

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Mildura — 9 November 2017

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Witness

Ms Kassie Hocking.

The CHAIR — We have had some very, very qualified, highfalutin people giving us some information today. It has been a really rewarding day, so welcome. If you can give us probably 8 to 10 minutes max, because we are on a bit of a time limit; we have got to catch a flight.

Ms HOCKING — Sure. I have come in today to represent my experience and those of others I know of in relation to perinatal emotional health. I am part of a network of parents in this community who have experienced PND and anxiety-related illness following the birth of our children. We are working to support others who have gone through that experience, so we are the Sunraysia Postnatal Depression Support Network. In a way I am representing them, but I am also really here to represent my own experience.

To give you some context of my experience, when I had my first child I had quite severe PND and anxiety. I ended up having to leave Mildura to go to Bundoora for a mother and baby unit. That was quite a traumatic experience. The pathway to get there was really through my maternal and child health nurse, and without her I would not have actually sought help or even known that there was anything wrong. It is obviously something that has got a lot of stigma associated with it. My doctor was no help and was really I think under-skilled. Her knowledge base on mental illness related to perinatal emotional health was really quite low. She was quite discouraging of me actually seeking help and undermining and did not help the situation at all.

Eventually I tapped into the perinatal emotional health program, PEHP. I am not sure if you know much about that. We are still running that here through the Mildura Base Hospital, but I am not sure how it is being funded at the moment. I think partly through the government and partly through the hospital. Our concern is that that program continues. That was quite an invaluable experience, going through that program, because it was counselling that was organised for me that was something I would not have done. To be honest, being cost-free was a huge impact as well. I mean, we probably could have found a way, but there are a lot of other families that would not have been able to afford to do so. In addition to that, I had to hop on a plane with a new baby, fly to Bundoora in Melbourne, pay for all of that myself, get myself to a private hospital and pay for that ourselves as well. Luckily we had private health insurance.

I understand that now we have got a day-stay unit here with the parenting support services, but it is not something that would have been appropriate for me. I needed to be admitted for at least 10 days under psychiatric care. So that is not something that is available in that sense, specific to parenting here in our area. Knowing that the rates of PND and anxiety-related illness are really quite high, it is something that I just would like to be considered when you are talking about services here. That was the main thing I really wanted to say. I am not sure if you have any questions of me.

The CHAIR — Thank you for coming in and being so forthright and telling us your lived experience. It certainly adds a lot to the inquiry to hear things like that. I would love to know a rough estimate of what it cost you to fly down and stay, apart from the emotional toll of being away from family as well.

Ms HOCKING — Obviously flights to Melbourne return, and then I had to take a taxi from Tullamarine out to Bundoora on my own. I had never travelled with my child before, either, so that was quite a traumatic experience. Flights to Melbourne, I imagine probably \$300 or \$400 and then another couple of hundred dollars on the taxi. I had private health insurance so I just had to pay the admission gap for myself and my child, which was about \$1000 each. The bill I got back from the hospital that I did not have to pay was about \$25 000, because of the psychiatric care and all of that sort of stuff. So there is just no way.

Dr CARLING-JENKINS — It is just not accessible for most.

Ms HOCKING — No, it is not. We are lucky enough to have chosen to continue our private health insurance. If I did not have it, I would not have gone, in that sense. I mean, I probably could have gone through the public system eventually, but in that sense it took probably three months to even get there. When you are in that state, it is not something you can just wait and wait and wait and wait for until you get a place. It is quite a critical need to get in there. And I know —

Dr CARLING-JENKINS — Three months privately is a long time.

Ms HOCKING — Yes. I started through the PEHP service. I received a referral after going to my doctor and begging for one, went into the perinatal emotional health program and received some counselling and did

several sessions there. We got to a point where I said, ‘Look, I think I do need to go away with my baby and have a stay in this unit’, and it was life-changing for me — absolutely life-changing.

The other thing I would say is that on my return there was not any support. When you live in Melbourne and you go to this service, you can then drop in every couple of weeks or on the weekends and have a bit of a sort of a chat and meet with other parents who are going through something similar. That is not an opportunity I had here. I came back, and that was it. I could tap back into my counsellor, but at that time there were no other supporting services that really I knew about. I know there are other services, but as a parent in that space it is not something that you are clearly thinking, ‘I know who to connect with’. And that is why I am part of this network of individuals who have lived experience and are there to support and provide just peer support — we are not clinicians — to those that have gone through the experience, to provide some hope for them that things will get better.

The CHAIR — How many people in the network?

Ms HOCKING — There are only about seven of us at the moment. When we do sometimes receive referrals we will connect with someone. So it is a referral from, say, a maternal health nurse or a GP or a counsellor and it is obviously a private referral. We talk to them. We give them a phone call. They are aware that we are going to call. We just call up and say, ‘Hi’. They know we are calling. We have a chat about how they are going and how that relates to our experience.

In our feedback from people that we have met with and the resources we have been able to provide people with, it is just that comfort that they are not the only person out there. Despite reading pamphlets and people giving you that information or looking online, being actually face to face with someone who has come through the other side and knows exactly how you are feeling is just totally invaluable. I had that experience myself with the network when I was unwell. That is the feedback we continue to get. It is just that it provides hope and you sort of think, ‘These people are like me and they had the same experience as me, and they’ve come through the other side. They’re feeling better. Things have gotten better for them. I can see hope for myself as well’. Our statement is that you are not alone and you are not to blame and that you will get better.

The CHAIR — Fantastic. I hope you got another GP.

Ms HOCKING — Yes, I did move to a new GP.

The CHAIR — Beautiful. Thank you for being so brave today to come in and tell us your story. Thank you so much. We might wrap up, but before we do, I would just like to thank the Mildura community for having us here today, Hansard and our secretariat for all the work they do setting up and also the local member, Peter Crisp, who actually gave us a briefing in the car on the way here about some of the up-to-date issues, I guess. He has got his finger on the pulse here, and he has been an absolute gentleman. He is about to take us back to the airport, too, so thank you for that.

Again, just for people in the audience today, we do take this very seriously. We do take everything you say on board, and we will be making those recommendations and printing them early next year, so please tune into the Facebook page to see what we are doing and what other people in other hearings are saying. You will find that there are some fairly decent consistencies across the board in regional areas that I think we need to act on. That is it for today. Thank you for having us.

Committee adjourned.