondents felt this was compounded by the reduction or cessation of much needed support services, together with access to treatment during the restriction period. As a result, waiting lists and service demand increased once restrictions were lifted. Telehealth and telephone services provided some continued contact and support for clients and mostly worked well, however some difficulties were encountered such as unanswered phones, unreliable connectivity and confidentiality issues within the family home. Respondents in this group felt having face-to-face contact with the client was essential to ensure clinical accuracy together with the ability to provide therapeutic counselling. Telehealth service delivery was well supported as it provided an alternative option, however, not ideal.

This group is keen for resources to be improved for mental health services to meet the demand particularly for very unwell patients. The workload strain and excessive demand on services would likely impact on staff health and wellbeing.

Other community worker group

As with the other groups, similar trends have been reported regarding increased parental anxiety and stress, isolation and limited or no access to services. This group however raised more concerns in respect to social dysfunction and community wellbeing. Many of the strategies already being used by local government and social services workers, such as online resources for local communities have been innovative. As with other groups, many called for an increase in resources and funding targeting mental health and wellbeing for all community members, but in particular those in greatest need.

The following recommendations are provided to strengthen the capacity of perinatal mental health services to respond to this challenge:

Recommendation 1: Perinatal and infant mental health services, from prevention and early intervention services to acute mental health care must be individualised, responsive, non-stigmatising and connected, with the ability to respond flexibly to new parents' social, cultural, and geographic circumstances.

Recommendation 2: There should be universal evidence based mental health screening for new parents, including for antenatal and postnatal depression, anxiety, and psycho-social risks.

- Priority should be given to identifying those with an existing or history of mental health problems to intervene and prevent exacerbation of symptoms.

Recommendation 3: Comprehensive place-based, person centred perinatal and infant mental health care pathways should be co-designed with consumers, GPs, midwives, child health nurses and mental health clinicians.

- Pathways should recognise that front line workers are well placed to validate and normalise feelings of anxiety during times of COVID-19, provide reassurance and timely, consistent, accurate and evidenced based health and safety information.
- Appropriate mental health support and referral should be enacted if levels of distress, anxiety and depression are impacting on daily activities, pregnancy and/or parenting, child-care and/or relationships.
- Mental health clinical support should be included and accessible as part of antenatal care team as well as earlier mental health intervention to prevent crisis situations in the perinatal period.

Recommendation 4: There should be expanded access to clinician supported online individual and group mental health treatment.

- The Commonwealth Government's expansion to Medicare funded items accessible via a GP mental health treatment plan through Better Access program should continue, including additional treatment sessions with appropriately qualified and trained clinicians, and additional telehealth services for people living in rural and remote areas.
- Given the need and support for parent groups, particularly in rural and remote areas, priority should be given to the continuation and / or establishment of supported parenting / peer support groups through digital communication platforms.

Recommendation 5: All health practitioners, including peer workers, primary care providers and mental health specialists must be competent, ready, and prepared to deliver perinatal and infant health and treatment services and support.

- This must be inclusive of perinatal mental health education and professional support specific to their role in the care pathway.
- It should also include training in the use of technology, access to appropriate and secure platforms and technical assistance to provide services.

Introduction

The COVID-19 pandemic has had a lasting and profound effect on the everyday lives of people in the community with a continued uncertainty about the future. To date, Western Australia (WA) has managed to contain the spread of COVID-19 from returning travellers and their contacts, while maintaining a measured but strong approach to border control. The ongoing viral spread and containment strategies being experienced by other jurisdictions across Australia are providing WA with vital information as preparation and contingency plans for potential community outbreaks continues. Alongside this, WA Health and the Mental Health Commission are also in the process of preparing for a predicted surge in mental health issues due to the ongoing stressors the COVID-19 environment had created with restrictions (stay at home directives, social distancing, home schooling, personal hygiene) imposed between March and June of 2020. The Perinatal and Infant Mental Health (PIMH) Subnetwork Steering Committee raised concerns about the effect restrictions were having on WA families with infant and young children with reports of many disturbing stories of hardship and distress.

The aim of this survey was to understand the impact of the COVID-19 restrictions on consumers / carers and health professionals, particularly the experiences of parents with infants and young children, and to ensure their needs are considered for service responses in future planning.

The following report provides a snapshot of the emerging trends and experiences for WA families with infants and young children post COVID-19 restrictions. This information seeks to inform planners and decision makers based on the experiences of consumers, health professionals and community support services.

Literature review

WA has been fortunate so far in comparison to other Australian states throughout the COVID-19 pandemic due to containment strategies and contact tracing measures. Nevertheless, the experiences and lessons from other countries less fortunate need to be heeded for the development of local COVID-19 service responses. The following summarises some of the recent national and international studies of the effects of COVID-19 pandemic on the mental health of the perinatal and infant population.

The arrival of COVID-19 in Australia has introduced additional challenges to everyone's mental health. One Australian study conducted in the first month of COVID-19 restrictions revealed that in the general population, mental health problems became at least twice as prevalent as in non-pandemic circumstances (Fisher et. al. 2020). The authors noted that some groups were more vulnerable than others, including young people (aged 18-29 years) and people caring for children, most of whom are women. This finding was similar to

that of a UK study which found that women, young people (aged 16-24 years), and those with pre-school aged children were experiencing the greatest increase in mental distress (Pierce et. al. 2020).

Another Australian study found that increases in severe psychological distress were largely concentrated in young adults aged 18 to 24 years and those aged 25 to 34 years, while there was an increase in moderate levels of distress for those aged 35 to 44 years (Biddle et. al. 2020). These age groups are noteworthy as being the typical reproductive and early parenting years.

A number of recent studies, mostly from Canada, demonstrate elevated levels of perinatal depression and anxiety as well as significant associations with risk factors during the COVID-19 pandemic, when compared to pre-COVID-19 or population norms (Cameron et. al. 2020; Bethelot et. al. 2020; Davenport et. al. 2020). A Canadian study of two cohorts of pregnant women, one recruited pre-COVID-19 and the other during the pandemic, found greater prenatal distress, more severe symptoms of depression and anxiety (Kessler 10, Post Traumatic Checklist), higher levels of dissociative symptoms (Dissociative Experiences Scale) and negative affectivity together with lower levels of positive affectivity (Positive and Negative Affect Schedule) in the COVID-19 pandemic cohort than the pre-COVID-19 cohort (Berthelot et. al. 2020). The authors found higher levels of maternal psychological distress were associated with women with a history of mental illness, lower household income and education level as well as a younger age. Similarly, a Belgium study (Ceulemans et. al. 2020) using the Edinburgh Depression Scale and Generalised Anxiety Disorder Scale, found a higher prevalence of depression symptoms in pregnant and breastfeeding women as well as higher levels of generalised anxiety during the COVID-19 lockdown in comparison to pre-pandemic levels.

A further two studies from Canada have highlighted the mental health impact of the COVID-19 pandemic on pregnant women and mothers with infants. Both found that levels of depression and anxiety were substantially higher during the early months of the pandemic when compared to pre-pandemic cohorts (Lebel et.al. 2020; Davenport et. al. 2020). One study found that the odds of symptoms were reduced where women got sufficient sleep and had better social support, but not if they met physical activity recommendations (Lebel et. al. 2020). Conversely, the other study did find that engaging in recommended levels of moderate physical activity were associated with lower scores on screening tools for both depression and anxiety (Davenport et. al. 2020).

As part of a larger cross sectional study from Italy, a cohort of 200 pregnant women completed an online national survey in respect to their expectations and concerns regarding childbirth. The study, conducted during the first weeks of the COVID-19 lockdown, identified that those with a past history of psychological disorders (previous anxiety or depressive disorders) expressed significantly higher levels of concern for their partner's health and were more overwhelmed by the pandemic. Overall, women showed a higher level of concern for the health of elderly relatives and their partner than their own health. Women reported emotional changes from 'joy'

and positive constructs before the onset of the pandemic to 'fear' 'sadness' and negative constructs after the onset of COVID-19 (Ravaldi et. al. 2020). Given past mental illness indicates a higher risk of postnatal depression, the authors suggested the need for greater support from mental health services for women in pandemic conditions during the perinatal period.

An observational qualitative analysis of online parenting discussions, using NVIVO, was conducted by Monash University to examine public discourse during the COVID-19 pandemic and determine unmet needs for the perinatal cohort from pre pregnancy to post birth (Chivers et. al. 2020). After determining the most popular Australian on-line forum and narrowing the search down to 'postings' (n=831), a three phase analysis was conducted on non-identified posts including thematic, sentiment and word frequency calculations. The major themes that emerged from the study included – heightened distress related to a high risk external environment; despair and anticipatory grief due to deprivation of social and family support, and bonding rituals; altered family and support relationships; guilt-tampered happiness; and a family future postponed. The sentiment analysis found that the majority of posts were negative in nature with word frequency including 'worried', 'risk', 'anxiety', 'concerns' and 'stress'. The findings demonstrated that current information did not meet the needs of perinatal families. The authors suggested public health information needs to be better targeted to the perinatal cohort to help mitigate the psychological risk and psycho-social distress, together with compensatory social and emotional support mechanisms.

COVID-19 restrictions are also expected to have impacts on the mental health of infants. The authors of an Australian survey looking at the impact of COVID-19 on younger children report that the pandemic has the potential to affect very young children because even if they don't fully understand what is happening, they may still perceive a threat, picking up on cues from caregivers (Vasileva & Alisic 2020).

For some infants and young children, parental stress may even manifest as interpersonal violence. The World Health Organisation (WHO) notes that while data on family violence during the COVID-19 pandemic are currently scarce, established evidence indicates that risk factors for violence against children, women and older people are likely to be exacerbated by the response to the pandemic (World Health Organisation 2020). WHO also notes that children who already live in homes with violence prior to the start of the pandemic will be more exposed to their abuser by stay at home measures, with smaller children being particularly vulnerable as they are less likely to have access to pathways for seeking help (World Health Organisation 2020).

As noted in one commentary:

> 'Threatening experiences like witnessing domestic violence or experiencing physical, psychological, or sexual abuse can trigger pervasive consequences for children's neural development.' (Cuartas 2020)

However, this commentary also points out that reducing sources of stress for caregivers will not only diminish risks for the protection of children but might also free up cognitive and emotional “resources” that caregivers could use to help children understand and cope with the radical changes in their routines and ecological systems (Cuartas 2020).

Although the impacts of the COVID-19 pandemic are still emerging in research literature, the above evidence indicates that Australian families with or expecting a baby are more vulnerable than usual as a result of the pandemic. There is a clear need to provide additional support for the mental health of mothers, fathers and infants, both to address existing issues and to prevent and intervene early in problems that may arise in the future as a result of COVID-19 and its associated restrictions.

Methodology

Permission to proceed with the survey was gained from the Mental Health Network Co-Leads and Mental Health Network Executive Advisory Group.

A purpose designed questionnaire was developed by the PIMH Subnetwork Steering Committee members to elicit both quantitative and qualitative data. Survey respondents were from people with a lived experience, carers, support persons, and health workers. The health workers were asked to identify their discipline grouping, current work setting and their location (metropolitan, rural or remote area). The free text qualitative data sought to understand participant experience of trends, struggles or barriers since the COVID-19 restrictions began as well as the effect these had with changes to service delivery. Respondents were also asked what worked well, what mental health services were missing and what strategies or actions were needed to support mental health and wellbeing in the future. The health professionals were asked about any anticipated increase in demand and how this would impact on their capacity to respond. (Appendix A – survey questionnaire)

With assistance from the Mental Health Network Project Officer, information was collected using an online survey tool (Survey Monkey), and circulated by email to the PIMH Subnetwork members with invitational links sent to key stakeholders, relevant newsletters and organisations. The survey was open for a two week period from 6 July to 20 July 2020 when COVID-19 restrictions had been relaxed. Participants were assured of confidentiality of data with any specific identifying information being removed. Thematic analyses from 81 responses were conducted on the qualitative data by the Co-chairs of the PIMH Subnetwork Steering Committee. The responses were grouped into consumer / carers / support person (22%, n=16), those working

in primary health (41%, n=33), management / treatment (15%, n=12) and others (25%, n=20). Common themes were identified for each of the groups and reported below.

Results

The largest group of responders were front-line primary health workers such as those working in child health, infant mental health or maternity care (41%, n=33), followed by 'others' (25%, n=20), consumer group (19%, n=16) and management / treatment group (15%, n=12). (See table 1 below for further breakdown)

Responding to the survey	**Responses %**	**Number of Responses**
Primary health worker group		
Community child health / infant mental health worker	24.69%	20
Midwife	16.05%	13
Other community worker group		
Other	24.69%	20
Consumer group		
Personal Lived experience	7.41%	6
Support person	6.17%	5
Consumer representative	3.70%	3
Carer	2.47%	2
Management / treatment worker group		
Mental health clinician	13.58%	11
General Practitioner	1.23%	1
Total		**81**

Table 1 – responses to identification of participants - health professionals / consumers

Of those who identified as health professionals, 43% (n=32) worked in government sector, 31% (n=23) worked in the private sector, 22% (n=16) worked in the non-government sector, and 4% (n=3) identified 'other' work setting. Most of the respondents lived or worked in the metropolitan area (65%, n=54), followed by rural area (25%, n=21) and the remaining in a remote area (10%, n=8). Some respondents worked across different combinations of metropolitan, rural and remote settings and made multiple entries.

Furthermore, a majority of participants (93%, n=63) anticipated an increase in demand for mental health services over the next six months related to the impact of social/financial stress of COVID-19. Five respondents to this question did not believe demand would increase (7%, n=5). Although this question was aimed at health professionals, 7 people from the consumer group agreed there would be an increase in demand.

Consumers / carers / support persons

The following outlines the qualitative responses from those identifying as a person with lived experience, carers, consumer representatives or support persons. In contrast to the health professionals, this group's perspective provided a broader picture of the everyday difficulties and practicalities faced by families under COVID-19 restrictions. The greater proportion of respondents were those with lived experience (38%, n=6), followed by support persons (31%, n=5), consumer representatives (19%, n=3) and two carers (12%). Half of the respondents were living in the metropolitan area (50%, n=8), with 31% (n=5) in a rural area and 19% (n=3) in remote areas.

Consumer / carer / support persons group – Trends since COVID-19 restrictions began

Parental stress and anxiety were the major issues identified by respondents with the reasons including difficulties balancing 'working from home' and 'home schooling', uncertainty and suddenness of restrictions being imposed, poor communication or contradictory information from various sources (news, social media, work, school). The effect on children was also raised with younger children not understanding the changes such as social distancing with some reports of 'acting out' and behavioural problems. Older children in the family were also affected by not being able to attend school activities or missing school due to minor illness, as well as the disappointment of cancelled holidays. This was particularly difficult for one respondent whose child had special needs.

Feelings of isolation added to the stress and anxiety experienced by respondents with no extended family support, and many separated from family in regional areas or whose partners were employed as fly-in, fly-out (FIFO) workers. The lack of social activities and connection with family and friends added to reduced practical and emotional support received by parents. Issues related to drug and alcohol misuse and increased domestic violence were a concern for one respondent.

The interruption to service delivery both from community based support providers and health professionals placed families under a great deal of pressure. Families who were otherwise engaged with a service became disengaged. No access to group sessions or support for families with special needs children were particular areas of concern raised by some respondents.

> Parent of special needs child – *"All her support providers stopped offering support so the pressure on myself and my husband has had a huge impact. Feeling isolated and not knowing how long it would last created a lot of anxiety and stress for us all."*

The disruption to maternity care added to the stress and anxiety for some with limited numbers of support people permitted in the hospital setting, limited visiting times increased the feelings of isolation particularly for two respondents reporting traumatic birth experiences.

One respondent voiced their frustration on being asked questions (COVID-19 screening) prior to seeing a health professionals as a stressful experience, leading them to not admit to, or lie about minor cold and flu-like symptoms.

Consumer / carer / support persons group – Effect of changes to service delivery

Respondents reported issues related to the lack of services and poor communication of information about available services such as Telehealth, with some giving contradictory messages and no clear information about COVID-19 screening. Some respondents had appointments cancelled, some reported disruption to intended birth plans, postnatal care and in-home services (face-to-face appointments) and some were fearful of attending hospital in case they received insufficient care. Many respondents found difficulty in getting appointments with health professionals, an increase in wait times, miscommunication and unanswered phones. This was also seen as very isolating by some.

Many respondents also experienced an increase in the use of technology with Telehealth appointments, telephone support services and digital communication platforms. Despite mostly positive feedback on the use of Telehealth for appointments and group sessions, some reported a 'disconnect', and in some instances found it anxiety inducing having to deal with technology, compounded by a lack of digital skills. Overall, there remained a strong preference for face-to-face contact with a general acceptance of technology as a necessary option.

Consumer / carer / support persons group – Changes that worked well

The use of information technology (IT), such as Telehealth, phone services and digital communication platforms were identified by many respondents as working well throughout the COVID-19 restrictions. For some, this allowed freedom from having to find child care or having to 'drag' children around various services and reduced travel requirements. Some reported using IT provided better access to information, advice and support. Comments were also made about the timeliness of online schooling and the support given for parents and students at home. Another respondent found technology supported their community connection but only to a certain degree. However, some did counter this with concerns about the limited data allowance, dependent on individual restrictive phone plans, access issues and confidentiality in a home setting with other family members present.

Other respondents found the State Government response – such as setting up of COVID-19 testing clinics, sanitation stations and Perspex barriers as well as initiatives like Job Keeper and free day-care – as very helpful and important actions for the community. Changes made in shopping times were mentioned as helping to minimise risks for the elderly as well as 'working from home' to decrease infection risk. One respondent found limiting hospital visitor numbers particularly to the neonatal intensive care unit and reducing the risk of infection to babies as helpful. Others mentioned practical initiatives like free hospital parking and increased community care from supportive neighbours with simple kind actions such as bringing meals to those in need.

Consumer / carer / support persons group – Services and supports that were missing

Respondents identified many areas where WA families were missing out during the COVID-19 restrictions. Mental health services, emotional and physical supports from extended family, general community connections, home visiting services, face-to-face psychology services, peer group support and even simple things like breast-pump hire were challenging. These areas were also identified as contributing to feelings of isolation for many and missed opportunities for early mental health intervention. One respondent found that being so caught up in day to day activities that although services may have been available, they chose not to access them.

> Personal lived experience – *"I think the delivery of some groups in person is just more effective, especially peer support groups. Online is just too impersonal."*

> Consumer representative – *"People with physical disabilities have missed out as services were unable to outreach, social services have not fully resumed and the elderly were confined to their homes with minimal social interaction*."

Some rural and remote respondents reported that having no mental health services is the norm, let alone during a pandemic.

Consumer / carer / support persons group – Strategies to improve mental health services in the future

Respondents were keen to see an increase in mental health services that would help reduce anxiety and stress for new parents. Some of the suggestions included Telehealth services, online information (mental health psycho-education, location of nearest service) and peer group support (specific programs such as CLAN and Mental Illness Fellowship of WA – MIFWA) as well as low cost services provided by non-government organisations. Some participants suggested more services focused on early intervention; prevention and the use of screening tools. One respondent suggested access to Mental Health Telehealth Services as a better option than attending busy emergency departments. One was concerned that appropriate referral provided for follow up would need to be adequately funded, and another suggested more opportunities for people to engage and network in social settings.

> Consumer representative*:" It's important to map current needs and address them, as opposed to focusing our delivery on the effect that COVID-19 has imposed on community*."

There were suggestions for education and building staff capacity, such as ensuring staff are skilled in early childhood education to infection prevention measures with adequate resources for educators and families. There were concerns expressed that staff were too afraid to see patients, together with long waiting periods to see a general practitioner (GP).

Some respondents suggested mental health and social work support services need to be offered to all patients as part of usual care in maternity hospitals and neonatal intensive care units, along with access to practical support as needed. One respondent suggested providing gifts such as hand wipes and encouraging photos to share with family and friends in place of visits. Another suggested prior COVID-19 testing of extended family members to enable hospital and/or home visits to new parents and their babies, and stressed the importance of social support being critical to mental health.

> Support person: "*People need to know that we care."*

Summary – Overall the consumer group were clearly concerned about the increased anxiety, stress and isolation being experienced and its detrimental impact on families with infants and young children, even more so for families with special needs children. The use of information technology (videoconference, Telehealth, phone appointments and digital communication platforms) as a substitute for services and supports was welcomed however did not replace the face-to-face contact with health professionals, support workers and extended family and friends. This was evident in the frequency in which parenting support groups were raised and its importance to emotional health and wellbeing for new parents. Respondents were keen for improved access to, and

provision of, mental health services, social support services and peer support requiring a commitment to increased funding and staff capacity.

Primary health workers

The following brings together the qualitative data from primary health workers (n=33) including child health / infant mental health workers (61%, n=20) and midwives (39%, n=13) from metropolitan, rural and remote work settings. In general, child health / infant mental health professionals work with families with infants and young children in the community and their role includes child health checks (growth and child developmental milestones and social emotional development), provision of health information and support to parents, with many facilitating new parent support groups and providing home visiting services.

Midwives focus of care is also on families and their babies. Most midwives work within a hospital setting supporting women and their partners through the antenatal, birth and immediate postnatal period, as well as infant care. Midwives provide health information for the parents and their new baby with some conducting antenatal education classes.

Most responses were from child health / infant mental health workers (n=20) with half of these working in the metropolitan area, with 50% working in government and 50% in non-government sector. All rural (n=9) and remote (n=1) workers were employed in the government sector. Midwives were mostly from the private sector (n=12) and working in the metropolitan area (n=12).

Primary health worker group – Trends since COVID-19 restrictions began

Almost all primary health professionals reported seeing increased family / parental stress, distress and anxiety due to COVID-19. These related to fears of contracting the virus, being confined in the home or being too frightened to venture outside the house, attend health appointments or the hospital.

Midwives also reported increased stress and anxiety in new parents around lack of preparation for birth and the postnatal period, decreased community support (e.g. visiting midwives, child health nurses) and lack of parent groups.

> Midwife*: "We are not only dealing with an increase in anxiety and other mental health issues with new parents but caregivers are going through similar situations. There is an underlying cultural shift which is difficult to put into words."*

Other issues raised included financial stress and work instability, FIFO families reporting uncertainty of worker rosters, having other children at home, less opportunity for play outside the home, less contact with health professionals, fears of baby getting sick and having no support from family/friends. Family and domestic violence concerns were also raised by some respondents associated with increasing socio-economic stress on families.

All primary health professionals reported issues around isolation for families, particularly first time parents due to social distancing requirements, including regional, interstate and overseas border closures prohibiting extended family (grandparents) from providing much needed support. Without extended family support, cultural norms, such as confinement support (40 day lying-in period), hospital visiting, and celebration of the birth event contributed to feelings of isolation.

Most respondents reported the lack of, or limited access to, face-to-face services particularly for child health, parent support groups and mental health services. There were concerns raised for vulnerable families and at risk infants and young children (in respect to child neglect and family and domestic violence) with agencies not providing, or providing reduced, services resulting in no 'at home' monitoring for safety or support by health and community services.

One rural respondent reported that some new mothers found the 'stay at home' period as a positive experience as less visitors allowed time to establish breastfeeding and much needed rest.

Respondents reported using information technology for service provision, however those in rural areas, unlike their metropolitan colleagues, encountered more difficulties such as unreliable connectivity or internet capacity with limited number of users getting access as well as insufficient training for staff. Telephone consultations were increased with much shorter face-to-face appointments provided.

Primary health worker group – Effect of changes to service delivery

Most respondents reported a reduction in, or cessation of, a range of services with no parenting support groups or antenatal / postnatal education classes, local library programs discontinued and shorter, limited home visits with follow up phone calls. The loss of opportunities to attend parent groups for new mothers was a common theme with most respondents.

Respondents reported an increase in the use of technology with Telehealth / phone appointments and activities being made available online, particularly in rural areas. For many parents, virtual appointments were a viable alternative to face-to-face contact. Others reported clients found the change in service delivery very challenging with a preference for face-to-face contact. In rural areas internet reliability and lack of staff skill set proved

frustrating for some. One respondent maintained communication with parents through SMS messages and mailing out developmental booklets and information.

There were concerns expressed by some respondents that Telehealth / phone appointments reduced the ability to develop a rapport with new clients and establish trusting relationships.

Some respondents struggled with the extra workload and policy changes to include COVID-19 screening and reduced face-to-face contact, increased or duplicated documentation and a disjointedness of services. Others found service demand decreased. Midwives reported increased one-on-one education in the absence of antenatal classes affected their workload.

Parental concern about immunisation was reported by two respondents with an increase in queries about safety of taking baby out prior to being immunised. Some services were able to offer outdoor immunisation clinics.

One respondent identified the positive effect of a hospital night nursery closure in that it better prepared new mothers in settling and feeding their babies in a supported environment prior to discharge home.

Primary health worker group – Changes that worked well

All respondents found the use of technology such as Telehealth, phone calls, virtual groups (e.g. via digital communication platforms), emailing information, and online activities worked well for many situations with some commenting they will continue to offer services in this way. The major advantages identified were reduced travel time for parents, easing isolation and providing social / psychological support and better engagement with clients.

Some used Telehealth or online services for running parenting groups or antenatal education with one respondent reporting:

> Rural child health / infant health worker: *“They really enjoyed that (4 week parenting course by VC), one comment was "I really appreciated being able to do the course at home, I have anxiety, so I find face-to-face groups really hard, and I would have been too anxious to put my kids in a crèche”.*

Positive service changes were also identified, such as improved infection prevention measures and increased awareness in the community about staying home when unwell. These changes in practice were seen as reassuring to consumers. The modification of shorter home visits with regular phone contact was seen by some as a positive change. Midwives reported improvements in breastfeeding and family bonding in hospital with reduced visitor numbers in hospital. One respondent commented on the great service provided by mental health with limited staff available.

One respondent reported colleagues finding working from home as a positive experience for work-life balance. The timely provision of information and training provided from the health agency was identified by a midwife as reducing fear and anxiety amongst staff, creating a sense of teamwork. Working from home arrangements was also reported as positive for new mothers having partners available to provide extra support.

Primary health worker group – Services and supports that were missing

Many of the respondents reported the lack of, or reduced access to, face-to-face services being the major issue with many stressing the importance of being able to observe mother-infant interactions and infant cues as well as developing a rapport with parents. These visual cues and observations were difficult to assess over the phone or via videoconference.

Many respondents reported clients missing out on a range of services including perinatal depression / anxiety screening, postnatal monitoring of baby (not just mother), as well as referral to parenting support that the community offers, such as 'in-home' practical support services, parenting groups, drop in child health services, library group programs, playgroups, mental health services and supports, and child protection services. Waiting lists for these services were reported as growing due to the COVID-19 pandemic. The loss of practical, social and family support during the lock down period was also highlighted. Another reported some clients not attending GP services to renew medication prescriptions for fear of contracting the virus.

Face-to-face services and counselling for those with mental health problems were identified by some respondents with the alternative videoconference / phone appointments considered adequate by some but not ideal for everyone. One respondent felt face-to-face meetings enabled emotional containment. Another commented on the minimal services available for perinatal women in rural and remote areas pre-COVID-19.

Primary health worker group – Strategies to improve mental health services in the future

Not all respondents provided suggestions to this item. From those that did, the common responses were to ensure continuation of services through more flexible delivery with individualised care based on patient / client changing needs rather than a 'one size fits all' approach. One respondent stressed the need for Aboriginal specific and culturally appropriate services. These options include flexible use of Telehealth appointments, phone counselling, online activities, parent support groups and events particularly for those unable to access face-to-face services.

Midwife*: "Travel is an ongoing issue for families – getting a baby in the car is a hassle especially when mum not well, paying for public transport or parking is another burden on single income families, during the childbearing years. Telehealth provides greater access more cheaply and most importantly for clients but also for service providers. Best offer all modalities face-to-face, video or phone."*

Despite the strong support for Telehealth and online parent groups, particularly for isolated families and associated transport difficulties, the issue of reliability will need to be addressed.

Some respondents also suggested extension of the Medicare funded Telehealth services as well as an increase in the number of psychology sessions provided through Mental Health Plans. Another rural respondent suggested use of electronic perinatal mental health screening and information provided through ICOPE platform (currently being implemented nationally by COPE - Centre for Perinatal Excellence).

An improvement to discharge planning was suggested as well as increased funding and resources for services particularly around relationship-based groups for parents and their babies and to reduce waiting lists for services. Supporting emotional wellbeing for all women and their families were raised by midwives with better linkage between public and private health systems, as well as ensuring a mental health professional is available as part of antenatal care. Further suggestions included public health messages using high profile celebrities to target parents with more support for dads.

The need for more home visiting services was raised by some respondents and in particular the expansion of support programs like "Bouncing Back" (postnatal depression therapeutic group program run in Great Southern Region) and "Mother Baby Nurture" group (structured support group program for mothers and their babies who are struggling emotionally, which is limited to specific sites in metropolitan area and one rural site).

Building staff capacity through professional development opportunities for those working in perinatal and infant health as well as a stronger focus on mental health in university curriculum was also suggested.

Other issues raised included the need for assistance with housing and finances to reduce family stress.

Primary health worker group – Anticipated service demand in the future and its impact on capacity

Responses were varied in respect to the impact on capacity, ranging from increased demand, delays for parents seeking support, to issues of accessing care, as well as the inability of staff to meet community need leading to increased wait times. A few respondents noted that acuity level in child health and maternity settings was already high, so the impact of COVID-19 would result in an escalation in numbers of vulnerable at risk

children. Due to the COVID-19 situation, staff anticipate increased workload stress as they struggle to meet targets.

> Rural child health / infant mental health worker: *"There is not the capacity I feel to treat the people we see. Most don't fall within the funding areas to receive help. There are not the programs available to help parents until they hit absolute crisis."*

Summary – Front line primary health workers such as midwives and child health / infant mental health workers provided their clients with a level of reassurance in uncertain times and in the absence of other support services. The loss of client's social contact with family, friends, services and community connections was clear and very concerning for primary health workers. The use of technology opened up alternative service delivery options and the opportunity for creative solutions to maintain support for new families. For some workers however this was also a frustrating experience with access, equipment and connectivity problems as well as the need for upskilling.

There was support for establishing mental health service input as part of the antenatal care team as well as earlier mental health support and intervention to prevent crisis situations in the postnatal period. Changes to Commonwealth funded programs such as session extension for psychology services under the Better Outcomes and Mental Health Plan were also suggested.

Management / treatment workers

The following summarises the qualitative responses from those who provide treatment or management of people with existing mental health conditions. These participants mostly identified as mental health clinicians (n=11) with one (1) GP. This group of workers provide a variety of services such as support, psycho-education, counselling and medication management, either in a hospital or community setting. Most respondents were working in a metropolitan area (n=10) with one in a rural and one in a remote setting. Nearly half were employed in the private sector (n=5), with three in the non-government sector and three in the government sector.

Management / treatment worker group – Trends since COVID-19 restrictions began

Respondents reported that families experienced separation from family and support networks (intrastate, interstate, and international), longer FIFO rosters, and fear of, as well as actual isolation. They also reported an increase in parental anxiety, family stress, worry, not coping and more couples reporting they were struggling.

There was however, some positives highlighted by families including reduced parental stress from not having to attend child related commitments (sporting) and if income was not threatened, they were actually feeling less stress.

They reported an overall increase in service demand, engagement difficulty, limited access to families, resulting in limited assessment and treatment for families, lack of referral options and reduced services (during restrictions). Since the lifting of restrictions, there has been a gradual and steady increase in service demand.

Management / treatment worker group – Effect of changes to service delivery

Respondents reported that for some clients Telehealth/telephone was difficult and did not work most of time. They also stated it was more difficult to engage some people who did not answer their phone, difficulties counselling via video conference and there were also issues with confidentiality and privacy with family or young children present.

Services increased their capacity to use Telehealth, which improved access to families. Some respondents commented on the benefits of Telehealth, although other individuals did drop out of treatment with the lack of face-to-face contact.

> GP: *"Telehealth seemed to enable a quicker engagement with services that may have occurred usually, especially with private counselling. Routine pregnancy services being withdrawn (e.g. parent education) has been challenging."*

Respondents reported that families preferred face-to-face appointments, and with most non-government organisations closing their services, feelings of isolation were compounded. Some respondents felt they worked more with parents, whilst others reported that the service was slow to respond to alternative formats. Others reported a decrease in service demand, delays to service provision or sudden decrease in service and also some clients / staff were too scared to attend or provide face-to-face services. Many reported a sense of relief on returning to face-to-face contact with families.

Management / treatment worker group – Changes that worked well

Over half of the respondents reported Telehealth as being beneficial for clients, as they were able to maintain visual contact with some staff and clients acknowledging that it was better than no service. With Telehealth, staff were able to offer increased flexibility, although some clients preferred telephone contact. Respondents also commented that they liked the use of technology and working from home as well.

Management / treatment worker group – Services and supports that were missing

Respondents named a range of face-to-face services such as Child and Adolescent Mental Health Services, play therapy for children, mothers groups, therapy-based support groups, face-to-face counselling / psychological therapy and face-to-face child health checks as either reduced or no longer available.

Respondents also reported reduced access to services and that some mental health services increased their severity criteria for referral. There were also reduced service locations available together with reduced access to practical 'in-home' support services.

Management / treatment worker group – Strategies to improve mental health services in the future

Telehealth was supported as an option (4 respondents). It played an important role for those not physically able to attend face-to-face services (COVID-19 or not). Respondents felt that face-to-face or Telehealth services must be determined by consumer needs. Health professionals preferred face-to-face contact for clinical accuracy, but if Telehealth is used, there needs to be good quality and reliable internet access for clients.

Respondents commented that more community supports were needed, more options for care, such as the use of mental health trained social workers and occupational therapists, and better collaboration / coordination across metropolitan and rural areas. One respondent was concerned that Child and Adolescent Mental Health Services now only see very severe cases who were mostly adolescents, so more funding and resources were needed for prevention and earlier intervention.

> Mental Health Clinician*: "I think we need to develop more of a systemic approach across metro and rural and remote to be able to effectively coordinate and collaborate within and across the PIMH model of care to ensure families receive the most appropriate care and support".*

Management / treatment worker group – Anticipated service demand in the future and its impact on capacity

All respondents agreed that service demands would increase in the future and impact on their capacity to deliver. Respondents anticipated waitlists would be longer, with services not be able to meet demand leading to deterioration in client condition due to treatment delay. In turn, this would place excessive demand on resources and increasing pressure on unwell clients.

They also felt that COVID-19 also impacted staff with services already understaffed and therefore less ability to respond. Respondents were concerned this would lead to clinician burnout and ongoing limited resources.

> Mental Health Clinician: *"I would like to see improved financial funding and resource commitment to meeting the ever increasing mental health needs in all ages of clientele".*

Summary – Those clinicians working with mentally unwell or vulnerable clients raised concerns about increased parental anxiety and the detrimental effects of isolation from family, friends and supports as well as deterioration in their condition. The respondents felt this was compounded by the reduction or cessation of much needed support services, together with access to treatment during the restriction period. As a result, waiting lists and service demand increased once restrictions were lifted. Telehealth and telephone services provided some continued contact and support for clients and mostly worked well, however some difficulties were encountered such as unanswered phones, unreliable connectivity and confidentiality issues within the family home. Respondents in this group felt having face-to-face contact with the client was essential to ensure clinical accuracy together with the ability to provide therapeutic counselling. Telehealth service delivery was well supported as it provided an alternative option however not ideal.

This group was keen that resources be improved for mental health services to meet the demand particularly for very unwell patients. The workload strain and excessive demand on services would likely impact on staff health and wellbeing.

Other community workers

The following outlines the responses from workers categorised as 'others'. These respondents came from a variety of occupations and fields such as service manager, public health, Department of Communities workers, health promotion officers, lactation consultant, police officer, manager of family centre, speech pathologist, Aboriginal health practitioner, health professional, administrative assistant, local government workers, community development officers, allied health assistant and policy officer.

In all there were 20 respondents who chose this category. Most were from the metropolitan area (60%, n=12), five from rural areas (25%) and three in remote area (15%). Most were government workers (n=11) with four employed by non-government sector, one in the private sector, one in not-for-profit and three not stated.

Other community worker group – Trends since COVID-19 restrictions began

Most respondents identified increased parental stress and anxiety amongst their clientele with their reasons including uncertainty of what was happening, fear of infection and of the 'unknown' particularly regarding work and unemployment, being 'off-country', restrictions to hospital visiting, young children not able to play with others and older children having to home school. One respondent reported an increase in reports of family violence and coercion, and another finding greater levels of stress and anxiety led to an associated increase in alcohol consumption, however also reported a decrease in methamphetamine use.

Isolation from family including interstate and overseas, friends and support networks was another very common theme that arose, together with the loss of celebration and joy following a birth or significant family milestone.

Access to services was also noted as an issue with the changes from face-to-face appointments to phone contact, videoconference or shortened home visits. A couple of respondents reported an initial increase in demand for services as parents sought reassurance, with some grateful to attend appointments to get out of the house. New parents were particularly impacted as they were unable to access antenatal or postnatal groups. One respondent said some parents did not like services delivered by phone particularly when asked sensitive questions.

Respondents also raised concern about access to Wi-Fi and use of technology as an issue for some families referring to the "*digital divide - having access to data or only having one computer / phone for whole family to use"* in reference to home schooling with parents also having to work from home.

Financial support requests for food and bills were identified by one respondent with increased requests for donated clothing.

One respondent found it difficult working alone and without the support from the team.

One respondent reported on a positive outcome in that some parents enjoyed lockdown with quality family time and connections were enjoyed by all.

Other community worker group – Effect of changes to service delivery

Most respondents commented on the reduction in services and referral options available to parents as well as the subsequent transition to phone and Telehealth services. Some reported these as being successful while others found their clients disengaging from services. One respondent saw the transition to videoconference as an opportunity to trial new ways of working particularly for 'hard to reach' vulnerable clients. For rural respondents access to services was difficult for those who had to cross regional boundaries during the shutdown and compounded by the lack of flights to attend specialist appointments.

One respondent reported the increased workload pressure from a reliance placed on front line workers to provide services when other services such as mental health and child protection were either closed or greatly reduced.

> Family support worker: "*Aboriginal Health Worker was willing to continue to conduct home visits who were themselves in high risk category"*.

A few respondents reported that some services were able to adapt to online delivery through developing resource packages with activities for children, story time and music sessions, together with the use of social media and Facebook to reach parents.

Other community worker group – Changes that worked well

The use of technology (Telehealth, digital communication platforms, online resources / supports, social media and phone contact) was the most identified service initiative raised by almost all respondents – whether it was individual therapy, classes or just keeping in touch. One respondent reported that more remotely located families felt the services were much better delivered by Telehealth than what they received pre-COVID-19. One respondent found using technology was very positive and increased engagement of families during the lockdown, but since restrictions have lifted have preferred face-to-face. Others reported a strengthening of family bonds through working from home arrangements particularly for those with newborns.

It was also noted by some that the community agencies and supports (local and state government and local community members) responded well through better communication, coordination and capacity. Changes to food transport and delivery were also reported, this included one respondent reporting Aboriginal staff were making and delivering bush tucker to the members of the community. Being kept informed of COVID-19 related issues was also seen positively particularly telephone hotlines for consumers and easy to understand health messages.

One respondent found increased flexibility that working from home offered supported better work / life balance.

Other community worker group – Services and supports that were missing

Respondents found lack of service availability impacted on the community with limited alternative sources for assistance. One respondent reported client self-harm due to the inability to access mental health service, with other issues arising from loss of employment. With no available services during restrictions, respondents reported increasing demand, resulting in longer waitlists which further frustrated some families. Staff working from home also meant restricted access for families.

In particular, the following services were identified as missing or reduced due to restrictions: acute adult and child mental health services, social support agencies, allied health services, counselling services, home visiting services, child health visits, parent groups and playgroups, as well as cessation of community projects and activities leading to a lack of social connectivity especially in isolated regional areas.

Other community worker group – Strategies to improve mental health services in the future

Many respondents identified an increase in mental health staff and funding was needed, with more focus on prevention and recovery, early identification and intervention, keeping people mentally healthy (mental health and wellbeing) and more help to reduce anxiety with positive messages to balance print media stories. One respondent was keen that the voice of community members is heard particularly for different cultural groups as well as front line experts.

The responses indicated that flexibility in the use of both online technology and face-to-face services which were tailored to the needs of families and consumers would be helpful to address the times when 'on the ground' services were needed rather than phone contact.

Two of the respondents suggested further education and training for non-mental health staff to gain a better understanding of mental health issues and strategies to support struggling families.

Other community worker group – Anticipated service demand in the future and its impact on capacity

Of those that responded, all agreed there will be an increase in demand. A few respondents provided further comments in respect to impact on their capacity to deliver services. These included concerns about referrals being declined due to criteria restrictions and increase in demand thus limiting pathways to care. There was also concern about an increase in social dysfunction such as family and domestic violence and child abuse.

Summary – As with the other groups, similar trends have been reported regarding increased parental anxiety and stress, isolation and limited or no access to services. This group however raised more concerns in respect to social dysfunction and community wellbeing. Many of the strategies already being used by local government workers and social services workers such as online resources for local communities have been innovative. As with the others, many called for an increase in resources and funding targeting mental health and wellbeing for all community members but in particular those in greatest need.

Discussion

There were many similarities between the groups, with parental stress and anxiety, isolation, loss of social contact and support from family and friends, as well as major disruption to services and community activities being the common themes and identified trends during the COVID-19 restrictions. Of interest but not surprising, the consumer group perspective reflected a broader response in respect to day to day family function and practicalities of daily life. The Other community workers held similar views with innovative solutions to maintain

social connections. Health professionals were focused on and concerned for the mental health and wellbeing of their patients / clients and were acutely aware of the health consequences for a large cohort of new parents that were missing out on usual services, particularly those with existing or underlying mental illness.

These reports are similar to findings from recent studies from Canada, Belgium, United States and Australia (Berthelot et. al. 2020; Cameron et. al. 2020; Davenport et. al. 2020; Ceulemans et. al. 2020, Farewell et. al. 2020; Fisher et. al. 2020) of increased maternal depression and anxiety symptoms compared to pre-COVID-19 reports or non-pandemic circumstances. Similarly, the consumer group reports of fear, worry, isolation and uncertainty were also reflected in other studies from Italy (Ravaldi et. al. 2020), the United States (Farewell et. al. 2020) and Australia (Chivers et. al. 2020). Public health messages and information targeting families in the perinatal period need to be accurate and timely to alleviate unnecessary distress, particularly for those with a past or present mental health vulnerability.

It was clear that respondents supported face-to-face mental health and front-line services as a preference, however, the option of Telehealth, phone contact, virtual groups using digital communication platforms, contact with family and friends through social media was a viable alternative for many. Despite this response it was also clear that a 'one size fits all' approach is not what respondents wanted for the future. Some pertinent issues were raised in respect to concerns about compromised confidentiality through the use of Telehealth and the presence of other family members during the appointment.

Access to support groups for new parents was frequently raised by all groups. Some primary health workers reported the use of communication online platforms for delivery of parenting support groups and antenatal classes as very useful with positive responses from clients. This is supported by a recent Australian qualitative study that explored the use of digital technology in the delivery of early parenting services (Bennet et. al. 2020) particularly in rural and remote communities. Similarly, Farewell et. al. (2020) in a mixed method study of risk and resilience during the pandemic in the United States identified virtual communication platforms as a source of support for women in the perinatal period. The same study (Farewell et. al. 2020) identified inconsistent messaging from health providers, and information sources as concerning for pregnant and postnatal women. In the event of further restrictions, health services must be prepared with secure online platforms for service delivery together with well supported and technologically skilled staff.

Conclusion

This survey has provided a snapshot of a small sample of WA consumers / carers and a range of health professionals and community workers working with families in primary health and treatment settings. Despite some limitations in the reach of the survey particularly in rural and remote areas, it has revealed heightened levels of parental stress and anxiety, isolation and major service disruption for WA families with infants and young children. In the absence of social contact and extended family support, all groups reported families struggling to cope under the changing conditions. These reports have been supported by similar findings from national and international studies conducted during the pandemic and compared with pre-COVID-19 conditions.

Telehealth and other technologies were seen as a viable option to maintain social support, peer support and access to limited mental health and child health services. For many parents the inability to attend new parent groups has been highlighted but in particular, the difficulties and struggles of parents welcoming a new baby without the expected cultural norms and rituals. Health professionals expressed concern at the lack of services and fears for future capacity as waiting lists and demand grew following lifting of restrictions.

Adequate resources such as funding, IT support and capability, must be available and accessible to primary health, community and mental health services to enable supportive environments for WA families, particularly for those in the perinatal period with past or existing mental illness and vulnerability. Timely, consistent, accurate and evidenced based health and safety information will support the reduction of uncertainty and anxiety experienced by many. Encouraging social connection and peer support opportunities through virtual online platforms for the delivery of support groups and networking will work toward the maintenance of positivity and resilience in the community.

The WA community has experienced a pandemic unprecedented in living history. The ‘world as we knew it’ changed abruptly once the realisation of the impact of COVID-19 was understood. Media reports from other countries demonstrated the devastation to human life together with fear, uncertainty and fractured economies. The heightened anxiety within the WA community was not misplaced as public health and infection prevention measures were implemented with the first COVID-19 cases being identified in returned overseas travellers and their contacts. To date, WA’s response to viral spread has been successful with low infection and death rates in comparison to other jurisdictions. The trade-off for this success had meant a relatively short period of lock down and isolation for the WA population: work practices changed, daily activities curtailed, businesses closed, jobs lost, home schooling adopted and mass gatherings were banned, including the football. However, community

and personal hygiene measures improved along with greater awareness of infection prevention and uptake of flu vaccination, the homeless were provided with shelter and neighbourhoods started caring and looking out for each other.

Recommendations

The effects of COVID-19 restrictions have resulted in heightened levels of parental stress and anxiety, isolation, and major service disruption for WA families with infants and young children. This may result in an increase in perinatal anxiety, depression, and yet to be identified compromised mental health and wellbeing of infants.

This has exposed existing gaps in services and in addition mental health, child health and maternity services must be prepared to respond quickly and seamlessly in the unfortunate event of an uncontrolled viral outbreak and return to restrictions.

The following recommendations are provided to strengthen the capacity of perinatal mental health services to respond to this challenge:

Recommendation 1: Perinatal and infant mental health services, from prevention and early intervention services to acute mental health care, must be individualised, responsive, non-stigmatising and connected, with the ability to respond flexibly to new parents' social, cultural, and geographic circumstances.

Recommendation 2: There should be universal evidence based mental health screening for new parents, including for antenatal and postnatal depression, anxiety, and psycho-social risks.
-Priority should be given to identifying those with an existing or history of mental health problems to intervene and prevent exacerbation of symptoms.

Recommendation 3: Comprehensive place-based, person centred perinatal and infant mental health care pathways should be co-designed with consumers, GPs, midwives, child health nurses and mental health clinicians.

- Pathways should recognise that front line workers are well placed to validate and normalise feelings of anxiety during times of COVID-19, provide reassurance and timely, consistent, accurate and evidenced based health and safety information.
- Appropriate mental health support and referral should be enacted if levels of distress, anxiety and depression are impacting on daily activities, pregnancy and/or parenting, child-care and/or relationships.

- Mental health clinical support should be included and accessible as part of antenatal care team as well as earlier mental health intervention to prevent crisis situations in the perinatal period.

Recommendation 4: There should be expanded access to clinician supported online individual and group mental health treatment.

- The Commonwealth Government's expansion to Medicare funded items accessible via a GP mental health treatment plan through Better Access program should continue, including additional treatment sessions with appropriately qualified and trained clinicians, and additional telehealth services for people living in rural and remote areas.
- Given the need and support for parent groups, particularly in rural and remote areas, priority should be given to the continuation and / or establishment of supported parenting / peer support groups through digital communication platforms.

Recommendation 5: All health practitioners, including peer workers, primary care providers and mental health specialists must be competent, ready, and prepared to deliver perinatal and infant health and treatment services and support.

- This must be inclusive of perinatal mental health education and professional support specific to their role in the care pathway.
- It should also include training in the use of technology, access to appropriate and secure platforms and technical assistance to provide services.

Appendix 1

Health Professional / Consumer Survey – Emerging trends post COVID-19 isolation for WA families with infants and young children.

The Perinatal and Infant Mental Health (PIMH) Subnetwork Steering Group is interested in your thoughts and experiences, either as a consumer or health professional, of the impact on WA families of the COVID-19 pandemic.

WA is currently preparing for a predicted surge in mental health issues due to the ongoing stressors of the COVID-19 environment. The information you provide will be forwarded to the Mental Health Network and Mental Health Commission to assist in developing service responses. The Steering Group believe it is important that families with infants and young children have a voice in any future planning and hearing from health professionals/consumers on the issues faced will assist this goal.

All responses will be treated confidentially with data being collated and summarised by the Co-Chairs of the PIMH Subnetwork Steering Group (Leanda Verrier and Donna Kristianopulos). Responses will be de-identified by removing any key information such as names and email addresses.

Please complete the following 10 questions to the best of your ability – some of them may not be relevant to your situation. The survey should take about 15 minutes to complete.

1. Are you responding to the survey as a
    a. Health Professional
        i. Mental Health Clinician
        ii. General Practitioner
        iii. Community child health/infant mental health worker
        iv. Midwife
        v. Personal lived experience
        vi. Consumer representative
        vii. Support person
        viii. Carer
        ix. Other – please state _____

2. Health professionals – please state your current work setting_____
    a. Government worker ☐
    b. Non-government worker ☐
    c. Private sector worker ☐
    d. Other – please state _____

3. Do you work/live in a metropolitan ☐ rural ☐ or remote area? ☐

4. What trends/struggles/barriers have you seen or experienced since the COVID-19 restrictions began; particularly for service demand and/or impact on families (e.g. effects of isolation – decreased extended family support, increased parental stress and anxiety)?

5. What effect did you notice/experience with any changes in service delivery for WA families (e.g. use of telehealth or phone contact, services suddenly not being available, additional questioning re COVID)?

6. What has worked well (e.g. new service initiative) in the COVID-19 environment?

7. What mental health services or support were WA families missing out on because of COVID-19 restrictions?

8. How should future Mental Health Services be changed and what strategies/ actions/innovations can you suggest to address the gaps?

9. For Health Professionals - Do you anticipate an increase in demand for mental health services over the next 6 months related to the impact of social/financial stress of COVID-19?
    a. If yes, how will this impact on your capacity to respond?

10. Any further comments you would like to make?

Please return your survey by 20 July 2020

If you have any questions please contact:

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