Āhurutia Te RitoIt takes a village

Roundtable on perinatal and maternal mental health policy

GRAND HALL **PARLIAMENT**20 September 2022





The Whole Intimate Mess

Motherhood, Politics, and Women's Writing

HOLLY WALKER

'I LEANED IN SO FAR I FELL OVER AND CRACKED INTO LITTLE PIECES'

BWB Texts

KO WAI AHAU?





ĀHURUTIA TE RITO

Pō! Pō! E tangi ana Tama ki te kai māna!

Waiho me tiki ake ki te Pou-a-hao-kai,

Hei ā mai te pakake ki uta rā. Hei waiū mō Tama!

– Enoka Te Pakaru



INSIGHT 1: IMPROVING PERINATAL MENTAL HEALTH COULD BE TRANSFORMATIONAL

- Perinatal distress causes suffering for parents
- Having a parent in distress can have lifelong implications for babies.
- The combined result can lock in intergenerational disadvantage
- Responsibility for reducing perinatal distress should not fall on individuals





INSIGHT 2:
PERINATAL DISTRESS IS
WIDESPREAD, COMPLEX,
AND SYSTEMIC

- Up to half of new parents experience symptoms
- Anyone can be affected, but some are at greater risk
- The drivers of perinatal distress are systemic, and also drive wider forms of disadvantage



INSIGHT 3: THE RIGHT SUPPORT AT THE RIGHT TIME

- Access to support is the key protective factor for perinatal mental health
- Support works best when it comes from sources parents already know and trust
- Specialist perinatal mental health support is inadequate, uneven, and may be inequitable



- 1. Alleviate background stress for new parents.
- 2. Make it easier for whanau to support new parents
- 3. Ensure access to continuous, holistic maternity care, supportive birth environments, and tailored assistance.
- 4. Resource and empower kaupapa Māori and community-led initiatives.
- 5. Assist all who work with new parents to recognise the early signs of distress, and quickly provide support.
- 6. Provide hands-on practical support when required.
- 7. Provide fast access to affordable, culturally appropriate therapeutic support to parents with early signs of distress
- 8. Guarantee immediate access to best practice specialist treatment for those who become unwell





WHY ARE WE HERE?

To generate consensus on a shared vision for the future of perinatal, maternal, and whānau wellbeing in Aotearoa New Zealand

and

To identify next steps and agreed actions for policy change that moves us towards this vision.



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OBJECTIVES

CONNECT	Build and deepen relationships between community, clinical, and government stakeholders with shared interests in improving perinatal mental wellbeing
ALIGN	Create a shared vision for how we can ease the transition to parenthood for babies born today, when they become parents in 20-30 years Identify the barriers and opportunities between where we are now and where we need to get to
LEARN	Deepen our collective understanding of the causes, incidence, impacts, and solutions to perinatal distress, by combining our skills and experience
MAKE	Identify agreed actions and next steps for policy change that moves us towards our shared vision



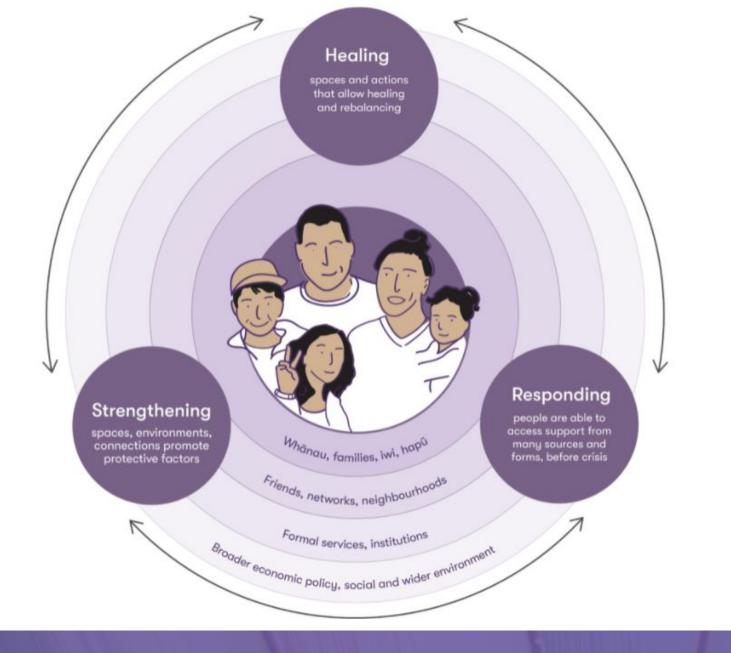


REQUESTS

- Only one person speaking at a time
- Raise your hand when you are ready to contribute
- Spend more time listening than talking
- Speak clearly, at your normal pace, and be prepared to pause
- Keep challenges respectful.
- If challenged, pause, listen, and reflect before responding.
- Follow 'Chatham House Rules'



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TE TOKUTORO

- Perinatal mental wellbeing can be supported (or undermined) at every level.
- Policy changes are focused at the outer layer: broader economic policy, social, and wider environment, but have a big impact on the inner layers.
- How can good policy create the conditions for all Māmā/birthing parents to thrive?



