MEDIA RELEASE

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Peak psychology group calls for 40 sessions for perinatal women

The Australian Association of Psychologists (AAPi) is calling for perinatal women in need of mental health support to be able to access 40 rebated sessions per year through Medicare.

AAPi Executive Director, Tegan Carrison, said the currently available 10 sessions per year were completely inadequate in supporting women experiencing perinatal anxiety and depression (PND).

"For anyone with serious/complex problems, research shows that 40 sessions are considered the optimal level of treatment," Ms Carrison said.

"Our psychologists working closely with perinatal women are reporting that their clients are being forced to stretch out their sessions. Impacts can also include anxiety, symptoms of post-traumatic stress related to childbirth experiences, adjustment to parenthood, changes in partner relationships, difficulty bonding with the infant, and suicidal ideation. These kinds of issues require ongoing psychological care that cannot be properly managed in a short space of time."

Alysha-leigh Fameli, principal psychologist at Brave Psychology in Wollongong and a member of AAPi, said women in the postpartum phase were more vulnerable and at high risk of suicidal ideation.

"Therapy gives them a safe place to work through their issues, where we can develop safety plans and bring in safe family members to ascertain their safety and ensure the mother is getting the support she needs to care for the infant.

"If we are seeing a high risk mother once a week to manage her mental health, the 10 sessions are gone in the space of two and a half months - which is just too short a time frame. At the end of those 10 sessions, they are often still at high risk.

"Some Primary Health Networks do offer mental health support programs for perinatal women with around 12 - 18 rebated sessions, but this is still radically insufficient," she said.

Ms Fameli would also like to see funding directed towards perinatal interventions.

"Significant mental health issues in the mother will also have an impact on the infant. They can display stress, disturbed attachment, it can affect their cognitive development, and physically, their gross motor development.

"There's this huge ripple effect which is going to last generations by not intervening with support at this early stage, which is a cost effective way of preventing this from occurring."

Dr Heather Mattner is an Adelaide perinatal health psychologist who sees women at the extreme end of PND. She believes maternal mental health is suffering because of lack of access to perinatal psychological support as it is tied to limited Medicare rebate funding that can only be accessed via a GP.

"While people who suffer from eating disorders can rightfully access 40 rebated sessions a year, we let perinatal women die by suicide in Australia because they cannot access urgently

needed frequent mental health support, given there are only 10 Medicare rebated sessions over the space of a year - that's not even one a month," she said.

Dr Mattner said she would like to see a voucher system introduced, which would give all pregnant women up to 20 rebated psychology sessions as a package, for during and following pregnancy.

"This system would enable a woman to go directly to a psychologist rather than going through a GP, saving critical time and money, and anyone with a formal diagnosis could then access an additional 20 extra sessions as required," she explained.

"Perinatal women waste precious time trying to get an appointment with a GP if they're struggling in early pregnancy, have mental health challenges during mid to late pregnancy or are distressed postnatally with a baby, or have lost a baby.

"We know that early intervention is critical in perinatal mental health yet we don't enable that. We are setting perinatal women up to fail. We have to change what we are doing with perinatal women, because PND rates are not reducing, women and their families continue to suffer and research is not having a dramatic impact - so we must focus on early intervention to make a much-needed difference."

"I would like to see a pilot program trialled in South Australia urgently. In my practice, I am seeing too many women struggling because they have not been able to get adequate psychological support."